

UMSEBENZI ONLINE



**Forward with the people's
health revolution!**
*organise for NHI and with the People's
Red Caravan*



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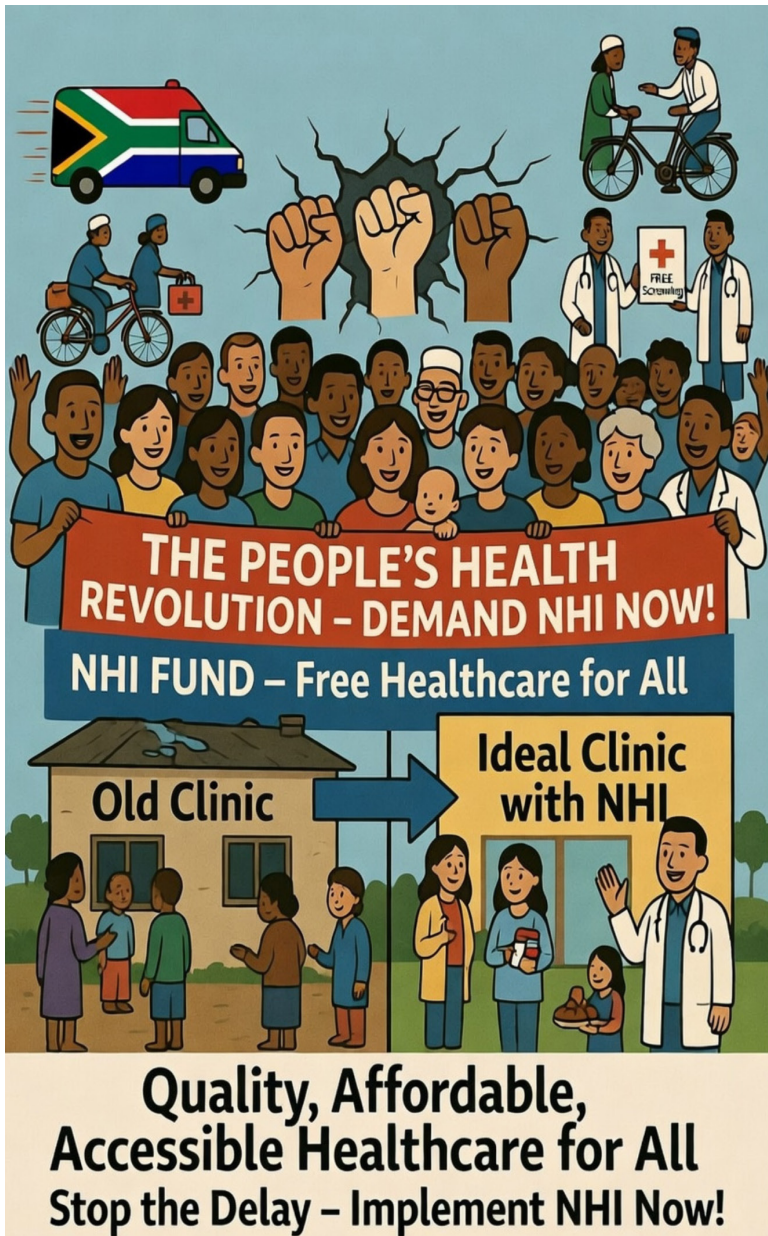
Yunus Carrim



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EDITORIAL

Health is a battlefield and we are fighting to win



It is a beginning. And a beginning is everything.

This edition of Umsebenzi Online arrives in the middle of that process of building. It is anchored — deliberately and necessarily — in one of the central battles of our time: the struggle for National Health Insurance (NHI).

Health in South Africa is not neutral. It is structured by class, shaped by inequality, and experienced through exclusion. The NHI emerges in this context not simply as policy, but as a decisive intervention in a system that rations care according to income and leaves the majority dependent on an overburdened public sector.

Four articles in this edition approach the NHI from different angles. Taken together, they form a clear and compelling case: the transformation of the health system is both urgent and inseparable from the broader struggle for equality and dignity.

The opening argument is direct. The **NHI seeks to dismantle a two-tier system that privileges the insured minority** while exposing the working class to delay, neglect, and avoidable suffering. It advances a simple but profound principle: access to healthcare must be based on need, not ability to pay.

In Alfred Nzo, in the Eastern Cape, the SACP contested a by-election and secured 12 percent of the vote without money, without patronage networks, without the machinery of incumbency. Twelve percent built ward by ward, conversation by conversation, through communities who have endured 32 years of democracy marked by poverty, unemployment, and broken services.

Cde Bandile Masuku brings this reality into sharp focus through the story of Lebo, a 45-year-old mother of three. After enduring months of symptoms — like many women who are conditioned to prioritise others over themselves — she was diagnosed with advanced cervical cancer. A treatment plan was ready. But her medical aid, instead of enabling care, cancelled her membership upon receiving evidence of her illness.

The cancer was aggressive. So was the system's indifference.

This is not an anomaly. **It is a reflection of a system designed to manage financial risk rather than guarantee health.** When care is conditional, those who need it most are often excluded at the very moment they require it.

Comrade Mokweni Evelyn Mswetsa takes us to the lived realities uncovered by the People's Red Caravan. In Motlhabe, a maternity ward without a door. In Ganspan, no clinic at all — with residents dying at home because transport to distant facilities is unaffordable. In Mqhekezweni, women living under constant threat of violence, without access to psychosocial support.

These are not abstract policy failures. They are daily conditions.

Yet the Caravan also demonstrates something else: that **grassroots organisation is capable of immediate, material intervention.** Ganspan has now been added to the mobile clinic schedule. This is not symbolic. It is a concrete shift in access — achieved through collective action.

Comrade Hlengiwe Nkonyane situates these experiences within the structure of the health system itself. South Africa's dual system concentrates both resources and specialist capacity in the private sector, while **the public health system carries the overwhelming burden** with limited infrastructure and personnel. The consequences are gendered and severe: delayed diagnoses, higher maternal risk, limited access to cancer treatment, and insufficient mental health services.

Cde Lucian Davids adds a further dimension: the exclusion of youth. **Young people — who will fund the NHI, live under it longest, and depend on it most — have been largely absent from its design.** This is not incidental. It reflects a broader pattern in which policy processes privilege institutional power over democratic participation.

The task ahead is clear. **The NHI must not only be implemented — it must be shaped through ac-**

tive, organised participation. Study circles, community forums, and youth-led structures are not optional additions; they are necessary conditions for building a system that reflects lived realities.

The struggle for health is therefore inseparable from the struggle for democracy itself.

This is brought into sharp relief in Cde Malefu Mokau's contribution on human rights — one of the most striking pieces in this edition. Reflecting on the United Nations resolution on the transatlantic slave trade, she reminds us that recognition without consequence is insufficient. Humanity, she writes, is still conditional.

Cde Malefu draws a line from Saartjie Baartman whose body was objectified, exploited, and denied dignity to the ongoing violence faced by women in South Africa today. The Constitution and Bill of Rights remain essential, but they are not self-executing. Rights require material conditions to be realised.

A health system that excludes, delays, or denies care is not merely inefficient — it is incompatible with human dignity.

This is why the struggle for healthcare cannot be separated from the broader struggle against inequality and exploitation. Health is not a commodity. It is a social good.

Solidarity with Cuba Now!

The international dimension reinforces this understanding. This edition carries **the African Left Networking Forum's declaration of solidarity with Cuba** — a reminder that internationalism is not historical sentiment, but a living political commitment.

Cuba's role in the liberation of Southern Africa, from Cuito Cuanavale to its ongoing medical solidarity, stands as proof of what it means to place human need above profit.

Today, as imperial pressure intensifies, the call for solidarity is not symbolic. It is part of a wider de-

fence of sovereignty, justice, and the right of nations to determine their own paths.

Similarly, lessons from China's rural revitalisation — witnessed first-hand by the SACP and Contral-esa delegation — show what becomes possible when a Communist Party treats local development as a strategic national priority.

Anji County's cooperative model, community-owned retail, and integrated digital platforms are not blueprints to copy wholesale. But they are evidence that transformation is achievable when political will, organisation, and policy align.

The People's Red Caravan already points in this direction. The NHI, fully implemented, can form part of that same architecture.

In Ward 14, Alfred Nzo, the working class gave the SACP 12 per cent. In clinics without doors, in communities without access, in systems that exclude the sick — the struggle continues.

