Health Professions Council of Zambia

The Republic of Zambia
MINISTRY OF HEALTH

Health Profession Council of Zambia

"Promoting Compliance in Healthcare and Training Standards"

GUIDELINES FOR THE REGULATION OF TELEHEALTH IN ZAMBIA

(INTEGRATING TELEMEDICINE, DIGITAL HEALTH, AND ARTIFICIAL INTELLIGENCE)

1st Edition, 2026

February 2026

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Issued by

The Health Professions Council of Zambia

in collaboration with the

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Contents

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This document is issued pursuant to the Health Professions Act No. 17 of 2024 and forms part of the National Health Care Standards (NHCS). Compliance with these guidelines is mandatory for all licensed health facilities and practitioners providing telehealth services in Zambia.

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Hon. Dr. Elijah Julaki Muchima, MP
Minister of Health

FOREWORD

It is with great pleasure that I present the **Guidelines for the Regulation of Telehealth in Zambia,** developed under the leadership of the Health Professions Council of Zambia (HPCZ) in collaboration with key stakeholders.

Telehealth represents a transformative step in our nation's health system. It has the potential to overcome barriers of distance, cost, and availability of health professionals, particularly in rural and underserved communities. These guidelines provide a strong regulatory framework to ensure that such services are delivered safely, ethically, and effectively, in line with Zambia's vision for Universal Health Coverage and the National Digital Health Strategy (2022–2026).

The Ministry of Health recognises that while telehealth introduces opportunities for improved access to specialist care, chronic disease management, and capacity building of health workers, it also presents challenges that must be managed carefully. Issues of patient safety, professional accountability, data protection, and responsible use of Artificial Intelligence (AI) are central to these guidelines.

I commend HPCZ, partner institutions, and all experts who contributed to this work for their dedication and foresight. These guidelines will strengthen regulation, safeguard patients, and inspire confidence in the use of digital health innovations across Zambia.

The Ministry remains committed to supporting the safe adoption of telehealth as part of our health sector reforms. I urge all health facilities, practitioners, and stakeholders to comply with these guidelines and to embrace telehealth as a complementary pathway to deliver accessible, equitable, and quality healthcare services to all Zambians.

Hon. Dr. Elijah Julaki Muchima, MP
Minister of Health

Dr. Kennedy Lishimpi
Permanent Secretary - Technical Services
Ministry of Health

ACKNOWLEDGEMENTS

The Ministry of Health, in collaboration with the Health Professions Council of Zambia (HPCZ), extends its sincere gratitude to all individuals and institutions who contributed to the development of the Guidelines for the Regulation of Telehealth in Zambia.

The successful completion of these guidelines is the result of extensive collaboration across government agencies, regulatory authorities, professional associations, academia, civil society, and development partners. The Health Professions Council of Zambia (HPCZ) provided technical leadership in developing the framework, ensuring that it aligns with the Health Professions Act No. 17 of 2024 and the National Health Strategic Plan.

Special appreciation is extended to the Zambia Information and Communications Technology Authority (ZICTA), the Zambia Medicines Regulatory Authority (ZAMRA), the Nursing and Midwifery Council of Zambia (NMCZ), and other statutory bodies for their invaluable input on ICT standards, medicines regulation, and professional practice considerations. Their contributions have ensured that the guidelines are comprehensive and practical.

We also recognise the role of professional associations, including medical, nursing, and allied health organisations, whose members provided technical expertise and frontline perspectives.

Special recognition goes to Amref Health Africa for sponsoring the review and validation process of these guidelines. Their support has been instrumental in enabling inclusive consultations and ensuring the quality of the final product.

Finally, I acknowledge the dedication of the Technical Working Group and all stakeholders who actively participated in consultative meetings, validation workshops, and review sessions. Your efforts have resulted in a framework that safeguards patient safety, ensures professional accountability, and promotes responsible use of digital health innovations.

The Ministry of Health remains committed to providing stewardship for digital health reforms and will continue to work closely with HPCZ, Amref Health Africa, and all stakeholders to ensure effective implementation of these guidelines.

Dr. Kennedy Lishimpi
Permanent Secretary - Technical Services
Ministry of Health

Mrs. Mutinta Moonga Musaila
Acting Registrar/Chief Executive Officer
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PREFACE

The Guidelines for the Regulation of Telehealth in Zambia – First Edition (2026) represent a milestone in Zambia's efforts to strengthen the governance of digital health and ensure that telemedicine services are delivered safely, ethically, and responsibly.

The Health Professions Council of Zambia (HPCZ), through its Secretariat, coordinated its development with the support of technical experts, regulatory partners, and the Ministry of Health. This collaborative process reflects extensive stakeholder engagement and ensures alignment with both national health priorities and international best practices in digital health regulation.

As Registrar and Chief Executive Officer of HPCZ, I am proud to present this document as both a regulatory framework and a shared vision for the safe and responsible integration of telehealth into Zambia's health system. It affirms the Council's technical role in ensuring that the provisions herein are practical, enforceable, and responsive to the evolving needs of the healthcare sector.

The Secretariat reiterates its commitment to implementing these guidelines with transparency and rigour, holding health facilities, practitioners, and digital health platforms to the highest standards of safety, professionalism, and accountability. Through this framework, HPCZ reaffirms its dedication to safeguarding competence, ethics, and continuous improvement in the delivery of healthcare services to the people of Zambia.

Mrs. Mutinta Moonga Musaila
Acting Registrar/Chief Executive Officer
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LIST OF ABBREVIATIONS/ACRONYMS

AES	Advanced Encryption Standard
AI	Artificial Intelligence
AMREF	AMREF Health Africa
BYOD	Bring Your Own Device
CEO	Chief Executive Officer
CPD	Continuing Professional Development
COVID-19	Coronavirus Disease 2019
eHIMS	Electronic Health Information Management System
eHealth	Electronic Health
HER	Electronic Health Record
FHIR	Fast Healthcare Interoperability Resources
GB	Gigabyte(s)
HD	High Definition
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven
HPCZ	Health Professions Council of Zambia
ICD-10/11	International Classification of Diseases, 10th/11th Revision
ICT	Information and Communication Technology
ISP	Internet Service Provider
JSON	JavaScript Object Notation
Mbps	Megabits per second
MFA	Multi-Factor Authentication
MP	Member of Parliament
NMCZ	Nursing and Midwifery Council of Zambia
NHCS	National Health Care Standards
RAM	Random Access Memory
SLA	Service Level Agreement
SNOMED	CT Systematised Nomenclature of Medicine - Clinical Terms
TLS	Transport Layer Security
UPS	Uninterruptible Power Supply
VPN	Virtual Private Network
WHO	World Health Organisation
XML	Extensible Markup Language
ZAMRA	Zambia Medicine Regulatory Authority
ZICTA	Zambia Information Communication Technology Authority

EXECUTIVE SUMMARY

The Guidelines for the Regulation of Telehealth in Zambia - First Edition (2026) provide a comprehensive framework for the safe, ethical, and effective delivery of telemedicine services in Zambia. Developed by the Health Professions Council of Zambia (HPCZ) in collaboration with the Ministry of Health, regulatory partners, and key stakeholders, the guidelines address the growing demand for digital health solutions while ensuring patient safety, professional accountability, and public trust.

