



REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL

SERVICES

ON THE

**NATIONAL HEALTH INSURANCE (AMENDMENT), BILL, N. A. B NO. 15 OF
2026**

FOR THE

FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

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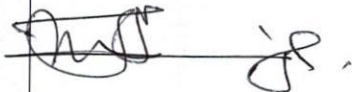
FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the National Health Insurance (Amendment), N. A. B No. 15 of 2026, for the Fifth Session of the Thirteenth National Assembly.

The Committee is mandated to consider Bills referred to it by the House pursuant to Standing Orders 112(3) and 207(j) of the National Assembly Standing Orders, 2024.

In order to acquaint itself with the ramifications of the Bill, the Committee sought both written and oral submissions from selected stakeholders. The Report highlights the background, objectives and provisions of the Bill, stakeholder submissions, and the Committee's observations and recommendations.

The Committee is indebted to all stakeholders who made submissions and expresses gratitude to you, Madam Speaker, for the opportunity to scrutinise the Bill. Appreciation is also extended to the Office of the Clerk for the support rendered.



Mr Joseph S Munsanje, MP
CHAIRPERSON

April, 2026
LUSAKA

1.0. COMPOSITION OF THE COMMITTEE

The Committee consisted of Mr Joseph S Munsanje, MP (Chairperson); Mrs Marjorie Nakaponda, MP (Vice Chairperson); Dr Christopher K Kalila, MP; Mr Paul Chala, MP; Mr Elias Mubanga, MP; Mr Monty Chinkuli, MP; Mr Heartson Mabeta, MP; Mr Leevan Chibombwe, MP; Mr Masautso Tembo, MP; and Mr Miles Sampa, MP.

2.0. BACKGROUND

The National Health Insurance Management Authority (NHIMA) is a statutory regulatory body established under the National Health Insurance Act No. 2 of 2018. The Authority administers health insurance, pools funds, accredits providers, and finances healthcare services to achieve universal health coverage.

The Government, through the National Health Insurance (Amendment), N. A. B No. 15 of 2026 proposes to amend the principal Act, to revise, among others, the composition of the Council and related governance provisions. This revision is part of the broader public sector reform programme guided by Cabinet Office Circular Minute No. CO.101/39/1 of 2025. The Circular directs all Ministries to streamline Boards and Committees of State-Owned Enterprises (SOEs) in order to strengthen governance, enhance representation and service delivery. It specifically requires that Boards and Committees include private sector representation, not exceed eleven members, ensure gender balance, and reflect national diversity.

The reforms aim at strengthening institutional governance by promoting accountability, transparency, operational efficiency, and long-term sustainability. This approach is aligned with internationally recognised best practices, including the Organisation for Economic Co-operation and Development Guidelines on Corporate Governance of State-Owned Enterprises (2015). Accordingly, the proposed amendments in the Bill seek to align the composition of the Board with these established governance principles.

3.0. OBJECT OF THE BILL

The object of this Bill is to amend the National Health Insurance Act No. 2 of 2018 so as to:

- i. revise the composition of the Board of the National Health Insurance Management Authority; and
- ii. provide for matters connected with, or incidental to, the forgoing.

4.0. SALIENT PROVISIONS OF THE BILL

Amendment of Section 5, Composition of the Board

Clause 3 provides for the revised composition of the Board of the NHIMA by specifying members to be appointed by the Minister.

Nomination of Board Members

Clause 4 provides that the institutions and organisations specified shall nominate their representatives for appointment by the Minister, thereby formalising the nomination process.

5.0. SUBMISSIONS FROM STAKEHOLDERS

Stakeholders submitted several views on clauses of the Bill for the Committee's consideration. The views are outlined below:

Clause 3: Amendment of Subsection 5(1), Composition of the Council

Stakeholders observed that clause 3 of the Bill reduced membership of the NHIMA Board from fourteen (14) to eleven (11) as a move towards **efficiency and cost control**. The highlights of submissions are set out below:

5.1. Inclusion of the Attorney General

Stakeholders submitted that while inclusion of the Attorney-General may enhance legal oversight, it risks overstretching the Office and creating duplication of functions, given that most SOEs have in-house legal counsels. They therefore recommended that the Attorney-General be excluded from the Board, with routine legal functions being undertaken by internal legal units.

5.2. Private Sector Participation

Stakeholders supported the increased inclusion of the private sector on the Board, noting that it would bring critical technical expertise in areas such as actuarial analysis, risk management, and insurance systems. They further submitted that private sector participation had potential to enhance innovation, operational efficiency, and overall performance in the management of the Scheme. However, stakeholders cautioned that such inclusion must be carefully regulated, as it may introduce conflicts of interest.

5.3. Representation of Employees and Employers

Stakeholders submitted that limiting employee representation under the Bill to the private sector, while maintaining broader representation for employers across sectors, creates an imbalance in governance and disproportionately favours employer interests over those of employees.

