



REPUBLIC OF ZAMBIA

REPORT

OF THE

**COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL
SERVICES**

ON THE

THE FLYING DOCTOR SERVICE (AMENDMENT) BILL N.A.B NO. 47 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 Flying Doctor Service (Amendment) Bill N.A.B No. 47 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

May, 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 Monty Chinkuli, MP; Mr Heartson Mabeta, MP; Mr Leevan Chibombwe, MP; Mr Masautso Tembo, MP; Mr Miles Sampa, MP and Mr Elias Mubanga, MP.

2.0. BACKGROUND

The Flying Doctor Service Act, Chapter 298 of the laws of Zambia, establishes the Zambia Flying Doctor Service as a statutory body under the Ministry of Health to provide life-saving aeromedical services to communities in the remote parts of Zambia by air and road network.

The Government, through the Flying Doctor Service (Amendment) Bill N.A.B No. 47 of 2026 proposes to amend the principal Act to revise, among others, the composition of the Board 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 to 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 domestic and internationally recognised best practice stipulated in the National Corporate Governance Code and 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 Service with these established governance principles.

3.0. OBJECT OF THE BILL

The object of this Bill is to amend the Flying Doctor Service Act, Chapter 298 of the laws of Zambia so as to:

- i. revise the composition of the Flying Doctor Service Board; and
- ii. provide for matters connected with, or incidental to the foregoing.

4.0. SALIENT PROVISIONS OF THE BILL

Clause 3 – Repeal and replacement of section 5, Composition of Board

The provision seeks to amend section 5 of the principal Act by repealing and replacing it with a provision that revises the composition of the Board and introduces a nomination process for members.

Clause 5 – Proceedings of Board

The clause provides for Board procedures and operations, including meeting frequency, quorum requirements, decision-making processes, notice for meetings, and regulation of its own proceedings.

Clause 7 - Insertion of section 7B, Director and other staff of Service

The provision introduces section 7B, granting power to the Board to appoint a Director as Chief Executive Officer, mandates Board appointment of staff, assigns functions, and vests emoluments determination in the Emoluments Commission for enhanced governance.

5.0. SUBMISSIONS FROM STAKEHOLDERS

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

5.1. Clause 3: Composition of the Board

Stakeholders observed that the proposed amendment under Clause 3 retains a Board composition of nine (9) part-time members. However, they noted with concern that the clause predominantly allocates membership to private sector representatives.

i. Introduction of a structured and prescribed board composition

Stakeholders submitted that clause 3 introduces a significant shift from the current discretionary framework to a structured and prescribed Board composition. It was observed that, under the principal Act, the Board is appointed without clearly defined categories, whereas the amendment introduces specific representation from identified sectors.

This reform was considered progressive as it enhances transparency, predictability, and accountability in corporate governance. It was further submitted that the inclusion of expertise from health, legal, aviation, defence, and business sectors introduces a multi-disciplinary governance framework, which is appropriate given the specialised aeromedical nature of the Service.

ii. Excessive private sector representation and commercialisation risks

Notwithstanding the progressive provisions, stakeholders expressed concern that the proposed Board composition results in a majority of members being drawn from the private sector, thereby potentially skewing the balance of the Board towards private interests at the expense of broader public sector representation. It was submitted that this may fundamentally alter the character of the Service by shifting it from a public health-oriented institution to one influenced by commercial considerations of emergency medical services. In this regard, stakeholders favoured reducing private representation from five (5) to three (3).

Stakeholders also submitted that the provisions relating to private sector representation in clause 5(1) (e) and (f) are broad, undefined, and potentially duplicative. In particular, categories referring to individuals with "relevant knowledge and experience in business" were considered overly general and lacking

sector-specific clarity. It was observed that such ambiguity would allow appointment of individuals without relevant aeromedical and aviation expertise, resulting in diluted effectiveness of the Board. Therefore, they proposed that the Bill should clearly categorise and define the qualifications and scope of private sector representation, by introducing the following:

5(1)(e) : “ three representatives from the private sector with relevant knowledge and experience in medical or aviation services.”

5(1)(f) : “a representative from the private sector with relevant knowledge and experience in finance and business.”

iii. Weak clinical and professional representation

Stakeholders raised concern over the absence of explicit clinical and professional representation on the Board. They submitted that clinicians, emergency medicine specialists and aviation medicine experts were not adequately included, creating a critical gap given the Service’s clinical mandate. They cautioned that lack of medical input at governance level may weaken decision-making and compromise emergency care standards, and supported re-allocating two private sector slots to the Pharmaceutical Society of Zambia and the Zambia Medical Association. On the contrary, other stakeholders contended that clinical representation was unnecessary, as the Service already had adequate clinicians within its operational structure.

iv. Representation of public institutions and inter-agency coordination

Stakeholders observed that while the proposed composition includes key institutions such as the Ministry responsible for health, the Attorney-General and the Zambia Air Force, it omits other critical institutions necessary for effective functioning of the Service. They noted that allocating two seats to the Ministry responsible for health may limit diversity and restrict broader stakeholder inclusion, and proposed reducing it to one seat while introducing representation from the Ministry responsible for social welfare. However, others supported retaining two seats to accommodate both policy and provincial expertise in health. Concerns were also raised over the absence of the Civil Aviation Authority, though some opposed its inclusion due to potential regulatory conflicts of interest.

v. Civil-military balance and governance oversight

Stakeholders acknowledged the importance of including defence-related expertise, particularly in enhancing logistics, aviation support, and operational capacity. However, it was emphasised that governance structures must maintain clear civilian oversight. It was submitted that there is a need to clearly define the roles of military and civilian actors to avoid operational conflicts and ensure that the Service remains aligned with its public health mandate.

vi. Inclusion of the Attorney General

Stakeholders submitted that the inclusion of a representative of the Attorney-General

should not be mandatory. They argued that the Service already has a fully-fledged legal department capable of handling legal matters and, where necessary, the department could seek guidance from the Ministry responsible for health or the Attorney-General's Chambers. In this regard, making such representation a prerequisite may be redundant and could overstretch the Auditor General's office.