But we are building

Issue by issue

Community by community

Struggle by struggle

The fight for health is the fight for dignity

And dignity cannot be deferred

**Forward to the NHI. Forward to equality. Aman-
dla Awethu.**

ALFRED NZO REGION BY-ELECTION

Working class building socialism in the here and now

Key points

- The SACP secured 12% of votes in the Alfred Nzo by-election.
- Poverty, unemployment and poor services in the region are rooted in capitalist and apartheid dispossession of land and wealth.
- The Party's People's Red Caravan programme has delivered solid community gains.
- The SACP calls on all communities to work together with the Party to find locally-driven solutions.
- Elected representatives must build on this grass-roots work.

The outcomes of the elections in Alfred Nzo Region in the Eastern Cape Province, where the Party secured 12 per cent of the total votes, signal a groundswell of a fight against capitalism, a system for the accumulation of profit in favour of a few, while the majority suffers.

Capitalism is responsible for the apartheid system that led to the situation people of Alfred Nzo face today. The situation represented by underdevelopment leads to the emergence of all sorts of evils associated with



The poster features a red background with the South African flag and the SACP flag. At the top, the SACP logo (a star with a hammer and sickle) and the text 'SACP SOUTH AFRICAN COMMUNIST PARTY' are displayed. Below this, the text 'REGISTRATION TO VOTE' is written in large, bold, yellow and white letters. A yellow banner contains the text 'REGISTRATION WEEKEND'. Below the banner, a calendar icon is followed by the dates '20-21 JUNE 2026'. The slogan 'Mina Nomndeni Wami SOVOTELA iSACP' is written in a stylized font. At the bottom left, there is a red ballot box with the SACP logo and the text 'SACP'. At the bottom right, the text 'SOCIALISM IS THE FUTURE BUILD IT NOW!' is written in bold, yellow and white letters.

the crisis of social reproduction, such as poverty, unemployment, poor services, crime, and substance abuse.

It is so because capitalism and apartheid separated the majority of people from their land and its wealth, robbing the people of the opportunity to use the land to produce what would sustain them in life.



It has monopolised these national assets to benefit a few, while the majority sell labour to them and remain in poverty.

The SACP appreciates, firstly, the people of Ward 14, Alfred Nzo, for exercising their democratic right by continuing to participate in the elections – despite the challenges they face, 32 years into democracy.

We promise them and the rest of the working class and poor in South Africa that these will soon come to an end.

Through our experiences in assisting and guiding society, we learned valuable lessons from the people. We commit to mobilising and continuing to work with them towards finding lasting solutions.

People’s Red Caravan – the cutting-edge approach
The SACP has found a new and better way of solv-

ing the challenges of communities. It has piloted them in five communities now, drawn from five provinces, where we stay and work with communities without minding their respective political or social affiliation for seven days.

Converging all of us without bags of money in our pockets, dedicating seven days to each community of thinking and innovation, we have managed to make amazing progress under the People’s Red Caravan programme.

“Capitalism and apartheid separated the majority of people from their land and its wealth.”

For instance, in these communities, we managed to prepare land for people to produce, buy equipment and seeds, and planted vegetables. We also got participating households to change their backyards into areas of food production, which they jointly aggregated into production farms.

Over 35 days of community development work have resulted in the preparation of over 10 hectares of land. This has yielded great harvests, which benefitted the community.

Additionally, we have successfully completed 10 chicken houses, filled with 1,689 layers producing a total of 32,700 eggs per month, leading to improved economic prospects for the communities.

We also established community shops where trade to the benefit of communities is done. We also worked together with community members to improve the state of health facilities and schools.

During the seven days spent in the communities, we dedicated time to fix dilapidated classrooms and clinics, crucial facilities for the people. We have also seen boreholes installed and water supply lines restored. In some instances, access roads and bridges were fixed. We have also worked with community members to restore sports and cultural activities, all while introducing new codes.



ACTIVATION OF THE PEOPLE'S

RED CARAVAN

Through this exercise, we continue to learn better ways of solving community problems. We continue to work with communities to resolve problems.

Community-led action

We are calling on all communities to work with the Communist Party to find solutions to the community challenges, regardless of their political affiliations. Let us work together to resolve our challenges in our own ways and invite the government and other stakeholders to lend a hand in these efforts. The SACP believes that when we choose our candidates as communities to represent us in public offices such as municipal chambers, provincial legislature and parliament, our representatives should enhance this work and replicate it wherever we are and allow us also an extra opportunity to influence and direct budgets to add value in a larger scale to this initiated work.

Lastly, we congratulate the Eastern Cape SACP, the district, branches and volunteer brigades for the great work done in the campaign in Ward 14, Alfred Nzo.

The outcome shows that they worked very hard, with little to no resources, to reach out to as many voters as they could and successfully conveyed

“The SACP has found a new and better way of solving the challenges of communities.”

what the SACP stands for and what it seeks to do. The SACP will continue to work with communities, reach out to more, and we believe that more will begin to understand where their freedom lies.

Cde Madala Masuku is the First Deputy General Secretary of the SACP

SOLIDARITY WITH CUBA – ALNEF DECLARATION

**Building unity of the Left in Africa –
advancing an anti-imperialist
movement to deepen Africa’s
solidarity with Cuba**



The endurance of the Cuban Revolution is not only a triumph for the Cuban people; it is also a triumph for all struggling people of the world.

Declaration of Solidarity and Support with the Socialist Republic of Cuba by African Communist and Socialist Parties, and Progressive Organisations at a virtual meeting of the African Left Networking Forum, 13 March 2026.

We, Communist and Socialist Parties, Trade Unions and Progressive Organisations on the African Continent pledge and affirm our unwavering support and solidarity with the Cuban people and the government of the Socialist Republic of Cuba.

Our solidarity meeting, in support of the Socialist Republic of Cuba takes place against the background of the world thrown into turmoil by the blood thirsty imperialist war mongering United States and Zionist-apartheid Israeli regimes.

The invasion of Venezuela and the abduction of President Nicolás Maduro and first lady Celia Maduro and the murder of many Cuban and Venezuelan security personnel are war crimes.

So too is the invasion and bombing of the Islamic Republic of Iran and the assassination of its supreme leader Imam Khamenei by the United States and Zionist-apartheid Israel.

So too is Zionist-apartheid Israel's invasion and murderous spree in Lebanon.

The warmongering carried out by the Trump and Netanyahu regimes, and the threats of invasion and regime-change by President Trump against the Socialist Republic of Cuba violates Article 2, paragraph 4 of the United Nations Charter which prohibits the threat and use of force.

We condemn the unjust continuing 66-year-old illegal blockade imposed on Cuba by the United States in order to undermine and sabotage its economy, sovereignty and territorial integrity.

The endurance of the Cuban Revolution is not only a triumph for the Cuban people; it is also a triumph for all struggling people of the world, as it is a lodestar of socialist construction, justice and democracy.

We condemn the United States inclusion of Cuba on the list of states that sponsor terrorism.

Cuba's internationalism has left a gallant historical mark on the African continent.

During the struggle against colonialism and apartheid Cuba contributed to the liberation struggle with its blood and hundreds of Cuban revolutionary lives.

Cuba, spearheading the historic battle of Cuito Cuanavale that vanquished and defeated the apart-

heid South African Defence Force (SADF) and RENAMO made the independence of Angola, Namibia and South Africa possible.

Beyond the battlefield, Cuba has demonstrated unparalleled solidarity with Africa through its medical brigades, educational programmes and technical cooperation.

Today, in Cuba's hour of need, we the people of Africa embrace our historic internationalist duty to stand firmly shoulder-to-shoulder with the people of Cuba and its government against the warmongering of the

United States.

We call on the United Nations Security Council and all Member States to fulfil their responsibility to preserve international peace and security.

We further call on African governments to strengthen diplomatic, economic, scientific and cultural cooperation with Cuba. And also call on all freedom-loving citizens of Africa and the world to demonstrate their solidarity with the people of the Socialist Republic of Cuba, in all manner of practical ways, to make their voices heard.

We also call on the African Union to provide support to Cuba through, amongst others, trade, economic initiatives, humanitarian aid and the facilitation of bilateral initiatives.

We further call for the immediate lifting of the illegal blockade against Cuba and an end to imperialist interference, destabilisation and political subversion.

We the undersigned political parties, trade unions and progressive organisations commit to strengthen our bonds with the Communist Party of Cuba

“Cuba, spearheading the historic battle of Cuito Cuanavale that vanquished and defeated the apartheid South African Defence Force (SADF) and RENAMO made the independence of Angola, Namibia and South Africa possible.”

“Beyond the battlefield, Cuba has demonstrated unparalleled solidarity with Africa through its medical brigades, educational programmes and technical cooperation.”

“We call on the African Union to provide support to Cuba through, amongst others, trade, economic initiatives, humanitarian aid and the facilitation of bilateral initiatives.”

and its people, and pledge our steadfast support to the Socialist Republic of Cuba.

We support and respect Cuba’s inalienable right to independence, national dignity and territorial integrity.

