



Health Professions Council of Zambia

Promoting Compliance in Healthcare and Training Standards



HPCZ

2024 ANNUAL REPORT



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ACRONYMS AND ABBREVIATIONS

8NDP	Eighth National Development Plan
ART	Anti-Retroviral Therapy
CPD	Continuing Professional Development
HPCZ	Health Professions Council of Zambia
ICT	Information Communication Technology
Jhpiego	Johns Hopkins Program for International Education in Gynecology & Obstetrics
LEX	Licensure Examinations
NHCS	National Health Care Standards
rHRIS	regulatory Human Resource Information System
VMMC	Voluntary Medical Male Circumcision

DEFINITION OF TERMS

Accreditation	The approval granted by the Council to a licensed health facility to provide one or more medical services relating to the preventive, diagnostic or treatment techniques of a particular disease or organ class.
Clinical Audit	A quality improvement process that seeks to improve patient care and outcomes through systemic review of care against explicit criteria and the Change implementation.
Compliance Monitoring	A quality assurance mechanism that involves the inspection of health facilities, health care providers, internship sites and CPD Providers to track and evaluate adherence to set standards.
Council	Means the Health Professions Council of Zambia.
Follow- Up Inspections	A type of Inspection conducted in health facilities, health care providers, internship sites, or CPD providers to re-evaluate previous findings, verify corrective actions and monitor compliance with set standards
Health Care Service	Means a service provided by a health practitioner or health facility for the prevention, treatment and management of illness and the preservation of mental and physical wellbeing.
Health Facility	Any site, fixed or mobile, providing services for the prevention, diagnosis and treatment of disease or illness and includes a diagnostic centre, hospice and a hospital.
Health Practitioner	A person registered under the Health Professions Act in order to practice.
Health Profession	Means professions registrable under the Health Professions Act.
Practising Certificate	Means a certificate issued to a health practitioner to practice.
Licensure Examination	Examination Administered to graduate health professionals to assess whether they possess the minimum attitudes, knowledge and skills necessary to perform tasks on the job safely and competently.
Internship	A defined period of work experience offered to graduates of approved health training programmes for a limited period of time in order for them to gain relevant skills and experience in their field of study.
Reactive Inspections	A type of Inspection conducted in health facilities, health care service providers, Internship Sites and CPD Providers in response to complaints, concerns, incidents and emerging risks with the aim of verifying allegations or identifying root causes, mitigating risks and enforcing corrective action.
Surveillance Inspections	The monitoring of alleged illegal health facilities, CPD Providers, health practitioners or internship sites or healthcare providers within communities who would be operating contrary to the Health Professions Act

INSTITUTION PROFILE

Background

The Health Professions Council of Zambia, (the Council) is a Statutory Regulatory Body in the Ministry of Health established under the Health Professions Act No. 24 of 2009 (the Act).

Mandate

The Council's general mandate includes:

1. Registration of health practitioners and regulation of their professional conduct;
2. Licensing and regulation of all health facilities both public and private; and
3. Accreditation health care services which are provided by health facilities.

The specific functions of the Council as outlined in **Section 4(1)** of the Act are as follows:

1. Register members of the health profession and regulate the professional conduct of health practitioners;
2. Maintain appropriate practice standards among health practitioners that are consistent with the principle of self-regulation and the promotion of high standards of public health;
3. Develop, promote, maintain and improve appropriate standards of qualification in the health profession;
4. Promote the integrity, and enhance the status, of the health profession including the declaration of any particular health practice to be undesirable for all, or a particular category of, health practitioners;
5. License public and private health facilities, accredit health services and monitor quality control and assurance of health facilities and services;
6. Represent, coordinate and develop the health profession and promote its interest;
7. Develop, promote and enforce internationally comparable practice standards in Zambia;
8. Investigate allegations of professional misconduct and impose such sanctions as may be necessary;
9. Protect and assist the public in all matters relating to the practice of the health profession;
10. Advise the minister on matters relating to the health profession; and
11. Do all such things as are necessary or incidental to the performance of its functions under the act.



Our shared Mission

To regulate the professional conduct of health practitioners, health facilities and health training programmes to ensure quality healthcare services provision for the wellbeing of the people.



Our shared Vision

A model regulator of health practitioners and healthcare services



Our Shared Core Values

The conduct of staff of the HPCZ was guided by six (6) core values, namely: Integrity; Excellence; impartiality; Teamwork, Accountability; and Transparency.



Our Goal Statement

“Promoting Compliance in Healthcare and Training Standards.”



Institutional Governance Structure

The Health Professions Council of Zambia (HPCZ) is governed by the Council on behalf of the Minister responsible for Health. The Council provides policy direction and ensures effective corporate governance principles are upheld. Pursuant to the Act, the Council comprises of **nineteen (19)** members. In line with **Section 4 (3) Part I Subsection 1 (1)** of the Act, the appointment of both the Council and its Chairperson is the prerogative of the Minister of Health.

The distinct roles and responsibilities of the Council, management and staff are aligned in the Act to avoid any possible overlap and prevent conflict of interest. The Council is assisted by various standing and adhoc committees whose roles, composition and responsibilities form part of the institutional governance framework.

Council Committees

The Council operates through the following committees:

The Council committees comprise:

1. Executive
2. Health Professions Registration
3. Health Facility Licensing and Accreditation
4. Training and Examinations
5. Finance and Administration
6. Audit Risk and Compliance
7. Legal and Technical Advisory
8. Projects and Special Assignments and;
9. Disciplinary.

The establishment of these committees is in line with **Clause 5 (1)** of the First Schedule the Act which provides that “The Council may, for the purpose of performing its functions under this Act, constitute a committee and delegate to the committee such functions of the Council as it considers necessary.”

CHAIRPERSON'S STATEMENT

In line with the Transformative Agenda of attaining Universal Health Coverage under the auspices of the Ministry of Health, the Council focused on continuously improving the regulatory framework in order to enhance health service delivery and training. This resulted into the creation of two Directorates, namely, Technical Services and Administration for streamlined focus and efficient and effective operations for quality assurance public safety.

The 2024 Annual Report is inspired by the Council's goal of *'Promoting Compliance in Healthcare and Training Standards'* as provided in the 2022-2026 Strategic Plan and actualised under the 2023-2024 Action Plan.

The 2024 Annual Report reflects Council's planned activities, regulatory performance, achievements, challenges experienced and posits the Council's future outlook as provided below:

2024 Activity Focus

- Continued the implementation of the 2022-2026 Strategic Plan
- Implementation of Triangular Integration
- Continued Engagement with Cooperating Partners and Stakeholders
- Strengthen developed online systems.
- Continued implementation of the 2022-2026 Strategic Plan M&E Framework
- Strengthen management and logistical support services to provide a conducive working environment and ensure efficient implementation of Council objectives.
- Continued strengthening of our regulatory Human Resource Information System (rHRIS) and data management

Regulatory Performance [Summary Of Achievements]

- 26,883 health professionals registered in various professions (registers).
- 9,536 students indexed, to ensure their eligibility for future registration upon completion of training.
- 39,204 renewal of non- specialist health practitioners and 494 specialist health practitioners Annual Practicing Certificates.
- Successfully conducted Professional Licensure Examination (LEX) during the first quarter of 2024, (February-March session).
- 35 curricula approved during the year.
- 145 new private health facilities licensed.
- 803 private health facility annual licenses renewed.
- 263 private health facilities inspected.
- 73 public health facilities licensed, bringing the cumulative total of licensed public health facilities to 2,260.
- 420 public health facility annual licenses renewed.
- 542 public health facilities inspected.
- Commenced the review of the National Health Care Standards (NHCS) in the fourth quarter of 2024, with the aim of updating and expanding the standards to reflect evolving service delivery needs and regulatory requirements.
- Undertook a comprehensive revision of the 2018 Guidelines for the Approval of Internship Sites. These earlier guidelines were predominantly focused on clinical internships for Medical Doctors and Licentiates.

- Reviewed the HPCZ Disiplinary Code and Grievance Procedure
- Monitored the execution of the HPCZ 2022-2026 Strategic Plan and the 2024 Action Plan.
- Conducted internal auditing of Council operations and financial systems.
- Review of the Health Professions Act No. 24 of 2009: on 27th December 2024, Act No. 17 of 2024 came into force.
- Developed a comprehensive 2024 Business Plan, outlining key financial and operational targets for the year.

Challenges

The Council experienced operational challenges during the year under consideration mainly related to reduced cash flow. The financial challenges affected the implementation of both core and support activities to the planned timelines, obligations and other commitments. Another challenge was the dissolution of the Council (Board), which affected governance and decision-making processes.

Regulatory Outlook for 2025 and Beyond

- The Council will continue to engage with the Ministry of Health and other stakeholders to improve compliance levels in the health sector.
- Streamline registration processes through the automation of key functions and enhancement of digital presence and service delivery.
- Strengthening of health facility compliance inspections to improve compliance levels.
- Review the National Health Care Standards (NHCS) to strengthen regulatory, improve service provision and public safety.

Concluding Remarks

The Council would like to thank all stakeholders for the support rendered towards execution of its mandate. Particularly, the Council wishes to appreciate everyone who participated in and supported the review and enactment of the Health Professions Act No. 17 of 202.

I thank you,

Prof. Mulindi Mwanahamuntu

BOARD CHAIRPERSON

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

REGISTRAR AND CHIEF EXECUTIVE OFFICER'S STATEMENT

The compilation of the 2024 Annual Report is a product of concerted effort of both the Technical Services and Administration departments. Individual and collective effort and time spent by various Council staff at all levels during drafting and finalisation of this strategic reporting document is appreciated.

A special recognition is made to the Public Relations team for facilitating the compilation, editing and production of the 2024 Annual Report.

Finally, I would like to express my gratitude to all staff of HPCZ for their dedication and hard work during the year under consideration. Without dedication, cooperation, commitment and diligence in execution of individual roles and set targets, 2024 achievements would not have been attained.

Mrs. Mutinta Moonga Musaila

ACTING REGISTRAR & CEO

MANAGEMENT TEAM

The Registrar who is also the Chief Executive Officer and other senior members of staff make up the Management Team. The Registrar is in charge of daily operations of the Health Professions Council of Zambia.

The Council attained achievements and overcame challenges, as reflected in this report through its two Departments, four Hubs and four stand-alone Units under the oversight of the Registrar. Below are Directorates, Hubs and Units:

1. Office of the Registrar
2. Technical Services Directorate:
 - a. Inspections and Compliance Section
 - b. Registration Section
 - c. Training and Examination Section
 - d. Northern Region
 - i. Ndola Hub Office
 - ii. Kasama Hub Office
 - e. Southern Region
 - i. Lusaka Hub Office
 - ii. Livingstone Hub Office
3. Administration Directorate:
 - a. Human Resources and Administration Section
 - i. Human Resource and Administration Unit
 - ii. Planning, Monitoring and Evaluation Unit
 - iii. Record Management Unit
 - b. Information Communication Technology Section and
 - c. Public Relations Section
4. Legal Unit
5. Internal Audit Unit
6. Procurement & Supplies Unit
7. Finance Unit

2024 PRIORITY AREAS

The priority areas during the year under consideration were seven (7).These were anchored on the seven strategic objectives of the 2022-2026 HPCZ Strategic Plan as follows:

2024 PRIORITY AREAS

NO.	PRIORITY AREAS
1	Continued the implementation of the 2022-2026 HPCZ Strategic Plan
2	Implementation of Triangular Integration
3	Continued Engagement with Cooperating Partners and Stakeholders
4	Strengthen developed online systems.
5	Continued implementation of the 2022-2026 HPCZ Strategic Plan M&E Framework
6	Strengthen management and logistical support services to provide a conducive working environment and ensure efficient implementation of Council objectives.
7	Continued strengthening of the regulatory Human Resource Information System (rHRIS) and data management

2025 REGULATORY OUTLOOK

The Council (Board of Directors) and Management are confident that the regulatory measures and interventions undertaken for the year 2025, will contribute to the improvement of regulatory functions of the health sector. The regulatory outlook for the year 2025 is tabulated as follows:

TABLE 1 2025 PRIORITY AREAS

NO.	PRIORITY AREA
1.	Implementation of the 2024 Act.
2.	Continued implementation of the 2022-2026 HPCZ Strategic Plan
3.	Implementation of the developed Triangular Integration of the Council rHRIS, accounting system and payment platforms.
4.	Continued Engagement with Cooperating Partners and Stakeholders.
5.	Strengthen the developed online systems.
6.	Continued implementation of the 2022-2026 HPCZ Strategic Plan M&E Framework.
7.	Strengthen management and logistical support services to provide a conducive working environment and ensure efficient implementation of Council objectives.



TECHNICAL SERVICES DIRECTORATE

1. TECHNICAL SERVICES DIRECTORATE

The Technical Services Directorate is responsible for registering practitioners, licensing health facilities, accreditation of health services, approval of Internship sites and Continuing Professional Development (CPD) providers, approval of curricula and indexing students.

1.1 REGISTRATION SECTION

The Registration Section is anchored on strategic theme: *“Health Practitioners Proficiency”* and based on strategic objective 1 *“Enhance Regulation of Health Professional Conduct”* of the 2022-2026 Strategic Plan. Its main function includes registration of health practioners, maintaining and updating of Registers. By execution of the said function, the Registration section ensures that all health professionals practicing in Zambia meet the required standards of qualification, competence and ethical practice.

1.1.1 Registers for Practitioners

The Registration Section maintains various registers which categorise health professionals according to their profession, qualifications and practice status. The main registers include Trainee, Provisional, Temporary, Full, Specialist and Limited which are respectively updated regularly, to reflect changes in health practitioner status.

At the beginning of the year, the Council had 71 active registers for health practitioners of different professions. During the year under review, one (01) new register for Public Health Nutritionists was opened bringing the number to 72 active registers at the end of the year. The table below shows various professions registrable by the Council.