5.2. Clause 3: Nomination and appointment processes

Stakeholders emphasised the need for transparent, merit-based appointment processes to strengthen governance integrity. They observed that the current nomination framework may result in the designation of junior officers and unqualified officers, which could compromise the quality, timeliness, and strategic depth of decision-making. Further, they noted that the proposed nomination format does not adequately guarantee gender considerations due to its distributed nature. In this regard, they supported incorporating clear criteria, standards, and safeguards to ensure that appointments are competence-based, inclusive, and aligned to the Service's mandate.

5.3. Clause 5: Board procedures and operations

Stakeholders supported provisions allowing the Board to regulate its own procedures, noting that this enhances operational autonomy and efficiency. It was observed that such flexibility improves decision-making processes and strengthens institutional effectiveness.

5.4. Clause 7: Appointment of Director

Stakeholders supported the provision allowing the Board to appoint a Director, noting that this strengthens institutional independence and separates governance from operational management. It was further submitted that this approach enhances accountability and aligns with good corporate governance practices.

Additionally, stakeholders observed that the use of the term "Board" in proposed section 7B(1)(a) and (b) is erroneous, as a Board is a governance and oversight body, not an operational entity. They noted that a Chief Executive Officer should head management rather than the Board. In this regard, stakeholders submitted that the term "Board" be substituted with "Service" to correctly reflect that the Director is the Chief Executive Officer responsible for the day-to-day administration of the Service.

6.0. COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

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

- 6.1. The Committee observes that the allocation of a majority of members to the private sector risks undermining the public health orientation of the Service. In this regard, the Committee recommends the following:
 - i. the number of private sector representatives be reduced from five (5) to three (3) to ensure a balanced composition that reflects the public mandate of the Service;

- ii. the provision under the proposed clause 5(1)(e) be revised to clearly define sector-specific qualifications, particularly in medical or aviation services, to enhance technical competence; and
 - iii. the proposed clause 5(1) (f) be revised to reflect “a representative from the private sector with relevant knowledge and experience in finance or business”.
- 6.2. The Committee observes the inadequate professional representation from the aviation sector and the ministry responsible for social services on the Board. In this regard, the Committee recommends the inclusion of the Zambia Airports Corporation Limited and the Ministry responsible for social services to occupy the two (2) positions recovered from the private sector.
- 6.3. The Committee observes that making the inclusion of a representative of the Attorney-General mandatory may be unnecessary, given the existence of an internal legal department within the Service. In this regard, the Committee recommends that exclusion of the Attorney-General be considered.

To this effect, the Committee recommends the following as the composition of the Board:


No	Board Representative (s)
i.	two representatives of the ministry responsible for health one at headquarters and one at provincial health director
ii.	one representative of the ministry responsible for social services
iii.	three (3) representatives from the private sector with relevant knowledge and experience in medical or aviation services
iv.	a representative from the private sector with relevant knowledge and experience in finance or business
v.	a representative of the Zambia Air Force
vi.	a representative of the Zambia Airports Corporation Limited

- 6.4. The Committee observes that the nomination and appointment framework is not adequately defined to ensure the appointment of competent, senior and qualified officials. It further does not sufficiently guarantee gender balance and inclusivity. In this regard, the Committee recommends that:
- i. a structured nomination process be established for nominating institutions, supported by clear criteria to ensure competence, transparency, and credibility;
 - ii. clause 3 be strengthened to provide for conditional appointment powers, enabling the Minister to defer appointments where prescribed thresholds are not met and require re-nominations to address imbalances; and
 - iii. a provision be introduced under Clause 3 to compel institutions to nominate senior and qualified officials to the Board to enhance effective participation, expedite decision-making, and strengthen strategic oversight.

6.5. The Committee observes that the use of the term “Board” in the proposed section 7B(1)(a) and (b) is conceptually incorrect. Therefore, it recommends substituting the term with “Service” to correctly designate the Director as Chief Executive Officer responsible for the day-to-day administration of the Service.

7.0. CONCLUSION

The Committee supports the Bill, subject to the incorporation of the foregoing observations and recommendations. While the Bill introduces progressive reforms to strengthen governance and operational efficiency of the Zambia Flying Doctor Service, concerns remain regarding private sector dominance and nomination criteria. The Committee, therefore, urges Government to address these issues to ensure a balanced, inclusive, and technically sound governance framework that preserves the Service’s public health mandate and guarantees equitable access to aeromedical services.



Mr Joseph S Munsanje, MP
CHAIRPERSON

May, 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

Institute of Directors Zambia

Ministry of Health

Ministry of Justice

Pharmaceutical Society of Zambia

Zambia Civil Aviation Authority

Zambia Flying Doctors Service

Zambia Institute for Policy Analysis and Research

Zambia Medical Association

Zambia Medicines Regulatory Authority