From Concession to Contract: Collective Bargaining as the Engine for Health System Resilience in Malawi

Commentary

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Introduction

NURSES and midwives form the primary foundation of healthcare delivery in Malawi, carrying out the majority of direct patient care across all levels of the health system. In rural areas—where over 80% of the national population resides—nurses and midwives account for over 90% of all frontline healthcare providers (ICAP, 2016). They serve as the universal first entry point for 90% of individuals seeking care at local health centers and community facilities. Within maternal and child health, nurse-midwives operate as the primary providers of essential obstetric and newborn care, managing the entire maternal continuum from antenatal visits through labor, delivery, and immediate postnatal care. Furthermore, due to the critical shortage of Medical Doctors, their clinical scope has expanded significantly; nurses routinely run specialised outpatient services, initiate antiretroviral therapy (ART) for HIV management, treat tuberculosis, and stabilise pediatric and medical emergency cases.

Despite their vital role, Malawian healthcare workers face severe structural challenges. Critical staffing shortages force nurses at busy facilities—especially health centers—to manage 75 to 100 patients/nurse or midwife daily (Partners In Health, 2023). Public sector vacancy rates for registered nurses and nurse-midwife technicians remain high at 40% and 54%, respectively. These shortages are further exacerbated by IMF-imposed financial restrictions that limit public sector hiring, leaving thousands of qualified nursing graduates unemployed despite high vacancy rates (Partners In Health, 2023). Furthermore, workforce distribution is heavily skewed, with 74% of healthcare workers serving in urban areas that account for only 19% of the population. Although academic institutions train hundreds of nurses and midwives annually, public sector absorption remains severely limited by budget constraints and government hiring freezes. Additionally, retention is affected by low remuneration, heavy workloads, inadequate risk and professional allowances, and fragile labor protections—all of which drive unacceptable levels of workplace burnout and international migration. Resolving these staffing challenges is critical to building a resilient health system capable of achieving national.

The Evolution of the National Organisation of Nurses and Midwives of Malawi (NONM) from a Professional Movement to Registered Trade Union (1979-Date).

The Genesis (1979–2006): The foundational mandate of the Nurses Association of Malawi (NAM) in 1979 was established as a professional movement to give nurses and midwives a unified voice within the national healthcare system. Driven by international influences such as the International Council of Nurses (ICN) and local leadership. NAM's early operations focused on upholding professional standards, advancing social welfare, and demonstrating the vital contribution of nursing to healthcare delivery. During this era, advocacy was characterised by a highly consultative and collaborative approach, maintaining strong, collegial links across the QUAD structure—comprising policy, training, regulatory, and practice bodies. This made the Associations' chairperson to be included in the council of the Nurses and Midwives Act of Malawi- a legal mandate of the nurses which has been carried on to date. To enhance professionalism, NAM established the paper-based NURSING Journal in 80s which modern technology cannot trace its contents.

Advocacy strategies under NAM were grounded in diplomatic negotiation, resource mobilization, and broad stakeholder engagement. Key milestone achievements were framed around service delivery impact; for instance, the successful advocacy for three months of paid maternity leave was argued on the grounds of improving infant health outcomes and nursing care quality rather than purely labor rights. This professional orientation fostered nearly universal membership and high organisational cohesion across national, district, and area levels. NAMs' strong advocacy initiative made the International Labour Organisation (ILO) to start its work in Malawi in order to advance labour issues.

The Strategic Transition to a Registered Trade Union (2007–Present): The transition in 2007 from a professional association to a registered trade union—the National Organisation of Nurses and Midwives of Malawi (NONM)—marked a significant paradigm shift. Driven by external support from inter-

Chifundo Colleta Zimba, PhD, GCGH, BCHN, RN, RM, *Executive Director, National Organisation of Nurses and Midwives of Malawi.*

national partners, including the Norwegian Nurses Organisation through NORAD grants, the transition aimed to legally safeguard the rights, working conditions, and socioeconomic interests of the nursing and midwifery workforce. However, the initial phase of unionisation introduced a strategy that many perceived as militant, reliance on strike threats, legal action, and confrontational bargaining tactics. This shift created conflict with government authorities leading to initial resistance and apprehension among senior nurse and midwife leaders who feared job insecurity or political fallout. Although NONM membership is still at 56% of the total Malawi nursing and midwifery population, it has significantly grown from just 50 members in 2006 to 10,571 in 2026.

In recent years as political democracy matures in Malawi, NONM has evolved into a balanced, labor organisation. Modern operational strategies combine rigorous socio-economic advocacy—such as bargaining for improved wage structures, risk allowances, and protective wear—with strategic dialogue and collaborative partnerships. By maintaining direct engagement with key government offices like the Ministries of Health, Local Government, the Directorate of Human Resources Management and Development and the QUAD professional structures, the organisation bridges the gap between labor activism and professional ethics, prioritizing patient care while aggressively defending the rights and wellness of health workers.

The Dual Identity: Merging Professionalism and Labor Activism: Currently, NONM operates under a comprehensive mandate rooted in both national statutory frameworks and international labor law. Professionally, its core foundation inherits the historical legacy of the NAM as stated under the Nurses and Midwives Act of 1995.

