



REPUBLIC OF ZAMBIA



**REPORT
OF THE
COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL
SERVICES
ON THE
HEALTH PROFESSIONS (AMENDMENT) BILL, N.A.B. NO. 23 OF 2026
FOR THE
FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

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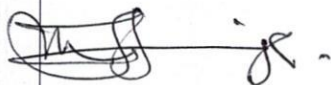
FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report on the Health Professions (Amendment) Bill, N.A.B. No. 23 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 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 Health Professions Council of Zambia (HPCZ/Council) is a statutory regulatory body established under the Health Professions Act, No. 17 of 2024. The Council is mandated to oversee the registration and professional conduct of health practitioners, except for nurses and midwives; license and regulate health facilities; accredit healthcare services; administer licensure examinations; and approve curricula for health professional training programmes.

The Government, through the Health Professions (Amendment) Bill, N.A.B. No. 23 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 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 Health Professions (Amendment) Bill, N.A.B. No. 23 of 2026 so as to:

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

4.0. SALIENT PROVISIONS OF THE BILL

Amendment of Section 5, Composition of the Board

Clause 3 provides for the revision of the composition of the Board of the HPCZ by specifying members to be appointed by the Minister.

Nomination of Board Members

Clause 4 provides for a list of institutions and organisations that must nominate their representatives for appointment by the Minister, thereby formalising the nomination process.

5.0. SUBMISSIONS FROM STAKEHOLDERS

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

Clause 3: Amendment of Subsection 5(1), Composition of the Council

Stakeholders observed that clause 3 of the Bill retains a nine (9) membership of the HPCZ Board but departs from the principal Act by restructuring the Board from a profession-driven model to a broader, policy-oriented framework, barely two years after the previous amendments. The highlights of the Stakeholders' submissions are set out below:

5.1. Rationale for amendments

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

5.2. Inclusion of the Attorney General

Stakeholders submitted that while inclusion of the Attorney-General may enhance legal oversight, it risks overstretching the Office and creating duplication of functions, given that most SOEs have in-house legal counsel. They, therefore, recommended that the Attorney-General be excluded from the Board, with routine legal functions being undertaken by internal legal units.

5.3. Increased non-State actors' representation

Stakeholders observed that while the principal Act ensured explicit representation of key professional bodies, the Bill introduces generic categories and expands participation of non-state actors, mainly from the private sector. Therefore, stakeholders cautioned that this shift risked introducing commercial considerations into a regulatory body mandated to safeguard patient safety and professional standards, potentially undermining public health priorities and ethical regulatory practice. Further, stakeholders observed that the Bill introduces a representative of a religious organisation, noting that the provision is broad.

5.4. Absence of explicit professional representation

Stakeholders submitted that the replacement of specific professional bodies with a generic provision for "*a representative of an association representing health professionals*" creates ambiguity and weakens professional legitimacy. They observed that the Bill dilutes representation and risks under-representation of clinicians and allied health professionals, thereby weakening technical input in licensing, accreditation, and disciplinary processes. Further, stakeholders emphasised that the health sector is inherently multi-disciplinary and cannot be adequately represented by a single association, noting that there are approximately 100 registered health professional bodies. However, stakeholders observed that certain professions have historically provided oversight across others and, therefore, supported retaining explicit statutory representation of key professional bodies such as the Zambia Medical Association and the Pharmaceutical Society of Zambia.

Further, stakeholders also acknowledged that the inclusion of Non-Governmental Organisations (NGOs) enhanced community participation and stakeholder diversity. However, they cautioned that such representation should not substitute technical expertise, as regulatory decisions required specialised knowledge and experience

5.5. Academic Representation

Stakeholders submitted that limiting academic representation to a dean from a private higher education institution excluded major public training institutions such as the University of Zambia and the Copperbelt University. In this regard, they proposed retaining section 5(1)(e) of the principal Act, which provides for “*a dean of a faculty training health professionals at a recognised higher education institution,*” covering both public and private institutions. They submitted that training of health professionals was undertaken across both public and private institutions and cautioned against excluding public institutions as this could undermine alignment between training standards and regulatory requirements, thereby compromising the quality and coherence of professional regulation.

Clause 3: Amendment of Subsection 5(2), Nomination Framework

Stakeholders submitted that although the Bill provides for a nomination framework at clause 3, it lacks clear guidelines for nomination of representatives. They proposed that nominees should possess appropriate professional credentials and be selected through transparent institutional processes, in order to enhance accountability, gender considerations, strengthen legitimacy, and ensure effectiveness in the functioning of the Board. To this end, they proposed the insertion of a new provision at section 5(3).

6.0. COMMITTEE’S OBSERVATIONS AND RECOMMENDATIONS

After carefully studying submissions from stakeholders, the Committee observes that the proposed Board composition, comprising three (3) State actors against six (6) non-State actors is uneven and risks creating imbalance in governance. The Committee, therefore, endorses rebalancing representation to ensure equitable participation between Government, private sector, and professional bodies, while safeguarding technical expertise. In light of this, it makes the following observations and recommendations:

Composition of the Board

- 6.1. The Committee observes that inclusion of the Attorney-General on the Board may undermine the role of in-house legal units in providing legal advice. It therefore recommends excluding the Attorney-General from the Board, with legal functions undertaken by internal legal counsel.

- 6.2. The Committee observes that the removal of explicit representation of key professional bodies creates ambiguity and may weaken the regulatory capacity of the HPCZ. In this regard, the Committee recommends the retention of provisions under section 5(c) and (g) of the principal Act, which provide for representation through the Zambia Medical Association and the Pharmaceutical Society of Zambia.
- 6.3. Additionally, the Committee observes that clause 5(e) limits academic representation to private institutions, thereby excluding public training institutions. Therefore, the Committee recommends broadening the provision to include representation from both public and private training institutions which will ensure inclusivity and sectoral balance.
- 6.4. The Committee observes that the provision for representation of a religious organisation is too broad and may allow inclusion of entities without relevant health sector involvement. It, therefore recommends specifying the Churches Health Association of Zambia as the designated representative, given its established role and experience in healthcare service delivery.

Inclusive participation in Boards

- 6.5. 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 strengthening clause 3 to include 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

- 6.6. The Committee notes that current nomination and appointment processes may result in designation of junior officers, potentially affecting the quality and timeliness of decision-making. It, therefore recommends strengthening appointment guidelines to require nomination of senior officials to enhance effective participation, expedite decisions, and improve strategic oversight.

Strengthening Nomination Framework

- 6.7. The Committee observes that the nomination framework is not sufficiently defined, particularly for nomination of private sector participation. It, therefore recommends establishing a structured nomination process for organisations, supported by clear criteria to ensure competence, transparency, and credibility.

7.0. CONCLUSION

The Bill represents a significant policy shift towards inclusive governance. However, its current formulation raises critical concerns regarding professional representation and technical capacity. The Committee, therefore urges Government to revise the Bill in line with the above recommendations to ensure that the Health Professions Council of Zambia remains a competent, independent, and technically grounded regulatory body.



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

Zambia Medical Association
Health Care Federation of Zambia
Health Professions Council of Zambia
Institute of Directors Zambia
Ministry of Health
Ministry of Justice
Pharmaceutical Society of Zambia
Zambia Union of Nurses and Midwives Organisation
University of Lusaka