Table 2 Professional Registers

NO	REGISTER NAME	REGISTER INDEX	STATUS
1	MEDICAL DOCTORS	3	OPEN
2	DENTAL SURGEONS	4	OPEN
3	PHARMACISTS	5	OPEN
4	ENVIRONMENTAL HEALTH OFFICERS	6	OPEN
5	ENVIRONMENTAL HEALTH TECHNOLOGISTS	7	OPEN
6	PHYSIOTHERAPISTS	8	OPEN
7	OCCUPATIONAL THERAPISTS	9	OPEN
8	RADIOGRAPHY TECHNOLOGISTS	10	OPEN
9	MEDICAL LABORATORY TECHNOLOGISTS	11	OPEN
10	MEDICAL LABORATORY TECHNICIANS	12	OPEN
11	DENTAL TECHNOLOGISTS	13	OPEN
12	CLINICAL OFFICERS - OPHTHALMOLOGY	14	OPEN
13	CLINICAL OFFICERS – PSYCHIATRY	14	OPEN
14	CLINICAL OFFICERS - ANAESTHESIA	14	OPEN

15	CLINICAL OFFICERS GENERAL /PSYCHIATRY/ANAESTHETIST	14	OPEN
16	CLINICAL OFFICERS GENERAL	14	OPEN
17	DENTAL THERAPISTS	15	OPEN
18	OPTOMETRISTS	16	OPEN
19	X-RAY ASSISTANTS	17	OPEN
20	PHARMACY TECHNOLOGISTS	18	OPEN
21	MEDICAL LICENTIATES	19	OPEN
22	ORTHOPAEDIC TECHNOLOGISTS	20	OPEN
23	SPECIALISTS	21	OPEN
24	EMERGENCY CARE OFFICERS	22	OPEN
25	BIOMEDICAL SCIENTIFIC OFFICERS	23	OPEN
26	DENTAL HYGIENISTS	24	OPEN
27	PHAMACOLOGISTS	25	OPEN
28	OSTEOPATHISTS	26	OPEN
29	PODIATRISTS	27	OPEN
30	AUDIOLOGISTS	28	OPEN
31	PHYSIOTHERAPY TECHNOLOGISTS	29	OPEN
32	RADIATION THERAPY TECHNOLOGISTS	30	OPEN
33	RADIATION THERAPISTS	31	OPEN
34	MEDICAL PHYSICISTS	32	OPEN
35	COMMUNITY ORAL HEALTH EDUCATORS	33	OPEN
36	ADVANCED PARAMEDICALS	34	OPEN
37	ADVANCED PARAMEDICAL - PSYCHIATRY	34	OPEN
38	ADVANCED PARAMEDICAL – OPHTHALMOLOGY	34	OPEN
39	ADVANCED PARAMEDICAL - DERMATOVENEREOLOGY	34	OPEN
40	ADVANCED PARAMEDICAL - ANAESTHESIA	34	OPEN
41	ADVANCED PARAMEDICAL - CLINICAL AUDIOLOGY & PUBLIC HEALTH OTOLOGY	34	OPEN
42	NUTRITION TECHNOLOGISTS	35	OPEN
43	OTHORTISTS/PROSTHETISTS	36	OPEN
44	CLINICAL PSYCHOLOGISTS	37	OPEN
45	PHARMACY DISPENSERS	38	OPEN
46	COMMUNITY HEALTH ASSISTANTS	39	OPEN
47	DENTAL LABORATORY SCIENTISTS	40	OPEN

48	RADIOGRAPHERS	41	OPEN
49	DENTAL ASSISTANTS	42	OPEN
50	ENVIRONMENTAL HEALTH OFFICERS	43	OPEN
51	SONOGRAPHERS	44	OPEN
52	SONOGRAPHY TECHNOLOGISTS	45	OPEN
53	PUBLIC HEALTH SCIENTISTS	46	OPEN
54	ULTRASOUND TECHNOLOGIST	47	OPEN
55	LABORATORY SCIENTIST	48	CLOSED
56	SCIENCE LABORATORY TECHNICIAN	49	CLOSED
57	SCIENCE LABORATORY TECHNOLOGIST	50	CLOSED
58	PUBLIC HEALTH TECHNOLOGISTS	51	CLOSED
59	PUBLIC HEALTH TECHNICIAN	52	CLOSED
60	NUTRITIONISTS/DIETICIANS	53	OPEN
61	HEALTH PROMOTION OFFICER	54	CLOSED
62	HEALTH PROMOTION TECHNOLOGIST	55	CLOSED
63	HEALTH PROMOTION TECHNICIAN	56	CLOSED
64	CHIROPRACTORS	57	OPEN
65	CLINICAL TECHNOLOGISTS - RESPIRATORY PULMONOLOGY	58	OPEN
	CLINICAL TECHNOLOGISTS - CARDIOLOGY	58	OPEN
	CLINICAL TECHNOLOGISTS - CARDIOVASCULAR PERFUSION	58	OPEN
	CLINICAL TECHNOLOGISTS - CRITICAL CARE	58	OPEN
	CLINICAL TECHNOLOGISTS – NEPHROLOGY	58	OPEN
	CLINICAL TECHNOLOGISTS – NEUROPHYSIOLOGY	58	OPEN
	CLINICAL TECHNOLOGISTS - REPRODUCTIVE BIOLOGY	58	OPEN
	CLINICAL TECHNOLOGISTS - OPERATION THEATRE	58	OPEN
	CLINICAL TECHNOLOGISTS - CARDIOVASCULAR TECHNOLOGY	58	OPEN
66	CLINICAL ANAESTHETIST OFFICERS	59	OPEN
67	SPEECH THERAPIST	62	OPEN
68	PLASTIC SURGEONS	63	OPEN
69	SUPERNUMERARY	64	OPEN
70	MENTAL HEALTH AND CLINICAL PSYCHIATRY OFFICERS	65	OPEN
71	CLINICAL OPHTHALMIC OFFICERS	66	OPEN
72	PUBLIC HEALTH NUTRITION	67	OPEN

1.1.2 Registration of Health Practitioners

During the year under review, the Council registered a total of **26,883** health professionals on various registers. The registrations were categorised as follows: Trainee - **9,536**, Provisional - **13,224**, Temporary - **118**, Limited - **273**, Specialists – **128** and Full Registration - **3,604**.

i. Trainee Registration (Student Indexing)

Student indexing is an essential function aimed at tracking students enrolled in a recognised health training institutions. It is also used to verify the authenticity that students have met the minimum requirement for enrolment in a health training programme. The Section indexed **9,536** students, ensuring their eligibility for future registration upon completion of training.

Table 3 shows below shows the break-down of 2024 student indexing per qualification category.

Table 3 Indexed Students per Qualification Category

No.	Category	2024
1	Certificate	228
2	Diploma	4968
3	Advanced Diploma	5
4	Bachelor's Degree	4307
5	Master's Degree	28
Grand Total		9,536

ii. Provisional Registration

Under the repealed Health Professions Act No. 24 of 2009, Provisional registration was granted to newly qualified health professionals who were locally trained to enable them to undertake supervised practice before obtaining full registration. In the year under review, the unit processed **13,224** new applications for provisional registration, ensuring compliance with statutory requirements.

iii. Temporary Registration

Temporary registration was issued to newly qualified foreign-trained health professionals seeking to practice in Zambia. A total of **118** temporary registration certificates were issued ensuring compliance with statutory requirements.

iv. Limited Registration

Registration for a limited period is issued to practitioners registered outside Zambia and are seeking to provide services for a period not exceeding six months at the invitation of a licenced health facility or institution in Zambia. The Section processed **273** limited registrations, supporting various short-term healthcare initiatives across the country.

v. **Full registration**

Full registration is granted to practitioners who have successfully completed the prescribed period on either the temporary or provisional register, have been assessed by an approved supervisor and recommended by the head of institution.

During the year, **3,604** full registration certificates were issued to qualified practitioners across various health professions.

vi. **Specialist Registration**

Specialist registration is granted to health practitioners who possess a degree as primary qualification and a recognised postgraduate qualification in a field relevant to their primary qualification. During the year under review, the Section processed **128** applications for specialist registration.

The table 4 below illustrates the 2024 registrations per registration types. The data reveals a significant overall increase (100%) in registrations, driven mainly by the surge in provisional registrations (145%), due to the council registering practitioners without sitting for the Licensure Examinations.

Table 4 2024 Registrations Per Registration Type

Registration Type	2024	Total Absolute Difference from 2023	Percentage Change (%)
Provisional Registration	13,224	7,836	145
Temporary Registration	118	-40	-25
Full Registration	3,604	954	36
Specialist Registration	128	-41	-24
Limited Registration	273	-30	-10
Totals	17,347	8,679	100

Note: This number does not include student indexing

vii. **Practising Certificate.**

During the year under review, 39,204 non- specialist health practitioners obtained their Annual Practising Certificates out of targeted 52,493 while 494 specialist health practitioners renewed their certificates out of the target 1,084 representing 75% and 46% respectively.

Table 5 shows the statistics for renewal from 2020 to 2024.

Table 5 2020 to 2024 Renewal Trends

Year	2020	2021	2022	2023	2024
Total	26,319	25,230	33,148	39,109	39,698

viii. **Certificate of Status**

A Certificate of Status may be issued to a health practitioner who needs registration with another regulatory authority or training institution, or for employment purposes.

During the year 2024 there were 147 certificates of status issued to health practitioners.

1.2 TRAINING AND EXAMINATIONS SECTION

The Training and Examination Section was anchored on Strategic Theme 2: “*Health Practice Proficiency*” and based on Strategic Objective number 1: “*Enhance Regulation of Health Professional Conduct*” of the HPCZ Strategic Plan 2022-2026.

The Training and Examinations Section is responsible for reviewing curricula for health professionals to facilitate their education and training, ensuring they meet societal needs. The Section is also responsible for administering licensure examinations for health professionals to ensure competency-based training and determine their readiness to practice.

The following are the Key Performance Indicators (KPIs) for year 2024;

1.2.1 Conduct Licensure Examinations

The Training and Examinations Section successfully conducted the Professional Licensure Examination (LEX) during the first quarter of 2024, specifically in the February-March session. The LEX is a critical assessment aimed at evaluating the competence of health professionals before they are licensed to practice.

A total of 4,441 candidates sat for the February-March 2024 Professional Licensure Examinations. This represented a significant increase of 22.5% compared to the 3,443 candidates sat the November 2023 examinations.

Out of the 4,441 candidates who sat the examinations, 3,040 candidates successfully passed, attaining the required competency levels and 1,401 candidates failed. This resulted in an overall pass rate of **68.5%**, which marks a notable improvement from the 62.3% recorded in the November 2023 session.

The scheduled Licensure Examinations for the third (3) quarter which was the second examinations of the year did not take place due to legal injunction.

1.2.2 Approval of Curricula

Applications for curricula approval are processed as and when institutions apply, with each submission undergoing rigorous evaluation to ensure compliance with regulatory and professional requirements.

During the year **2024**, the Council approved curricula as tabulated below in table 6:

Table 6 Number of Received and Approved Curricula in 2024

QUARTER	APPROVED CURRICULA	REJECTED CURRICULA	TOTAL CURRICULA
1	19	11	30
2	12	6	18
3	1	3	4
4	3	2	5
TOTAL	35	22	57

1.3 INSPECTIONS AND COMPLIANCE SECTION

The Inspections and Compliance Section was anchored on strategic theme **2 and 3: “Health Practitioners Proficiency” and “Health Facility Excellence”** and based on strategic objectives 1 and 2: **“Enhance Regulation of Health Professional Conduct” and “Enhance Regulation of Health Facilities and Services,”** of the HPCZ Strategic Plan 2022-2026.

The Section is tasked with overseeing all inspections and compliance activities. It plays a pivotal role in coordinating the licensing of health facilities and accrediting health services, ensuring strict adherence to statutory provisions and the implementation of best practices.

Additionally, the unit is responsible for approving internship sites and Continuing Professional Development (CPD) institutions, with the aim of strengthening the skills and competencies of health practitioners.

1.3.1 Licensing of Health Facilities

1.3.1.1 Licensing of Private Health Facilities

a) Licensing of New Private Health Facilities

At the beginning of the year under review, the Council had 870 active private health facilities on its register operating countrywide.

As at 31st December, the Council licensed 145 new private health facilities compared to 153 licensed in 2022, representing a year-to-year annual decrease of 5.2%. The decrease in new private health facilities demonstrated a decrease in private investment/participation in the health sector.

About **93%** of private health facilities are located along the line of rail from Southern, Lusaka, Central, Copperbelt and Northwestern provinces. In comparison, the rest of the provinces account for about **7%**, as shown in figure 1 below:

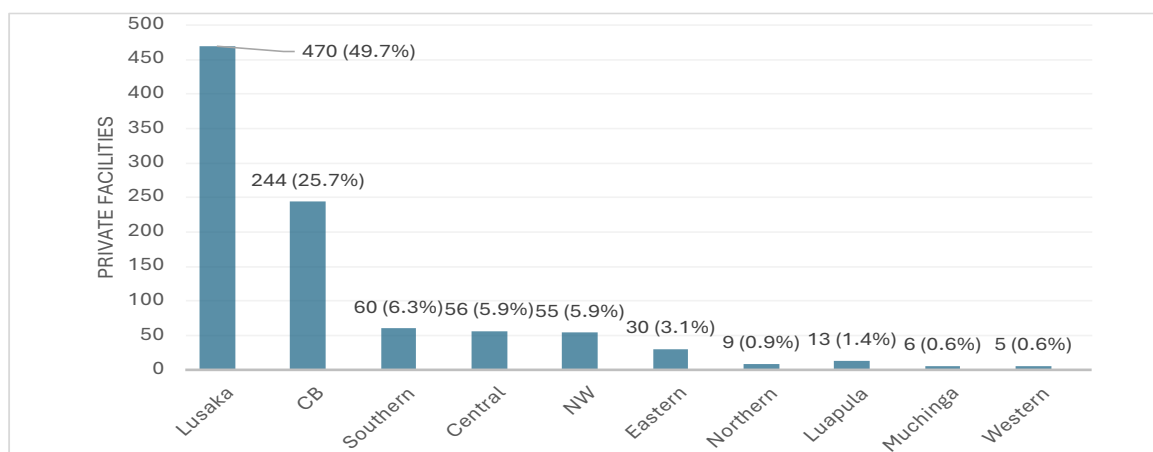


Figure 1 Distribution of Private Health Facilities in 2024

b) Renewal of Private Health Facilities

For the year 2024, a total of 870 private health facilities were expected to renew their licences. As of 31st December 2024, 803 facilities had successfully renewed, representing a 92.3% compliance rate. The remaining sixty-seven (67) facilities—equivalent to 7.7% did not renew their licences. These were either:

1. Voluntarily closed by their proprietors; or
2. Closed by the Council due to persistent non-compliance with regulatory requirements.

c) **Quality Assurance Performance of Private Health Facilities**

The Council is mandated to conduct quality assurance inspections of all health facilities at least once every twenty-four (24) months, in line with its regulatory obligation to safeguard public health and promote continuous improvement in service delivery. These inspections may be routine (scheduled) or reactive, triggered by complaints or reports of potential non-compliance.

