Citation for Masitsela Mhlanga and Thabsile Dlamini

The two colleagues, Masitsela Mhlanga and Thabsile Dlamini, are sharing one award, but separate citations follow. They have worked closely together for many years in the Swaziland Nurses Association. To understand their work in context, a few details are necessary.

Swaziland is a small country, with just over a million inhabitants and the world’s largest proportion of people suffering from HIV/AIDS. King Mswati III is its absolute monarch. In 2006 there were 17 outreach clinics in four regions and only 65 health-care workers to see to 96,000 patients a year. The kingdom has about 8000 health-care workers altogether, of whom 3054 are nurses. This makes a ratio of about 35 nurses per 100,000 of population, compared with about 935 nurses per 100,000 of population in the UK.

Masitsela Mhlanga

From early in his professional life Masitsela demonstrated strong signs of leadership, coupled with passion for his work and the rights of those he served.

In February 1999 Masitsela, who had quickly risen to become President of the Swaziland Nurses Association (SNA), led the first-ever nurses’ strike, which forced the government after 10 years of negotiations to recognize nurses and enabled the Association to gain status and allowed nurses to sit in collective bargaining chambers to negotiate nurses’ conditions of service, including salaries.

By 2004, Masitsela had seen most of his class of 1994 nursing school colleagues disappear to jobs overseas. Together with partners in the SNA, in particular Thabsile Dlamini, by then the General Secretary of the SNA, he led the first ever high level technical meeting in Swaziland to discuss and take resolutions that compelled the country to take a leading role in curbing migration and resulted in a near 50% rise in nurses’ salaries and other benefits for all civil servants.

As the rest of the population, high numbers of nurses were affected by HIV/AIDS, which severely impacted the health care available in the country. Masitsela established a Wellness Centre exclusively for health care workers to receive treatment and counselling. It is funded by a unique combination of organizations (the ICN and the Danish Nurses Association among them) and businesses. The model has since been replicated in a number of southern African countries and has been applauded by Physicians for Human Rights Lawyers and the World Health Organization.

Masitsela and Thabsile came briefly to the attention of the international nursing press in 2000. Nurses in rural health facilities were being attacked by robbers looking for money. Some members of parliament suggested that nurses should carry arms to work for protection, but they refused, stating that arms would deter the public from seeking health care, and demanded that the government provide protection. Nurses had stopped taking fees from patients but continued providing health services to all who came to the facilities, which led the government to decide to remove payment of fees in the primary facilities and health centres. This had the effect of improved access to care for poor people as now services were affordable.
Another of Masitsela’s achievements was to lead the SNA executive in stopping parliament from passing a public health bill that refused access to nurses and other health professionals to positions in the health directorate. Parliament threw the bill out and demanded that the Ministry of Health do proper consultations with all concerned.

Masitsela is a well-known speaker at HIV/AIDS conferences the world over, but the achievement he is most proud of is the Wellness Centre, because there are now many fewer funerals of health care workers in Swaziland.

**Thabsile Dlamini**

Thabsile qualified in 1984 as a general nurse and midwife. At the school of nursing she was the president of the students’ association, a skill and position that stood her in good stead when she became the General Secretary of the Swaziland Nurses Association. She spearheaded the revision and drafting of a new constitution for the association, aimed at establishing it as an independent, democratic and professional organization with bargaining and lobbying powers, which came into force in 1992. She pioneered the composition of the patient rights charter; she led negotiations to ensure that nurses get protective clothing in given situations; and during her free time she works at Hope House and Home for patients with terminal illness, training staff and relatives in looking after their loved ones.

The *Girl Child Education Trust* is also Thabsile’s brain child. The GCEF supports the primary and secondary schooling of girls under the age of 18 in developing countries whose nurse parent or parents have died, paying for fees, uniforms, shoes and books. Because it is usually the girl child in Africa who takes responsibility of the household when parents die, even if there are elder brothers, most of the time the girl drops out of school to care for everyone. According to the latest data (February 2011), the trust supported 226 girls in Zambia, Kenya, Swaziland and Uganda. This program was established with support from ICN and is administered by them.

Thabsile has worked tirelessly, risking her life, being on the verge of arrest when confronted with police during industrial action, and sacrificing her own personal career advancements for the sake of nurses’ rights, putting off academic studies twice. However, this did not deter her and she pursued her mission of being the mouth piece of nurses and as a result significant changes have taken place in the professional and political arenas in Swaziland.