



**REPUBLIC OF ZAMBIA**

**REPORT**

**OF THE**

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

**SERVICES**

**ON THE**

**THE MENTAL HEALTH (AMENDMENT) BILL, N.A.B. NO. 26 OF 2026**

**FOR THE**

**FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

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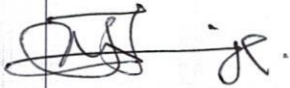
## **FOREWORD**

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the Mental Health (Amendment) Bill, N.A.E. No. 26 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); Ms 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 Mental Health Act No. 6 of 2019 provides for the promotion, protection, and regulation of mental health services through the establishment of the National Mental Health Council. Section 11 of the principal Act provides for a thirteen-member Board, which excludes civil society and private sector representation.

Consequently, the Government, through the Mental Health (Amendment) Bill, N.A.B. No. 26 of 2026 proposes to amend the principal Act, to revise, among others, the composition of the Council to nine members 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 OECD Guidelines on Corporate Governance of State-Owned Enterprises (2015). Accordingly, the proposed amendments in the Bill seek to align the composition of the Council with these established governance principles.

## **3.0. OBJECT OF THE BILL**

The object of this Bill is to amend the Mental Health Act No. 6 of 2019, so as to:

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

## **4.0. SALIENT PROVISIONS OF THE BILL**

### **Clause 2 – Amendment of Section 2**

Clause 2 amends the interpretation section of the principal Act by inserting the definition of “Human Rights Commission,” thereby enhancing clarity and application of the law.

### **Clause 3 – Repeal and Replacement of Section 11**

Clause 3 replaces section 11 by reducing the Board from thirteen to nine members, promoting efficiency and cost-effectiveness. It further introduces representation from civil

society and the private sector, thereby strengthening expertise and governance. The clause also provides for a nomination process by relevant institutions, enhancing transparency in appointments. Additionally, it introduces eligibility criteria, including disqualification of undischarged bankrupts, thereby promoting integrity and adherence to the rule of law.

### **Clause 5 – Amendment of Schedule**

Clause 5 amends the Schedule to provide for a quorum of five members, reflecting the reduced size of the Board.

## **5.0. SUBMISSIONS FROM STAKEHOLDERS**

Stakeholders submitted various views on the clauses of the Bill, which are outlined below for the Committee’s consideration.

### **Clause 3: Composition of the Board**

Stakeholders observed that Clause 2 proposes reducing the size of the Council’s Board from thirteen (13) to nine (9) members, aimed at streamlining multi-sectoral representation through a leaner structure.

#### **5.1. Rationale for amendments**

Stakeholders submitted that the proposed amendment to the Board composition was premature, noting that the Act had only recently been operationalised and its performance had not yet been assessed. They questioned the basis for restructuring in the absence of evidence demonstrating governance or performance deficiencies.

#### **5.2. Inclusion and Exclusion of Key Stakeholders**

Stakeholders submitted that mental health governance required strong technical and multidisciplinary expertise. In this regard, they emphasised that the Board should include expertise in clinical care, pharmacotherapy, public health, psychiatric nurses, psychiatrists and community-based mental health services.

#### **5.3. Private Sector and Substance Abuse Representation**

Stakeholders submitted that the inclusion of private sector representation focusing on substance abuse was progressive, noting the growing burden of substance use disorders in Zambia. However, they suggested that such representation be limited to individuals with demonstrable expertise in mental health and substance abuse.

#### **5.4. Human Rights, Religious and Civil Society Representation**

Stakeholders acknowledged the inclusion of representatives from the Human Rights Commission and a religious organisation, and two representatives from a civil society organisations, though with mixed views. Some considered their inclusion unnecessary, while others recognised their supportive role in mental health care. Concerns were raised that the provision for a religious organisation was vague and lacked clear representation criteria. Stakeholders, therefore emphasised the need for a precise definition to ensure broad participation and avoid arbitrary selection.

Further, stakeholder's proposed that instead of having two representatives, the Board should have one representative from a civil society organisation engaged in matters relating to both mental health and social welfare.

#### **5.5. Board size and efficiency**

Stakeholders submitted that a smaller Board could enhance efficiency, reduce administrative costs, and improve decision-making. However, they cautioned that reducing the size of the Board should not compromise representation of key stakeholders.

### **6.0. COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS**

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

#### **(i) Need for Evidence-Based Reform**

Your Committee observes that the proposed reduction in the size of the Board from thirteen (13) to nine (9) members is intended to streamline governance and improve efficiency. However, noting that the governing Act has only recently been operationalised, the Committee is concerned that the proposed restructuring may be premature in the absence of a clear performance assessment demonstrating governance or operational deficiencies. The Committee therefore recommends that amendments to the Board composition be guided by evidence-based review and institutional performance evaluation.

#### **(ii) Preservation of Multi-Sectoral and Technical Representation**

Your Committee observes that while a leaner Board may promote efficiency, such efficiency should not be achieved at the expense of broad-based and technically competent representation. The Committee therefore recommends that the Board composition be structured to preserve critical multidisciplinary expertise, including representation in clinical care, pharmacotherapy, public health, psychiatric nursing, psychiatry and community-based mental health services.

#### **(iii) Representation on Substance Abuse and Private Sector Expertise**

Your Committee notes stakeholder support for the inclusion of private sector representation focused on substance abuse, in view of the growing burden of substance use disorders. The Committee concurs that such representation is progressive and recommends its retention, provided that appointments under this category be limited to persons with demonstrable expertise and experience in mental health and substance abuse.

#### **(iv) Human Rights, Religious and Civil Society Representation**

Your Committee observes that the inclusion of the Human Rights Commission, religious organisations and civil society representatives reflects the social and rights-based dimensions of mental health governance. However, the Committee is concerned that the provision relating to representation from a religious organisation lacks clarity and may allow arbitrary selection. The Committee therefore recommends that the Bill clearly define criteria for such representation to ensure transparency, inclusivity and broad participation.

Further, the Committee recommends that the provision for two representatives from civil society organisations be reconsidered and replaced with one representative drawn from a civil society organisation engaged in both mental health and social welfare matters, in order to ensure focused yet balanced representation.

**(v) Balance between Efficiency and Inclusiveness**

Your Committee acknowledges stakeholder submissions that a smaller Board may enhance efficiency, reduce administrative costs and facilitate timely decision-making. However, the Committee is of the view that efficiency must not undermine inclusiveness or weaken sectoral representation. The Committee therefore recommends that, while the objective of a leaner Board may be maintained, Government should review the proposed composition to ensure that no critical stakeholder group is excluded.

**7.0. CONCLUSION**

The Mental Health (Amendment) Bill, 2026 reflects a progressive effort to reform mental health governance. However, it raises concerns regarding timing, representation, technical capacity, and institutional independence. The Bill revises Board composition to include, among others, a private sector representative with relevant expertise, thereby enhancing governance. While progressive, it requires refinement, hence, the Committee urges the Government to revise the Bill in line with the identified recommendations. This will ensure that the National Mental Health Council is inclusive, technically competent, and responsive.

In light of the foregoing, your Committee supports the Bill, subject to amendments that safeguard technical expertise, preserve inclusive representation and ensure that efforts to improve efficiency do not compromise the effectiveness and legitimacy of the Board.



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**

Chainama Hills Mental Hospital  
Institute of Directors Zambia  
Mental Health Association of Zambia  
Mental Health Council of Zambia  
Ministry of Health  
Ministry of Justice  
Pharmaceutical Society of Zambia  
Zambia Medical Association  
Zambia Union of Nurses and Midwives Organisation