Signatories:

1. South African Communist Party (SACP)
2. African National Congress (ANC)
3. Congress of the South African Trade Unions (COSATU)
4. South African National Civic Organisation (SANCO)
5. UMKHONTO WE SIZWE LIBERATION WAR VETERANS (MKLWV)
6. Friends of Cuba Society (FOCUS)
7. Young Communist of South Africa (YCLSA)
8. African National Congress Youth League (ANCYL)
9. South African Students’ Congress (SASCO)
10. MPLA
11. Frelimo
12. PUDEMO
13. BNF
14. SWAPO
15. SPLM

We reaffirm our continued solidarity with the people of Palestine, eSwatini, Sudan, Venezuela, Western Sahara and our deepening solidarity with the people of Iran.

All those who profess to be democrats are equally bound to do likewise.

Amandla! Power to the people!
Aluta Continua!
Africa stands firm in solidarity with Cuba!
Long live working class internationalism!
Amandla!

16. UNIP
17. Communist Party of the USA
18. Communist Party of Israel
19. Communist Party of Lesotho
20. Communist Party of Swaziland
21. Zimbabwe Communist Party
22. Communist Party of Congo
23. Communist Party of Kenya
24. Sudanese Communist Party
25. Communist Party of South Sudan
26. Boycott, Divest and Sanctions (BDS) South Africa
27. Africa4Palestine
28. Swaziland Solidarity Network
29. WFTU
30. ITUC
31. Embassy of the State of Palestine
32. Embassy of Vietnam
33. Embassy of Algeria
34. Embassy of Syria
35. Embassy of North Korea
36. Embassy of Nicaragua



**HEY, PAEDOPHILE TRUMP!
HANDS OFF CUBA! SOLIDARITY NOW!**

**PROTEST AT US DIPLOMATIC MISSIONS ON 17
APRIL, THE 65TH ANNIVERSARY OF THE
ABORTIVE ATTACK AT THE BAY OF PIGS AGAINST
REVOLUTIONARY CUBA BY THE US.**

**THEY FAILED TO DESTROY CUBA THEN, AND
THEY'LL FAIL TO DESTROY IT NOW.**

Unite & Fight US Imperialism!



17th of April marks the 65th anniversary of the US attempt to invade Cuba. The CIA proxy force that landed at the Bay of Pigs that day was crushed, as it will be today.

- * **Hands off Cuba. Break the blockade. Aid to Cuba now!**
- * **Stop the horrific and depraved US/Israeli bombing of Iran!**
- * **Halt the US/Israeli genocide of Palestine and Lebanon!**
- * **Stop the genocide in the DRC and Sudan and the plunder of our continent!**
- * **Support the self-determination of Western Sahara and end repression in Swaziland!**

DEMO:
 Friday 17 April
 2pm to 4.30pm
 US Consulate,
 1 Leila Khalid Drive
 Sandton

FILM:
 Friday 17 April
 'Cuba: An African
 Odyssey'
 6.00pm
 Trevor Huddleston
 Centre, Sophiatown



Nelson Mandela and Fidel Castro, 26 July 1991. (Photo: Matanzas, Cuba © Libiria Noval)

Issued by Cuba Solidarity Now and supported by trade unions, social movements, solidarity and progressive political organisations.

Unite and Fight US Imperialism!

RESIST

APRIL 1961 – US IMPERIALISM CRUSHED AT PLAYA GIRÓN

April marks the 65th anniversary of the US attempt to invade Cuba. The CIA proxy force that landed at the Bay of Pigs was crushed – as it will be today!

DEMO: Friday 17 April 2026
 Time: 4 - 5 PM
CONSULATE DURBAN
 11 Pixley KaSeme Street, Durban

Hands off Cuba. Break the Blockade. Aid to Cuba now!
 Stop the horrific and depraved US/Israeli bombing of Iran!
 Stop the US/Israeli genocide of Palestine and Lebanon!
 Stop the genocide in the DRC and Sudan and the plunder of our continent
 Support the self-determination of Western Sahara and end repression of Eswatini!

CUBA SOLIDARITY CAMPAIGN

FORWARD TO NATIONAL HEALTH INSURANCE!

The people’s health revolution – demand NHI now!



The NHI takes us a further step closer to the demands of the Freedom Charter. Photo: Rosetta Msimango/Spotlight

What’s the issue?

- The NHI pools public funding to provide free, quality healthcare for all South Africans.
- It will end the two-tier system where only the wealthy get good healthcare.
- Vested interests in private medical aids are blocking NHI, but the people must demand it.
- Communities should audit their local clinics and organise NHI Action Committees to build pressure.
- Belgium’s “Medics for the People” model shows that community-led healthcare works and can be copied here.

JENNY SCHREINER, BEN MARTINS, RENEVA FOURIE

The National Health Insurance (NHI) is a single, publicly funded mechanism that pools taxes and contributions into one National Health Insurance Fund.

This Fund finances quality healthcare services from accredited public and private providers for everyone in South Africa. Care is free at the point of use: no user fees, no co-payments, no gap cover.

From primary clinics to specialist hospitals, the NHI guarantees comprehensive, equitable access based on need, not ability to pay.

It ends the two-tier system and realises the constitutional promise of healthcare for all. It is currently being stalled under the guise of legality by those who have vested interests in the highly subsidised medical aids. We, the people, must demand its roll-out.

Why the NHI is necessary

- An end to apartheid-era and current inequality – the same high standard of care for rich and poor alike.
- Free healthcare at the nearest public and private health facilities – no more having to pay a deposit or proof of medical aid before getting medical services.
- Financial protection for families – serious illness will never push you into debt or poverty.
- Full coverage for every child, regardless of parents' income.
- Coordinated responses to TB, HIV, diabetes and other illnesses that affect our communities.
- Better quality care in health facilities through proper funding.
- Shorter waiting times and reliable access to doctors, medicines and diagnostics.
- Prevention first – proactive free screenings, education and early treatment that keep families healthy.
- A productive workforce – healthier workers mean stronger local economies and more jobs.
- Social solidarity – cross-subsidisation between rich and poor builds a compassionate, united South Africa.

Access to equal healthcare are the lived rights everyone in South Africa deserves.

The Freedom Charter, which contained the collective goals that underpinned our liberation struggle, envisaged: 'A preventive health scheme shall be run by the state; free medical care and hospitalisation shall be provided for all, with special care for mothers and young children.

This vision is partly captured in Clause 27.(1) of our constitution, which states that everyone has the right to have access to health care services, including reproductive health care.

The NHI takes us a further step closer to the demands of the Freedom Charter. Massive state funding currently benefits private medical aid, hence these vested interests would like to see it stalled, but the people's demand cannot be delayed. The R30 billion in state subsidy must be allocated to start the NHI Fund.

How to organise in your community around the NHI

Start where you live. Form a local NHI Action Committee – neighbours, shop stewards, church groups, youth and pensioners – and conduct a people's audit of services. Turn the findings into a community report and campaign for immediate NHI contracting and upgrading. The audit could include:

- **The state of your clinic**
 - Inspect infrastructure: leaking roofs, broken equipment, long queues in uncomfortable weather? Demand NHI-funded repairs and the Ideal Clinic standard.
 - Check medication stock-outs – chronic patients should never be sent home empty-handed.
 - Note staffing shortages and rude or exhausted workers; NHI will bring proper training, fair pay and more hands.
 - Assess quality of service – are records lost, referrals delayed, dignity ignored? Demand continuity of care.
 - Evaluate the location – unsafe at night, far from homes, no public transport? NHI must bring services closer and safer.
- **The state of the ambulance services?**
 - Count working vehicles and response times.
 - Are crews short-staffed or untrained?
 - Are vehicles roadworthy?
 - Document every delayed call that costs a life.
 - NHI will fund a reliable, 24-hour emergency system with properly equipped crews.
- **The state of community health workers?**
 - Have ward-based outreach teams been fully absorbed and paid a living wage?



- Are they given uniforms, transport, phones and medical kits?
- If not, mobilise to integrate and resource them – they are the backbone of preventative care under NHI.

care, can assist a woman in labour and post-birth care of mother and child.

Who can be recruited into a Friends of the NHI network?

Mobilise unemployed, retired and Cuban doctors and healthcare practitioners

Many trained professionals sit idle while communities suffer. Recruit them for free public health education sessions, blood pressure and diabetes screenings, primary healthcare pop-ups, and preventive programmes (vaccinations, nutrition, hygiene).

Cuban doctors already working in rural areas have proven that community-rooted care saves lives and builds trust. Offer them stipends from local fundraising or NHI pilot budgets while demanding permanent absorption into the public system.

