

WHO recommends injectable lenacapavir for HIV prevention

STAR HEALTH DESK

The World Health Organisation (WHO) released new guidelines recommending the use of injectable lenacapavir (LEN) twice a year as an additional pre-exposure prophylaxis (PrEP) option for HIV prevention, in a landmark policy action that could help reshape the global HIV response. The guidelines are being issued at the 13th International AIDS Society Conference (IAS 2025) on HIV Science, in Kigali, Rwanda.

LEN, the first twice-yearly injectable PrEP product, offers a highly effective, long-acting alternative to daily oral pills and other shorter-acting options. With just two doses per year, LEN is a transformative step forward in protecting people at risk of HIV – particularly those who face challenges with daily adherence, stigma, or access to health care.

The new guidelines come at a critical moment as HIV prevention efforts stagnate with 1.3 million new HIV infections occurring in 2024 – with disproportionate impact among key and priority populations, including sex workers, men who have sex with men, transgender people, people who inject drugs, people in prisons, and children and adolescents. WHO's recommendation on LEN signals a decisive move to expand and diversify HIV prevention, giving people more options to take control over their health with choices that fit their lives.

Simplified testing: a major barrier removed

As part of these guidelines, WHO has recommended a public health approach to HIV testing using HIV rapid tests to support delivery of long-acting injectable PrEP, including LEN and cabotegravir (CAB-LA). The simplified testing recommendation removes a major access barrier by eliminating complex, costly procedures and enabling community-based delivery of long-acting PrEP through pharmacies, clinics, and tele health.

Next steps: call for implementation

LEN joins other WHO-recommended PrEP options, including daily oral PrEP, injectable cabotegravir and the dapivirine vaginal ring, as part of a growing arsenal of tools to end the HIV epidemic. While access to LEN outside clinical trials remains limited at the moment, WHO urges governments, donors and global health partners to begin rolling out LEN immediately within national combination HIV prevention programmes – while collecting essential data on uptake, adherence and real-world impact.

Additional WHO recommendations at IAS 2025

For the first time, WHO's treatment guidelines include a clear recommendation for the use of long-acting injectable cabotegravir and rilpivirine (CAB/RPV) as an alternative switching option for antiretroviral therapy (ART) for adults and adolescents who have achieved full viral suppression on oral ART and do not have active hepatitis B infection. This approach is designed to support people living with HIV facing adherence challenges to oral regimens.

Updated guidelines on service delivery integration include recommendations to integrate HIV services with noncommunicable diseases (NCDs) such as hypertension and diabetes, as well as mental health care for depression, anxiety and alcohol use disorders into HIV services, alongside interventions to support ART adherence. Additionally, new guidelines on management of asymptomatic STIs recommend screening of gonorrhoea and/or chlamydia in key and priority populations.