Telehealth offers opportunities to improve access to healthcare, particularly in rural and underserved areas, while enhancing continuity of care for chronic conditions and expanding collaboration among health professionals. At the same time, it introduces risks around data privacy, prescription safety, and the responsible use of Artificial Intelligence (AI). These guidelines set out clear standards to address these opportunities and challenges.

The framework is organised into four main chapters:

i.   *Chapter 1: Foundations of Telemedicine Regulation* - outlines the background, purpose, scope, definitions, and the legal and policy framework underpinning telehealth.

ii. *Chapter 2: Technical Standards* - establishes requirements for ICT infrastructure, connectivity, interoperability, electronic health records, data security, and system certification.

iii. *Chapter 3: Clinical and Operational Standards* - defines conditions for provider-to-provider and provider-to-client services, including limitations on first consultations, follow-up thresholds for chronic illnesses, specialised applications, facility responsibilities, documentation, and billing.

iv. *Chapter 4: Ethical and Digital Quality Standards* - sets ethical principles, prescription safeguards, rules for AI integration, and requirements for monitoring, audits, and continuous improvement.

In addition, the guidelines are supported by Annexes that provide operational tools such as inspection checklists, patient consent templates, service matrices, prescription registers, and reporting forms. These tools translate regulatory provisions into practical instruments for both facilities and inspectors.

Through this framework, HPCZ reaffirms its commitment to ensuring that digital health innovations are harnessed responsibly to advance patient safety, professional standards, and equitable access to healthcare in Zambia. The Council

calls upon all health facilities, practitioners, and partners to comply fully with these guidelines and to embrace telehealth as an integral part of a resilient and people-centred health system.

CHAPTER 1: FOUNDATIONS OF TELEHEALTH REGULATION

1.1   Background and Rationale

The Health Professions Council of Zambia (HPCZ), established under the Health Professions Act No. 17 of 2024, is mandated to regulate health facilities, health practitioners, and health services to safeguard the public interest and promote patient safety. In line with this mandate, the Council has developed these guidelines to provide a regulatory framework for the safe and ethical integration of telehealth in Zambia's health system.

The concept of telehealth is not entirely new to Zambia. Elements of remote health support have historically been practised through telephone consultations and radio communication in rural areas. However, advancements in information and communication technologies, coupled with the growing availability of mobile devices, broadband connectivity, and cloud-based platforms, have transformed telehealth into a structured and sophisticated mode of service delivery. These advancements now enable the provision of a wider range of clinical and supportive services virtually, including teleconsultations, teleradiology, telepathology, telepsychiatry, and tele-education.

The coronavirus disease (COVID-19) pandemic of 2020–2021 further underscored the importance of virtual healthcare, as movement restrictions and infection risks disrupted routine service delivery. During this period, the Council received several concept notes and requests from both public and private stakeholders proposing the adoption of virtual platforms to deliver healthcare services. Although these initiatives demonstrated innovation, the absence of a formal regulatory framework presented risks of uncoordinated service delivery, inadequate safeguards for patient data, and potential erosion of professional accountability. This highlighted the urgent need for formal guidelines.

In addition to responding to emergencies, telehealth presents long-term opportunities for the Zambian health system. It can reduce geographical and financial barriers to healthcare, expand access to specialist care in underserved areas, strengthen referral pathways, and improve continuity of care. Telehealth also provides opportunities for capacity building of health workers through remote training and continuous professional development.

Nonetheless, the adoption of telehealth has been slow in Zambia due to a range of barriers, including:

i. Infrastructural and technological limitations such as poor internet connectivity, unreliable power supply, and inadequate Information Communication Technology (ICT) equipment;

ii. Organisational and regulatory gaps where health facilities lacked clear guidance on how to integrate telemedicine into their operations;

iii. Ethical and professional challenges, particularly around informed consent, confidentiality, and liability;

iv. Knowledge and awareness limitations among both providers and patients;

v. Financial constraints, including high initial costs of digital platforms and connectivity; and

vi. Cultural resistance, where patients prefer face-to-face consultations and may mistrust virtual care.

These guidelines, therefore, aim to provide a comprehensive and enforceable framework to overcome these challenges, support the safe adoption of telehealth innovations, and align Zambia's health sector with global best practices. They also align with national priorities articulated in the National Health Strategic Plan (2022-2026) and the National Digital Health Strategy (2022–2026), both of which call for accelerated digital transformation in healthcare.

1.2   Purpose and Objectives

The purpose of these guidelines is to establish a comprehensive regulatory framework to guide the development, implementation, and oversight of telehealth services in Zambia. This framework seeks to balance the promotion of innovation and digital health transformation with the protection of patients' rights, professional accountability, and quality of care.

In line with this purpose, the objectives of the guidelines are as follows:

i. ***To establish enforceable standards for telehealth service delivery in Zambia:*** These guidelines define the minimum requirements for facilities, practitioners, and digital platforms engaged in telehealth, ensuring consistency, safety, and quality across the sector.

ii. ***To clarify the roles, responsibilities, and accountability of health practitioners and facilities engaged in telehealth:*** Telehealth must not dilute the professional duty of care. Practitioners remain fully responsible for clinical decisions and outcomes, whether services are delivered face-to-face or virtually.

iii. ***To guide licensing and accreditation of facilities offering telehealth services:*** All telehealth services must be anchored in licensed fixed or mobile health facilities, subject to accreditation requirements under the Health Professions Act and related statutes.

iv. ***To safeguard data protection, cybersecurity, and ethical use of digital platforms:*** By aligning with the Data Protection Act (2021) and Cybersecurity and Cyber Crimes Act (2021), these guidelines ensure that sensitive health information is collected, stored, and transmitted securely.

v. ***To promote interoperability with national health information systems:*** Telehealth platforms must integrate with SmartCare and other national systems, ensuring continuity of care, accurate reporting, and alignment with Zambia's eHealth architecture.

vi. ***To build public trust in digital health services:*** By ensuring compliance with ethical standards, quality assurance, and patient-centred care, the guidelines aim to strengthen confidence among patients, communities, and providers.