Under the Council’s quality assurance framework:

- 1. Facilities scoring above 75% against the set National Health Care Standards are classified as compliant and are permitted to continue operations.
- 2. Facilities scoring between 50% and 74% are considered partially compliant and are issued with directives to implement corrective measures within specified timelines.
- 3. Facilities scoring below 50% are deemed non-compliant and are served with notices of violation.

During the reporting period, the Council inspected **263 out of 319** targeted private health facilities, achieving an **82.4% implementation rate**. Among the facilities inspected: **84.8%** were found to be **compliant**; **5.3%** were **partially compliant** and were directed to undertake remedial actions; **0%** were categorised as **non-compliant**, as no facility scored below 50%; and the remaining **9.9%** were either **closed voluntarily** or found **not operational** on the day of inspection as shown in figure 2 below:

The **average national compliance score** among private health facilities stood at **89%**, reflecting general adherence to minimum regulatory standards and an encouraging trend in the quality of healthcare service provision. Figure 3 provides a provincial breakdown of compliance performance across the country.

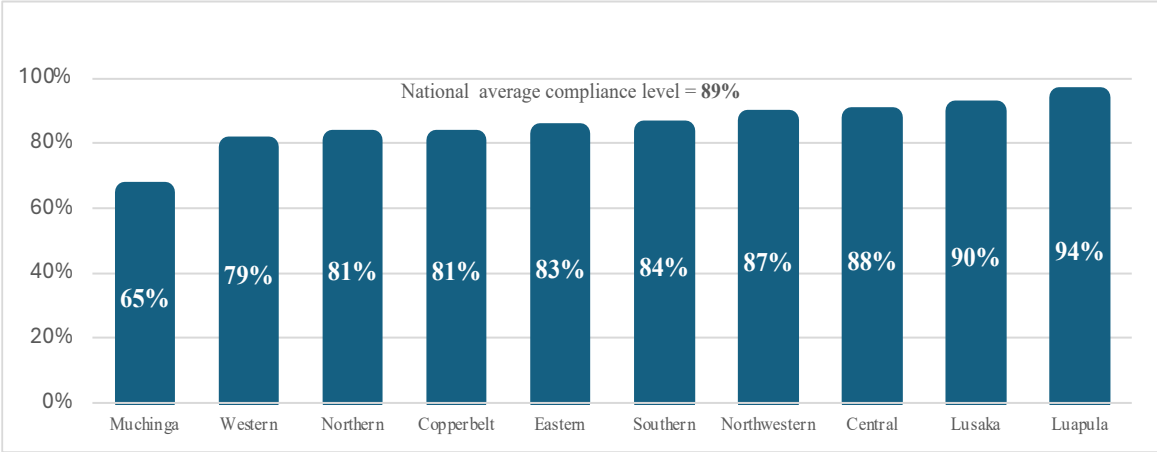


Figure 2 Private Health Facility Compliance Levels Per Province

1.3.1.2 **Licencing of Public Health Facilities**

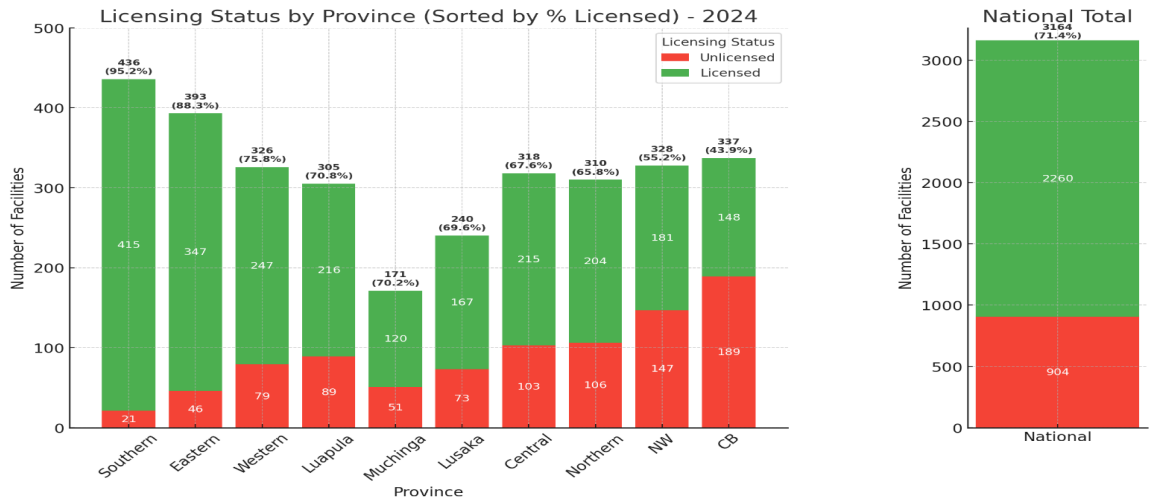
a) **Licensing of New Public Health Facilities:**

As of the beginning of the year under review, 2,187 public health facilities across the country were duly licensed out of a total of 3,164 known facilities.

During the reporting period, the Council licensed an additional seventy-three (73) public health facilities, bringing the cumulative total of licensed public health facilities to 2,260, representing a 71.4% compliance rate.

In terms of provincial distribution, the Southern Province recorded the highest compliance rate with 95.2% of its public health facilities licensed, while the Copperbelt Province recorded the lowest, with only 43.9% of its facilities licensed, as illustrated in figure 4 below:

Figure 3 Proportion Of Licensed Public Facilities Per Province



b) Renewal of Public Health Facilities

For the year 2024, a total of 2,187 licensed public health facilities were expected to renew their licences. However, by 31st December 2024, only 420 facilities had complied with the renewal requirement, representing a compliance rate of 19.2%. This left a total of 1,767 facilities (80.8%) that had not renewed their licences.

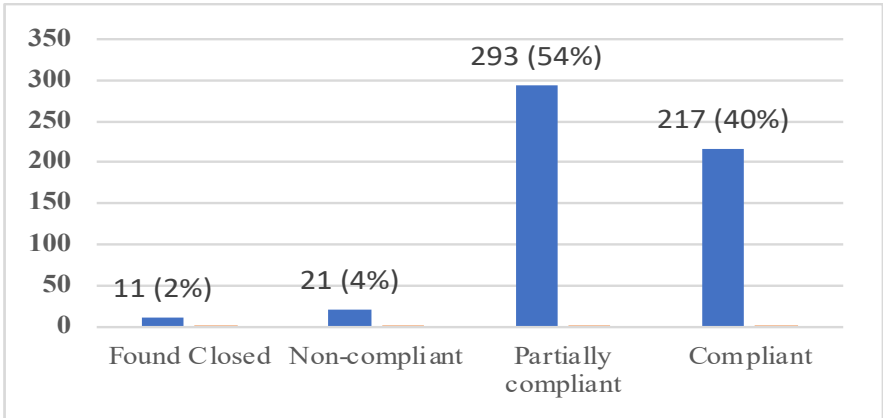
The Council was actively engaging the relevant public authorities to address this gap and ensure that all public health facilities operate with valid and up-to-date licences in accordance with the law.

c) Quality Assurance performance of Public Health Facilities

During the year under review, the Council inspected 542 out of 642 targeted public health facilities, achieving 88.4% of the annual target.

Of the **542 public health facilities** inspected: **40%** were found to be **compliant** with the Standards; **54%** were assessed as **partially compliant** and were issued with directives to implement **corrective measures**; **4%** were categorised as **non-compliant** and served with **notices of violation** in line with **Section 50** of the *Health Professions Act No. 24 of 2009*; and **2%** were found to be either **closed or not operational** on the day of inspection as shown in figure 5 below:

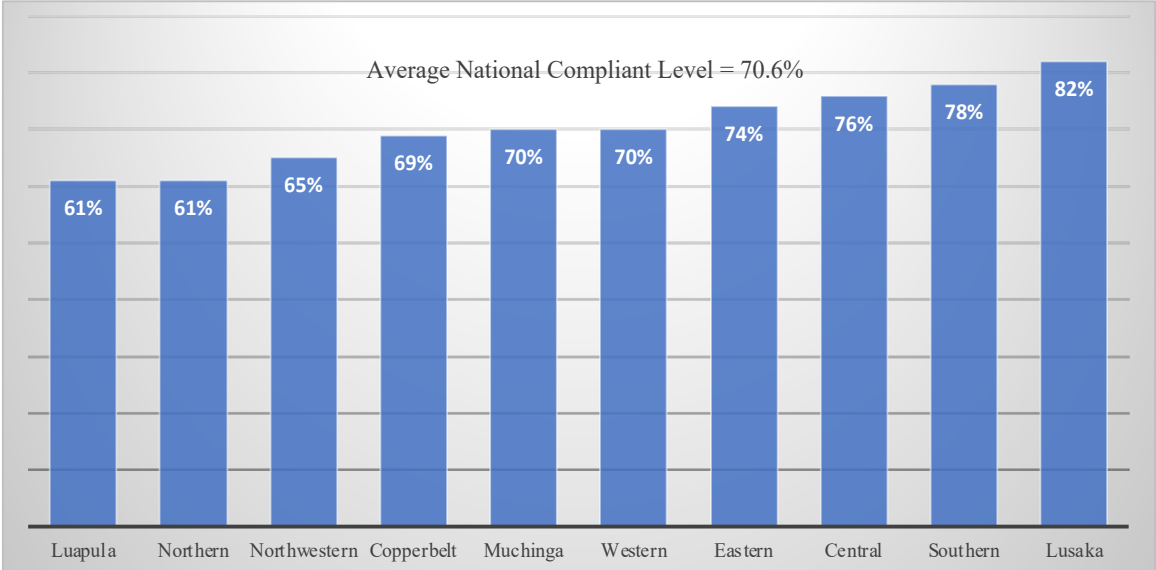
Figure 4 Compliance Levels of Inspected Public Facilities



The **average compliance score** for public health facilities in **2024** was **70.6%**, reflecting an **improvement from 65.8% recorded in 2023**. This positive trend indicates gradual progress in adherence to regulatory standards across the public health sector.

Figure 5 below shows the details of the compliance monitoring of public health facilities per province.

Figure 5 Public Health Facility Compliance Levels Per Province



1.3.2 Strengthening the Licensing and Accreditations of Health Facilities and Services

1.3.2.1 Variation of Licence Terms:

During the reporting period, a total of **thirty-five (35)** private health facilities had their licences varied. The reasons for variation included the addition of new services, transfer of licence ownership, and/or relocation of the facility.

1.3.2.2 Reactive Inspections

During the reporting period, the Council conducted twenty-four (24) reactive inspections against an annual target of twenty (20), thereby achieving 120% of the set target. This reflects the Council’s proactive approach in responding to potential risks and ensuring accountability within the health sector. A significant proportion of the inspections were prompted by concerns regarding:

- 1. The provision of healthcare services in **non-traditional settings**, particularly **spas**; and
- 2. **Unverified health service advertisements** that may mislead the public or breach regulatory standards.

1.3.2.3 Surveillance of Illegal Health Facilities

During the year under review, the Council conducted nine (9) surveillance operations against an annual target of seven (7), thereby achieving 128.6% of the planned output. These activities are pivotal in identifying, investigating, and initiating action against unauthorised service providers. Through these surveillance efforts, the Council was able to:

- 1. Detect facilities operating outside the regulatory framework;
- 2. Educate community members on the dangers of accessing services from unlicensed providers; and

3. Collaborate with law enforcement and local authorities where necessary to shut down non-compliant facilities.

1.3.2.4 Follow-Up Inspections

During the reporting period, the Council conducted a total of one hundred and twenty (120) follow-up inspections against an annual target of forty-nine (49), representing a 244.9% achievement.

The primary objectives of these inspections included:

1. Verifying that previously identified deficiencies had been adequately addressed;
2. Ensuring continued compliance with infrastructure, staffing, and equipment standards;
3. Monitoring adherence to scope of practice and patient safety protocols.

1.3.2.5 Clinical Audit

During the year under review, the Council planned to conduct ten (10) clinical audits—one in each of Zambia's ten provinces. However, only five (5) provinces were covered, representing a 50% achievement against the annual target.

Despite the shortfall in coverage, the findings from the five audits conducted provided important data on the quality of clinical care, guiding corrective actions and further engagement with the audited facilities. The Council remains committed to scaling up these activities in the subsequent year to achieve nationwide implementation and further strengthen clinical governance and accountability across the health sector

These audits were conducted in collaboration with provincial and district health offices under the Ministry of Health.

Clinical audits play a pivotal role in:

1. Ensuring that healthcare services are delivered in accordance with approved clinical protocols;
2. Identifying and addressing gaps that may compromise patient safety and clinical outcomes;
3. Supporting continuous improvement through evidence-based recommendations and professional development.

1.3.2.6 Review of Licencing and Accreditation Standards

The Council commenced the review of the National Health Care Standards (NHCS) in the fourth quarter of 2024, with the aim of updating and expanding the standards to reflect evolving service delivery needs and regulatory requirements.

The review process involved a series of consultative meetings and technical sessions focused on incorporating new service areas that were not included in the 2020 edition of the NHCS. These include emerging fields and specialised services essential for strengthening quality assurance and the accreditation framework for health facilities.

This activity was being undertaken in close collaboration with key stakeholders, including the Ministry of Health, regulatory bodies, professional associations, and healthcare providers. The review process is ongoing and is scheduled for completion in 2025, after which the revised standards will be officially adopted and disseminated for implementation across all levels of healthcare service provision.

1.3.3 Approval of Internship Training

1.3.3.1 Internship Guidelines

During the reporting period, the Council undertook a comprehensive revision of the 2018 Guidelines for the Approval of Internship Sites. These earlier guidelines were predominantly focused on clinical internships for Medical Doctors and Licentiates.