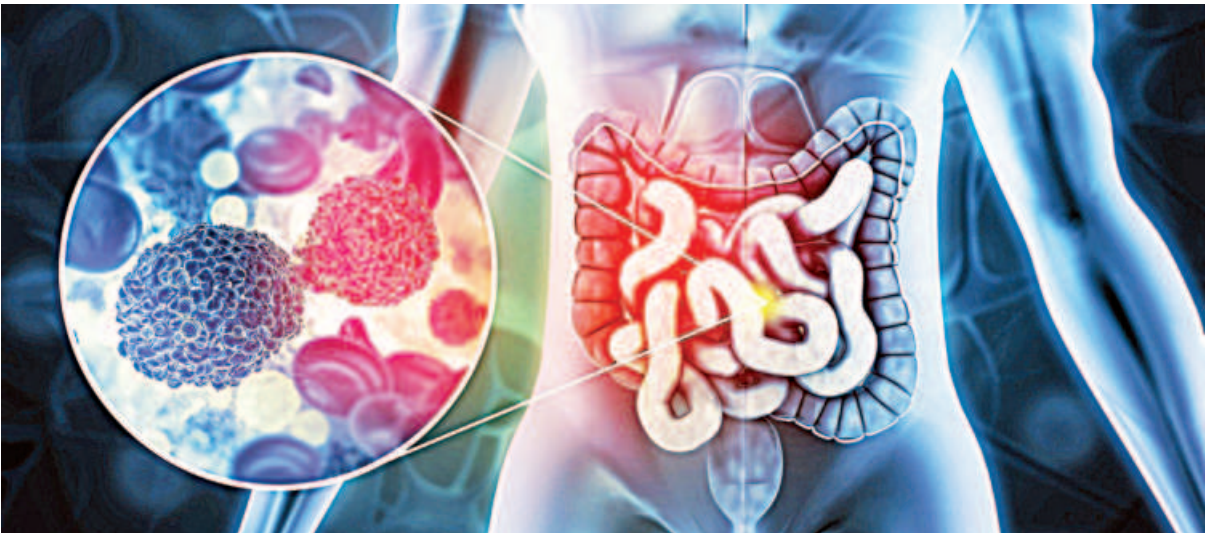
For people living with HIV who have mpox and are either ART naive or have experienced prolonged ART interruption, rapid initiation of ART is strongly recommended. Additionally, early HIV testing is advised for individuals presenting with suspected or confirmed mpox infection. WHO's standard operating procedures further emphasize HIV and syphilis testing for all individuals with suspected or confirmed mpox.

In response to the broader challenges facing HIV programmes, WHO has also issued new operational guidance on sustaining priority HIV services in a changing funding landscape. The guidance aims to provide a stepwise framework to help countries prioritize services, assess risks, monitor disruptions, and adapt systems to protect health outcomes and preserve progress.

"We have the tools and the knowledge to end AIDS as a public health problem," said Dr Meg Doherty, Director of WHO's Department of Global HIV, Hepatitis and STI Programmes and incoming Director of Science, Research, Evidence and Quality for Health. "What we need now is bold implementation of these recommendations, grounded in equity and powered by communities."

HIV remains a major global public health issue. By the end of 2024, an estimated 40.8 million people were living with HIV with an estimated 65% in the WHO African Region. Approximately 630,000 people died from HIV-related causes globally, and an estimated 1.3 million people acquired HIV, including 120,000 children. Access to ART continues to expand, with 31.6 million people receiving treatment in 2024, up from 30.3 million in 2023.

At a time of reduced funding for HIV and health, WHO's new and updated guidelines offer practical, evidence-based strategies to sustain momentum. By expanding prevention and treatment options, simplifying service delivery and promoting integration with broader health services, they support more efficient, equitable, and resilient HIV responses. Now is the moment for bold implementation to ensure these gains translate into real-world



COLORECTAL CANCER A growing health concern in Bangladesh

ASHIK MAHMUD

Colorectal cancer is emerging as a significant health threat in Bangladesh. According to the World Health Organisation (WHO), around 156,775 people in the country are diagnosed with cancer each year, with approximately 108,990 succumbing to the disease. Globally, in 2023 alone, an estimated 153,020 individuals were diagnosed with colorectal cancer, and 52,550 died from it—including 19,550 cases and 3,750 deaths in those under 50.

In Bangladesh, the five-year prevalence rates for colon and rectal cancer are 3.28 and 3.1 per 100,000 population, respectively, and cases are rising steadily. Worldwide, colorectal cancer ranks as the fourth most common cancer among men and the third among women. Alarmingly, in Bangladesh, 90% of patients are diagnosed between the ages of 35 and 54, while the global median age of diagnosis is 64. Younger patients often face more aggressive forms of the disease.

What is colorectal cancer?

Colorectal cancer begins in the colon or rectum—both integral parts of the digestive system responsible for waste processing. The disease develops when abnormal cells grow along the lining of the large intestine or rectum, forming cancerous growths.

