



REPUBLIC OF ZAMBIA

REPORT

OF THE

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

ON THE

NATIONAL HEALTH RESEARCH (AMENDMENT) BILL N.A.B NO. 59 OF 2026

FOR THE

FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

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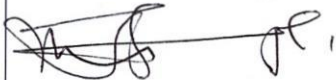
FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the National Health Research (Amendment) Bill N.A.B No. 59 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 National Health Research Act No. 2 of 2013 establishes the National Health Research Authority (NHRA) as a statutory body mandated to regulate, coordinate, and promote health research in Zambia.

The National Health Research (Amendment) Bill N.A.B No. 59 of 2026, proposes to amend the principal Act to revise, among other provisions, the composition of the Council of the Authority and related governance structures. 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, Councils and Committees of State-Owned Enterprises (SOEs) in order to strengthen governance, enhance representation and service delivery. It specifically requires that Councils, 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 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 seek to align the composition and functioning of the NHRA Council with these established governance principles while enhancing its capacity to effectively discharge its mandate.

3.0. OBJECT OF THE BILL

The object of this Bill is to amend the National Health Research Act No. 2 of 2013 so as to:

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

4.0. SALIENT PROVISION OF THE BILL

Clause 3 – Amendment of section 7

The Clause amends section 7 of the principal Act by revising the composition of the Council. The clause further introduces a requirement for institutions to nominate

their representatives for appointment by the Minister, thereby promoting transparency and stakeholder participation.

5.0. SUBMISSIONS FROM STAKEHOLDERS

Stakeholders submitted various views on the clauses of the Bill, which are outlined below:

5.1. Clause 3: Amendment of section 5, Composition of the Council

Stakeholders submitted that the proposed revision of the composition of the Council under the National Health Research (Amendment) Bill, N.A.B. No. 59 of 2026 constituted the main reform in the Bill. They noted that under the principal Act, the Council was a fifteen-member (15) part-time body, largely dominated by public sector institutions and broad ministerial representation. However, they observed that the Bill introduces a leaner and more targeted Council with nine (9) part time members appointed by the Minister. They specifically highlighted the following:

i. Shift in structure, representation and expertise

Stakeholders submitted that the proposed composition is intended to strengthen technical competence by incorporating individuals and institutions involved in health research, innovation, and industry, thereby enhancing the Council's effectiveness, responsiveness, and alignment with the Authority's mandate.

ii. Increased private sector and industry representation

Stakeholders observed that the inclusion of private sector actors, including representatives from the pharmaceutical industry and individuals with expertise in health research, introduces opportunities for innovation, financing, and partnerships in research. Stakeholders supported the inclusion of the pharmaceutical and manufacturing industries, submitting that these sectors were critical to clinical trials, drug discovery and local manufacturing of medicines.

They further submitted that experiences from other jurisdictions demonstrated that strong private sector participation enhanced research output and innovation. However, it was submitted that increased private sector representation may also present risks, including, conflict of interest in research prioritisation and potential shift away from public health priorities towards commercially driven research agendas.

iii. Overlapping, duplicative and vague representation categories

Stakeholders submitted that certain categories under clause 3(2)(c), (d), (f), (g) and (h) were overlapping, duplicative and insufficiently defined, creating ambiguity in selection criteria and scope of expertise. They expressed concern that this could allow representation from entities with limited involvement in health research. In particular, they cited the following provisions under the clause:

- (c) a representative of a higher education institution;
- (d) a representative of an institution engaged in research and development;
- (f) a representative of a civil society organisation engaged in matters relating to health;
- (g) a person from the private sector distinguished in health research; and
- (h) a person from the private sector with knowledge and experience in matters related to the Act.

During oral submissions, stakeholders recommended refining the provisions to specifically target organisations and individuals actively engaged in health research. Further, they proposed merging clauses (g) and (h), and revising the categories to ensure clarity, relevance and technical alignment as follows:

- (c) a representative of a **recognised** higher education institution **actively engaged in health research or related scientific disciplines**;
- (d) a representative of an institution engaged in **health** research and development;
- (f) a representative of a civil society organisation engaged in matters relating to **health research**; and
- (g) a person from the private sector with knowledge and **experience in finance and business related to health research**.

Stakeholders submitted that these adjustments would rationalise the composition and ensure distinct, complementary and functionally relevant roles within the Council.

iv. **Exclusion of key technical representation**

Stakeholders submitted that the proposed representation was inadequate, considering the strategic importance of health research. They recommended retaining the National Science and Technology Council from the current structure and including representation from the pharmaceutical manufacturing industry to enhance technical capacity, innovation, and research–industry linkages.