Stakeholders further submitted that the exclusion of public sector employees was particularly problematic given their significant contribution to the Scheme, and undermined principles of inclusivity and fairness in representation.

Stakeholders also submitted that the omission of the most representative federation of employees, including trade unions, weakened participatory governance and was inconsistent with constitutional principles of equity, social justice and inclusion. They therefore urged that the Bill be amended to provide for balanced employee representation from both the public and private sectors, including organised labour.

5.4. Representation of Religious Organisations

Stakeholders observed that the provision for representation of "a religious organisation" is ambiguous and lacks clear criteria for selection, which may result

in arbitrary or unrepresentative appointments. They further submitted that such representation may offer limited technical value in the governance of a health insurance scheme, which requires specialised expertise. However, an alternative view was advanced that, should such representation be retained, the provision be revised to refer to “an association of religious organisations” in order to ensure broader and more representative participation.

Clause 3: Amendment of Subsection 5(2), Nomination Framework

Stakeholders submitted that although the Bill provides for a nomination framework in clause 3, it lacks clear guidelines for nomination of representatives. They proposed that nominees should possess appropriate professional credentials and be selected through transparent institutional processes, in order to enhance accountability, gender considerations, strengthen legitimacy, and ensure effectiveness in the functioning of the Board. To this end, they proposed the insertion of a new provision in section 5(3).

6.0. COMMITTEE’S OBSERVATIONS AND RECOMMENDATIONS

After carefully studying submissions from stakeholders, the Committee makes the following observations and recommendations:

Composition of the Board

- 6.1. The Committee observes that inclusion of the Attorney-General on the Board may undermine the role of in-house legal units in providing legal advice. It therefore recommends excluding the Attorney-General from the Board, with legal functions undertaken by internal legal counsel.
- 6.2. The Committee observes that the Bill omits representation of a distinguished health economist and an actuarial scientist to provide technical oversight. It therefore recommends revising the Board’s composition to nine members to incorporate these critical areas of expertise.
- 6.3. The Committee observes that, while inclusion of a religious organisation is progressive, the exclusion of a representative for public sector employees is a significant oversight. It therefore recommends replacing the religious organisation with an umbrella federation representing public sector employees.
- 6.4. The Committee observes that the provision for representation of a religious organisation is overly broad and may allow inclusion of entities without relevant health sector involvement. It therefore recommends specifying the Churches Health Association of Zambia as the designated representative, given its established role and experience in healthcare service delivery.

Gender parity in Boards

- 6.5. The Committee observes that the omission of provisions on gender balance and age representation weakens equity and inclusiveness in the Council’s

- 6.6. composition. It therefore recommends strengthening clause 3 to include conditional appointment powers, allowing the Minister to defer appointments where prescribed thresholds are not met and require re-nominations to correct imbalances. Further, the Committee recommends the establishment of clear appointment guidelines and criteria to ensure gender balance and inclusivity.

Ensuring participation of senior officials

- 6.7. The Committee notes that current nomination and appointment processes may result in designation of junior officers, potentially affecting the quality and timeliness of decision-making. It therefore recommends strengthening appointment guidelines to require nomination of senior officials to enhance effective participation, expedite decisions, and improve strategic oversight.

Strengthening Nomination Framework

- 6.8. The Committee observes that the nomination framework is not sufficiently defined, particularly for nomination of private sector participation. It therefore recommends establishing a structured nomination process for organisations, supported by clear criteria to ensure competence, transparency, and credibility.

7.0. CONCLUSION

The National Health Insurance (Amendment), N. A. B No. 15 of 2026 is a progressive step toward strengthening governance of the National Health Insurance Management Authority and improving efficiency of the Scheme. However, it raises concerns regarding imbalances in representation, limited technical expertise, and weaknesses in the nomination framework. The exclusion of key stakeholders, particularly public sector employees, further undermines inclusivity. The Committee therefore urges Government to revise the Bill to ensure a balanced, transparent, and technically sound Board that upholds public interest and enhances effective health insurance governance.



Mr Joseph S Munsanje, MP
CHAIRPERSON

April, 2026
LUSAKA

APPENDIX I - NATIONAL ASSEMBLY OFFICIALS

Mr Charles Haambote, Director (Social Committees)

Mrs Chitalu K Mumba, Deputy Director (Social Committees)

Mr Darius Kunda, Senior Committee Clerk (SC1)

Mr Kelezo Lushako, Committee Clerk

Ms Catherine Chibuye, Administrative Assistant II

Mr Daniel Lupiya, Senior Committee Assistant

Mr Muyembi S Kantumoya, Committee Assistant

Ms Taona Chabinga, Committee Assistant

APPENDIX II–LIST OF WITNESSES

Zambia Medical Association
Health Care Federation of Zambia
Health Professions Council of Zambia
Institute of Directors Zambia
Ministry of Health
Ministry of Justice
Pharmaceutical Society of Zambia
Zambia Union of Nurses and Midwives Organisation
University of Lusaka