Risk factors

Numerous studies have linked lifestyle and environmental factors to an increased risk of colorectal cancer. These include:

- Diets high in red and processed meats
- High intake of saturated fats
- Low physical activity
- Obesity
- Smoking and alcohol use
- Family history of colorectal cancer
- Ageing
- Chronic conditions such as inflammatory bowel disease

Symptoms to watch for

Early signs of colorectal cancer may include:

- Persistent changes in bowel habits (diarrhoea, constipation, or narrow stools)
 - Rectal bleeding or blood in the stool
 - Abdominal pain or cramping
 - Weakness, fatigue, or unintended weight loss
 - A sensation of incomplete bowel evacuation
- In some cases, the cancer may silently cause internal bleeding, leading to anaemia, which may first appear in a routine blood test. Advanced cases may involve symptoms like jaundice, breathing difficulties, or liver enlargement,

indicating the cancer has spread.

These symptoms may also result from less serious conditions, such as haemorrhoids or infections, but any persistent issues should prompt immediate medical consultation.

Prevention and diet

Making informed dietary choices can help reduce the risk. The American Cancer Society recommends diets high in fibre—particularly from whole fruits, vegetables, and whole grains. Foods like whole wheat bread, brown rice, legumes (lentils, soybeans, peas, black beans, kidney beans), seeds, tomatoes, and garlic provide essential nutrients like fibre, protein, vitamin B, and vitamin E. Research from the American Institute for Cancer Research also supports that legume consumption may lower colorectal cancer risk.

Conclusion

Colorectal cancer is both preventable and treatable when detected early. Raising awareness of the symptoms and risk factors, combined with regular screening and a healthy lifestyle, can significantly improve outcomes. Consulting a healthcare professional for early screening and dietary advice is vital in reducing the burden of this disease in Bangladesh and beyond.

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Can stem cells cure type 1 Diabetes?

Type 1 diabetes mellitus involves loss of insulin production due to autoimmune destruction of pancreatic islet cells. In the lab, researchers can coax embryonic stem cells to develop into functional islet cells. If these islet cells can be transplanted successfully and safely into people, it would represent a breakthrough for diabetes treatment.

Researchers now report phase 1-2 results from an ongoing, industry-sponsored study of the safety and efficacy of stem cell-derived islet cells (zimislecel) for type 1 diabetes. Zimislecel is a single infusion administered via the portal vein along with a transplant-



based immunosuppression protocol. Of the 22 patients who received zimislecel, 14 (mean age, 44) completed at least 12 months of follow-up. Twelve patients were still alive at the time of the report, and all had endogenous production of insulin and substantial improvements in glycemic control; 10 patients were able to discontinue insulin. Two patients died (at 20 and 30 months of follow-up); one death was related to immunosuppression.

These results represent a remarkable scientific achievement for stem cell research; however, we do not know if zimislecel will hold up to further scrutiny in phase 3 studies and beyond. Although the treatment potentially obviates some issues with pancreatic transplants (e.g., organ availability and surgical complexity), it still requires immunosuppression.

BUSTING HEALTH MYTHS

It's time to rethink what we believe

RAISA MEHZABEEN

For generations, we have inherited health advice packaged as universal truth—some passed down by elders, others stemming from outdated science or popular culture. Phrases like “Avoid salt completely,” “Never skip meals,” or “Eight hours of sleep is enough—no matter when,” are repeated so often that they sound unchallengeable.

But truth evolves—and so should our understanding of health. Modern research shows that many of these long-standing beliefs are not only outdated, but potentially misleading or harmful. Yet, these myths persist in our homes, schools, and even clinics. In a country where non-communicable diseases like diabetes and heart disease are on the rise, misinformation can have serious consequences.

Salt: A necessary nutrient, not a villain

Salt has long been portrayed as the enemy of heart health. However, newer studies—including those published in The Journal of the American Medical Association (JAMA)—challenge this narrative. For healthy adults, a moderate sodium intake of 3 to 6 grams per day is both safe and essential.

