



**REPUBLIC OF ZAMBIA**

**REPORT**

**OF THE**

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

**SERVICES**

**ON THE**

**NATIONAL HEALTH RESEARCH TRAINING INSTITUTE (AMENDMENT)**

**BILL N.A.B. NO. 43 OF 2026**

**FOR THE**

**FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

*Published by the National Assembly of Zambia*


## FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the National Health Research Training Institute (Amendment) Bill, N.A.B. No. 43 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 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 National Health Research Training Institute Act, No. 13 of 2024, establishes the National Health Research Training Institute (NHRTI) as the statutory body mandated to provide for, among others, the establishment of the National Health Research Laboratory and health research in indigenous knowledge, traditional, complementary and alternative medicines.

The Government, through the National Health Research Training Institute (Amendment) Bill, N.A.B. No. 43 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 seeks to align the composition of the Institute's Board with these established governance principles.

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

The object of this Bill is to amend the National Health Research Training Institute Act No. 13 of 2024, so as to:

- i. revise the composition of the Board of the National Health Research and Training Institute; and
- ii. provide for matters connected with, or incidental to, the foregoing.

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

Clause 2: Amendment of Section 5 of Act No. 13 of 2024

This clause seeks to amend the composition of the Board under Section 5(1) of the principal Act by the deletion of paragraphs—

- i. (d) and replacing the existing provision with a requirement for a medical doctor from a private university with knowledge and experience in health research; and
- ii. (g) and replacing the existing provision to provide for a person from the private sector who is distinguished in health research.

## **5.0. SUBMISSIONS FROM STAKEHOLDERS**

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

### **5.1. General concern**

Stakeholders observed that the National Health Research Training Institute Act, No. 13 of 2024 was only amended in 2024 and has not yet been fully implemented or evaluated. They submitted that further amendments at this stage are premature, as the current framework has not been adequately tested to identify gaps, and suggested allowing more time for proper operational assessment before revising the law. Notwithstanding this, stakeholders considered this as an opportunity to strengthen the principle Act by considering gender and criteria of participation.

### **5.2. Clause 2: Amendment of Section 5(1), Composition of the Board**

#### **Shift in board composition and governance structure**

Stakeholders observed that the Bill significantly restructures the composition of the Board by expanding private sector representation and modifying professional and academic representation. While some stakeholders supported this shift as progressive, others expressed concern that the changes may alter the governance orientation of the Institute from a public-interest and research-driven model to one influenced by commercial and external interests.

#### **Representation of academic institutions**

Stakeholders observed that the Bill introduces a requirement for representation from private universities, which may inadvertently marginalise public academic institutions. They noted that public universities have historically played a central role in health research, training, and policy development.

#### **Exclusion or weakening of professional representation**

Stakeholders observed that the revised Board composition reduces explicit representation of key professional bodies. They noted that professional associations play a critical role in ensuring, clinical relevance of research and professional accountability, and alignment with health system needs. They submitted that the absence or dilution of such representation was viewed as likely to weaken the technical quality and applicability of research outputs.

#### **Multidisciplinary representation**

Stakeholders observed that although the Bill attempts to broaden participation, it

does not sufficiently reflect the multidisciplinary nature of health research. They emphasised that health research extends beyond clinical medicine to include Pharmaceutical sciences, public health, epidemiology and biostatistics, to mention a few. They cautioned that failure to incorporate diverse expertise may limit the Institute’s capacity to address complex health challenges.

**Balance between public and private interests**

Stakeholders observed that the proposed composition may tilt the balance of the Board toward private sector dominance. They cautioned that such an imbalance could undermine the Institute’s role as a national scientific body and weaken its obligation to prioritise public health outcomes. Concerns were raised that governance decisions may increasingly reflect commercial and institutional interests rather than national health priorities.

**5.3. Matters incidental to the Bill**

**Amendment to Section 5(1)(h)**

Stakeholders noted that the Bill excludes the amendment of section 5(1)(h) of the principal Act, which provides for “a person from the private sector with knowledge and experience in finance or business management.” They observed that this provision is overly broad and may permit the appointment of individuals without relevant expertise to the Institute’s mandate.