Organise around our campaign for women’s reproductive rights through public education on women’s reproductive health and our rights. Ensure that our clinics have contraception available, are equipped to deal with pregnancy tests and

Anyone who cares about the health of our people: parents whose children miss school through preventable illness, workers facing medical-aid deductions that leave nothing for rent, pensioners terrified of hospital bills, religious leaders, trade-union shop stewards, NGOs, taxi associations and youth groups.

Launch joint campaigns – collect old spectacle frames for Spec Savers-style eye-care drives, organise health fairs with free screenings, or run door-to-door petitions demanding NHI contracting of local clinics. Turn concern into collective power.

Lessons from the Belgian Workers Party’s Medics for the People

For over 50 years, Médecine Pour Le Peuple (Medics for the People) has operated 11 community health houses, serving 25,000 patients with free primary care. Multidisciplinary teams – doctors,

nurses, psychologists and volunteers – treat the person, not just the symptom.

They tackle social determinants like housing, work conditions and poverty. During Covid, they ran their own trusted contact tracing with volunteers, proving that community-led responses work. Their “street to parliament to street” strategy links local clinics to national campaigns, patient empowerment groups and trade-union protests.

Prevention is key – they demand more resources for screenings, mental health and healthy environments. South Africa can copy this model by promoting neighbourhood health houses, patient-led committees and placing relentless pressure on the government until we have the NHI.

The NHI is the weapon we forge to improve the quality of life in our communities. Audit your clinic. Call a meeting. Recruit every willing doctor, nurse and health worker. Build the Friends of NHI network wider than the apartheid walls ever were. Demand that every clinic, ambulance and outreach team meet the standard our taxes can and must fund.

The delay in its implementation is temporary; the people’s will is permanent. Let’s organise now for quality, affordable and accessible healthcare for all.

Cdes Jenny Schreiner, Ben Martins and Reneva Fourie are members of the SACP Politburo.

FORWARD TO NATIONAL HEALTH INSURANCE!

When medical aid rules trump medical urgency, women pay the price



Women interact with the healthcare system more frequently than men throughout their lives, yet they remain the most vulnerable to delayed diagnosis, fragmented services, and financial exclusion. Photo: Rosetta Msimango/Spotlight

- Women use the health system more often than men, but they face more problems.
- They often have to wait longer to be diagnosed, the services they use are not well organised, and they often can't pay for them.
- Cervical cancer is still a leading cause of death because of a lack of access to screening and treatment.
- Medical aid schemes are set up to manage financial risk, not guarantee health.
- NHI offers a different option: prevent health problems, make sure women get care and stop insurance companies from dropping women when they need help the most.

BANDILE MASUKU

When a cervical cancer diagnosis should have triggered urgent treatment, one woman's medical aid instead cancelled her membership — exposing a system that fails women at their most vulnerable.

Lebo*, a 45-year-old mother of three, endured more than a year of abnormal menstrual bleeding, clots and severe lower abdominal pain. Like many women, she normalised the symptoms while balancing work, caregiving, and survival. It is a pattern too common to be a coincidence – women are conditioned to put their health last.

As time went on, she could no longer ignore her condition. On 13 February 2026, a clinical exam revealed a large cervical tumour.

A biopsy confirmed advanced, inoperable cervical cancer. Her treatment plan was clear and urgent: chemotherapy combined with radiation therapy.

The cancer was aggressive. So was the system's indifference.

At the time of diagnosis, Lebo was waiting for her medical aid to activate on 1 March 2026. When her doctors applied for coverage for her medical treatment, the insurer asked for detailed reports – then used those same reports to deny her claim and cancel her membership.

With this one decision, she was left with a terminal diagnosis and no access to treatment. Her illness had made her uninsurable. Healthcare had prioritised its balance sheet over her life.

Women's health cannot be optional: why NHI is a lifeline, not a luxury

Lebo's story exposes a painful truth: access to care in South Africa depends not on how sick you are, but on what you can afford. For too many women, healthcare is conditional. And when healthcare is conditional, lives are placed at risk.

Women interact with the healthcare system more frequently than men throughout their lives: through reproductive health services, pregnancy and childbirth, chronic disease management, mental healthcare, and cancers such as breast and cervical cancer.

Yet they remain the most vulnerable to delayed diagnosis, fragmented services, and financial exclusion.

“The cancer was aggressive. So was the system's indifference.”

Inequality

Cervical cancer is among the most preventable and treatable cancers in the world when detected early. Yet it remains one of the leading causes of cancer deaths among South African women.

The reason is not a medical mystery. It is unequal access to early screening, diagnosis, and uninterrupted treatment.

“Medical aid schemes are designed to manage risk, not guarantee health. Waiting periods, exclusions for pre-existing conditions, complex authorisation processes, and the threat of benefit withdrawal all function as barriers – particularly for women whose health needs change over time. And when illness intensifies, cover often disappears.”

A health system that excludes women is structurally unjust

Lebo's experience is not an administrative mishap – it reflects a system built on the assumption that illness is a personal liability, and not a social responsibility. Women bear this assumption most heavily.

They enter the health system more frequently, for longer, and with needs that are more complex – reproductive health, maternal care, and chronic conditions that develop over time. Yet it is precisely these needs that insurance structures are designed to limit, exclude, or delay.

“Women interact with the healthcare system more frequently than men throughout their lives.”

A society that claims to value women's lives cannot allow access to healthcare to hinge on insurance timing, fine print, or actuarial calculations.

That is not a health system. It is a system of exclusion dressed in administrative language – and it is incompatible with the constitutional commitment to dignity, equality, and the right to healthcare.

NHI funds prevention, and prevention saves women's lives

The National Health Insurance (NHI) offers a fundamentally different approach: healthcare access based on need, not purchasing power or risk profile.

“Women’s health cannot be optional. It cannot be conditional. It must be guaranteed.”

For women, NHI is transformative. It prioritises preventive care such as cervical cancer screening, HPV vaccination, reproductive health services, and early diagnostics, and ensures continuity of care across public and private providers.

Under NHI, women would not have to delay treatment while awaiting approvals, fear losing cover after diagnosis, or navigate exclusions when they are most vulnerable.

For working-class women, informal workers, unemployed women, and even middle-class professionals increasingly priced out of comprehensive cover, NHI provides protection against catastrophic health costs and institutional abandonment. It replaces uncertainty with assurance.

The real question is not cost, it is consequence

Yes, implementation challenges exist. They must be debated and addressed seriously. But we must also confront the cost of maintaining the status

quo. How many women must present late with preventable cancers? How many lives must be shortened by administrative delays or insurance exclusion?

Cancer is devastating. But being diagnosed at the “wrong time”, without active cover, can be fatal. Lebo’s story reminds us that a health system is judged not by its policies, but by how it treats people at their most vulnerable.

Women’s health cannot be optional. It cannot be conditional. It must be guaranteed.

Why this matters

- Women bear the greatest lifelong healthcare burden yet face systemic barriers to access.
- Preventable and treatable conditions like cervical cancer still kill because care is delayed or denied.
- A fragmented, insurance-based model perpetuates inequality and avoidable suffering.

What must be done

- Implement NHI to guarantee access based on need, not insurance status.
- Prioritise prevention, early diagnosis, and continuity of care for women.
- End medical aid practices that exclude women at the point they need care most.

*Name changed to protect privacy.

Cde Bandile Masuku is Convener of the Education, Health and Science & Technology Subcommittee, ANC Gauteng Provincial Task Team

FORWARD TO NATIONAL HEALTH INSURANCE!

People’s Red Caravan, women’s health and the NHI – a revolutionary road to self-sustaining communities and socialist health justice



Mzwandile Thakhudi, National Secretary of the Young Communist League of South Africa, at a People’s Red Caravan health promotion stall.

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| <ul style="list-style-type: none"> • The PRC brings primary healthcare directly to underserved communities, complementing the NHI’s national framework for universal coverage. • Women in rural villages bear the worst of South Africa’s healthcare inequality — from maternity wards without doors to communities with no clinic at all. • PRC field visits across five provinces ex- | <ul style="list-style-type: none"> posed shocking conditions and achieved concrete gains, including getting Ganspan added to the mobile clinic schedule. • The Caravan’s grassroots data on women’s health needs can directly inform NHI planning and resource allocation. • The SACP positions the NHI and the PRC as two sides of the same struggle — with women at the centre. |
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MOKWENI EVELYN MSWETSA

South Africa’s struggle for universal health-care is not just about policy. It is about people, dignity, and justice.

At the heart of this struggle stands the People’s Red Caravan (PRC), a grassroots mobilisation that brings primary care directly to communities.

Alongside it, the National Health Insurance (NHI) represents a bold state-led vision to dismantle the country’s unequal two-tiered healthcare system. Together, they form a powerful alliance for transformation, particularly for women in rural villages who bear the brunt of inequality.