The revised 2024 Internship Guidelines were developed to address the broader spectrum of healthcare professions, thereby promoting equity and standardisation across all internship training programmes. The updated guidelines now provide clear standards for the internship of additional health professionals, including: Dental Surgeons, Pharmacists, Optometrists, Emergency Care Officers, Advanced Paramedical Anaesthetists and Clinical Anaesthetists.

1.3.3.2 New Internship Sites:

At the start of the reporting year, there were twenty-five (25) accredited internship training sites operating across the country. During the year under review, the Council accredited an additional five (5) internship sites.

This brought the cumulative total of accredited internship training sites to thirty (30), thereby expanding the Council's capacity to support the practical training of health professionals in line with the updated 2024 Internship Guidelines.

1.3.3.3 Renewal of Internship Sites

During the year under review, twenty-five (25) internship sites were expected to renew their approval certificates, of which twenty-three (23) sites were renewed, representing 92% achievement.

1.3.3.4 Compliance Monitoring of Internship Sites:

During the year under review, the Council conducted compliance monitoring inspections of 16 internship sites out of the annual target of 25, representing 64 % achievement. The inspections revealed challenges faced by some of the internship sites, which included; poor documentation of records, inadequate reference material in the library and a lack of appointment letters for internship coordinators. At one of the sites, there needed to be more consultants to supervise interns effectively. Of the 16 that were inspected, 87.5% were compliant, 12.5% were non-compliant. The non-compliance was due to the sites' failure to meet the statutory regulation.

1.3.4 Continuing Professional Development

1.3.4.1 New CPD Provider Approval

During the year under review, the Council approved four (4) new CPD provider bring the accumulative total to 10.

1.3.4.2 Renewal of CPD providers

During the year under review, six (6) CPD providers were expected to renew their approval certificates, of which only two (2) providers were renewed, representing a 33.3% achievement. The four (4) unrenewed sites had voluntarily stopped offering CPD to health practitioners.

1.3.4.3 Compliance Monitoring of CPD providers:

During the year under review, the Council conducted compliance monitoring inspections of all the six (6) CPD providers, representing **100%** achievement.

Table 7 below shows the active CPD Providers as at 31st December 2024.

Table 7 Approved Internship Sites for 2024

No.	Institution	Programme offered	Ownership	District	Status
1.	Life Link Training	CPD-Emergency training	Private	Lusaka	Existing& Compliant
2.	University of Zambia, School of Health Sciences	CPD for Pharmaceutical Practitioners	Public	Lusaka	Existing& Compliant
3.	Lusaka Apex Medical University (LAMU)	CPD -Integrated PHC Practice in Physiotherapy and Environmental Health	Private	Kafue	Newly Approved
4.	Lusaka Apex Medical University (LAMU)	CPD- Pharmaceutical Quality Practice	Private	Kafue	Newly Approved
5.	University of Zambia, School of Public Health	CPD-Sexual Reproductive Health and Gender Based Violence	Public	Lusaka	Newly Approved
6.	Odonata	First Aid Training	Private	Lusaka	Newly Approved

1.4 DECENTRALISATION OF HPCZ OPERATIONS

In line with the Eighth National Development Plan (8NDP) 2022-2026 under Development Outcome 1: Improved Policy and Governance Environment and Strategy 1: Decentralize public service delivery systems, HPCZ continued operating from four hub offices as indicated below:

1. Southern Region
 - a) Lusaka Hub Office
 - b) Livingstone Sub-hub Office

The Southern region covers Lusaka, Central, Eastern, Southern and Western Provinces.

2. Northern Region
 - a) Ndola Hub Office
 - b) Kasama Sub-hub Office

The Northern Region covers Copperbelt, Northwestern, Luapula, Muchinga and Northern Provinces.

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

"Promoting Compliance in Healthcare and Training Standards"



ADMINISTRATION DIRECTORATE

2. ADMINISTRATION DIRECTORATE

The Administration Directorate was responsible for the management of human resource and provision of administrative and logistical support services in order to ensure smooth operations. The Directorate was also responsible for the planning, Information, Communication and Technology and public relations functions.

2.1 HUMAN RESOURCES AND ADMINISTRATION SECTION

The Human Resource and Administration (HRA) Section is anchored on Strategic Theme: “**Operational Excellence**” of the HPCZ Strategic Plan 2022-2026. The HRA Section is made up of three Units: Human Resource and Administration, Records Management, and Planning, Monitoring and Evaluation.

The first Unit, HRA is based on Strategic Objective 6: “**Enhance Human Resource**” and Strategic Objective 7 “**Improve Institutional Infrastructure and Equipment**”. The principal function of the HRA section was to manage and develop human resources in order to enhance the institutional performance. It also provided administrative and logistical support services for the effective operations of the institution.

The other two Units, Records Management and the Planning, Monitoring and Evaluation (P M &E) are centered on Strategic Objective 5: “**Improve Operational Systems**” of the HPCZ Strategic Plan 2022-2026.

The PM&E Unit is responsible for coordinating and facilitating the preparation of institutional annual plans to ensure smooth implementation of HPCZ activities. Further, it also monitors and evaluates institutional activities to ensure adherence to implementation plans and informed decision making.

The Records Management Unit is responsible for the provision of records management services in order to ensure safe storage and retrieval of information.

During the year under review, the following were the key highlights for each Unit:

2.1.1 Human Resource and Administration

- i. Reviewed the HPCZ Disiplinary Code and Grievance Procedure
- ii. Formulated the Employment Policy
- iii. Conducted orientation on the performance appraisal system
- iv. Conducted the Annual Staff Satisfaction Survey
- v. Held a Team Building Retreat
- vi. Facilitated the Continuous Professional Development (CPD) for 69 members of staff
- vii. Coordinated the awarding of eleven (11) members of staff for 2024 Labour Day.

2.1.2 Planning, Monitoring and Evaluation

- i. Monitored the execution of the HPCZ 2024 Action Plan.
- ii. Produced quarterly M&E Reports for 2024
- iii. Coordinated and monitored the implementation of Jhpiego funded rHRIS activities in the FAA Plan
- iv. Facilitated the development of the 2025 Action Plan to ensure efficient use of institutional resources
- v. Conducted Mid-Term Review of Strategic Plan 2022-2026
- vi. Conducted the Monitoring and Evaluation of Hub Operations.

2.1.3 Records Management

- i. Reviewed the filing system
- ii. Developed the Records Management Policy
- iii. Developed the Retention and Disposal Guidelines
- iv. Audited health practitioner records.

2.2 PUBLIC RELATIONS SECTION

The Public Relations Section is anchored on strategic objective 4 “**Enhance Information Dissemination**” while its strategic theme is “**Operational Excellence**” based on the 2022-2026 HPCZ Strategic Plan.

The purpose of the PR Section is to execute Public Relations and Communication functions in order to enhance Information dissemination, ensure visibility & promote a positive corporate image of the Council.

During the year 2024, the PR Section achieved the following :

- Media briefings – The annual target for media briefing was four (4) of which three briefings were held. The purpose was to engage the public on topical issues through the media on the operations of the Council.
- Radio programs – The PR Section facilitated the airing of “30 minutes with HPCZ” radio program on Radio Phoenix for seven weeks. The weekly radio program aired live, facilitated dissemination of information and public engagement on the Council’s operations.
- Professional sponsorships –The professional bodies which were financially supported included the Resident Doctors Association of Zambia (RDAZ), Zambia Medical Licentiate Association, Biomedical Society of Zambia and the Pharmaceutical Society of Zambia among others.
- Community Radio Program – Facilitated Media coverage of Compliance monitoring inspections in Muchinga, Copperbelt and Lusaka provinces. This was to ensure awareness and visibility of HPCZ activity.

The overall performance exceeded the planned six community Radio Programs by three. The radio stations which covered the Council were Hot FM Radio live studio programme, 5 FM Radio, Kokoliko FM, Lyambai FM, Mafken FM, Iso FM, Chete FM, Flava FM, Rooster FM. Most radio coverage was during compliance monitoring.



Service Day, National Independence Day, Women's Day, Labour Day, World AIDS Day, Lusaka's Agriculture and Commercial Society Show and Zambia International Trade Fair.



HPCZ staff proudly posed in high spirits to commemorate International Women's Day, under the theme: "Invest in Women and Girls - Accelerate Progress"

- AMCOA Coverage - HPCZ was a proud host of the 26th Association of Medical Councils of Africa (AMCOA) International Conference which was held in Livingstone, from 11th to 15th August 2024 at the Avani Victoria Falls resort. The PR Section was responsible for publicity to enhance participation, and media coverage of the conference.
- Customer Care Services - During the year 2024, the PR Section received several complaints through physical visits, phone calls, emails, and social media platforms such as Facebook and WhatsApp. These complaints were reported to the relevant departments/units and resolved accordingly.

2.3 INFORMATION AND COMMUNICATION TECHNOLOGY SECTION

The Information and Communication Technology (ICT) Section is anchored on Strategic Theme: “**Operational Excellence**” and is based on strategic objective number 5: “**Improve operational systems**” in line with Health Professions Council of Zambia (HPCZ) Strategic Plan 2022-2026.

The ICT Section was responsible for provision of services to support the deployment and implementation of ICT systems to guarantee the HPCZ’s business continuity.

During the year 2024, the ICT Section accomplished the following milestones:

i. **Enhancement of the Digital Assessment Tool for Class A, B and C Health Facilities**

The digital assessment tool developed for Class A, B and C health facilities was intended to boost the efficiency of report-writing, improve data management, and aid in compliance monitoring within health facilities by integrating automation and structured evaluation techniques. This tool enhances data collection by reducing errors associated with manual entry, ensuring consistent reporting across various facilities, and allowing for the rapid generation of detailed reports to expedite decision making.

As at 31st December the system was still at pilot stage, set to be rolled out.

ii. **Developed the Digital Application Tool for Licensure Examination**

The digital platform for Licensure Examination application was developed to streamline the application process. The platform facilitates licensure examination candidate automated registration and verification.

iii. **Developed the Digital Platform for Submission of Passlists from Training Institutions**

The digital platform was developed for training institutions to upload and submit their exit-examination passlists to Health Professions Council of Zambia. The system removes a physical document submission and speeds up the licensure examination registration process.

2.4 PROCUREMENT UNIT

The Procurement Unit's overall objective is to ensure that goods and services are procured through a transparent, accountable, competitive and fair bidding process in line with the provisions in the Public Procurement Act No. 8 of 2020 and the Public Procurement Regulations of 2022.

During the year under review, the Unit compiled and facilitated the approval of the 2024 Procurement Plan by the Procurement Committee. The Plan was submitted through the Electronic Government Procurement System for further approval by the Zambia Public Procurement Authority and for implementation by the Council.

The approved Procurement Plan formed the basis for the procured goods and services which enabled smooth operations and achievement of the Council's objectives.

During the period under review, the Unit held fifteen (15) Procurement Committee meetings to approve Contract/Purchase Orders awarded to various vendors.

This translated into 125% achievement rate against the Planned twelve (12). It is worth noting that 95% of all the planned goods and Services were procured and all were conducted through the Electronic Government Procurement System (e-GP), in accordance with the provisions of the Public Procurement Act and its regulations.

2.5 LEGAL UNIT

The Legal Unit is anchored on the Strategic Objective 1”*Enhance Regulation of health professional conduct*”of the 2022-2026 HPCZ Strategic Plan.

The Unit is responsible for investigating all complaints, providing legal services and guidance to the Council, enforce compliance and promote good Corporate Governance in line with the Health Professions Act No 24 of 2009.

During the period under review, the following achievements were attained:

1. Council/Board Meetings

The Unit facilitated meetings for various Council Committees and a total of Five (05) Board Meetings were held at which various issues were deliberated . This is in line with Clause 4 (2) of the First Schedule of the Health Professions Act No. 24 of 2009 (now repealed and replaced by Act no.17 of 2024).

2. Disciplinary Matters

During the period under review, the Council investigated a total of **30** complaints out of which **17** were referred to the Disciplinary Committee and **10** were recommended for closure due to lack of evidence and of professional misconduct and withdrawal of complaints.

Further, one (**01**) case was recommended to be handled administratively, one (**01**) case was recommended for re-investigation while one (**01**) was referred to another regulatory body for determination on jurisdictional grounds.

3. Review of the Health Professions Act no. 24 of 2009

Following the initiation of the process of reviewing of the Health Professions Act No.24 of 2009 in 2017, consultative and validation activities were conducted and completed during the period under review. A consolidated set of instructions had further been submitted to the Ministry of Justice through the Ministry of Health and on 27th December, 2024 the Health Professions Act no. 17 of 2024 came into force.

4. Prosecution of Offences Under the Health Professions Act

A total of 15 practitioners were prosecuted while 17 were ongoing in the Courts of Law. The cases related to practicing without valid registration and operating a health facility without valid registration.

2.6 INTERNAL AUDIT UNIT

The Internal Audit Unit is anchored on strategic objective 3 “*Enhance Financial Management*” while its strategic theme is: *Operational Excellence* of the 2022-2026 HPCZ Strategic Plan. It is an independent, objective assurance and consulting activity designed to add value and improve Council’s operations.

It helps the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. The execution of the internal audit mandate is essential for maintaining compliance and organisational integrity.

During the year 2024, the Internal Audit Unit conducted the following activities in line with the 2024 HPCZ Action Plan:

- i. **Reviewed the Licensure Examination process** – A review of the Licensure Examination process was carried out to provide assurance to the Council that the controls in place were working effectively to mitigate the anticipated risks.
- ii. **Reviewed the Compliance Inspections of Health Facilities conducted in Western Province** - An audit of compliance inspections of health facilities in eleven (11) districts of Western Province was conducted. This was to provide assurance that compliance inspections were being carried out in accordance with the stipulations of the Health Professions Act No. 24 of 2009 and the National Health Care Standards (NHCS).
- iii. **Facilitated the Audit of the Council’s ICT Infrastructure** – The Unit engaged the Electronic Government Division (EGD) - Smart Zambia Institute to conduct an ICT audit. The purpose of the audit was to provide assurance to the Council on the adequacy and effectiveness of the IT systems.
- iv. **Conducted Routine Audits of Financial Systems** - A review of the financial systems at Headquarters and across the regional offices was carried out in the payroll systems, payments, cash and bank, revenue, fixed assets and stocks.
- v. **Reviewed Operations in the Regional Offices** - The audits were carried out to determine the existence and effectiveness of controls in the regional offices.
- vi. **Facilitated for the Risk Management Training** – Departmental focal persons underwent a 5-day training in Risk Management to improve the identification and recording of risks in the Council.
- vii. The Internal Audit Unit participated as observers in various meetings which included the Evaluation and Procurement Committee, Management, Budget, Strategic Planning and Policy Reviews.