As a trade union, NONM ascribes to many national and international statutory frameworks including the Constitution of Malawi, the Labour Relations Act (1996), and the Employment Act (2000, as amended in 2021). Internationally, it is guided by several key ILO conventions. These fundamental instruments establish the legal basis for NONM's union activities, including the Freedom of Association and Protection of the Right to Organise which guarantees healthcare workers the right to establish and join independent professional organisations (Convention, 1948 No. 87). Furthermore, the Right to Organise and Collective Bargaining Convention, 1949 (No. 98) protects nurses and midwives against anti-union discrimination while securing their legal right to negotiate employment terms. Equity and safety within the workplace are additionally guaranteed through the Equal Remuneration Convention, 1951 (No. 100), mandating uniform pay and benefits for equal value across the health workforce, and the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), safeguards members against workplace discrimination based on sex, political opinion, or social origin. Finally, the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) upholds a continuous, preventative culture of safety, health, and protective care within clinical environments. Together, these domestic and international legal instruments empower NONM to harmonise professional standards with strong labour rights protections.

By establishing itself within these frameworks, NONM occupies a unique dual space within Malawi's civil society. Carrying forward the foundational professional responsibilities of the NAM, the organization functions as both a professional body dedicated to nursing and midwifery excellence and a registered trade union committed to safeguarding the socio-economic welfare of its workforce (NONM Strategic Plan, 2024–2026). Through this dual mandate, NONM serves as the official mouthpiece for the nursing and midwifery profession in Malawi. This dual focus is clearly illustrated by the organization's recent achievements, in 2025-2026, including successfully advocating for the recruitment of 706 frontline workers, influencing direct promotions for over 100 "Best Nurses" by the State President who was the guest of honor during the 2025 International Nurses Day celebrations, implementation of salary increments of over 2000 health professionals who were promoted in June 2025, and a 150% to 250% upward revision of locum (overtime pay) rates to ease severe economic pressures for all health workers of Malawi.

In addition, NONM, with support from its long-standing partner—the NNO—launched the Small-Scale Research Grants Initiative to foster local, evidence-based practices and pioneered basic Sign Language training for nurses to structurally advance Universal Health Coverage (UHC). NONM hosts the Malawi Journal of Nursing and Midwifery (a replacement of NAMs' NURSING Journal) which is a platform for nurses and midwives to share their scientific knowledge that can be used for evidence based care as they care for their patients and the general public. As the Malawi Journal of Nursing and Midwifery launches its inaugural issue mid-year of 2026, strengthening the nursing and midwifery workforce is critical to building a resilient health system.

However, while these isolated gains are significant, they remain structural concessions rather than enforceable, in-

stitutionalized rights. In the absence of a legally binding Collective Bargaining Agreement (CBA), gains earned through political goodwill, short-term conciliation, or informal negotiations remain highly vulnerable to changing political priorities, macroeconomic shocks, and unpredictable measures.

The Strategic Imperative of the Collective Bargaining Agreement (CBA): To secure a stable professional environment, NONM is currently driving negotiations for a formal CBA directly with the Malawi government through the Ministries of Health and Sanitation, and Labour, Skills and Innovation, Local Government Services Commission, Government Health Services Commission, Office of the President and Cabinet, Department of Human Resource and Development and Ministry of Finance just to mention a few. Moving to a contract-based labour relationship changes the dynamic from a cycle of continuous disputes to an ongoing, institutionalised social dialogue. The current CBA draft aims to institutionalise fundamental employee protections that have been missing from public service frameworks for years, such as standardised severance pay, accessible medical aid packages, and transparent career advancement paths for both academic and promotion. Research syntheses indicate that collective bargaining agreements in nursing yield modest wage premiums and general improvements in patient outcomes, though evidence regarding broader nurse retention and job satisfaction remains mixed. By introducing innovative clauses like the "right to disconnect" outside regular working hours, the CBA confronts the hidden epidemic of professional burnout. This structural approach addresses the core issues causing Malawi's severe "brain drain" and provides a reliable mechanism to protect the physical and mental well-being of our nursing and midwifery workforce.

Overcoming Structural Obstacles to Health Sector Stability: The path to successful implementation of this collective bargaining model is filled with complex challenges. Externally, the country's fragile economy, high inflation rates, and a heavy reliance on international donor funds present ongoing challenges to long-term financial planning. Locally, a complex regulatory landscape—including strict laws that limit legal strike actions and complex dual-licensing requirements (e.g. a nurse registered with the nurses and midwives' council of Malawi with additional clinical training e.g. Anesthesia required to be registered by the Malawi Medical Council)—often limits traditional union influence.

Internally, NONM navigates a complex political and regulatory environment. A current point of friction involves government over reach regarding the appointment of an executive to the regulatory body. This action directly conflicts with the Nurses and Midwives Act and undermines the statutory autonomy of a profession legally bound by that legislation. To counter these pressures, NONM is proactively reinforcing its inner structures through local leadership training in advanced labor relations and unionism—ensuring collective bargaining is backed by a legally literate membership capable of protecting professional rights at the facility and country level.

Conclusion: NONMs' Vision for 2026 and Beyond

Looking ahead to 2026 and beyond, the NONM is committed to expanding its union density beyond its current 56% threshold, recognizing that achieving full membership is essential to securing a powerful, unified voice capable of transforming short-term concessions into a legally binding CBA. By bridging its historical mandate as a professional association with its statutory authority as a registered trade union, NONM aims to institutionalise sustainable workforce protections—such as standardised severance pay, transparent career progression paths, and burnout-mitigating provisions like the "right to disconnect"—to curb the ongoing severe brain drain and protect the physical and mental well-being of nurses and midwives who are the frontline health workers in Malawi. Ultimately, by positioning collective bargaining not merely as a labor dispute tool, but as a critical engine for workforce retention, continuous professional development, and overall health sector stability, NONM is laying the necessary structural foundation to achieve Universal Health Coverage and ensure long-term health security for all Malawians.

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