The NHI: equality in practice

The NHI is South Africa’s flagship policy for universal coverage. It seeks to pool resources, redistribute access, and ensure that all citizens—regardless of income or geography—receive quality care.

For women, this means fewer maternal deaths, earlier detection of chronic diseases, stronger mental health support, and greater autonomy over reproductive choices.

The SACP has been a staunch defender of the NHI. The Party welcomed the passing of the NHI Bill as a “watershed moment for equality and social solidarity.”

“For the SACP, the NHI is not just health policy—it is a pillar of the National Democratic Revolution,”

For the SACP, the NHI is not just health policy—it is a pillar of the National Democratic Revolution, aimed at reducing inequality and building a social-ist-oriented healthcare system.

The SACP insists: no delays, no concessions to capitalist interests. Funding must come from progressive redistribution, targeting corporate surpluses rather than burdening the working class.

The PRC’s strength lies in its ability to uncover the lived realities of women in villages across South Africa. These voices reveal the urgency of transformation.

Motlhabe, North West

One clinic serves multiple villages, yet the PRC found shocking conditions: no hot water, a maternity ward without a door, pit latrines overflowing, and broken tiles. Women were expected to give birth in those conditions. The Caravan activated the community to do repairs and restore dignity.

Matibidi, Mpumalanga

Here, father-headed families dominate. Many children lack birth certificates, with fathers undergoing DNA tests to prove paternity. Mothers, overwhelmed, often leave children behind. This reality speaks to the mental health crisis among women, where abandonment reflects despair. The Caravan highlighted these issues, linking them to broader needs for psychosocial support.

Mqhekezweni, Eastern Cape

A village steeped in history but scarred by rape and killings. Women live under constant threat. The PRC forged alliances with women’s organisations outside the village to provide support and advocacy, recognising that mental health and safety are inseparable from healthcare.

Ganspan, Northern Cape

Here, there is no clinic at all. Residents are denied access to mobile clinics. Drug and alcohol abuse is rampant. When sick, people often stay home and die because transport to distant clinics is unaffordable. Women deliver babies at home, without skilled support. The PRC intervened, successfully engaging health authorities to include Ganspan in the mobile clinic schedule.

Hlokozi, KwaZulu-Natal

The clinic is far, and PRC observed a high number of people living with disabilities. Yet the Caravan was denied access to the clinic and public records, preventing informed interventions. This denial reflects systemic barriers that undermine community-driven health solutions.

Bridging policy and practice

The synergy between the Caravan and the NHI lies in their shared commitment to equity. While the NHI provides the structural framework for universal coverage, the Caravan demonstrates how grassroots mobilisation can operationalise these ideals. Together, they bridge the gap between policy and practice.

The Caravan's data collection on women's health needs can inform NHI planning, ensuring that resource allocation reflects lived realities. Its trust-building efforts strengthen the NHI's legitimacy, especially in areas where scepticism toward government programmes persists.

Toward a socialist-oriented healthcare system

The NHI is a step toward a healthcare system rooted in socialist principles: equity, solidarity, and universality. For women, this means liberation from the burdens of inequality. It means healthcare that is not charity but justice. It means dignity restored.

The NHI and the Caravan are instruments of change—tools to transform healthcare from a commodity into a right.

Forward with the Caravan, forward with the NHI

The People's Red Caravan and the NHI represent two sides of the same revolutionary coin. One rooted in grassroots mobilisation, the other in national policy reform. Together, they carry the promise of universal health for all.

For women in Motlhabe, Matibidi, Mqhekezweni, Ganspan, and Hlokozi, this promise is not abstract—it is life-changing. It is fewer maternal deaths, stronger mental health support, and greater autonomy. It is dignity, empowerment, and justice.

The SACP calls us to defend this vision. To reject delay. To fight profiteering. To mobilise for equality. To march forward with the Caravan, with the NHI, with women at the centre of the struggle.

Forward with the People's Red Caravan! Forward with the NHI! Forward with women's health and dignity!

Cde Mokweni Evelyn Mswetsa is an SACP Moses Kotane PWC member.

FORWARD TO NATIONAL HEALTH INSURANCE!

NHI - tackling gendered health inequalities



The NHI was conceived as a constitutional and policy instrument to realise the right to health by equalising access to essential services irrespective of ability to pay.

What's at stake?

- The health system is split between a well-resourced private and a stretched public sector. It is working-class women who suffer the most from this.
- The NHI is a plan to make health services available to everyone, no matter how much money they have. It is part of the National Democratic Revolution.
- Women face specific health risks under the current system, including more problems during childbirth, inadequate care for mothers, and limited access to cancer and mental health services.
- If private healthcare providers were included in the NHI purchasing framework, more people would have access to skilled care.
- NHI must reduce inequalities in health for different genders.

HLENGIWE NKONYANE

The South African health system remains deeply divided: a well-resourced private sector serving a minority with medical insurance, and an overburdened public sector serving the majority.

The NHI was conceived as a constitutional and policy instrument to realise the right to health by equalising access to essential services irrespective of ability to pay.

For working-class women, who disproportionately shoulder household care work, reproductive labour and the management of chronic and inter-current illnesses, the NHI promises structural redress.

The NHI is situated within the framing of the National Democratic Revolution, and its potential to reduce gendered health inequities is used as evidence from recent epidemics and health-system analyses.

Systemic inequality

South Africa's dual health system concentrates expenditure and specialist capacity in the private sector while the public sector faces chronic shortages of staff, medication and infrastructure.

Such differential access translates into gendered harms: pregnant women and birthing persons in resource-constrained public facilities face increased risks of obstetric complications, delayed emergency referral and, in some instances, inadequate postnatal care.

“The dual health system concentrates expenditure and specialist capacity in the private sector”

Women also shoulder informal care burdens during economic shocks, such as Covid, nursing sick relatives, securing household food and managing increased domestic labour, which compounds psychosocial strain and reduces capacity to seek timely medical care.

Maternal health outcomes are sensitive indicators of system performance. Shortages of midwives, theatre capacity and emergency transport increase the probability of adverse maternal and neonatal outcomes.

Incidental and facility-level reports document instances where lack of public-sector capacity results in delayed transfers or births occurring under substandard conditions.

Integration would save lives

Integrating private providers into an NHI purchasing framework could expand access to skilled ob-

stetric care and emergency interventions, thereby reducing avoidable morbidity and mortality.

But such integration requires robust contracting mechanisms, price regulation and quality assurance to prevent cream-skimming and to ensure equitable geographic distribution of resources (McIntyre et al., 2016).

Breast cancer incidence and survivorship are highly sensitive to early detection and timely, uninterrupted treatment. Public hospitals with limited oncology capacity confront long waiting times and periodic stock-outs of chemotherapeutic agents, adversely affecting prognosis for lower-income women.

The private sector possesses diagnostic and therapeutic capacity that, if accessed through equitable financing arrangements, could shorten waiting times and improve outcomes.

Sustainability for equality of access

Nevertheless, long-term cancer care is costly. NHI design could therefore incorporate pooled financing, strategic purchasing and public-sector strengthening to ensure sustainability.

Infertility disproportionately affects women's social and psychological well-being in contexts where childbearing is highly customary. Assisted reproductive technologies (ARTs) such as in-vitro fertilisation (IVF) remain largely unaffordable and concentrated in the private sector, producing inequitable access.

Pilot subsidisation of selected ART services in public facilities is welcome but insufficient. Under NHI, regulated inclusion of infertility services with means-tested provision or cross-subsidisation could reduce socioeconomic disparities in access to reproductive technologies, while ethical and equity frameworks would be required to prioritise indications and allocation.

Inclusive mental health

Mental-health services in public primary and ter-

tiary care are limited. Specialist care (psychiatrists, psychologists) tends to be available mainly to the insured. Working-class women face elevated risks of common mental disorders due to compounded socioeconomic stressors, caregiving burdens and exposure to gender-based violence.

“Women shoulder informal care burdens during economic shocks.”

NHI contracting of private mental healthcare providers, combined with task-sharing models in primary care, could expand access and integrate mental health into routine maternal and chronic-disease services. Safeguards are necessary to ensure continuity of care and culturally competent services.

Health is a right not a privilege

The NHI offers the potential to operationalise the constitutional promise of health as a right and to address the disproportionate burdens borne by working-class women, as focused on in this discussion.

Achieving this requires deliberate policy design that couples private-public resource sharing with strong regulation, equity-focused monitoring and phased implementation. Without these measures, the status quo of unequal access and gendered harms will persist.

Cde Hlengiwe Nkonyane is an activist of the SACP in Gauteng.

FORWARD TO NATIONAL HEALTH INSURANCE!