2.7 FINANCE UNIT

The Finance Unit is anchored on Strategic Objective 3 “Enhance financial management” of the HPCZ Strategic Plan 2022-2026. The Strategic theme of the Finance Unit is based on “Operational Excellence”.

During the year 2024, the Unit continued to maintain financial accountability, operational efficiency and compliance with statutory obligations. The Unit demonstrated a commitment to financial discipline and operational excellence during the year 2024.

The Unit remains dedicated to ensuring accountability, improving financial performance, and aligning its activities with the Council mandate of regulating health professions to ensure public safety. The Unit scored 87.5% on average of its annual target for the year 2024.

The following are the key accomplishments of financial and operational activities for the year 2024:

1. Technical Reviews of the Hubs

The Unit conducted comprehensive technical reviews of operational hubs. These reviews were aimed at evaluating the financial and operational performance of all the hubs to ensure alignment with the Council’s strategic objectives. Recommendations from the reviews were incorporated into financial and operational plans of the Council.

2. Audit of Operations by the Auditor General

The Unit coordinated the 2022 and 2023 financial and operational audits by the Auditor General’s Office. These audits ensured transparency and accountability in financial management and operations. The findings highlighted areas for improvement and affirmed the Council’s commitment to adhering to best practices in public sector governance.

3. Financial Statements for 2023

The financial statements for the financial year ending December 31, 2023, were successfully prepared and audited by AGM Global Chartered Accountants. The audit confirmed the accuracy and reliability of the Council’s financial records and compliance with International Financial Reporting Standards (IFRS). The statements provided a clear picture of the Council’s financial position, performance and cash flows in the financial year 2023.

4. Development of the 2024 Business Plan

The Financial Unit developed a comprehensive 2024 Business Plan, outlining key financial and operational targets for the year. This plan served as a roadmap for achieving Council’s strategic objectives and ensuring financial sustainability.

5. Asset Coding

In year 2024, the Unit undertook a systematic asset numbering and tagging exercise to enhance the management and tracking of its assets. This initiative is expected to improve financial accountability and ensure the accurate valuation of the Council’s assets in subsequent financial statements.

6. Finance and Administration Committee Meetings

The Finance Unit successfully facilitated all scheduled Finance and Administration Committee meetings in 2024. These meetings were instrumental in providing oversight and guidance on financial management and administrative matters, ensuring the efficient utilisation of resources. The Unit demonstrated a strong commitment to financial discipline and operational excellence during the year 2024.

Financial Statements

The financial statements of the Council for the financial year 2024 were unqualified. In the opinion of the auditors the financial statements present fairly, in all material respects, the financial position of Health Professions Council of Zambia (HPCZ) as at 31 December 2024 and of its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs) (modified to take into account the nature of the organisation) and the requirements of the Health Professions Act No. 17 of 2024.

Below are the financial statements for 2024.



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

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GENERAL INFORMATION

31 December 2024

Country of Incorporation	Zambia
Nature of business	Health Professions Council of Zambia (HPCZ/the Council) is mandated to implement the following core functions: (a) Register health practitioners and regulate their professional conduct (except nurses who are registered and regulated under a different Act); (b) License and regulate all health facilities both public and private; and (c) Accredite health care services which are provided by health facilities.
Registered office	Head Office (New) and Lusaka Hub Plot No. 6640 Mberere Road Olympia Extension Lusaka
Business address	Head Office (New) and Lusaka Hub Plot No. 6640 Mberere Road Olympia Extension Lusaka
Bankers	ABSA Bank Plc Stand No. 2374 Kelvin Siwale Road P.O Box 31936 Lusaka Stanbic Bank Plc Stanbic House Plot No. 2375 Addis Ababa Drive P.O Box 31955 Lusaka Zambia National Commercial Bank Plc Head Office, Chainda Place Plot No. 2118/2119 Cairo Road P.O Box 33611 Lusaka
Auditors	AMG Global Chartered Accountants (Zambia) No. 6, Lagos Road Rhodes Park P.O Box 37893 Lusaka

REPORT OF THE COUNCIL

31 December 2024

The Council Members submit their report and audited financial statements for the year ended 31 December 2024.

1. Background and Principal Activity

(a). About HPCZ

The Council under the Health Professions Act No. 17 of 2024 (HP Act/the Act) is mandated to implement the following core functions: (a) Register health practitioners and regulate their professional conduct (except nurses who are registered and regulated under a different Act); (b) Licence and regulate all health facilities both public and private; and (c)Accredit health care services which are provided by health facilities.

(b). Mandate

The Council is established under the Health Professions Act No. 17 of 2024 which continues the existence of the Medical Council of Zambia and renamed it as the Health Professions Council of Zambia (HPCZ/the Council).

Principal functions include the following:

- register members of the health profession and regulate the professional conduct of health practitioners;
- maintain appropriate practise standards among health practitioners that are consistent with the principle of self-regulation and the promotion of high standards of public health;
- develop, promote, maintain and improve appropriate standards of qualification in the health profession;
- promote the integrity, and enhance the status, of the health profession including the declaration of any particular health practise to be undesirable for all, or a particular category of, health practitioners;
- licence public and private health facilities, accredit health services and monitor quality control and assurance of health facilities and services;
- represent, coordinate and develop the health profession and promote its interest;
- develop, promote and enforce internationally comparable practise standards in Zambia;
- investigate allegations of professional misconduct and impose such sanctions as may be necessary;
- protect and assist the public in all matters relating to the practise of the health profession;
- advise the Minister on matters relating to the health profession; and
- Do all such things as are necessary or incidental to the performance of its functions under the Act.

REPORT OF THE COUNCIL (Continued)
31 December 2024

(c). Core Values

Vision	“A model regulator of health practitioners and healthcare services.”
Mission	“To regulate the professional conduct of health practitioners, health facilities and health training programmes to ensure quality healthcare services provision for the wellbeing of the people.”
Shared Core Values	: Integrity. We will do what we say we will do. We will uphold professional and ethical business practices. Our interactions with stakeholders will be done transparently for mutual benefits. We will ensure honesty, integrity and respect to all. : Excellence. We are creative, bold and believe in continuous learning. We strive to deliver the highest quality and value possible through reasonable, easy and relevant approaches as we execute our mandate. : Impartiality. We ensure that our decision-making process is not perceived as discriminatory by creating an environment of honest, open dialogue; and with intentional effort to remove any biases. : Accountability. We take responsibility for all our actions and ensure transparency in our engagements with all stakeholders. : Teamwork. We accomplish our tasks through partnership with our stakeholders including our clients. Within ourselves, as members of staff, we can count on each other to get things done, share resources and perspectives, and enhance creativity underpinned by mutual trust and unity of purpose. : Transparency. We believe in delivering excellent services and value to our stakeholders. We take time to understand stakeholders’ needs and always strive to surpass their expectations.

REPORT OF THE COUNCIL (Continued)**31 December 2024****(d). Place of Business**

The addresses of the Council are:

Head Office (New) and Lusaka Hub

Plot No. 6640
Mberere Road
Olympia Extensions, Lusaka

Southern Hub

No. 82 John Hunt Way
Off Airport Road
Central Business District
Livingstone

Copperbelt Hub

Plot No.6, Kenya Road
Northrise, Ndola

Northern Hub

No. 2247, Off Mwamba Road
Central Town, Kasama

2. Accounting Framework

Because the Council is a Public Interest Entity, it reports its financial performance and position in accordance with the International Financial Reporting Standards ("IFRSs").

3. Summary of Financial Results

	2024 ZMW	2023 ZMW
3.1 Operating results		
Income	89 979 332	76 441 452
Operating expenses	99 223 870	89 122 895
Net financing income	(1 205 528)	(437 486)
(Deficit)/surplus for the year	(10 450 066)	(13 118 929)
3.2 Property and Equipment		
Acquisitions (cost)	2 496 748	8 190 674
Disposal (carrying amount)	592 455	-

REPORT OF THE COUNCIL (Continued)

31 December 2024

4. Property, Plant and Equipment**(a) Acquisitions**

The Council purchased assets at a cost of ZMW2 496 748 (2023: ZMW8 190 674).

(b) Disposals

The Council disposed two (2) motor vehicles during the year and office, furniture and equipment. The motor vehicles had nil book values. Total proceeds from the disposals amounted to ZMW102 962 (2023: ZMW 360 708).

5. Council Members

HPCZ is led by a purpose driven passionate and experienced leadership focused on delivering on the organization's vision and mission.

Name	Position	Organisation
Prof. Mulindi Mwanahamuntu	Chairperson	MoH
Brig. Gen. (Dr) Mwiinga Sheyo	Member	Min of Defense - ZAF
Dr. Elliot Kafumukache	Member	UNZA School of Medicine
Eng. Milner Maluza Makuni	Member	Min of Science and Technology
Ms. Esnart Mwape	Member	Pharmaceutical Society of Zambia
Ms. Patience Musonda	Member	Min of Justice
Mr. Makomani Siyanga	Member	ZAMRA
Dr. Chrispin Moyo	Member	ZMA
Dr. Nalumino Sayela	Member	Zambia Dental Association
Mrs. Doreen Shempela	Member	CHAZ
Mr. Mutale Mubanga	Member	Biomedical Society of Zambia
Mr. Jones Neba	Member	Clinical Officer Association of Zambia
Mr. Kennedy Chishimba	Member	Zambia Institute for Environmental Health
Dr. Chipo Muyovwe	Member	Faculty of General Practitioners
Dr. Musaku Mwenechanya	Member	UTH
Mr. Dennis Siampwizi	Member	MOH

At date of signing the Annual Financial Statements the Council Members (Board) above were appointed by the Minister as per the provisions of the First Schedule, Part II of the Health Professions Act No. 17 of 2024.

REPORT OF THE COUNCIL (Continued)

31 December 2024

6. Management

Below is our Senior Management Team (“SMT”).

(a) Identities

Name	Position
Prof. Fastone M. Goma	CEO/Registrar
Dr Muhumpu Kafwamfwa	Deputy Registrar - Technical Services
Mutinta Moonga Musaila	Deputy Registrar - Administration
Estelle Nkhuwa	Manager - Procurement
Derrick Melton Chilembo	Manager - Finance
Llyod Kapambwe Bwalya	Manager - Legal Services
Mulemwa Mwanei	Manager - Internal Audit

(b) Disclosure to Auditors

Each of the Members and Senior Managers at the date of approval of this report confirms that:

- (i). So far as the Members are aware, there is no relevant audit information of which the Council’s auditors are unaware; and
- (ii). The Members have taken all the steps that they ought to have taken as Members to make themselves aware of any relevant audit information and to establish that the Council’s auditors are aware of that information.

7. Corporate governance

The Members are committed to high standards of corporate governance which are fundamental to discharging their leadership responsibilities. The Members commit to apply integrity, principles of good governance and accountability throughout their activities.

8. Charitable Donations

The Council made charitable donations amounting to ZMW131 500 (2023: ZMW ZMW296 300) during the year

9. Employees

The total remuneration paid to employees at the close of the financial period was ZMW55 772 833 (2023: ZMW51 031 019) and the average number of employees during the year was 112 (2023: 115).

10. Health and Safety

The Members are aware of their responsibilities towards health and safety of employees and have accordingly put in place appropriate measures to safeguard the health and safety of the employees.

REPORT OF THE COUNCIL (Continued)
31 December 2024

11. Risk Factors

The Council's future performance and results could be materially different from expected results depending on the outcome of certain potential risks and uncertainties. The reported results of the Council are also sensitive to the accounting policies, assumptions and estimates that underlie the preparation of its financial statements. The Council's approach to risk management, including its financial risk management objectives and policies and information on its exposures to credit, currency, liquidity and cash flow risk, is discussed in the Risk Management section on Note 16.

12. Risk Management and Control

The Council through its normal operations is exposed to a number of risks, the most significant of which are credit, operational, liquidity and compliance risks. The Council's risk management objectives, policies and strategies are discussed in the Accounting Policies. Exposures are discussed in the notes to the financial statements.

13. Related Parties

The Council has a common enterprise relationship with stakeholders. Other related party relationships and material balances that the Council has with its related parties are disclosed on Note 17 to the financial statements.

14. Borrowing powers

Borrowing capacity is determined by the Members in terms of the Council, from time to time.

15. Events after the reporting period

The Members are not aware of any material event which occurred after the reporting date and up to the date of this report.

16. Going concern

The Members believe that the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The Members have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The Members are not aware of any new material changes that may adversely impact the Council. The Members are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council.

17. Auditors

In accordance with the provisions of the First Schedule, Part II 11 (2) of the Health Professions Act No. 17 of 2024, the auditors, Messrs AMG Global Chartered Accountants (Zambia), have expressed their willingness to continue in office and a resolution for their re-appointment will be proposed.

REPORT OF THE COUNCIL (Continued)
31 December 2024

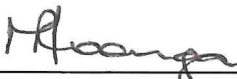
18. Date of authorisation for issue of financial statements

The annual financial statements have been authorised for issue by the Members on.....
No authority was given to anyone to amend the financial statements after the date of issue.

19. Acknowledgements

Thanks, and appreciations are extended to all our Council members, staff, service providers, health professionals and all stakeholders for their continued support in the realisation of the Council mandate as per the Health Professions Act No. 17 of 2024.

On behalf of the Council:



Registrar and Chief Executive officer

Date: 31/12/25



STATEMENT OF THE RESPONSIBILITIES OF THE COUNCIL MEMBERS'
31 December 2024

The Members are required, in terms of the Health Professions Act No. 17 of 2024 to maintain adequate accounting records and are responsible for the content and integrity of the financial statements and related financial information included in this report. It is their responsibility to ensure that the financial statements fairly present the state of affairs of the Council as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with International Financial Reporting Standards (IFRSs). The external auditors are engaged to express an independent opinion on the financial statements.

The financial statements are prepared in accordance with IFRSs and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgments and estimates.

