



REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL

SERVICES

ON THE

NATIONAL HIV/AIDS/STI/TB COUNCIL (AMENDMENT) BILL, N.A.B. NO.

42 OF 2026

FOR THE

FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

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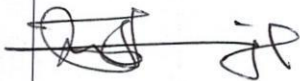
FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the National HIV/AIDS/STI/TB Council (Amendment) Bill, N.A.B. No. 42 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 HIV/AIDS/STI/TB Council Act, No. 10 of 2002, establishes the National HIV/AIDS/STI/TB Council (NAC) as the statutory body mandated to coordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV, AIDS, STI and TB.

The Government, through the National HIV/AIDS/STI/TB Council (Amendment) Bill, N.A.B. No. 42 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 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 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 NAC with these established governance principles.

3.0. OBJECT OF THE BILL

The object of this Bill is to amend the National HIV/AIDS/STI/TB Council Act, No. 10 of 2002 so as to:

- i. revise the composition of the National HIV/AIDS/STI/TB Council; and
- ii. provide for matters connected with, or incidental to, the foregoing.

4.0. PROVISIONS OF THE BILL

Clause 1 - short title and commencement of the Act.

Clause 2 seeks to amend section 5 of the principal Act by repealing and replacing it with a provision that revises the composition of the Council and introduces a nomination process for members.

Clause 3 seeks to amend section 8(4) by reducing the quorum from eight (8) to seven (7) members.

5.0. SUBMISSIONS FROM STAKEHOLDERS

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

Clause 2: Repeal and replacement of section 5, Composition of the Council

Stakeholders observed that clause 2 proposes a reduction of the Council's size from fifteen (15) to eleven (11) members on the notion that the narrowed multi-sectoral representation, was fundamental to the national HIV response. They specifically highlighted the following:

Exclusion of youth representation

- 5.1. Stakeholders expressed concern regarding the exclusion of youth representation, noting that a significant proportion of Zambia's population comprises adolescents and youth, particularly those aged 15 to 24, who accounted for majority share of new HIV infections. They argued that the absence of a dedicated youth representative undermines the principle of meaningful participation of affected populations. In this regard, they proposed the inclusion of a youth-led organisation within the Council.

Strengthen criteria for civil society representation

- 5.2. In addition, stakeholders supported the Bill's proposal to introduce clause 5(1)(e) providing for civil society representation in research and academia. However, they urged the Committee to strengthen the provision by ensuring *that the representative was drawn from recognised research institutions with demonstrable experience and proven track record in HIV, AIDS, STI and TB research.*

Exclusion of Traditional Healers' Association

- 5.3. Further, stakeholders observed that the Bill removed representation from the Traditional Healers' Association. They submitted that, given the established collaboration between traditional health practitioners and conventional health systems in the HIV response, consideration should be given to retaining their representation or providing alternative mechanisms for their engagement.

Broad provision relating to representation of religious organisation

- 5.4. Stakeholders submitted that the provision for representation of a religious organisation is overly broad and may allow inclusion of entities without relevant health sector involvement. They therefore proposed specifying the Churches Health Association of Zambia as the designated representative, given its established role in healthcare service delivery.

5.5.

Introduction of private sector representation

- 1.1. Furthermore, stakeholders noted that the introduction of private sector representation under the clause 5(1)(g) was progressive, particularly in the context of transitioning HIV programmes towards domestic resources. Stakeholders stressed that this was necessary, as Zambia continued to rely heavily on external

funding, accounting for approximately 70 to 80 per cent of the HIV response. However, they cautioned that over-emphasis on commercial interests risked undermining genuine community and public health priorities, thereby weakening overall effectiveness, including prospects for home-grown HIV interventions on traditional and complimentary medicines.

In view of the foregoing, stakeholders proposed that clause 5(1)(g) be amended to provide for *two persons from recognised private sector organisations, one being a member of a traditional and complementary medicine and the other from a youth organisation, both possessing knowledge and experience in matters relevant to the Act.*

Clause 2: repeal and replacement of section 5, Nomination of Members

Stakeholders submitted that retaining institutional nomination was progressive as it enhanced transparency and accountability. However, they noted the Bill lacks clear nomination guidelines. They proposed that nominees possess relevant professional credentials and be selected through transparent processes to promote accountability, gender balance, legitimacy, and effectiveness, and recommended inserting a new provision at section 5(3).

Clause 2: Gender, equity and inclusion safeguards

Stakeholders observed that the provisions in the principal Act requiring consideration of gender balance, age, and geographical representation had been omitted in Clause 5 of the Bill. They acknowledged that implementing these safeguards was challenging owing to the distributed nomination criteria being proposed. However, they emphasised that such provisions were essential for ensuring equitable and inclusive representation of affected populations. Therefore, they supported the reinstatement of the previous provision under section 5(2) of the principle Act to strengthen and promote inclusivity, particularly for women and youth.

Clause 3: Amendment of section 8(4), Quorum

Stakeholders submitted that the reduction in quorum from eight (8) to seven (7) members was appropriate in light of the reduced size of the Council and would facilitate efficient decision-making. However, they emphasised the need to insert provisions allowing institutions to nominate alternate representatives, at senior official level, to ensure consistent attendance and quorum attainment.

2.0. COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

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

Revise composition of the Council

- 2.1. The Committee observes that the exclusion of key stakeholders, such as a member of an association representing traditional and complementary medicine, as well as adolescents and youth, undermines inclusivity and participatory governance. In this regard, the Committee recommends the following:

- i. The two slots allocated to the private sector in clause 5(g), be designated to accommodate an association representing traditional and complimentary medicines and the other to an organisation representing a recognised youth group; and
 - ii. Introduce at least one representative from a professional health regulatory body to strengthen clinical oversight, ethical standards, and technical input in the Council's operations.
- 2.2. The Committee notes that nomination of representation of a religious organisation may pose challenges, therefore, the Committee recommends designating the slot to the Churches Health Association of Zambia to avoid ambiguity and potential disputes in the selection process

Gender, equity and inclusion safeguards

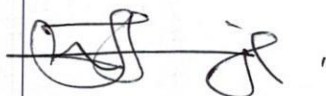
- 2.3. The Committee observes that the omission of provisions on gender balance and age representation weakens equity and inclusiveness in the Council's composition. It therefore recommends that clause 5(2) be strengthened to provide for conditional appointment powers, allowing the Minister to defer 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

- 2.4. The Committee notes that current nomination and appointment processes may result in the designation of junior officers. In this regard, the Committee, recommends the inclusion of a provision at clause 3 to compel institutions to nominate senior officials to the Board to ensure effective participation, expedite decision-making, and enhance strategic oversight.

3.0. CONCLUSION

The review indicated that the objectives of the Bill to strengthen governance and improve efficiency in managing the national HIV response were progressive. Emphasis was placed on maintaining a broad-based, inclusive, and multi-sectoral governance framework, despite the shift to a more restricted structure. Notwithstanding this, the Committee supports the Bill and urges the Executive to incorporate the observations and recommendations outlined in the Report.



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

Accountability Mechanism on SRH/FP

Alliance for Accountability Advocates Zambia

Institute of Directors Zambia

Ministry of Health

Ministry of Justice

National HIV/AIDS/STI/TB Council

University of Lusaka