Youth inclusion in the NHI is vital



The challenge is that young people – who will fund NHI the longest, live under it the longest, and need it most – are largely absent from the room where it was designed and risk being sidelined further as implementation stalls.

- South Africa’s NHI Act (signed May 2024) faces implementation delays, with young people largely excluded from its design.
- Youth unemployment is 45.5%, making equitable public healthcare especially critical for this generation.
- Young people are not apathetic: a 2016 youth-led submission (YPR) made serious policy proposals but was met with institutional hostility and ignored.
- Corporate and professional bodies dominated the NHI process. Youth participation was tokenistic and unrepresentative.
- The YCLSA must build NHI policy literacy at branch level, develop coordinated national youth structures, and advocate for youth-specific health priorities.

LUCIAN DAVIDS

South Africa’s National Health Insurance Act was signed into law in May 2024. It was a momentous event for the Alliance, given that on the eve of elections, the African National Congress finally ratified bills that benefited the people, such as the Basic Education Laws Amendment Act and the Land Expropriation Act.

Yet NHI was more than a decade in the making. Now, however, its rollout is being held back, casting uncertainty over whether its promises will be realised in time to meet urgent needs.

The challenge is that young people – who will fund it the longest, live under it the longest, and need it most – are largely absent from the room where it was designed and risk being sidelined further as implementation stalls.

This is not an oversight. It is a democratic failure with potentially severe consequences for a generation already navigating deep structural inequalities.

Youth outlook in South Africa

Young people aged 15-34 make up more than a third of South Africa’s population. According to Statistics South Africa’s Social Profile of the Youth 2014-2024, youth unemployment climbed from 36.8% in 2014 to 45.5% in 2024. Nearly half of young people are not in employment, education or training.

These are not abstract figures. They describe the generation that will pay the taxes that fund the

NHI, rely on public health services because they cannot afford private care, and now face prolonged uncertainty as the rollout is delayed, living with the consequences of how the benefit package is designed and deferred for decades to come.

A policy this important demanded serious youth participation. It did not get it, and the continued delays risk deepening the already severe socio-economic consequences for young people who can least afford them.

The myth of youth apathy

When young people do not show up to policy consultations, the easy explanation is apathy. This explanation is lazy and dishonest. Far from being apathetic, young people have already demonstrated why the NHI matters deeply to them and how meaningfully they can contribute to shaping it.

Sociologist Naledi Mpanza studied the only youth-led submission made to the NHI White Paper – The Young People’s Recommendations (YPR) – compiled in 2016 by Elphasa, the youth arm of the People’s Health Association of South Africa (Phasa). What she found was not apathy.

She found young people who worked hard, held consultations, ran workshops, distributed pamphlets in multiple languages, and produced a serious policy document – demonstrating both the demand for equitable healthcare and the willingness of youth to help build it.

In the study, she writes that they [Elphasa] were met with hostility and dismissal. One participant, a young medical doctor, described being “bullied” when her organisation tried simply to choose its own name.

Another recalled that the substantive questions raised in their submission received no response. The group eventually dissolved – not from apathy, but from exhaustion and institutional rejection. Yet their efforts remain a powerful reminder

that meaningful youth inclusion can strengthen the NHI and ensure it reflects the realities of those who will rely on it most.

The YPR document itself was substantive, as it called for primary health care to be placed at the centre of the NHI. It raised concerns about system readiness. It asked how the NHI would serve asylum seekers and migrants – notwithstanding the fact South Africa is facing serious waves of xenophobia.

Mpanza (2021) maintains that it [YPR] demanded a rigorous accountability framework to address corruption. These were serious policy contributions from young professionals – pharmacists, doctors, psychologists, and IT specialists – showing that youth are not just beneficiaries of the NHI but essential partners in making it more responsive, inclusive, and effective.

Youth – the missing stakeholder

The debate around the NHI underscores just how vital it is for young people to have a stronger voice in shaping a system that will define their access to healthcare for decades to come.

The dominant voices were not young people. They were medical aid companies, hospital groups, pharmaceutical associations, and large professional bodies. These all have significant resources, established relationships with government, and clear financial interests in the outcome and which now play a central role in slowing the rollout of reforms that would expand equitable access.

Youth has lived experience and legitimate stakes, but the process rewarded institutional power, not democratic voices. Youth participation, where it existed at all, was inconsistent, tokenistic, and not representative of the diversity of South African youth.

“A policy this important demanded serious youth participation. It did not get it.”

They found that 27 years into our constitutional democracy, the youth sector remains fragmented, with no organised, nationally representative civil youth structures capable of holding government accountable, highlighting the urgent opportunity to build stronger, unified youth platforms that can meaningfully influence the NHI's implementation.

“The YCLSA must run NHI study circles.”

This is the terrain the YCLSA must confront. This is a call for us to empower structures such as the South African Youth Council. But it is important that the internal work must first happen so that young people are better positioned not only to defend the NHI but also to help shape it into a more just, inclusive, and accessible system at a national level.

What the YCLSA must do

The task is not simply to demand a seat at the table. It is to build the conditions under which meaningful youth participation in health policy becomes structurally possible. Several concrete steps follow from the research and the political moment.

Build political literacy on NHI at branch level.

Young people cannot participate in what they do not understand. Policy literacy is a precondition for policy participation. The YCLSA must run NHI study circles, produce accessible materials in all official languages, and train cadres who can speak to the policy concretely in their communities. The Phasa's Critical Health Perspectives series is a useful starting resource. The YPR document from 2016 should also be studied, debated, and built upon. It would be advisable to host a Bua Thursday session with some of the drafters of this paper.

Build a coordinated national youth voice on NHI.

The YCLSA, as an organised youth formation of the working class, should try to fill this gap. This means going beyond branch resolutions and position papers. It means building sustained structures: provincial youth health forums and a

national NHI working group that can speak consistently and with accountability to a youth constituency.

Demand youth-specific priorities in the benefit package.

Mental health, sexual and reproductive health, and substance abuse services are disproportionately needed by young people and have historically been underfunded in public health. If youth are not at the table when NHI benefits are defined, these needs will be marginalised again. The YCLSA must put specific benefit demands on paper and advocate for them in every available forum.

Challenge the tokenism trap.

The YCLSA must insist on youth participation that is representative, diverse, and accountable, not photo opportunities.

What the NHI process reveals is a deeper problem. In South Africa, public participation has become a ritual rather than a reality. Hundreds of thousands of submissions were received. Hearings were held across the country. Yet the voices that shaped the Bill were largely those with the resources to be heard consistently across multiple stages of a years-long process.

Young people – especially working-class young people – do not have those resources. They have numbers, energy, moral stakes, and constitutional rights, and it is precisely these strengths that position them to demand the immediate and full roll-out of the NHI.

What they lack is organised, sustained political representation in policy spaces. That is precisely what the YCLSA exists to build and to mobilise youth power in pushing for urgent implementation. The NHI will be phased in over years.

The benefit package is not yet finalised. The governance structures are still being established, making this a critical moment for young people to assert pressure and shape outcomes in real time.

The window is not closed. But it will not stay open forever. It is up to young people to act collectively now to ensure that the NHI is not delayed further

“It is up to young people to act collectively now to ensure that the NHI is not delayed further”

but realised as a transformative system in their lifetime.

Cde Lucian Davids is a national committee member of the Young Communist League of South Africa.

HUMAN RIGHTS

The struggle for human rights pivots on the struggle for socialism



Saartjie Baartman sculpture by Willie Bester.

What's the issue?

- The UN recognised the transatlantic slave trade as a crime against humanity. But three nations voted against the resolution and 52 others abstained.
- South Africa's Human Rights Day, marked on 21 March, commemorates the 1960 Sharpeville Massacre.

- Despite being celebrated as the world's most transformative constitution, South Africa's Bill of Rights remains an unfulfilled promise, particularly for women facing endemic GBV.
- The story of Saartjie Baartman is the thread connecting historical colonial dehumanisation to the violence women continue to face today.
- True human rights cannot rest on legal frameworks alone. Only socialism can make a world free from exploitation and inequality.

MALEFU MOKAU

On this year’s International Day of Remembrance for the Victims of Slavery, 25 March, Ghana, on behalf of the African nations, called on the United Nations General Assembly to recognise the transatlantic slave trade of Africans slavery as the “gravest crime against humanity”.

The resolution passed, but barely in spirit and with no legal obligation for accountability or reparations. Of the nations present, only 123 voted in favour. Three – Argentina, Israel, and the United States — voted against it, while 52 others, including the UK, EU member states, and Japan, could not even bring themselves to take a side. The numbers alone tell the story, a story we are too familiar with.

Humanity is not afforded to all human beings in this world; humanity comes with Ts and Cs. You must be of a certain race, from a certain country, hold certain beliefs. As South Africans, we know this all too well.