The Members acknowledge that they are ultimately responsible for the system of internal financial control established by the Council and places considerable importance on maintaining a strong control environment. To enable the Council to meet these responsibilities, the Council sets standards for internal controls aimed at reducing the risk of error or loss in a cost-effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the Council and all employees are required to maintain the highest ethical standards in ensuring the Council's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the Council is on identifying, assessing, managing and monitoring all known forms of risk across the Council. While operating risk cannot be fully eliminated, the Council endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The Members are of the opinion, based on the information and explanations given by Management that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The Members have assessed, in the light of current and anticipated economic conditions, the Council's ability to continue as a going concern. The Members confirm they are satisfied that the Council has adequate resources to continue in business for the foreseeable future. For this reason, they continue to adopt the 'going concern' basis for preparing the financial statements.

The Members have reviewed the Council's cash flow forecasts for the year ending 31 December 2025 and, in the light of this review and the current financial position, they are satisfied that the Council has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently reviewing and reporting on the Council's financial statements. The financial statements have been examined by the Council's external auditors and their report is presented on pages 10 to 12.

The financial statements, set out on pages 13 to 43 which have been prepared on the going concern basis, were approved by the Council on 31/12/25 and were signed on its behalf by:


.....

PERMANENT SECRETARY- ADMINISTRATION


.....

REGISTRAR

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

INDEPENDENT AUDIT REPORT

31 December 2024

We have audited the financial statements of Health Professions Council of Zambia, set out on pages 13 to 43, which comprise the statement of financial position as at 31 December 2024, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Health Professions Council of Zambia (HPCZ) as at 31 December 2024 and of its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs) (modified to take into account the nature of the organisation) and the requirements of the Health Professions Act No. 17 of 2024.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Council in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with ethical requirements that are relevant to our audit of the financial statements in Zambia, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material Uncertainty Related to Going Concern

We draw attention to Note 22 of the financial statements which indicated that the Council incurred a deficit of ZMW10 450 066 (2023: ZMW13 118 929) and its current liabilities exceeded its current assets by ZMW24 615 414 (2023: ZMW14 205 886). The Council had also a net negative liquidity gap amounting to ZMW27 043 492 (2023: ZMW17 694 799) as at 31 December 2024. As stated in Note 22, these events or conditions, along with other matters as set forth in Note 22, indicate that a material uncertainty exists that may cast significant doubt on the Council's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

There were no key audit matters to report on during the current period.

Other information

The Members are responsible for the other information. The other information comprises the Members' Report as required by the Health Professions Act No. 17 of 2024, which we obtained prior to the date of this report. Other information does not include the audited annual financial statements and our auditor's report thereon.

Our opinion on the audited annual financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the audited annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the audited annual financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with IFRSs, and in the manner required by the Health Profession Act and for such internal control as Management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, Management is responsible for assessing the Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Management either intends to liquidate the Council or to cease operations, or has no realistic alternative but to do so.

Those Charged with Governance are responsible for overseeing the Council's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control;
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Management;
- Conclude on the appropriateness of Management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern; and
- Evaluate the overall presentation, structure and content of the financial statements, including disclosures, and whether the financial statements represent the underlying transactions and events that achieves fair presentation.

INDEPENDENT AUDIT REPORT
31 December 2024

We communicate with Those Charged with Governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide Those Charged with Governance with a statement that we have complied with the relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

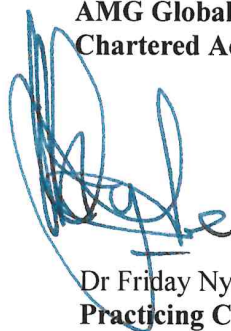
From the matters communicated with the Council, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the Key Audit Matters. We describe these matters in our auditor's report unless law and regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on Other Legal and Regulatory Requirements

In our opinion, the financial statements of the Health Professions Council of Zambia as of 31 December 2024 have been, in all material respects, properly prepared in accordance with the provisions of the Health Professions Act No. 17 of 2024.



AMG Global
Chartered Accountants



Dr Friday Nyambe
Practicing Certificate Number: M/PC NO.0001549
Partner signing on behalf of the firm

Date 14 January 2026

STATEMENT OF COMPREHENSIVE INCOME
For the year ended 31 December 2024

		2024 ZMW	2023 ZMW
	Note		
Fee income	2	87 335 426	73 023 237
Other income	3	2 643 906	3 418 215
Total operating income		<u>89 979 332</u>	<u>76 441 452</u>
Operating expenditure			
Cost of sales	4	(644 595)	(514 882)
Staff costs	5	(55 772 833)	(51 031 019)
Registration, Compliance and Fee related expenses	5	(13 118 871)	(16 738 973)
Other operating costs	5	(29 687 571)	(20 838 021)
Total operating expenditure		<u>(99 223 870)</u>	<u>(89 122 895)</u>
Operating deficit		<u>(9 244 538)</u>	<u>(12 681 443)</u>
Net financing costs	6	(1 205 528)	(437 486)
Total comprehensive deficit		<u><u>(10 450 066)</u></u>	<u><u>(13 118 929)</u></u>

STATEMENT OF FINANCIAL POSITION
as at 31 December 2024

		2024 ZMW	2023 ZMW
	Note		
ASSETS			
Non-current assets			
Property, plant and equipment	8	30 244 485	30 469 098
Right of Use Assets	9	3 535 453	4 436 367
		<u>33 779 938</u>	<u>34 905 465</u>
Current assets			
Inventories	10	1 149 383	1 125 229
Trade and other receivables	11	4 738 310	5 029 565
Short-term investments	12.2	20 000 000	6 000 000
Cash and bank balances	12.3	9 412 016	17 308 170
		<u>35 299 709</u>	<u>29 462 964</u>
Total assets		<u><u>69 079 647</u></u>	<u><u>64 368 429</u></u>
EQUITY AND LIABILITIES			
Equity			
General Reserves		4 370 182	4 370 182
Retained earnings		3 515 647	13 965 713
Total equity		<u>7 885 829</u>	<u>18 335 895</u>
Non-current liabilities			
Lease liability - Non current	13	1 278 695	2 363 684
Current liabilities			
Lease liability - Current	13	2 031 402	946 246
Employee benefits	14	7 026 163	4 753 803
Trade and other payables	15	50 857 558	37 968 801
		<u>59 915 123</u>	<u>43 668 850</u>
Total liabilities		<u>61 193 818</u>	<u>46 032 534</u>
Total equity and liabilities		<u><u>69 079 647</u></u>	<u><u>64 368 429</u></u>

The financial statements on pages 13 to 43 were approved by the Council on 31.12.25 and were signed on its behalf by:

W. K. K.

} **PERMANENT SECRETARY- ADMINISTRATION**

STATEMENT OF CHANGES IN EQUITY
for the year ended 31 December 2024

	General reserves ZMW	Retained income ZMW	Total ZMW
Balances as at 31 December 2022	4 370 182	27 084 642	31 454 824
Total comprehensive deficit for the year	-	(13 118 929)	(13 118 929)
Balances as at 31 December 2023	4 370 182	13 965 713	18 335 895
Total comprehensive deficit for the year	-	(10 450 066)	(10 450 066)
Balances as at 31 December 2024	4 370 182	3 515 647	7 885 829

		2024 ZMW	2023 ZMW
NET CASH FLOWS FROM OPERATING ACTIVITIES			
Operating cash flows			
Operating deficit		(9 244 538)	(12 681 443)
Adjustments for items not affecting cash flows:			
Depreciation on property, plant and equipment	8.2	1 511 948	684 420
Depreciation on Right of Use Assets	9.2	1 517 874	1 171 551
Profit on disposal of PPE		(102 962)	(360 708)
Reclassification of PPE to expenses		-	157 790
ROU assets written off		573 041	-
Net operating cash flows before reinvestment in working capital		(5 744 637)	(11 028 390)
Increase in inventories		(24 154)	(105 177)
Decrease/(increase) in accounts receivables		291 255	(1 700 356)
Increase in employee benefits		2 272 360	2 293 838
Increase/(decrease) in accounts payables		12 888 757	(7 743 363)
Net cash flows from operations		9 683 581	(18 283 448)
Returns on investments and servicing of finance			
Net financing costs	6	(1 205 528)	(437 486)
Net cash flows from operating activities		8 478 053	(18 720 934)
NETCASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Right of Use Assets	9.1	(1 190 001)	(4 267 959)
Purchase of property and equipment	8.1	(1 306 747)	(3 922 715)
Proceeds from disposal of PPE		122 374	360 708
Net cash flows from investment activities		(2 374 374)	(7 829 966)
NET CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from lease liabilities	13	2 275 519	4 692 037
Repayments of borrowings		-	(2 279 965)
Repayments of lease liabilities	13	(2 275 352)	(2 138 281)
Net cash flows from financing activities		167	273 791
Increase/(decrease) in cash and cash equivalents		6 103 846	(26 277 109)
Cash and cash equivalents at the beginning of the year		23 308 170	49 585 279
Cash and cash equivalents at the end of the year	12	29 412 016	23 308 170

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

The principal accounting policies of the Council, which are set out below, are consistently followed in all material respects.

1.0 BASIS OF MEASUREMENT

Basis of preparation

The audited annual financial statements have been prepared on the going concern basis in accordance with, and in compliance with, International Financial Reporting Standards (“IFRS”) and International Financial Reporting Interpretations Committee (“IFRIC”) interpretations issued and effective at the time of preparing these audited annual financial statements and the Health Professions Act No. 17 of 2024 of the laws of Zambia.

These financial statements were prepared under the historical cost convention, except for financial assets classified as fair value through profit or loss (FVTPL).

Historical cost is generally based on the fair value of the consideration given in exchange for goods and services. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Council takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these financial statements is determined on such a basis, except for, leasing transactions that are within the scope of IAS 17, and measurements that have some similarities to fair value but are not fair value, such as value in use in IAS 36.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and
- Level 3 inputs are unobservable inputs for the asset or liability.

The financial statements are presented in Zambia Kwacha (ZMW), which is also the Council’s functional currency.

1.1 JUDGEMENT AND ESTIMATES

The preparation of financial statements in compliance with IFRS requires Management to make certain critical accounting estimates. It also requires Management to exercise judgment in applying the Council’s accounting policies. The areas involving critical judgments and estimates in applying accounting policies that have the most significant risk of causing material adjustment to the carrying amounts of assets and liabilities recognized in the financial statements are:

- The classification of financial assets and liabilities;
- Whether assets are impaired; and

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

- The classification of financial assets at FVTPL, which includes assessing the business model within which the assets are held and whether the contractual terms of the assets are solely payments of principal and interest on the principal amount outstanding.

2.1 FOREIGN CURRENCIES

In preparing its financial statements, the Council's foreign currency transactions are recognised at the rates of exchange prevailing at the dates of the transactions. At the end of each reporting period, monetary items denominated in foreign currencies are retranslated at the rates prevailing at that date. Non-monetary items carried at fair value that are denominated in foreign currencies are retranslated at the rates prevailing at the date when the fair value was determined. Non-monetary items that are measured in terms of historical cost in a foreign currency are not retranslated. Exchange differences are recognised in profit or loss.

1.3 PROPERTY, PLANT AND EQUIPMENT**(a) Leased Assets**

Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the organisation will obtain ownership by the end of the lease term.

(b) Owned Assets

Items of property, plant and equipment are stated at cost, as deemed cost, less accumulated depreciation (see (b) below) and impairment losses (see (d)). The cost of property, plant and equipment comprises its purchase price and any costs directly attributable to bringing it into working condition for its intended use.

(c) Depreciation

Depreciation is charged to the income statement on a straight-line basis over the estimated useful lives of each part of an item of property, plant and machinery as follows:

(i).	Computer Equipment	5 years
(ii).	Furniture & Fittings	5 years
(iii).	Motor Vehicles	4 years
(iv).	Office Equipment	5 years
(v).	Buildings	50 years

Where the carrying amount of an asset is greater than its estimated recoverable amount, it is written down immediately to its recoverable amount. Gains and losses on disposal of property and equipment are determined by comparing proceeds with carrying amount and are included in the income statement.

(d) De-recognition

An item of property, plant and equipment is de-recognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on de-recognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the item) is included in the income statement in the period the item is de-recognised.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

(e) *Impairment*

At each reporting date, the Council assesses whether there is any indication that an asset may be impaired. Where an indicator of impairment exists, the Council makes a formal estimate of recoverable amount. Where the carrying amount of an asset exceeds its recoverable amount the asset is considered impaired and is written down to its recoverable amount. Recoverable amount is the higher of an asset's or cash-generating unit's fair value less costs to sell and its value in use and is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation, if no impairment loss had been recognised.

(f) *Borrowing Costs*

Borrowing costs directly attributable to the acquisition, construction or production of qualifying assets, which are assets that necessarily take a substantial period of time to get ready for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale. Investment income earned on the temporary investment of specific borrowings pending their expenditure on qualifying assets is deducted from the borrowing costs eligible for capitalisation. All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

1.4 LEASES

The Council assesses whether a contract is or contains a lease, at inception of the contract. The Council recognises a right-of-use asset and a corresponding lease liability with respect to all lease arrangements in which it is the lessee, except for short-term leases (defined as leases with a lease term of 12 months or less) and leases of low value assets (such as tablets and personal computers, small items of office furniture and telephones).

For these leases, the Council recognises the lease payments as an operating expense on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased assets are consumed.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Council uses its incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise:

- (i). Fixed lease payments (including in-substance fixed payments), less any lease incentives receivable;
- (ii). Variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- (iii). The amount expected to be payable by the lessee under residual value guarantees;
- (iv). The exercise price of purchase options, if the lessee is reasonably certain to exercise the options; and
- (v). Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

The lease liability is presented as a separate line in the consolidated statement of financial position. The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made.

The Council re-measures the lease liability (and makes a corresponding adjustment to the related right-of-use asset) whenever:

- (i). The lease term has changed or there is a significant event or change in circumstances resulting in a change in the assessment of exercise of a purchase option, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate.
- (ii). The lease payments change due to changes in an index or rate or a change in expected payment under a guaranteed residual value, in which cases the lease liability is remeasured by discounting the revised lease payments using an unchanged discount rate (unless the lease payments change is due to a change in a floating interest rate, in which case a revised discount rate is used).
- (iii). A lease contract is modified and the lease modification is not accounted for as a separate lease, in which case the lease liability is remeasured based on the lease term of the modified lease by discounting the revised lease payments using a revised discount rate at the effective date of the modification.