In this regard, stakeholders recommended that the provision be amended alongside and accordingly revised to read:

*“a person from the private sector with knowledge and experience in finance or business management relevant to health research.”*

**Inclusion of the Attorney General**

Stakeholders submitted that, although the Bill does not amend the inclusion of the Attorney-General, its retention in the principle Act presents a challenge of overstretching the Office and creating duplication of functions, given that most SOE 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.

**6.0. COMMITTEE’S OBSERVATIONS AND RECOMMENDATIONS**

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

**(i) Need for Caution in further amending a recently enacted Law**

Your Committee observes that the National Health Research Training Institute Act, No. 13 of 2024 was only recently enacted and has not been fully operationalised or

evaluated. In this regard, while recognising the rationale behind the Bill, your Committee recommends that Government adopt a measured approach to further amendments and ensure that any reforms are informed by evidence arising from implementation experience. The Committee further recommends that periodic review mechanisms be embedded in the legal framework to guide future reforms.

**(ii) Balanced and Inclusive Composition of the Board**

Your Committee observes that while the proposed amendments seek to broaden representation on the Board, care must be taken to preserve the Institute's public-interest mandate and scientific integrity. The Committee therefore recommends that the composition of the Board be reviewed to ensure balanced representation from Government, the private sector, academia, professional bodies and civil society, without allowing any single interest group to dominate governance structures.

**(iii) Protection of Public Academic and Professional Representation**

Your Committee is concerned that the proposed composition may inadvertently weaken the role of public academic institutions and professional bodies, both of which are central to health research and training. The Committee therefore recommends that representation from public universities and key professional bodies be explicitly safeguarded in the Act in order to maintain technical credibility, policy relevance and accountability.

**(iv) Strengthening Multidisciplinary Expertise on the Board**

Your Committee observes that effective health research governance requires multidisciplinary expertise. The Committee therefore recommends that the Board composition be broadened to reflect relevant disciplines, including pharmaceutical sciences, public health, epidemiology, biostatistics and related fields, in order to enhance the Institute's capacity to respond to emerging and complex health challenges.

**(v) Safeguarding Public Interest in Governance**

Your Committee is concerned that an over-expansion of private sector representation may upset the balance between public and private interests. The Committee therefore recommends that the proposed amendments be refined to ensure that the Board remains principally oriented toward advancing national health priorities and public interest objectives, rather than commercial considerations.

**(vi) Amendment of Section 5(1)(h)**

Your Committee concurs with stakeholders that section 5(1)(h) is broad and requires refinement. The Committee therefore recommends that the provision be amended to provide for:

*“a person from the private sector with knowledge and experience in finance or business management relevant to health research,”*

so as to ensure that representation from the private sector is aligned to the mandate of the Institute.

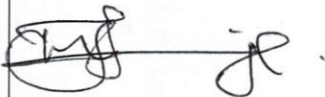
**(vii) Gender and Equity Considerations**

Your Committee observes that the Bill presents an opportunity to strengthen gender responsiveness and inclusivity in governance. The Committee therefore recommends that the Act expressly provide for gender-balanced representation and equitable participation in appointments to the Board.

**7.0. CONCLUSION**

The National Health Research and Training Institute (Amendment) Bill, NAB No. 43 of 2026, represents a progressive effort to strengthen the governance of the Institute through the inclusion of specialised expertise, particularly from the private sector and academia. The proposed revisions to Board composition have the potential to enhance technical capacity and promote innovation in health research.

In light of the foregoing, your Committee supports the Bill, subject to the proposed amendments and recommendations aimed at strengthening governance, protecting scientific independence and ensuring that the Institute remains responsive to national health research priorities



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**

Institute of Directors Zambia

Medical Association of Zambia

Ministry of Health

Ministry of Justice

Pharmaceutical Society of Zambia

University of Lusaka

Zambia Union of Nurses and Midwives Organisation