



REPUBLIC OF ZAMBIA

REPORT

OF THE

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

ON THE

**ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE (AMENDMENT) BILL
N.A.B NO. 50 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 Zambia National Public Health Institute (Amendment) Bill N.A.B No. 50 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 Zambia National Public Health Act, No. 19 of 2020, establishes the Zambia National Public Health Institute (ZNPHI) as the statutory body mandated to provide leadership and coordination in public health security and disease prevention. The Government, through the the Zambia National Public Health Institute (Amendment) Bill N.A.B No. 50 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 ZNPHI Board with these established governance principles.

3.0. OBJECT OF THE BILL

The object of this Bill is to amend the Zambia National Public Health Act, No. 19 of 2020 so as to:

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

4.0. SALIENT PROVISIONS OF THE BILL

Clause 2: Amendment of Section 5 (Composition of the Board)

The clause reconstitutes the Board to include representatives from key ministries, Government Departments, civil society, academia, and the private sector, thereby enhancing multi-sectoral representation.

Clause 3: Amendment of the First Schedule (Quorum)

The clause seeks to amend paragraph 3(4) of the First Schedule by increasing the quorum from six to seven members to strengthen decision-making capacity and governance effectiveness.

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 generally acknowledged that the proposed amendment seeks to broaden the composition of the Board by increasing membership from ten (10) to eleven (11) members and introducing representation from civil society, private sector, and academia. This shift from a predominantly government-based structure was viewed as progressive, as it will promote multi-stakeholder governance and align with Government policy on Board rationalisation and inclusivity. It was submitted that expanding representation would enhance access to diverse expertise, strengthen decision-making, and improve responsiveness to emerging public health challenges.

Removal of the ministry responsible for agriculture

Stakeholders raised concern regarding the removal of the Ministry responsible for agriculture from the Board composition. It was submitted that public health security is closely linked to agriculture, food systems, zoonotic diseases, and antimicrobial resistance. The exclusion of agriculture was viewed as undermining the One Health approach, which integrates human, animal, and environmental health systems. Stakeholders cautioned that this omission may weaken coordination in addressing public health threats that originate at the human-animal-environment interface.

Need for inclusion of medicines regulatory expertise

Stakeholders proposed the inclusion of a representative from the Zambia Medicines Regulatory Authority (ZAMRA), noting that medicines, vaccines, diagnostics, and therapeutics are central tools in managing public health emergencies. It was submitted that ZAMRA's regulatory role is directly linked to ZNPHI's mandate in surveillance, laboratory systems, and emergency response, and that its inclusion would strengthen coordination and improve outbreak response effectiveness.

Community pharmacy representation

Stakeholders recommended replacing the general private sector representation with a person possessing knowledge and experience in community pharmacy. It was emphasised that community pharmacists are often the first point of contact for patients and play a key role in disease prevention, early detection, pharmacovigilance, and antimicrobial stewardship. Their inclusion was considered critical for strengthening surveillance systems, improving data reporting, and enhancing responsiveness to public health emergencies, particularly at community level.

Need for inclusion of digital health expertise

Stakeholders proposed the inclusion of a representative from the digital health sector. It was submitted that modern public health systems rely heavily on data systems, interoperability, and real-time surveillance platforms. Inclusion of digital health expertise would strengthen health information systems, enhance data analytics, and support timely decision-making in disease surveillance and emergency response.

Representation from higher education institutions

Stakeholders emphasised the importance of including representation from the a higher learning institution such as the University of Zambia (UNZA), noting their critical role in public health training, research, and outbreak response. It was submitted higher learning institutions have contributed significantly to national health security through training programmes and laboratory support during outbreaks. Inclusion of such institutions would strengthen technical capacity and institutional collaboration.

Balance between technical expertise and broad representation

Stakeholders acknowledged the importance of broadening representation but emphasised that such inclusion must not compromise technical competence. It was submitted that the Board must retain a strong technical orientation to effectively fulfil its mandate in disease surveillance, laboratory management, and emergency response. There were concerns that excessive diversification without clear technical alignment may dilute the Board's effectiveness and weaken scientific decision-making.

Need for emergency decision-making mechanisms

While supporting the increase in quorum from six (6) to seven (7) members, stakeholders emphasised the need for flexibility in emergency situations. It was submitted that public health emergencies often require rapid decision-making, and strict quorum requirements may delay urgent responses. Stakeholders, therefore, recommended introducing provisions for emergency quorum arrangements, allowing decisions to be made under reduced thresholds subject to later ratification.

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 removal of the Ministry responsible for agriculture from the Board composition undermines the One Health approach, which is critical for addressing public health threats. In this regard, the Committee recommends that the Bill be revised to retain representation from the Ministry responsible for agriculture
- 6.2. The Committee observes that the absence of medicines regulatory expertise on the Board may weaken coordination in managing public health emergencies. In view of this, the Committee recommends that a representative from the Zambia Medicines Regulatory Authority be included to enhance integration between medicines regulation and public health response systems.
- 6.3. The Committee notes that the exclusion of digital health expertise from the Board limits the Institute's capacity to utilise modern data systems and real-time surveillance platforms. Arising from this, the Committee recommends that a representative from the private sector with knowledge and experience digital health

be included to strengthen health information systems and data-driven decision-making.

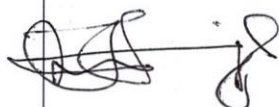
To this effect, the Committee recommends that the Board should comprise the following:

No	Board Representative (s)
i.	a representative each of the ministries responsible for— (i) health; (ii) animal health; (iii) water and sanitation; (iv) agriculture; and (v) local government.
ii.	a representative of the Attorney-General
iii.	a representative of the Disaster Management and Mitigation Unit
iv.	a representative of the Occupational Health and Safety Institute
v.	a representative of a civil society organization engaged in public health
vi.	a representative of academia from the private sector with knowledge and experience in matters relating to this Act
vii.	one person from the private sector with knowledge and experience in public health or a related field

6.4. The Committee observes that the absence of provisions for emergency decision-making may delay urgent responses during public health crises. In this regard, the Committee recommends that the Bill provide for emergency quorum arrangements to enable timely decisions, subject to subsequent ratification by the full Board.

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 modernise and diversify the governance structure of the Zambia National Public Health Institute, concerns remain regarding the exclusion of key sectors such as agriculture, limited technical representation, and the need for enhanced responsiveness during public health emergencies. The Committee, therefore, urges Government to refine the Bill to ensure a balanced, inclusive, and technically robust Board capable of effectively safeguarding national public health security.



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

Zambia Medical Association

Zambia Medicines and Medical Supplies Agency

Zambia Medicines Regulatory Authority

Zambia National Public Health Institute

Zambia Institute for Policy Analysis and Research