The right-of-use assets comprise the initial measurement of the corresponding lease liability, lease payments made at or before the commencement day, less any lease incentives received and any initial direct costs. They are subsequently measured at cost less accumulated depreciation and impairment losses.

1.5 FINANCIAL INSTRUMENTS

Recognition and derecognition

Financial assets and financial liabilities are recognised when the Council becomes a party to the contractual provisions of the financial instrument.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and substantially all the risks and rewards are transferred.

A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and initial measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price in accordance with IFRS 15, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

Financial assets, other than those designated and effective as hedging instruments, are classified into the following categories:

- amortised cost;
- fair value through profit or loss (FVTPL); and
- fair value through other comprehensive income (FVOCI).

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The classification is determined by both:

- the entity's business model for managing the financial asset; and
- the contractual cash flow characteristics of the financial asset.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Subsequent measurement of financial assets

Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVTPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows; and
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

This category includes non-derivative financial assets like loans and receivables with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Council's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as listed bonds that were previously classified as held-to-maturity under IAS 39.

Financial assets at fair value through profit or loss (FVTPL)

Financial assets that are held within a different business model than 'hold to collect' or 'hold to collect and sell', and financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVTPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply (see below).

This category also contains equity investments. The equity investments were measured at cost less any impairment losses under IAS 39, as it was deemed that its fair value could not be estimated reliably.

Assets in this category are measured at fair value with gains or losses recognised in profit or loss. The fair values of financial assets in this category are determined by reference to active market transactions or using a valuation technique where no active market exists.

Financial assets at fair value through other comprehensive income (FVOCI)

The Council accounts for financial assets at FVOCI if the assets meet the following conditions:

- they are held under a business model whose objective it is hold to collect the associated cash flows and sell; and
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Any gains or losses recognised in OCI will be recycled upon derecognition of the asset. This category includes listed securities and debentures, that were previously classified as 'available-for sale'.

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Impairment of financial assets

IFRS 9's new impairment requirements use more forward-looking information to recognise expected credit losses – the 'expected credit loss' (ECL) model. This replaces IAS 39's 'incurred loss model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI, trade receivables, contract assets recognised and measured under IFRS 15 and loan commitments and some financial guarantee contracts (for the issuer) that are not measured at fair value through profit or loss.

Recognition of credit losses is no longer dependent on the Council first identifying a credit loss event. Instead the Council considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1') and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date. However, none of the Council's financial assets fall into this category. '12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category. Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Guidance note: Credit losses are defined as the difference between all the contractual cash flows that are due to an entity and the cash flows that it actually expects to receive ('cash shortfalls'). This difference is discounted at the original effective interest rate (or credit adjusted effective interest rate for purchased or originated credit-impaired financial assets).

Trade and other receivables and contract assets

The Council makes use of a simplified approach in accounting for trade and other receivables as well as contract assets and records the loss allowance as lifetime expected credit losses. These are the expected shortfalls in contractual cash flows, considering the potential for default at any point during the life of the financial instrument. In calculating, the Council uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

Financial assets at fair value through other comprehensive income

The Council recognises 12-month expected credit losses for financial assets at FVOCI. As most of these instruments have an outstanding credit rating, the likelihood of default is deemed to be small. However, at each reporting date the Council assesses whether there has been a significant increase in the credit risk of the instrument.

In assessing these risks, the Council relies on readily available information such as the credit ratings issued by the major credit rating agencies for the respective asset. The Council only holds simple financial instruments for which specific credit ratings are usually available. In the unlikely event that there is no or only little information on factors influencing the ratings of the asset available, the Council would aggregate similar instruments into a portfolio to assess on this basis whether there has been a significant increase in credit risk.

In addition, the Council considers other indicators such as adverse changes in business, economic or financial conditions that could affect the borrower's ability to meet its debt obligation or unexpected changes in the borrower's operating results. Should any of these indicators imply a significant increase in the instrument's credit risk, the Council recognises for this instrument or class of instruments the lifetime ECL.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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Classification and measurement of financial liabilities

As the accounting for financial liabilities remains largely the same under IFRS 9 compared to IAS 39, the Council's financial liabilities were not impacted by the adoption of IFRS 9. However, for completeness, the accounting policy is disclosed below.

The Council's financial liabilities include borrowings, trade and other payables and derivative financial instruments. Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Council designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVTPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss (other than derivative financial instruments that are designated and effective as hedging instruments).

Derivative financial instruments and hedge accounting

The Council applies the new hedge accounting requirements in IFRS 9 prospectively. All hedging relationships that were hedging relationships under IAS 39 at the 31 December 2018 reporting date meet the IFRS 9's criteria for hedge accounting at 1 January 2022 and are therefore regarded as continuing hedging relationships. Derivative financial instruments are accounted for at FVTPL except for derivatives designated as hedging instruments in cash flow hedge relationships, which require a specific accounting treatment.

To qualify for hedge accounting, the hedging relationship must meet all of the following requirements:

- there is an economic relationship between the hedged item and the hedging instrument;
- The effect of credit risk does not dominate the value changes that result from that economic relationship; and
- the hedge ratio of the hedging relationship is the same as that resulting from the quantity of the hedged item that the entity actually hedges and the quantity of the hedging instrument that the entity actually uses to hedge that quantity of hedged item.

For the reporting periods under review, the Council did not have any hedging investments.

All derivative financial instruments used for hedge accounting are recognised initially at fair value and reported subsequently at fair value in the statement of financial position.

To the extent that the hedge is effective, changes in the fair value of derivatives designated as hedging instruments in cash flow hedges are recognised in other comprehensive income and included within the cash flow hedge reserve in equity. Any ineffectiveness in the hedge relationship is recognised immediately in profit or loss.

At the time the hedged item affects profit or loss, any gain or loss previously recognised in other comprehensive income is reclassified from equity to profit or loss and presented as a reclassification adjustment within other comprehensive income. However, if a non-financial asset or liability is recognised as a result of the hedged transaction, the gains and losses previously recognised in other comprehensive income are included in the initial measurement of the hedged item.

If a forecast transaction is no longer expected to occur, any related gain or loss recognised in other comprehensive income is transferred immediately to profit or loss. If the hedging relationship ceases to meet the effectiveness conditions, hedge accounting is discontinued and the related gain or loss is held in the equity reserve until the forecast transaction occurs.

1.6 PROVISIONS

Provisions are recognised when the Council has a present obligation (legal or constructive) as a result of a past event, it is probable that the Council will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, considering the risks and uncertainties surrounding the obligation.

1.7 INTEREST BEARING BORROWINGS

Interest-bearing borrowings are recognised initially at fair value less attributable transaction costs. Subsequent to initial recognition, interest-bearing borrowings are stated at amortised cost with any difference between cost and redemption value being recognised in the income statement over the period of the borrowings on an effective interest basis.

1.8 EMPLOYEE BENEFITS

- Retirement Benefit Obligations - The Organisation and all its employees contribute to the National Pension Scheme Council (“NAPSA”), which is a defined contribution social security scheme. Contributions to NAPSA are recognised as an expense when employees have rendered service entitling them to the contributions.
- Other Entitlements - The estimated monetary liability for employees’ accrued gratuity pay entitlement at the reporting date is recognised as an expense accrual.

1.9 CONTINGENT LIABILITIES

Contingent liabilities are initially measured at fair value. At the end of subsequent reporting periods, such contingent liabilities are measured at the higher of the amount that would be recognised in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets and the amount initially recognised less cumulative amortisation recognised in accordance with IFRS 15 Revenue from Contracts with Customers.

1.10 OFFSETTING

Financial assets and liabilities are offset, and the net amount reported in the balance sheet when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis, or realise the asset and settle the liability simultaneously.

1.11 FINANCIAL RISK MANAGEMENT

The Council’s activities expose it to a variety of financial risks. The most important types of risk are currency risk, credit risk, liquidity risk, market risk and other operational risk. Policies and exposures on risks and financial instruments are discussed in the notes to the financial statements.

1.12 FAIR VALUES OF FINANCIAL ASSETS AND LIABILITIES

The carrying amounts of financial assets and liabilities are representative of the Council's position at 31st December 2024 and are in the opinion of the Members not significantly different from their respective fair values due to generally short periods to maturity dates.

1.13 REVENUE

Sale of Goods

Revenue from the sale of goods is recognised when all the following conditions have been satisfied:

- (i). the Council has transferred to the buyer the significant risks and rewards of ownership of the goods;
- (ii). the Council retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold;
- (iii). the amount of revenue can be measured reliably;
- (iv). it is probable that the economic benefits associated with the transaction will flow to the Council; and
- (v). the costs incurred or to be incurred in respect of the transaction can be measured reliably.

Rendering of Services

When the outcome of a transaction involving the rendering of services can be estimated reliably, revenue associated with the transaction is recognised by reference to the stage of completion of the transaction at the end of the reporting period. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- (i). the amount of revenue can be measured reliably;
- (ii). it is probable that the economic benefits associated with the transaction will flow to the Council;
- (iii). the stage of completion of the transaction at the end of the reporting period can be measured reliably; and
- (iv). the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

When the outcome of the transaction involving the rendering of services cannot be estimated reliably, revenue shall be recognised only to the extent of the expenses recognised that are recoverable.

When reliable information is obtained in subsequent periods that fee income shall be received on fees receivable in the year under review, the Council will recognise revenue and shall recognise a receivable balance in the Statement of Financial Position.

Unidentified or unknown deposits shall be recognised as income received in advance until such a time that an individual Health Professional or Practitioner is identified.

Unidentified or unknown deposits which are older than one year which cannot be traced to individual Health Professionals and Practitioners shall be recognised as Annual Fees.

Revenue is measured at the fair value of the consideration received or receivable and represents the amounts receivable for goods and services provided in the normal course of business, net of trade discounts and volume rebates, and value added tax.

Interest is recognised, in profit or loss, using the effective interest rate method.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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1.13 EXPENDITURES**(a) Financing Expenses****(i) Operating Lease Payments**

Operating lease payments is recognised in the income statement over the period of the contract.

(ii) Net Financing Costs

Net financing costs comprise interest payable on borrowings calculated using the effective interest rate method.

(b) Administrative Expenses

Operating and administrative costs are accrued as incurred.

1.14 COMPARATIVES

Where necessary, corresponding figures have been reclassified to conform to changes in the presentation of the current period. No restatements and the respective disclosures were required in line with *IAS 8* Accounting Policies, Changes in Accounting Estimates and Errors.

1.15 NEW STANDARDS AND INTERPRETATIONS

A number of new standards, amendments to standards and interpretations are mandatory for the year ended 31 December 2024, and have been adopted by the Council where relevant to the Council's operations.

1.16 NEW RELEVANT STANDARDS ISSUED NOT YET EFFECTIVE

A number of new standards and amendments to standards are effective for annual periods beginning after 1 January 2025 and earlier application is permitted, however, the Council has not early adopted them in preparing these financial statements.

Of those standards that are not yet effective, there are no standards which are expected to have a significant impact on the Council's financial statements in the period of initial application.

NOTES TO THE FINANCIAL STATEMENTS
31 December 2024

	2024 ZMW	2023 ZMW
2. FEE INCOME		
AMCOA fundraising	2 905 381	-
Registration fees	23 470 578	11 564 316
Annual fees and renewals	50 993 308	46 071 732
Student indexing	2 354 156	4 928 930
Accreditation fees	394 984	886 782
Construction Liquidated Damages	-	1 907 517
Examination-Licensure	5 750 687	6 404 380
Training	872 840	691 034
Miscellaneous	1 069 727	832 220
Total fees	87 811 661	73 286 911
Less: Refunds	(476 235)	(263 674)
Net fee income	87 335 426	73 023 237
3. OTHER INCOME		
Sale of goods		
- Laboratory coats	459 730	466 860
- Patients Rights Charter	55 250	44 300
- Professional Code of Conduct Booklets	127 000	152 550
- National Health Care Standards Booklets	6 700	17 300
Interest received - Financial institutions	1 138 943	1 830 786
Interest received - Staff loans	-	222
Revenue grant (Note 7)	753 321	545 489
Profit on disposal of property and equipment	102 962	360 708
	2 643 906	3 418 215
4. COST OF GOODS SOLD		
Professional Code of Ethics Booklets and Guidelines	72 935	104 060
Patients Rights Charter	183 675	16 807
Laboratory coats	383 764	383 116
National Health Care Standards Booklets	4 221	10 899
	644 595	514 882

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

	2024 ZMW	2023 ZMW
5 ADMINISTRATIVE EXPENSES		
5.1 Other operating expenses		
Advertising	591 185	1 116 142
Auditors' remuneration	163 514	197 320
AMCOA Conference	5 579 717	-
Bank charges	562 805	444 327
Computer expenses	735 338	871 671
Consultative Meeting expenses	3 122 157	3 529 588
Corporate Governance expenses	3 182 119	3 539 613
Depreciation-PPE (Note 8.2)	1 511 948	684 420
Depreciation-ROUA (Note 9.2)	1 517 874	1 171 551
Donations	131 500	296 300
Doubtful debt provision	1 831 588	-
Electricity and water	492 959	348 379
Funeral expenses	10 000	48 000
Fuel and lubricants	1 119 693	395 966
Internet	525 487	784 733
Insurance	102 792	-
Land rates	3 476	-
Motor vehicle expenses	1 004 943	628 643
Office expenses	567 585	199 165
Penalties	614 737	-
Public Commemoration	166 268	343 181
Postage, fax and telephones	57 746	34 400
Printing and stationery	3 017 456	2 740 373
Repairs and maintenance	898 233	1 041 822
Subscriptions	36 460	-
Security expenses	582 072	451 121
Travelling expenses	1 557 919	1 971 306
	<u>29 687 571</u>	<u>20 838 021</u>
5.2 Staff Costs		
Salaries and wages	40 278 624	36 717 157
Staff welfare	2 222 016	1 097 282
Medical expenses	1 147 801	850 724
Gratuity	3 186 236	2 204 205
Training	2 063 454	1 543 368
Overtime	977 174	2 145 421
NAPSA	1 498 489	1 206 938
NHIMA	250 084	186 191
Leave days	2 217 907	3 458 850
Workers compensation	63 306	57 354
Repatriation	12 048	-
Pension employer	1 855 694	1 563 529
	<u>55 772 833</u>	<u>51 031 019</u>

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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	2024 ZMW	2023 ZMW
ADMINISTRATIVE EXPENSES (continuation)		
5.3 Registration, Compliance and Fee Related Expenses		
Registration and monitoring	356 238	664 365
Affiliation and subscription	-	4 231
Compliance and inspection	4 018 741	3 350 425
Training and Examination	5 234 748	7 682 947
Student indexing	315 500	22 185
Legal and investigations	3 193 644	5 014 820
	<u>13 118 871</u>	<u>16 738 973</u>
Total administrative expenditure	<u>98 579 275</u>	<u>88 608 013</u>
6. NET FINANCING COSTS		
Vehicle Asset Finance and ROU lease charges	1 085 518	437 486
Interest on borrowings	120 010	-
	<u>1 205 528</u>	<u>437 486</u>
7. REVENUE GRANT		
Revenue grants from Jhpiego	<u>753 321</u>	<u>545 489</u>

(a) Revenue Grants received are for the sole purpose of conducting the activities of the Council.