1.3   Scope and Applicability

These guidelines apply to all health facilities and practitioners regulated by the Health Professions Council of Zambia that provide health services using digital platforms.

1. Fixed and Mobile Facilities: Telehealth is recognised as a service delivery platform rather than a health facility in itself. Only licensed fixed or mobile health facilities may deliver telehealth as part of their approved scope of services. This ensures accountability, traceability, and integration with existing healthcare delivery structures.

2. Telehealth as a Platform: Telehealth may be applied to provider-to-provider and provider-to-client services, including:

   a. Clinical consultations (initial or follow-up, subject to restrictions);

   b. Specialist referral and second opinions;

    c.   Remote supervision of diagnostic or imaging procedures;

    d.   Patient education, health promotion, and counselling;

    e.   Remote monitoring of chronic conditions; and

    f.   Emergency support (stabilisation and referral).

3.   Integration of Artificial Intelligence (AI)-enabled Services: AI technologies may be used in telehealth to support, but not replace, professional clinical judgment. Acceptable uses include automated triage, history-taking, diagnostic support, imaging interpretation, predictive analytics, and patient monitoring. In all cases:

    a.   Human oversight is mandatory;

    b.   Patients must be informed when AI is used;

    c.   AI systems must be validated, auditable, and free from bias; and

    d.   AI outputs must never substitute for a clinician's final decision.

1.4   Definitions of Key Terms

For these guidelines, the following terms shall apply:

i.   ***AI system:*** Computer-based system capable of performing tasks that normally require human intelligence, including diagnostics, monitoring, and clinical decision support.

ii.   ***Asynchronous Transmission:*** Store-and-forward transmission of data, such as radiological images or lab results, for later review.

iii.   ***Audit Trail:*** A secure, chronological record of all electronic transactions and activities related to patient data, system access, and telehealth services, used to verify accountability, detect breaches, and ensure compliance.

iv.   ***Data Localisation:*** The requirement that health data collected within Zambia must be stored, processed, and managed on servers located inside the country, in compliance with the Data Protection Act No. 3 of 2021.

v.   ***Digital Health:*** The field of knowledge and practice associated with the use of digital technologies to improve health outcomes. This includes mobile health (mHealth), health information systems, telehealth, wearable devices, and personalised medicine.

vi.   ***eHealth:*** The cost-effective and secure use of ICT for health-related purposes, including service delivery, health surveillance, health

education, and research.

vii. ***Health Facility:*** Any licensed fixed or mobile premise providing healthcare services, including clinics, hospitals, hospices, or diagnostic centres.

viii. ***Healthcare Practitioner:*** A person registered and licensed under the Health Professions Act No. 17 of 2024 or the Nurses and Midwives Act No. 10 of 2019.

ix. ***Interoperability:*** The ability of telehealth systems, applications, and devices to communicate, exchange, and interpret shared data seamlessly across different platforms and institutions, both nationally and internationally.

x. ***Provider-to-Client Telemedicine:*** Direct virtual interactions between a healthcare provider and a patient for consultation, diagnosis, treatment, or follow-up.

xi. ***Provider-to-Provider Telemedicine:*** Remote consultations, second opinions, or case discussions between licensed healthcare providers.

xii. ***Synchronous Transmission:*** Real-time exchange of patient information, typically through video or audio communication.

xiii. ***Teleclient:*** A patient receiving healthcare services via telemedicine, where an established provider–patient relationship exists within the last six (6) months, except in emergencies.

xiv. ***Telehealth:*** The broad application of ICT to deliver health-related services, including clinical care, patient education, health promotion, rehabilitation, and health information services.

xv. ***Telemedicine:*** A subset of telehealth referring specifically to the provision of clinical services at a distance by licensed healthcare practitioners using ICT.

xvi. ***Tele-triage:*** The remote assessment of patient symptoms to determine the urgency and type of care required, including referral to an appropriate level of service.

1.5   Legal and Policy Framework

i.   Health Professions Act and HPCZ Mandate: The Health Professions Act No. 17 of 2024 mandates HPCZ to regulate the licensing of health facilities, accreditation of health services, and registration of practitioners. These guidelines are issued under Sections 40, 47, 52, and 82 of the Act. Non-compliance constitutes a violation of the Act

and may result in disciplinary action, suspension, or revocation of licences.

ii. Data Protection, Cybersecurity and ICT Acts**:** Telehealth providers shall comply with:

    a. *Data Protection Act No. 3 of 2021* - ensuring lawful, fair, and transparent handling of personal health data.

    b. *Cybersecurity and Cyber Crimes Act No. 2 of 202*1 - preventing misuse, unauthorised access, or criminal exploitation of digital health systems.

    c. *Information and Communication Technologies Act No. 15 of 2009* - requiring Zambia Information Communication Technology Authority (ZICTA) approval of ICT equipment used in telemedicine.

iii. Medicines and Allied Substances Act: The Medicines and Allied Substances Act No. 3 of 2013 regulates the prescription, dispensing, and supply of medicines. Under these guidelines:

    a. Prescriptions may only be issued by duly registered practitioners.

    b. No prescription shall be issued on a first virtual consultation, except in emergencies; and

    c. All prescriptions must comply with Zambia Medicine Regulatory Authority (ZAMRA) regulations and controlled substance laws.

iv. Licensing and Accreditation of Facilities: All facilities offering telehealth must:

    a. Hold a valid HPCZ facility licence;

    b. Obtain accreditation for telehealth services as determined by the Council; and

    c. Demonstrate compliance with inspection checklists (Annexe 1).

v. Practitioner Registration and Scope of Practice: All healthcare practitioners delivering telehealth must:

    a. Be duly registered and licensed by the relevant regulatory body; HPCZ, Nurse and Midwives Council of Zambia (NMCZ), etc.

    b. Operate strictly within their professional scope of practice.

    c. Recognise that telehealth does not expand or alter their

statutory scope; and

    d. Maintain professional liability for actions taken during virtual care.

vi. Cross-border Consultations: Where telemedicine involves practitioners outside Zambia:

    a. Practitioners must hold valid registration in their country of practice and provide a certificate of good standing;

    b. Preference shall be given to locally available practitioners before outsourcing services abroad;

    c. All cross-border services must comply with HPCZ standards, the Data Protection Act, and relevant bilateral agreements; and

    d. Facilities engaging foreign providers must notify the Council in writing and remain accountable for services delivered.