Whether we reflect on the deaths of millions of enslaved Africans over four centuries, or bear witness to the atrocities unfolding today in Gaza, Sudan and the DRC, the pattern remains unchanged: some lives are valued less than others.

Correct and protect

This is precisely why our Constitution and Bill of Rights matter. They exist to correct and protect the rights of every human being living in South Africa. But we rarely pause to consider their significance until moments like these remind us exactly why they were written. The 21st of March is just another day to the world, but to us as South Africans, it marks Human Rights Day.

“Humanity is not afforded to all human beings in this world; humanity comes with Ts and Cs.”

A date chosen deliberately to commemorate the Sharpeville Massacre that took place in 1960, where 69 people were gunned down by police for protesting against the pass laws that restricted them from existing on the land of their birth. That act of refusal is important to embrace because it was a declaration that humanity should not be conditioned based on gender or race.

“Today, the most disrespected person in South Africa is a woman, the most unprotected person in South Africa is a woman”

More than six decades later, the South African Constitution is praised as the most transformative legal document in the world. In theory, the Bill of Rights imagines and protects the rights of every human being in this country and yet for some of us these rights are an outstanding commitment. We must ask not only whether our rights are protected and whether we have yet dared to imagine the world in which they are fully.

Sections 9, 10, 11 and 12 of our Bill of Rights — equality, human dignity, life, and freedom and security of the person speak to the same truth: that everyone is entitled to exist, without explanation, without violation, and without fear.

But to imagine equality is to imagine a world where a woman does not have to plead for her life to live. As of 20 November 2025, Gender-based violence has been officially classified as a national epidemic that does not discriminate and affects every community regardless of socio-economic standing.

In 1962, 22 May – Malcolm X gave a speech in Los Angeles titled “Who Taught You to Hate Yourself?” and in this speech, there’s a profound insight that demonstrates the reality of a woman’s life in this world.

Objectification

He stated, “The most disrespected person in America is the Black woman. The most unprotected person in America is the Black woman. The most neglected person in America is the Black woman.”

The disrespect Malcolm X identified isn’t contained by borders or a single race. It is a common thread that connects the experiences of women globally. For centuries, our bodies were seen as inadequate, but as available, as property.

The same logic trafficked Saartjie Baartman from the Cape to Europe to be displayed as a freak show— her body exploited, exhibited, and debated by Europeans who could not imagine her as a human and a woman deserving of respect, protection and care.

This is the same logic that is killing women born from the cries of human beings like Saartjie Baartman, a Khoisan woman born in the Eastern Cape. She died in the hands of her colonisers, who experimented with her body parts and put them on display for the world to see.

Today, the most disrespected person in South Africa is a woman, the most unprotected person in South Africa is a woman, the most neglected person in South Africa is a woman. Women are killed, limbs cut off, placed in suitcases, buried in backyards, thrown in disposal sites for the world to find.

In the 19th century, the most disrespected person in Europe was Saartjie Baartman, the most unpro-

tected person in Europe was Saartjie Baartman, the most neglected person in Europe was Saartjie Baartman. It’s disheartening to know that as a woman the shape of my body could’ve led to a “freak show” exhibition. In countries that abstain from taking accountability for the gravest crime committed against humanity.

Continual struggle

Human Rights Month is our annual refusal of such hatred, but it is a year-round struggle. It is the insistence we inherited from the history of Saartjie Baartman – those who were killed at Sharpeville, and every woman whose name we have learned too late that another world is not only imaginable but possible.

The Bill of Rights is a cornerstone, but a cornerstone only holds if the structure built upon it is binding. In a truly equal society not driven by law alone, but by a deep and unyielding commitment to each other’s humanity — Saartjie Baartman would never have needed a law to protect her. She would simply have been seen. As a person.

“The Bill of Rights is a cornerstone, but a cornerstone only holds if the structure built upon it is binding”

In advocating for human rights, we ask that the world stop reducing us to our bodies. To live long enough to work towards a world where communism is not merely a utopia, but a lived reality. A rule of law where people from all walks of life in the world, on this continent and in this country, are entitled to a life without exploitation, but equality and human dignity – Life, Freedom and Security for all.

Cde Malefu Mokau is a member of the YCLSA

LESSONS FROM CHINA

Rural revitalisation and cultural innovation – lessons from China and implications for South Africa



Members of the SACP and the Contralesa delegation that visited China from 15 – 26 March, led by SACP General Secretary Solly Mapaila (third from left).

AARON MARTIN WILLIAM MESSELAAR

My sincere condolences to the family, friends and comrades of Cde “Terror” Lekota, our former African National Congress (ANC) National Chairperson, a former member of the ANC NEC and veteran of our liberation struggle.

China’s rural revitalisation efforts offer valuable lessons for South Africans. I share my experience of China and the implications for South Africa, focusing on eco-tourism, cultural innovation, digitalisation and rural development.

I formed part of an SACP and the Congress of Traditional Leaders of South Africa (Contralesa) delegation that visited China from 15 – 26 March. The delegation was led by SACP General Secretary, Solly Mapaila.

When I arrived in Beijing, I didn’t know how the politics of China worked. I was so confused, but quickly learned who the Communist Party of China (CPC) is. I got to understand its structures at the county, district and village levels, which highlighted its adherence to Marxist principles and emphasis on collective prosperity.

The CPC’s history, ideology and initiatives, such as the “people-first” slogan and Common Prosperity policy, were discussed. The CPC has a well-documented history, with its struggle for freedom and ideology showcased in museums.

The CPC’s structures at the county, district, and village levels are designed to promote collective decision-making and poverty reduction. They also have county-level call centres. We visited

“Community-owned retail networks empower locals to reclaim their economic space and direct profits back into the community.”

the one in Beijing, which addresses social queries and monitors service delivery. It seemed to be very effective and professional in handling the needs of the people.

South Africa’s history of apartheid and capitalism has contributed to widespread poverty and inequality. To address the challenges of poverty and inequality, China has, among others, established party schools at all levels to teach socialist ideologies and community-focused principles to provide valuable solutions and empower youth to drive positive change. We were fortunate to visit these party schools and experience study tours to practical case studies.

Anji County

We also explored China’s rural revitalisation efforts by visiting Anji County, Zhejiang Province, which is a model of successful rural transformation. Employing a mixed-methods approach, they explained the interplay between cultural innovation, tourism development, and sustainable growth.

Anji’s strategic focus on eco-tourism, cultural heritage preservation and digitalisation, attracted millions of tourists, generated significant revenue, and improved local livelihoods. Anji’s experience offers valuable insights for rural revitalisation, globally demonstrating the potential of cultural innovation to drive economic growth, social inclusion, and environmental sustainability.

Route design and operation of tourist buses and trains in China

China’s tourist transportation network, including buses and trains, offers efficient and scenic travel

experiences. They explained China’s approach to route design and operation, focusing on the 101 bus and its links to high-speed trains and ports of entry. China’s tourist industry leverages buses and trains to connect attractions and support economic growth.

A pathway to inclusive economic development

I observed how to establish community-owned retail networks as a strategy for promoting inclusive economic development in underserved communities. Drawing inspiration from China’s successful community-led initiatives and the principles of cooperative ownership, it is possible to have community-owned stores that can compete with existing retail giants while fostering local economic growth.

The dominance of large retail chains like ShopRite and Pick and Pay has led to a decline in local economic activity and community control. Community-owned retail networks offer a viable alternative, empowering locals to reclaim their economic space and direct profits back into the community.

The People’s Red Caravan concept is all about empowering rural communities. It seeks to develop traditional communities in South Africa and make them less dependent on government support. Drawing from lessons in China, it could be enhanced through the following measures:

Community-Led Cooperatives

To establish cooperatives that are owned and managed by community members. This can help pool resources, share knowledge, and access markets.

Rural Entrepreneurship

Encourage communities to support local entrepreneurs with training, mentorship, and access to funding. This can create jobs and stimulate local economies.

Value-Added Products

Communities can develop value-added products from local resources, like crafts, food products, or textiles. This can increase income and create brand recognition.



Cultural celebration in Anji County, Zhejiang Province, a model of successful rural transformation and cultural innovation.

Cooperative ownership models have been successful in various contexts, including agriculture and finance. Chinese community entrepreneurial spirit and solidarity networks provide relevant examples of community-led economic empowerment.

Digital Platforms

Leverage digital platforms to connect rural producers with urban markets, improving access to customers and prices.

Tourism Initiatives

To develop community-led tourism initiatives that showcase local culture, heritage, and natural beauty, generating income and creating jobs. Like the Deep Blue Mining quarry site, the Aanji Bamboo Quarry site.

Capacity Building

In providing training and mentorship to community members.

Market Access

To connect rural producers with urban markets and buyers.