Consuming less than 3 grams daily may actually increase insulin resistance, heightening the risk of developing type 2



diabetes. When sodium levels fall too low, the body compensates by retaining sodium through the kidneys, disrupting fluid and electrolyte balance. Ironically, this can cause more harm than good. The lesson? Balance, not avoidance, is key.

Fasting: Misunderstood, not misguided

Intermittent fasting is often misunderstood and feared, especially due to the myth that it causes insulin resistance. However, it is not fasting itself but chronic undernutrition that harms metabolic health.

Insulin resistance can result from prolonged calorie restriction below one's

Basal Metabolic Rate (BMR)—roughly 1100–1400 kcal/day for Bangladeshi women and 1400–1800 kcal/day for men. When the body is starved of energy, it slows metabolism and breaks down muscle mass, increasing the risk of dysfunction.

When done properly—ensuring adequate nutrients and caloric intake—fasting can support healing, weight control, and hormonal balance. The key is avoiding starvation disguised as discipline.

Sleep: More than just eight hours

The old rule of “eight hours of sleep” is not wrong—but it's incomplete. Research from

Sleep journal suggests that sleep timing is as crucial as duration. The body's repair and hormonal cycles are most active between 9 PM and 2 AM. Regularly missing this window can disrupt melatonin production, impair metabolism, and increase insulin resistance.

Just one week of poor or late-night sleep can increase insulin resistance by up to 30%. Over time, this raises the risk of obesity, diabetes, and heart disease. Sleeping from 3 AM to 11 AM is not equivalent to sleeping from 10 PM to 6 AM—our bodies follow circadian rhythms, not just clocks.

Towards a smarter understanding of health

In today's hyper-connected world, health advice comes from everywhere—TikTok, group chats, and well-meaning friends. But not all advice is equal. As science advances, so must our health practices—based on evidence, not inherited beliefs.

Health is not about fear or fads; it's about understanding. By replacing myths with facts, we empower individuals and communities alike—laying the foundation for a healthier, more informed nation.

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Global childhood vaccination coverage holds steady, yet over 14 million infants remain unvaccinated

STAR HEALTH DESK

In 2024, 89% of infants globally – about 115 million – received at least one dose of the diphtheria, tetanus and pertussis (DTP)-containing vaccine, and 85% – roughly 109 million – completed all three doses, according to new national immunization coverage data released by the World Health Organisation (WHO) and UNICEF.

Compared to 2023, around 171 000 more children received at least one vaccine, and one million more completed the full three-dose DTP series. While the gains are modest, they signal continued progress by countries working to protect children, even amid growing challenges.

Still, nearly 20 million infants missed at least one dose of DTP-containing vaccine last year, including 14.3 million “zero-dose” children who never received a single dose of any vaccine. That's 4 million more than the 2024 target needed to stay on track with Immunisation Agenda 2030 goals, and 1.4 million more than in 2019, the baseline year for measuring progress.

Children often remain un- or under-vaccinated due to a combination of factors, such as limited access to immunisation services, disrupted supply, conflict and instability, or misinformation about vaccines.

The promise of protecting every child is at risk

Although the community demand for childhood vaccination remains high and protection against more diseases is expanding, the latest estimates highlight a concerning trajectory. National and global funding shortfalls, growing instability worldwide, and rising vaccine misinformation threaten to further stall or even reverse progress which would risk increases in severe disease and deaths from vaccine-preventable diseases.

WHO and UNICEF call on governments and relevant partners to:

- close the funding gap for Gavi's next strategic cycle (2026–2030) to protect millions of children in lower-income countries and global health security;
- strengthen immunisation in conflict and fragile settings to reach more zero-dose children and prevent deadly disease outbreaks;
- prioritise local-led strategies and domestic investment, embedding immunisation firmly within primary health care systems to close equity gaps;
- counter misinformation and further increase vaccine uptake through evidence-based approaches; and
- invest in stronger data and disease surveillance systems to guide high-impact immunisation programmes.