CHAPTER 2: TECHNICAL STANDARDS FOR TELEHEALTH

2.1   Overview

Technical standards form the backbone of safe, reliable, and accountable telehealth services. They ensure that digital platforms, ICT systems, and medical devices meet minimum requirements for performance, interoperability, and security. In line with the National Digital Health Strategy (2022–2026) and the mandate of HPCZ, these standards establish the baseline requirements that every health facility must comply with when providing telehealth services.

2.2   ICT Infrastructure and Equipment

Every health facility providing telehealth services shall maintain ICT infrastructure and equipment that ensures safety, reliability, and functionality.

   i.   ***Minimum Specifications:*** Computers shall have up-to-date operating systems, a minimum of 8 gigabytes (GB) of Random Accessible Memory (RAM), and secure storage. Servers shall be capable of handling encrypted data transactions and backups.

   ii.   ***Clinical Peripherals:*** Devices such as digital stethoscopes, dermatoscopes, ophthalmoscopes, and imaging equipment shall be clinically validated.

   iii. ***Server Environment:*** Facilities shall maintain secure server rooms with controlled access, surge protection, fire suppression, and backup power systems, such as Uninterrupted Power Supply (UPS), generators or solar systems.

   iv.   ***Maintenance and Certification:*** ICT systems shall undergo annual certification by an accredited provider to confirm compliance with performance and security standards.

2.3   Connectivity and Bandwidth Requirements

Reliable connectivity is essential for safe and effective telehealth services.

   i.   ***Minimum Speeds:*** Provider-to-client consultations shall have a minimum stable bandwidth of 1 megabit per second (Mbps) upload/ download per video stream. Provider-to-provider consultations and diagnostic imaging services (e.g., teleradiology) shall maintain at

least 2–4 Mbps per stream.

    ii.   *Redundancy:* Telehealth facilities must have more than one way of connecting to the internet, like Internet Service Providers (ISPs) or mobile broadband backup, so that if one fails, services continue without interruption.

    iii. *Network Security:* "All network traffic shall be secured by encryption using recognised protocols, such as Transport Layer Security (TLS), which is a modern standard for secure communication) or a Virtual Private Network (VPN) which creates a secure, private tunnel over the internet)

    iv. *ISP Compliance:* Service Level Agreements (SLAs) with ISPs must include data security and privacy clauses aligned with the Data Protection Act.

2.4   Video, Audio, and Imaging Equipment

    i.   *Video Equipment:* Cameras shall support high-definition (720p minimum, 1080p recommended) video for clinical clarity.

    ii. *Audio Equipment:* Microphones and speakers must ensure clear communication without distortion. Noise-cancelling features are strongly recommended.

    iii. *Imaging Devices:* Radiology, pathology, and dermatology imaging equipment must meet standards set by the Ministry of Health and relevant professional bodies.

    iv. *Peripheral Devices:* Telemedicine peripherals shall be integrated into clinical workflows and maintained in accordance with manufacturer and Council requirements.

2.5   Interoperability with National and Global Standards

Telehealth systems shall be interoperable with national health information platforms and international data standards. simplify

    i.   National Interoperability Framework: Systems must be able to connect and work with Zambia's national health platforms, such as SmartCare and the Electronic Health Information Management System (eHIMS).

    ii. International Standards: Systems must use global health data standards, including Health Level Seven and Fast Healthcare Interoperability Resources, HL7 & FHIR (for data exchange),

International Classification of Diseases 10th/ 11th Revision, ICD-10/11 (for disease coding), and SNOMED CT (for clinical terminology), so information is structured and consistent.

iii. Testing and Validation: Health facilities must prove their systems work correctly by providing test results that show they meet interoperability standards whenever they apply for a licence or undergo inspections.

iv. Vendor Neutrality: Systems must:

   a. *Avoid vendor lock-in* - The system should not trap users into only using one company's software or tools. It should be flexible enough to work with other systems.

   b. *Support data migration* - It should be easy to move your data from one system to another when needed (e.g., if you change providers or upgrade).

   c. *Use Standard formats* - Data should be stored and transferred using widely accepted, common formats:
      - XML (Extensible Markup Language): A text format for structuring data.
      - JSON (JavaScript Object Notation): A lightweight format often used for web data exchange.
      - HL7 (Health Level Seven): A standard for exchanging health information between systems.

2.6   Electronic Health Records (EHR) and Audit Trails

   i. *Mandatory EHR Use* - Every telehealth service must be recorded in the patient's EHR.

   ii. *Audit Trails* - The system must keep unchangeable logs showing who did what and when (date, time, user, action).

   iii. *Retention* - These logs must be kept for at least 10 years.

   iv. *Inspection Access* - HPCZ inspectors must have secure, read-only access to the logs when checking compliance.

   v. *Access Controls* - Practitioners must log in with unique credentials, ideally using two-factor authentication.

2.7   Data Security and Localisation

i.   Encryption – Patient data must be encrypted when stored e.g., using Advanced Encryption Standard (AES) -256 or stronger and when sent over networks e.g., using TLS 1.3 or higher).

ii.   Data Localisation - All health data collected in Zambia must be stored and processed on servers inside Zambia, unless HPCZ gives special approval.

iii.   Disaster Recovery - Facilities must have secure, encrypted backups and a disaster recovery plan that is tested at least once a year.

iv.   Breach Notification - If there is a data breach, facilities must inform HPCZ, the Smart Zambia, and affected patients within 72 hours.

v.   Annual Cybersecurity Audits - Facilities must carry out cybersecurity risk checks and audits every year and make the reports available to HPCZ.