Funding Support

Assisting communities to access funding and investment opportunities.

Community ownership

In 2013, I learned in South Korea about the Sae-mual Undong principles, which are similar to the approach of the CPC: by the community, for the

community and owned by the community. If this is the vision of the SACP, then South Africa will be a better place, where communities take charge of their services and needs, and government is a partner when needed.

“Chinese community entrepreneurial spirit and solidarity networks are an example of community-led economic empowerment.”

The SACP has been a key ally of the ANC in South Africa’s democratic landscape. The SACP can:

- influence policy through its alliance with the ANC, pushing for socialist and Marxist-informed policies;
- advocate for workers’ rights and social justice through its strong ties with labour movements like Cosatu;
- participate in parliament and government; and
- engage in grassroots activism and mobilisation to push for transformative policies.

Given the SACP’s historical context and current alliances, it is focusing on issues like land reform, nationalisation of key industries, and addressing inequality.

In terms of education, the SACP has historically advocated for:

- free, quality education for all, and addressing inequalities in the system;
- curriculum changes to reflect South Africa’s history and promote critical thinking; and
- increased funding for public schools, especially in marginalised communities.

The Party’s push for “education for liberation” aims to address historical imbalances and promote social mobility.

Will Marxism work in South Africa under the SACP? My answer is yes, it has worked already.

Aaron Martin William Messelaar is the Deputy Secretary General of Contralesa

MK SPECIAL OPS PROFILES

Makwale Nyalunga: Always there



Makwale Nyalunga

We continue with the series of MK Special Ops profiles, excerpted from *Attacking the Heart of Apartheid: The ANC's MK Special Operations Unit by Yunus Carrim* (Penguin Random House, 2025).

Makwale Nyalunga (Mkhululi) was born on 25 August 1960 in Daveyton, near Benoni. The Catholic boarding school he attended in Vryheid in Natal in 1975,

had a big library, so we used to read a lot, and I started questioning things. Whites and Blacks were not staying in the same convent. I became discontent that they're saying we are all people of God, but they allow this discrimination.

He later went to another boarding school in Empangeni. Inkatha recruited students. Nyalunga challenged them.

Why would a former member of the ANC Youth League, Buthelezi, still be preaching peaceful ways and opposing the armed struggle and sanctions – against ANC policies? KwaZulu was just like the other bantustans except that they didn't celebrate their independence, but they even had their own police force.

At home for the holidays in June 1978, a special branch policeman turned up to tell him he'd been expelled from school because of his political activities. He later received a letter from Oscar Dhlomo, KwaZulu government leader for education, that he was banned from all KwaZulu schools.

In 1979, he left with his brother Julius, cousin Isaac Sibeko and two friends – Steven Sibeko and Happy Bhengu – for Swaziland. They were arrested by a Swazi patrol and sent to a refugee camp. The ANC took them to Mozambique. Steven Sibeko and he decided to join MK, the others opted for school.

Nyalunga received military training at several camps in Angola. In 1980, he went to East Germa-

ny for six months with about thirty-nine others. He was trained in urban warfare, operating underground and explosives engineering. 'You had to be good at mathematics to do that.' In 1981, Special Ops commander Nungu (George Douglas) recruited him to reconnoitre power stations (Chapter 4).

We went back to Funda because JS said there was nothing serious for us to do. Later I was taken to a camp in Nampula in Northern Mozambique. There were also guys there from ZIPRA. It was a port. We were to be smuggled inside South Africa through the sea, but that was just a failure. We complained big time to [Andrew] Masondo [MK national commissar]. About a hundred of us were there for over a year. The commander, Puguchwe, kept saying, 'Guys, we are closing this place, but to protest in an army is a mutiny.' The cadres decided to leave the camp anyway. The leaders tried to negotiate with us. We said, no, we are tired of this. We rather go back to Angola. We sent a message that we won't speak to anyone except Slovo and [Moses] Mabhida.

We said, comrade Joe, you can call it whatever, but this is not a mutiny, this is a failure, that's all, we couldn't sit here and rot. He told the other leaders that he tried to convince us that it was a mutiny but he gave up. They ended up closing that place.

Was Slovo empathetic? 'He was – but he had to talk like a leader ...'

In the Viana camp in Angola they demanded to see Tambo. Never ever had people demanded to see the president, said Masondo.

When Tambo came, he apologised. The Nampula issue was just a mess, I salute you commanders. From there on we were respected [laughter], no one was suspicious of us. I went back to Special Ops and was sent to a refresher course on explosives to Russia.

Then came the Nkomati Accord in 1984. Nyalunga and eleven others, many from Special Ops, ended up in a house in Manzini. The Swazi police surrounded them and demanded they come out.

I told our guys, hey, don't shoot because they'll shoot back. They tried to get in through the windows and we pushed them and decided that those of us without weapons will go out first, when we were outside, the others must shoot into the air just to disturb the Swazis so that we can run away. I was standing in front of this tall Swazi guy. Our guys fired – and he fell. Shit, now we are in trouble, we tried to run away, we were captured.

The Swazi was killed.

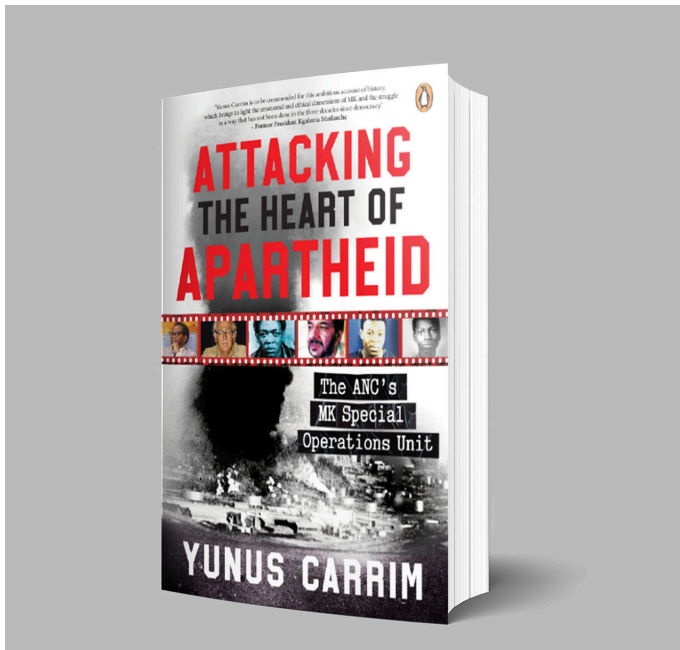
At Manzini police station, hey, they were very mad! In siSwati they said, 'You are shooting under a tree' – meaning a tree is supposed to give you shelter. You are staying here as refugees, we are giving you shelter, but you are shooting us.

The cells were full. Desert, Cooper, Cleopas, Tebogo, Ndongeni, three others and me. All of us from Special Ops. After some time, the police came. First, they took Tebogo and Ndongeni in leg irons and handcuffs. Then Cleopas and More. But there were no more leg irons. So, they didn't take us [laughter]. It was purely coincidental we got saved.

We thought that maybe they were separating us for further interrogation about who did the shooting, only to find those guys were handed over to the Boers. Of the four only two operated, the others were new – Cleopas and More. The four of them agreed to work with the police.

Nyalunga, Desert and Cooper were convicted for illegal possession of arms and sentenced to three months' imprisonment and deported to Tanzania. Two comrades were injured and taken to hospital and deported with others arrested.

They were placed in Dakawa in Morogoro. Molokoane, Msane and other Special Ops cadres were there too. Nyalunga re-joined Special Ops and went into South Africa and took part in the Witbank bombing (Chapter 18). He went to his brother's house.



When I knocked a child came. He looked at me and smiled, and said, ‘Do you know who I am? I am your nephew’ – and I thought if this one can recognise me, then it’s bad news [laughter].

After the operation, he was sent to the Soviet Union for a course on counter-surveillance. He took part in the Braklaagte military base operation (above).

Nyalunga has a very clear understanding of the role of the armed struggle and Special Ops and was very informative and helpful in getting this book done. He has quite a wry sense of humour and his conversations were full of his gentle laughter, with his tendency to make light of serious issues. Questioned recently about giving different spellings for the names of two of his comrades, he shot back: ‘Ya well, we weren’t wearing name tags in the camps and when we were doing an operation.’

After 1994, Nyalunga worked for the National Intelligence Agency, from which he retired in 2020.

Cde Yunus Carrim is an SACP Central Committee and Politburo member.

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Cosatu House 4th Floor

*110 Jorissen Street, Cnr Simonds Street
Braamfontein, Johannesburg 2017
PO Box 1027 Johannesburg 2000,
South Africa*

Tel: +27 11 339 3621

Email: communications@sacp.org.za