Further, stakeholders observed that the composition omitted areas of expertise, notably traditional, complementary and alternative medicine (TCAM) and social sciences. They emphasised that TCAM supports indigenous knowledge and natural product research, while social sciences address behavioural and social determinants of health. However, given space constraints, they proposed engaging these areas through operational frameworks.

v. **Legal representation and role of the attorney-general**

Stakeholders acknowledged the importance of legal oversight through inclusion of the Attorney-General. However, they expressed concern that inclusion of the Attorney-General across the Council could overstretch the office; and it may affect operational

efficiency. They proposed that alternative arrangements such as delegated representation or advisory roles be considered.

vi. Exclusion of animal and environmental health expertise

Stakeholders raised significant concern regarding the absence of representation from animal health and environmental health sectors. It was submitted that this omission undermines the One Health approach, which integrates human, animal, and environmental health. The absence of such expertise may result in limited research on diseases transmitted from animals to humans, gaps in addressing antimicrobial resistance; and reduced effectiveness in food safety and public health policy. Therefore, stakeholders emphasised that inclusion of veterinary and environmental expertise is critical for a comprehensive and internationally aligned health research system.

5.2. Nomination and appointment process

Stakeholders submitted that the reliance on institutions to nominate a single representative posed challenges. They noted that this approach could limit the ability to select the most qualified candidates, constrain achievement of gender balance; and create perceptions of bias in appointments. They further submitted that the absence of clearly defined eligibility and competence criteria weakened transparency and accountability in the constitution of the Council.

Stakeholders submitted that nomination processes may result in appointment of junior officers, which could negatively affect the quality of decision-making. It was emphasised that Council effectiveness depends on members who possess decision-making authority and technical expertise. Stakeholders, therefore, recommended that nomination frameworks ensure appointment of senior and experienced individuals.

5.3. Gender balance and inclusivity

Stakeholders submitted that although Article 259 of the Constitution of Zambia provides for gender balance and inclusivity, the institutional nomination model may make it difficult to achieve these objectives where only one nominee is submitted per institution. They recommended that institutions be required to submit multiple nominees to enable compliance with constitutional requirements on gender parity, youth representation, and inclusion of persons with disabilities.

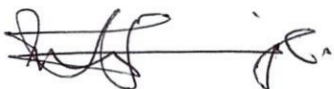
6.0. COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

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

- 6.1. The Committee observes that the proposed reduction in Council size from fifteen (15) to nine (9) members may enhance efficiency but risks limiting representation of critical expertise. The Committee recommends that while maintaining a lean structure, the composition be adjusted to eleven (11) to support a multidisciplinary and One Health approach by including the following representatives:
 - i. the National Science and Technology Council;
 - ii. Pharmaceutical Society of Zambia; and
 - iii. Veterinary Association of Zambia.
- 6.2. The Committee notes that increased private sector representation may present risks of conflicts of interest and potential prioritisation of commercial interests over public health. The Committee, therefore, recommends the introduction of safeguards, including clear eligibility criteria, conflict of interest provisions, and disclosure requirements, to preserve the integrity and public health focus of the Council.
- 6.3. The Committee observes that certain categories under clause 3(2) are overlapping, inadequately defined, and potentially create ambiguity in selection criteria. In light of this, the Committee recommends revising clause 3(2) to clearly define categories, as proposed above, to ensure that representation is limited to individuals and institutions actively engaged in health research.
- 6.4. The Committee observes that inclusion of the Attorney-General, while important for legal oversight, may overstretch the office and affect operational efficiency. Therefore, the Committee recommends for exclusion of the Attorney-General's office in the Council and that a provision be made for an in-house legal unit to ensure effective legal input without compromising efficiency.
- 6.5. The Committee observes that the nomination and appointment framework is inadequately defined, limiting institutions to a single nominee, risking appointment of junior officers, and not sufficiently guaranteeing competence, gender balance, and inclusivity. In view of this, the Committee recommends establishing a structured nomination framework requiring multiple nominees, clear competence criteria, and appointment of senior, experienced individuals, while ensuring compliance with constitutional provisions on gender balance and inclusivity.

7.0. CONCLUSION

The Committee supports the Bill for it represents progressive efforts to strengthen the governance, efficiency, and technical orientation of the Council. However, it contains notable gaps in representation, clarity of provisions, and the nomination framework. The Committee, therefore, urges the Government to revise the Bill to address these concerns and ensure a balanced, inclusive, and technically competent Council capable of effectively advancing Zambia's health research agenda in line with national and international best practices.



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

National Health Research Authority

Pharmaceutical Society of Zambia

Veterinary Association of Zambia

Zambia Medical Association

Zambia Medicines Regulatory Authority