2.8   Bring Your Own Device (BYOD) and ICT Security Policies

i.   BYOD Policy: Where personal devices are permitted, facilities must enforce BYOD policies covering device registration, encryption, and compliance with security patches.

ii.   Remote Wipe Capability: Facilities must implement remote data wipe for lost or stolen devices.

iii.   MFA and VPNs: All BYOD access shall require Multi-Factor Authentication (MFA) and secure VPN connections.

iv.   Training and Awareness: All practitioners and staff shall undergo annual ICT security awareness training.

v.   Termination Protocols: Access to telehealth platforms must be revoked immediately upon termination of employment or contract.

vi.   Sanctions: HPCZ may suspend telehealth services where BYOD practices compromise patient safety or data security.

2.9   System Certification and Compliance

To safeguard patient safety and ensure reliable service delivery, all telehealth platforms and ICT systems must be certified prior to use.

i.   Pre-deployment Certification: Telehealth platforms shall undergo independent certification of functionality, interoperability, and

security before implementation.

ii.   ***Registry of Certified Systems:*** HPCZ shall maintain and publish a registry of certified telehealth platforms approved for use in Zambia.

iii.   ***Periodic Review:*** Certified systems must be revalidated every three (3) years or sooner if major upgrades occur.

iv.   **Compliance Audits:** HPCZ inspectors shall verify that facilities use only certified systems during inspections.

v.   **Non-compliance:** Use of uncertified platforms shall constitute a breach of these guidelines and may lead to suspension or withdrawal of the facility licence.

CHAPTER 3: CLINICAL AND OPERATIONAL STANDARDS

3.1   Overview

Clinical and operational standards ensure that telehealth services are delivered in a safe, ethical, and effective manner. They establish the conditions under which virtual consultations can occur, safeguard patient safety, and maintain professional accountability. These standards apply to all health facilities and practitioners licensed by the HPCZ and are binding in both public and private sectors.

3.2   Provider-to-Provider Telehealth

Provider-to-provider telehealth enhances collaboration between practitioners and strengthens referral pathways.

   i.   ***Scope of Practice:*** All practitioners shall operate strictly within their professional scope of practice as defined by law. Telemedicine shall not expand or alter the statutory scope.

   ii.   ***Consent and Confidentiality:*** Patients must provide informed consent before their medical information is shared between practitioners. Only the minimum necessary data shall be transmitted, in compliance with the Data Protection Act.

   iii.   ***Accountability and Record-keeping:*** The referring practitioner remains the primary custodian of the patient's care, while the consulting practitioner assumes responsibility for the advice rendered. Each consultation must be documented in the patient's EHR, including practitioner details, date, findings, advice given, and agreed actions.

3.3   Provider-to-Client Telehealth

Provider-to-client telehealth offers patients direct access to remote care but must meet strict standards to preserve quality and patient safety.

   i.   **Conditions and Limitations:**

      a.   First Consultation:

         ◆   The first teleconsultation shall be treated as a trial encounter, primarily to collect a comprehensive medical history, review available documentation, and provide initial counselling.

         ◆   The purpose of the first consultation is to book the patient

for an in-person visit at the earliest opportunity, unless the case qualifies as an emergency or involves conditions approved by HPCZ as suitable for virtual care.

◆ Initial prescriptions for controlled substances or high-risk medicines shall not be issued during a first virtual consultation, except in genuine emergencies.

   b. Follow-up Consultations for Chronic Illnesses:

◆ For patients with stable chronic illnesses e.g., diabetes, hypertension, asthma, Human Immunodeficiency Virus (HIV), virtual follow-up consultations may be used for prescription refills, treatment monitoring, and counselling.

◆ A maximum of three (3) consecutive virtual follow-ups is permitted before the patient must undergo a physical review.

◆ Facilities shall maintain tracking systems that flag when the follow-up threshold is reached to ensure compliance.

iii. Permissible Services: Acceptable provider-to-client telehealth services include follow-ups, health education, counselling, chronic disease monitoring, and preventive services. Services requiring physical examination, invasive procedures, or emergency stabilisation shall not be conducted solely through telemedicine.

iv. Referral and Emergency Protocols: Practitioners shall issue written referrals where a patient requires physical examination or specialist intervention. Facilities must maintain documented referral and emergency protocols, including direct links to ambulance and emergency services.

3.4 Specialised Telehealth Services

Specialised applications of telehealth must comply with discipline-specific standards and professional guidelines.

i. Teleradiology:

   a. Imaging must be acquired using accredited equipment and transmitted securely.

   b. Reports must be prepared and signed electronically by a registered radiologist.

    c. Facilities shall maintain quality assurance systems to ensure image fidelity and diagnostic accuracy.

ii. Telepathology:

    a. Digital pathology slides must be scanned using validated devices and reviewed by licensed pathologists.

    b. Remote reporting shall follow established diagnostic protocols, with results integrated into the EHR.

    c. Laboratories must maintain internal and external quality assurance systems.

iii. Telerehabilitation:

    a. Remote physiotherapy, occupational therapy, medical nutrition therapy and speech therapy may be provided using approved digital platforms.

    b. Practitioners must assess patient suitability before initiating virtual rehabilitation.

    c. Programmes must be tailored to individual needs and regularly evaluated for safety and effectiveness.

iv. Telepsychiatry:

    a. Teleconsultations must ensure patient privacy and confidentiality.

    b. Informed consent is mandatory, and practitioners must use secure, confidential spaces for consultations.

    c. Emergency protocols must be in place for patients at risk of self-harm, suicide, or harm to others.

v. Remote Surgery Support:

    a. Remote surgical guidance is permissible only with validated platforms and under the oversight of a licensed surgeon.

    b. The operating surgeon retains ultimate accountability for the procedure.

    c. All interactions shall be documented and stored in the EHR, including the role of the remote consultant.

3.5   Facility Infrastructure and Staffing Requirements

i.   Facilities shall provide private, soundproof teleconsultation rooms with appropriate lighting, ventilation, and clinical furniture.

ii.   ICT infrastructure shall comply with the standards outlined in Chapter 2.

iii.   Each facility must appoint a Telehealth Coordinator responsible for operations, compliance, and data protection.

iv.   Telemedicine services shall only be delivered by duly registered practitioners trained in telemedicine protocols.

v.   ICT support staff shall be available to maintain system integrity and respond to technical challenges.

3.6   Documentation and Patient Record-Keeping

i.   All telemedicine encounters must be recorded in the patient's EHR in real time or immediately after the consultation.

ii.   Documentation shall include: date, time, patient identifiers, practitioner details, consultation notes, prescriptions, referrals, and any limitations encountered in the virtual consultation.

iii.   Audit trails must be maintained for every teleconsultation.

iv.   Records shall be retained for the period prescribed by law and must be accessible for inspection by HPCZ.

3.7   Billing and Reimbursement

i.   Telemedicine services shall be billed transparently, with fees disclosed to patients before the consultation.

ii.   Billing practices must align with HPCZ and Ministry of Health fee schedules.

iii.   Insurance claims shall be supported by the same documentation standards required for in-person services.

iv.   Facilities shall not impose hidden or unauthorised charges for telemedicine services.

CHAPTER 4: ETHICAL AND DIGITAL QUALITY STANDARDS

4.1   Introduction

1. Telemedicine and telehealth introduce new opportunities and challenges for Zambia's health system. While they expand access to care, they also raise critical questions of ethics, professional responsibility, prescription safety, and the use of AI in patient management.

2. This chapter establishes the ethical, legal, and quality assurance standards that all practitioners and facilities must follow when delivering telehealth services. It affirms that:

   a. Telehealth must uphold the same professional and ethical obligations as in-person care;

   b. Patients' rights to safety, privacy, equity, and confidentiality are non-negotiable;

   c. Prescribing through telemedicine must follow strict safeguards to protect against misuse;

   d. AI may be integrated into healthcare, but only under human oversight, transparency, and accountability; and

   e. HPCZ will enforce compliance through audits, revalidation, and continuous monitoring.

3. The provisions in this chapter apply to both public and private facilities, to all health practitioners registered under Zambian law, and to all telehealth platforms operating within Zambia.

4.2   Ethical Principles

i. Practitioner - Patient Relationship:

   a. Telemedicine consultations establish a valid professional relationship equivalent to in-person care.

   b. Practitioners must confirm patient identity and obtain explicit consent before initiating services. Consent may be verbal (recorded), written, or electronic, and must be stored in the patient's EHR.

ii. Professional Responsibility and Liability:

   a. Practitioners remain fully accountable for all clinical decisions and outcomes, whether in person or virtual.

   b. Facilities are jointly accountable for ensuring their platforms, staff, and protocols comply with HPCZ standards.

   c. Conflicts of interest must be avoided; telemedicine shall not be used primarily for marketing or commercial exploitation.

iii. Privacy and Confidentiality:

   a. Consultations must take place in secure, private environments.

   b. Patient records and communications shall be encrypted and stored securely.

   c. Patients must be informed of any privacy limitations when using personal devices or shared connections.

iv. Equity and Access:

   a. Telehealth services must promote fairness and inclusivity, ensuring access for rural, elderly, disabled, and economically disadvantaged populations.

4.3 Prescription Practices

i. General Requirements:

   a. Prescriptions may only be issued by duly registered and licensed practitioners.

   b. Each prescription must include patient details, diagnosis, practitioner registration number, and electronic signature.

   c. Prescriptions issued via telemedicine are valid for a maximum of 30 days, unless otherwise prescribed by law.

ii. Restrictions on First Consults:

   d. First virtual consultations shall be treated as trial consultations - for history-taking, preliminary assessment, and booking the patient for an in-person visit.

   e. Initial prescriptions, especially for controlled or high - risk medicines, shall not be issued at the first virtual consultation, except in emergencies.

iii. Controlled Substances and High-Risk Medications:

    a. Prescriptions of controlled medicines must comply with the Medicines and Allied Substances Act and ZAMRA regulations.

    b. Controlled substances may not be prescribed via telemedicine unless:

        ◆ It is an emergency; or

        ◆ The patient has been physically examined within the past six (6) months, and the prescription is a repeat.

    c. HPCZ reserves the right to audit all telemedicine prescriptions for high-risk medicines.

iv. Follow-Up Prescriptions:

    a. Repeat prescriptions may be issued virtually for stable chronic conditions, subject to strict documentation.

    b. No more than three (3) consecutive renewals may be made without a physical review.

    c. Facilities must maintain systems to automatically flag when this threshold is reached.

4.4 AI-Augmented Telemedicine

AI technologies may support, but never replace, professional clinical judgment.

i. Registration of AI Tools:

    a. All AI-enabled systems used in telemedicine must be registered with and approved by HPCZ before deployment.

ii. Automated History-Taking and Diagnostics:

    a. AI tools may be used to collect patient history or support diagnostics, but a licensed practitioner must validate all outputs.

    b. AI results must be explainable and interpretable by clinicians.

iii. Chronic Disease Monitoring and Predictive Analytics:

    a. AI-enabled devices and predictive models may be used for monitoring chronic illnesses and risk assessment.

    b. Practitioners must review and interpret outputs before clinical action.

iv. Virtual Assistants and Imaging Tools:

    a. Virtual assistants (e.g., chatbots, symptom checkers) may provide preliminary guidance but must not issue definitive diagnoses or treatment.

    b. AI-based imaging tools must be validated, auditable, and meet international standards.

v. General Conditions (Human Oversight, Consent, Auditability, Bias Monitoring):

    a. Human oversight is mandatory for all AI-supported care.

    b. Patients must be informed when AI is used and must provide consent.

    c. Systems must generate audit trails and undergo bias audits to ensure fairness across gender, age, socio-economic status, and geography.

    d. AI systems must undergo revalidation every three (3) years or sooner if significantly modified.

    e. HPCZ reserves the right to suspend or ban any AI system deemed unsafe or discriminatory.

4.5 Monitoring and Evaluation

i. Compliance Audits and Revalidation:

    a. HPCZ shall conduct regular compliance audits of facilities and practitioners offering telehealth.

    a. Facilities and platforms must undergo revalidation every three (3) years or following significant upgrades.

ii. Adverse Event and Breach Reporting:

    a. Facilities must report clinical incidents, errors, or data breaches to HPCZ.

    b. Serious events must be reported within 72 hours; all other events within seven (7) days.

    c. Facilities must maintain incident management procedures and corrective action plans.

iii. Patient and Provider Feedback Mechanisms:

    a. Facilities shall maintain structured systems (surveys, feedback forms, digital reporting portals) to capture patient and provider experiences.

    b. Feedback must be reviewed regularly and incorporated into service improvement.

iv. Continuous Improvement and CPD:

    a. Practitioners offering telemedicine must undergo continuing professional development (CPD) in telehealth, digital ethics, and AI.

    a. Facilities shall submit an annual telehealth compliance report to HPCZ, including:

        ◆ Number of teleconsultations conducted;

        ◆ Success rates and average consultation times;

        ◆ Patient satisfaction scores;

        ◆ Number and type of adverse events reported.

    b. Peer review of telemedicine cases shall be conducted periodically to ensure quality and compliance with best practices.

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ANNEXES

Annexe 1: Facility Telehealth Accreditation Checklist

Facility Name: _____

Licence No.: _____

District/Province: _____

Inspection Date: _____

Telehealth Coordinator: _____

Section A: Infrastructure

Requirement	Standard	Compliant (Yes/No)	Remarks
Consultation room available	Private, soundproof, adequate lighting, ventilation, and furniture		
Power backup	UPS or generator in place		
Secure server/computer room	Controlled access, fire protection, and surge protection		
Emergency referral linkages	Ambulance service or referral pathway documented		

Section B: ICT Systems and Equipment

Requirement	Standard	Compliant (Yes/No)	Remarks
Hardware	Computers ≥ 8GB RAM, secure storage, ZICTA type-approved		
Video/audio equipment	HD camera (720p+), noise-cancelling microphone/speakers		
Clinical peripherals	Validated devices (digital stethoscope, otoscope, imaging)		

Requirement	Standard	Compliant (Yes/No)	Remarks
Software/ platform	Certified, updated, secure login		
Redundancy	Backup connectivity and power		
Interoperability	Integrated with SmartCare/ eHIMS, it supports HL7 FHIR		
System certification	Independent ICT/AI certification (if applicable)		

Section C: Data Security & Records

Requirement	Standard	Compliant (Yes/No)	Remarks
EHR system in place	All teleconsultations documented		
Audit trails	Immutable, time-stamped, accessible to inspectors		
Data protection	Encryption at rest & in transit (AES-256/TLS 1.3)		
Data localisation	Health data stored in Zambia		
Breach protocols	Policy in place; breach reporting within 72 hrs		
Consent forms	Signed or electronic, stored in the patient record		
System certification	Independent ICT/AI certification (if applicable)		

Section D: Clinical & Operational Standards

Requirement	Standard	Compliant (Yes/No)	Remarks
First consultation use	Trial only: history-taking, counselling, booking a physical visit		
Follow-up consultations	Max 3 consecutive before mandatory physical review		

Requirement	Standard	Compliant (Yes/No)	Remarks
Prescription controls	No initial prescribing of high-risk/controlled meds		
Referral protocols	Written referrals are documented and traceable		
Telehealth Coordinator	Appointed and functional		
Staffing	Licensed practitioners only; ICT support available		
Specialised services	Teleradiology/pathology/psychiatry complies with professional standards		

Section E: Quality Assurance

Requirement	Standard	Compliant	Remarks
CPD training	Practitioners trained in telehealth ethics & ICT		
Patient feedback	Mechanism for collecting & reviewing feedback		
Annual reporting	Facility prepares telehealth compliance report		
Continuous improvement	Policies for regular review of telehealth services		
Telehealth Coordinator	Appointed and functional		
Staffing	Licensed practitioners only; ICT support available		
Specialised services	Teleradiology/pathology/psychiatry complies with professional standards		

Recommendations/Corrective Actions:

_____

_____

_____

Annexe 2: Informed Consent Templates

Facility Details	Patient Details
Facility Name: _____	Full Name: _____
Licence Number: _____	Date of Birth: _____
Telehealth Coordinator: _____	National ID/Patient ID: _____
Practitioner Name: _____	Contact Information: _____
Practitioner HPCZ Reg. No.: _____	

i. **Purpose of Telemedicine Consultation:** I understand that this telemedicine consultation will be conducted using electronic communication technologies, and that:

    a. This service is intended to provide medical advice, counselling, or follow-up care.

    b. A **first consultation via telemedicine will be treated as a trial consultation**, for medical history taking, preliminary advice, and booking of an in-person consultation where necessary.

    c. Telemedicine does not replace the need for a physical examination, except in emergencies or as otherwise authorised by HPCZ.

ii. **Rights and Responsibilities**

    a. I have the right to accept or refuse telemedicine services at any time.

    b. I may request a physical consultation instead of a virtual one.

    c. I understand that telemedicine may be limited by internet connectivity, technology failures, or other factors beyond the practitioner's control.

    d. I will provide accurate information to assist in diagnosis and treatment.

iii. **Privacy and Confidentiality**

    a. My medical information will be kept confidential in accordance with the **Data Protection Act No. 3 of 2021.**

    b. Consultations will be conducted in private, secure environments.

    c. All records will be entered into my Electronic Health Record (EHR), including audit trails.

iv. Data Use and Storage

    a. My health information will be encrypted, securely stored, and processed on servers located in Zambia.

    b. If Artificial Intelligence (AI) tools are used (e.g., automated history-taking, imaging support), I will be informed in advance.

    c. I understand that AI systems only support decisions and do not replace professional medical judgment.

v. Prescriptions and Treatment Limitations

    a. I understand that prescriptions for controlled substances or high-risk medicines cannot be issued during the first virtual consultation, except in emergencies.

    b. Follow-up prescriptions may only be provided under HPCZ regulations, with a maximum of three (3) consecutive virtual renewals before a physical review is required.

vi. Consent Statement:

    a. I have read and understood the above information.

    b. My questions regarding telemedicine have been answered to my satisfaction.

    c. I consent to receive healthcare services via telemedicine under these conditions.

- Patient/Guardian Name: _____
- Signature/E-Signature: _____ Date: _____
- Practitioner Name: _____
- Signature/E-Signature: _____ Date: _____

Annexe 3: Permissible Telehealth Service Matrix

This matrix defines the scope of services that may be provided through telemedicine. It guides practitioners on what is permissible, restricted, or prohibited, ensuring compliance with clinical, ethical, and legal standards.

Service	Status	Conditions / Limitations
First Consultation	Restricted	Allowed as a trial only: history-taking, preliminary advice, and booking for in-person review. Not for prescribing controlled/high-risk medicines.
Follow-Up Consultation (Stable Chronic Illness)	Permissible	Allowed for diabetes, hypertension, asthma, HIV, etc. Max 3 consecutive virtual reviews, after which a physical review is mandatory.
Acute Illness Consultation	Restricted	Permissible for triage and counselling. Must refer for in-person care if a physical examination is required.
Emergency Care	Permissible (limited)	Allowed for initial triage and stabilisation. Must refer immediately to an appropriate facility/ambulance service.
Counselling & Health Education	Permissible	Mental health support, nutrition counselling, lifestyle advice, and health promotion activities are fully permitted with consent.
Prescription - Routine Medicines	Permissible with limits	Allowed for stable chronic patients; must be documented in EHR. No more than 3 virtual renewals before physical review.
Prescription - Controlled / High - Risk Medicines	Restricted	Only allowed if: (a) emergency, or (b) patient physically reviewed in the past 6 months. Must comply with ZAMRA regulations.
Teleradiology	Permissible	Imaging must be from accredited equipment, reports signed by a licensed radiologist, and integrated into the EHR.
Telepathology	Permissible	Digital slides must be validated and reviewed by a licensed pathologist under quality assurance systems.

Telerehabilitation	Permissible	Physiotherapy, occupational therapy, and speech therapy were allowed where safe. Patient suitability must be assessed.
Telepsychiatry	Permissible	Allowed with patient consent, privacy safeguards, and emergency protocols for self-harm/suicide risk.
Remote Surgery Support	Restricted	Permitted only as guidance from a licensed surgeon using validated platforms. Accountability remains with the operating surgeon.
Laboratory Testing via Telemedicine	Not Permissible	Lab sample collection requires physical presence. Telemedicine may only be used for sharing results and counselling.
Advertising/ Direct-to-Consumer Marketing	Prohibited	Telemedicine may not be used as a platform for promotional or non-clinical marketing of services.

Annexe 4: Telemedicine Prescription Register Template

Facility Name: _____

Licence No.: _____

Telehealth Coordinator: _____

Prescription Register

No.	Consultation Details	Patient Information	Consult Type	Diagnosis / Condition	Prescribed Medicines	Controlled / High-Risk?	Validity (≤30 days)	Practitioner Details	Remarks
	Date: _____	Name / ID: _____	☐ First Consult			☐ Yes / ☐ No	Expires: _____	Name: _____	
		Age / Sex: _____	☐ Follow-up					HPCZ Reg. No.: _____	
			☐ Chronic Review					Signature: _____	
			☐ Emergency						

Instructions for Use

1. Each row represents one telemedicine prescription event.
2. Select consultation type using checkboxes (First, Follow-up, Chronic, Emergency).
3. Document prescribed medicines clearly, including name, dosage, and duration.
4. Controlled/high-risk medicines must be flagged and comply with ZAM-RA and HPCZ requirements.
5. All tele-prescriptions expire within 30 days unless otherwise authorised by law.
6. Practitioner must sign and include the HPCZ registration number.
7. This register must be kept for not less **than 10 years** and made available for inspection.

Annexe 5: Adverse Event and Breach Reporting Form

Facility Name: _____

Licence No.: _____

Telehealth Coordinator: _____

Reporting Date: _____

i.   **Event Details**

    a)   Type of Event (tick as applicable):\

      ☐ Clinical Adverse Event

      ☐ Data Breach (privacy/security)

      ☐ System Failure (ICT/platform outage)

      ☐ Other (specify): _____

    b)   Date of Event: _____

    c)   Time of Event: _____

    d)   Location / Platform Used: _____

ii.   **Patient and Practitioner Information**

    a)   Patient Name / ID: _____

    b)   Age / Sex: _____

    c)   Practitioner Name: _____

    d)   Practitioner HPCZ Reg. No.: _____

iii. **Event Description**

    (Provide a factual and concise account of what occurred.)

    _____

    _____

iv. Immediate Actions Taken

(Describe measures taken to protect patient safety, secure data, or restore services.)

_____

_____

_____

v. Event Classification

Severity (tick one):

- ☐ Minor - no lasting harm, quickly resolved
- ☐ Major - significant impact, but controlled
- ☐ Critical - life-threatening, serious data breach, or systemic failure

vi. Corrective and Preventive Actions

(List planned or completed measures to prevent recurrence.)

_____

_____

vii. Reporting Timelines

a) Critical events must be reported to HPCZ within 72 hours.

b) Minor/major events must be reported within 7 days.

viii. Authorisation

a) Reported By (Name & Position): _____

b) Signature: _____ Date: _____

c) Facility Head / Telehealth Coordinator Approval:

d) Name: _____ Signature: _____

Annexe 6: Minimum Equipment and Room Requirements

Facility Name: _____

Licence No.: _____

Telehealth Coordinator: _____

Reporting Period: From _____ **To** _____

Submission Date: _____

i.   Section A: Service Activity Summary

Indicator	Reporting Data	Remarks
Total number of teleconsultations conducted	_____	
Breakdown: First Consultations	_____	
Breakdown: Follow-up Consultations (Chronic Illnesses)	_____	
Number of patients referred for in-person review	_____	
Number of emergency tele-triage cases	_____	
Number of provider-to-provider teleconsultations	_____	
Specialised services provided (e.g., teleradiology, telepathology, psychiatry)	_____	List disciplines

ii.   Section B: Patient Demographics

Indicator	Reporting Data	Remarks
Urban patients served	_____	
Rural patients served	_____	
Age group 0–18	_____	
Age group 19–59	_____	
Age group 60+	_____	
Patients with disabilities	_____	

iii.　Section C: Quality and Safety

Indicator	Reporting Data	Remarks
Number of adverse events reported (total)	_____	
Breakdown: Minor	_____	
Breakdown: Major	_____	
Breakdown: Critical	_____	
Number of data breaches/system failures	_____	
Corrective actions taken	_____	

iv.　Section D: Patient and Provider Feedback

a)　Patient Satisfaction (average % from surveys): _____ %

b)　Provider Satisfaction (average %): _____ %

c)　Key issues raised by patients/providers:

v.　Section E: Capacity and Training

Indicator	Reporting Data	Remarks
Number of practitioners trained in telehealth this year	_____	
CPD hours completed in digital health/AI/ethics	_____	
ICT staff available for system maintenance	_____	
Upgrades or system certifications completed	_____	
Number of data breaches/system failures	_____	
Corrective actions taken	_____	

vi.   Section F: Facility Declaration

I hereby confirm that the above information is accurate and complete to the best of my knowledge, and that this facility has complied with the Health Professions Act No. 17 of 2024 and the Telehealth Guidelines.

- Telehealth Coordinator Name: _____
- Signature: _____ Date: _____
- Facility Head/Authorised Representative: _____
- Signature: _____ Date: _____

**Health
Professions
Council of Zambia**

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