(b) Revenue grants represents a Fixed Amount Award (FAA) to support the further achievement of the purposes and results of the HRSA prime award by providing financial assistance to HPCZ in return for the Council's implementation of the activities and achieving the milestones as agreed with the grantor. The program goal is to accelerate achievement of 95-95-95 treatment targets through increasing the capacity, coordination absorption and retention of health workers and provide services to people living with HIV, TB, and other infectious and chronic diseases in HIV prevalence areas.

(c) Amortised grant income represents capital asset grants, grant funds received from the Ministry of Finance and National Planning and Jhpiego respectively for the acquisition of assets. This is charged to income over the period necessary to match them with the costs for which they are intended to compensate, on a systematic basis:

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS
31 December 2024
REVENUE GRANT (continuation)

	2024 ZMW	2023 ZMW
(i) Movement in Deferred Revenue		
Balance at start of year	-	-
Received during the year	753 321	545 489
Transferred to income	(753 321)	(545 489)
Transferred to capital grant	-	-
Balance at end of year	<u>-</u>	<u>-</u>
(ii) Movement in Capital Grants		
Balance at start of year	-	-
Received during the year	-	-
Transferred to income	-	-
Transferred to capital grant	-	-
Balance at end of year	<u>-</u>	<u>-</u>
(iii) Total Amortisation		
Deferred revenue	753 321	545 489
Capital grant amortisation	-	-
Balance at end of year	<u>753 321</u>	<u>545 489</u>

The program objectives include:

- (i) Increased regulatory Council's and Zambia Ministry of Health capacities in Human Resources for Health (HRH) management through strengthened Human Resources Information System (HRIS) for decision making;
- (ii) Increase the number and capacity of nurses and midwives to prescribe Antiretroviral Therapy (ART), manage and provide ongoing support for PLHIV and provide Pre-exposure Prophylaxis (PrEP) to HIV negative individuals.; and
- (iii) Improve health care workers' HIV service delivery capacity through Continuing Professional Development (CPD) by building tele-mentoring platforms using technology in an HIV ECHO program.
- (iv) The total award value amounts to USD74,472 payable upon meeting specific milestones.

8. PROPERTY AND EQUIPMENT

	Leasehold Land and Buildings ZMW	Motor Vehicles ZMW	Furniture and fittings ZMW	Total ZMW
8.1 Cost/valuation				
At 31 December 2023	26 879 885	4 561 075	8 969 594	40 410 554
Additions	227 360	-	1 079 387	1 306 747
Disposals/written off	-	(194 000)	(1 200 901)	(1 394 901)
At 31 December 2024	<u>27 107 245</u>	<u>4 367 075</u>	<u>8 848 080</u>	<u>40 322 400</u>
8.2 Depreciation				
At 31 December 2023	-	4 415 325	5 526 131	9 941 456
Charge for the year	511 732	117 324	882 892	1 511 948
Disposals	-	(194 000)	(1 181 489)	(1 375 489)
At 31 December 2024	<u>511 732</u>	<u>4 338 649</u>	<u>5 227 534</u>	<u>10 077 915</u>
8.3 Net book amount				
At 31 December 2024	<u>26 595 513</u>	<u>28 426</u>	<u>3 620 546</u>	<u>30 244 485</u>
At 31 December 2023	<u>26 879 885</u>	<u>145 750</u>	<u>3 443 463</u>	<u>30 469 098</u>

8.4 Assets Pledged as Security

The following assets were encumbered and were pledged as security for borrowings and lease obligations.

Property	Details	2024 ZMW	2023 ZMW	Type of Encumbrance
Buildings	Plot No. 6640 Mberere Road	-	6 879 885	Construction Loan

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9. RIGHT OF USE ASSETS

	Office Building ZMW	Motor Vehicles ZMW	Total ZMW
9.1 Cost/valuation			
At 31 December 2023	5 021 165	4 267 959	9 289 124
Additions	1 190 001	-	1 190 001
Disposal/Write off	(5 021 165)	-	(5 021 165)
At 31 December 2024	1 190 001	4 267 959	5 457 960
9.2 Depreciation			
At 31 December 2023	4 294 740	558 017	4 852 757
Charge for the year	450 884	1 066 990	1 517 874
Disposal/Write off	(4 448 124)	-	(4 448 124)
At 31 December 2024	297 500	1 625 007	1 922 507
9.3 Net book amount			
At 31 December 2024	892 501	2 642 952	3 535 453
At 31 December 2023	726 425	3 709 942	4 436 367

9.4 Asset Pledged as security

The following assets are encumbered and are pledged as security for borrowings and lease obligations.

Motor Vehicles	Details	2024 ZMW	2023 ZMW	Type of Encumbrance
	4 Toyota Hilux 4x4 Double cab, 28000cc Executive, AT with Canopy Land	-	2 889 634	Vehicle Asset Finance lease Obligations
	1 Toyota Land Cruiser Prado VX-L 2800cc, AT			

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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	2024 ZMW	2023 ZMW
10. INVENTORY		
10.1 Analysis		
National Healthcare Standards	12 096	16 317
Lab coats	9 833	393 598
Consumables	901 824	548 454
Professional Codes of Ethics	87 570	160 505
Patients' Rights	138 060	6 355
	<u>1 149 383</u>	<u>1 125 229</u>
10.2 Movements of inventory during the year		
Opening inventory	1 125 229	1 020 052
Add: Purchases	668 749	620 059
Less: Cost of sales (Note 4)	(644 595)	(514 882)
	<u>1 149 383</u>	<u>1 125 229</u>
11 TRADE AND RECEIVABLES		
11.1 Analysis		
Trade receivables (Note 11.2)	2 641 422	356 926
Staff advances	376 298	692 463
ART sites	492 640	492 640
Health facilities fees (Note 11.3)	115 690	2 051 910
Training Institutions	324 127	324 127
Other receivables	788 133	1 111 499
	<u>4 738 310</u>	<u>5 029 565</u>
11.2 Trade receivables		
Gross amount	2 641 422	356 926
Less: Provision for expected credit losses	-	-
	<u>2 641 422</u>	<u>356 926</u>
11.3 Health facilities fees		
Gross amount	1 947 278	2 051 910
Less: Provision for expected credit losses	(1 831 588)	-
	<u>115 690</u>	<u>2 051 910</u>
11.4 The Council does not provide credit terms to Health Professionals and Practitioners. Fee income receivable consists of fee income attributable to the year under review and with reasonable information is deemed to be received in the subsequent period.		

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

	2024 ZMW	2023 ZMW
12. CASH AND CASH EQUIVALENTS		
12.1 Analysis		
Cash and bank balances (Note 12.3)	9 412 016	17 308 170
Short-term deposits (Note 12.2)	20 000 000	6 000 000
	<u>29 412 016</u>	<u>23 308 170</u>
12.2 Short term investments		
Access Bank (formerly Atlas Mara)	8 000 000	6 000 000
First Capital Bank	4 000 000	-
Zambia Industrial and Commercial Bank	8 000 000	-
	<u>20 000 000</u>	<u>6 000 000</u>
12.3 Cash and bank balances		
ABSA Bank Kasama	3 335	960
ABSA Bank Grants ZMW	136 675	8 401
ABSA Bank Current ZMW	1 051 589	3 627 215
ABSA Bank Revolving Fund ZMW	23 830	13 876
Zambia National Commercial Bank Collections ZMW	-	4 390
Zambia National Commercial Bank Main ZMW	2 749 577	1 987 668
Stanbic Bank Ndola Hub	18 820	3 499
Stanbic Bank Livingstone Hub	34 381	3 737
Stanbic Bank Current	5 391 515	11 656 716
Petty cash	2 294	1 708
	<u>9 412 016</u>	<u>17 308 170</u>

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

	2024 ZMW	2023 ZMW
13. LEASES LIABILITIES		
13.1 Analysis		
Leased office building	1 004 039	410 296
Vehicle Asset Finance	2 306 058	2 899 634
	<u>3 310 097</u>	<u>3 309 930</u>
13.2 Movement		
Opening balance	3 309 930	756 174
Additions	1 190 001	4 234 551
Lease payments	(2 275 352)	(2 138 281)
Finance charges	1 085 518	437 486
Closing balance	<u>3 310 097</u>	<u>3 309 930</u>
13.3 Maturity analysis		
Year 1	2 692 803	1 558 196
Year 2	1 624 208	3 114 605
Less: Future Interest	(1 006 914)	(1 362 871)
Present Value of lease obligation	<u>3 310 097</u>	<u>3 309 930</u>
Payable in 12 months	2 031 402	946 246
Payable after 12 months	1 278 695	2 363 684
	<u>3 310 097</u>	<u>3 309 930</u>

13.4 Vehicle Asset Finance

The Council leases three (3) Hilux 4X4 double cab and one (1) Toyota Land Cruiser motor vehicles from Stanbic Bank Zambia Limited. The VAF facility is for a period of four (4) years and interest charged is linked to a margin of 21.5% per annum above the BOZ policy rate.

The Council's obligations are secured by the lessors' title to the leased assets for such leases. Insurance payments are borne by the Council.

13.5 Buildings

The Council leases its physical office/hubs with lease terms of one to three years renewable every year. The Council has renewed the hub leases over 2 yearly cycles and expects to lease the buildings for another 5 years.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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	2024 ZMW	2023 ZMW
14. EMPLOYEE BENEFITS		
14.1 Analysis		
Leave pay provision (Note 14.2)	3 561 559	3 233 000
Gratuity payable (14.3)	3 464 604	1 520 803
	<u>7 026 163</u>	<u>4 753 803</u>
14.2 Movement of Leave Pay Provisions		
Opening balance	3 233 000	1 269 619
Charge for the year	1 081 388	3 372 850
Payments`	(752 829)	(1 409 469)
	<u>3 561 559</u>	<u>3 233 000</u>
14.3 Movement of Gratuity		
Opening balance	1 520 803	1 190 346
Charge for the period	2 443 996	2 017 848
Payments`	(500 195)	(1 687 391)
	<u>3 464 604</u>	<u>1 520 803</u>

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS
31 December 2024

	2024	2023
	ZMW	ZMW
15 TRADE AND OTHER PAYABLES		
15.1 Analysis		
Trade payables	1 210 049	1 223 395
Fees received in advance (Note 15.2)	45 703 101	32 804 127
Withholding tax payable	26 605	26 605
Audit fees payable	262 278	175 740
Payroll related payables (Note 15.3)	3 655 525	3 738 934
	<u>50 857 558</u>	<u>37 968 801</u>
	<u><u>50 857 558</u></u>	<u><u>37 968 801</u></u>
15.2 Fees Received in Advance		
Annual fees	1 598 954	1 147 504
Health service Accreditation Fees	-	77 340
Training programmes	-	292 910
Facility license fees	9 833 007	4 965 751
Subscriptions	34 271 140	26 320 622
	<u>45 703 101</u>	<u>32 804 127</u>
	<u><u>45 703 101</u></u>	<u><u>32 804 127</u></u>
15.3 Payroll Related Payables		
PAYE	2 808 475	1 252 126
NATSAVE short term	117 012	122 442
2 nd Tier Pension short term	231 741	1 967 209
HESLB Student	6 550	7 740
NAPSA	278 446	269 601
Purchase Accruals	33 841	-
PSMFC short term	139 974	77 141
NHIMA	39 486	42 675
	<u>3 655 525</u>	<u>3 738 934</u>
	<u><u>3 655 525</u></u>	<u><u>3 738 934</u></u>

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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15.4 Fees are due on the last day of the year for subsequent licence periods. Fees received in advance are therefore fees collected in cash from Health Professionals and Practitioners for licence periods beyond the current year.

Trade payables and other payables principally comprise amounts outstanding for operating expenses and recurrent costs. The average credit period taken for trade purchases is 30 days

16. FINANCIAL INSTRUMENTS

The Council's activities expose it to a variety of financial risk: market risk (including currency risk, interest rate risk, price and fair value risk), liquidity risk and credit risk:

(a). Credit Risk

The Council takes on exposure to credit risk, which is the risk that a counterparty will cause a financial loss to the Council by failing to pay amounts in full when due. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet. As shown below, exposure to credit risk is represented by cash balances and amounts due on accounts receivables:

The carrying amount of financial assets represents the maximum credit exposure. The maximum exposure to credit risk at the reporting date was:

	2024 ZMW	2023 ZMW
Trade and other receivables	4 738 310	5 029 565
Cash and cash equivalents	29 412 016	23 308 170
	34 150 326	28 337 735

At the reporting date, other significant concentrations of credit risks lay in receivables, which consist of staff and sundry advances and prepayments. The nature of services offered by the Council means it does not have significant credit risk exposure to a single counterparty.

(b)Liquidity Risk

The Council's activities expose it to a variety of financial risk: market risk (including interest and liquidity risk). This is monitored on a daily basis by management and controlled as far as reasonably possible to minimise the risk of mismatches between current liabilities and current assets.

Due to the nature of the Council and the fees being receivable at the end of the preceding year, fees are recognised as income received in advance and are amortised in the relevant leviable year. Therefore, in determining current liabilities and debt, income received in advance is not included in the analysis of liquidity Risks.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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The table below summarises the Council's liquidity risks:

CASHFLOW PROJECTIONS - MATURITY GROUPINGS

	On demand ZMW	Due within 3 months ZMW	Due between 3 – 12 months ZMW	Due more than 12 months ZMW	Total ZMW
Financial assets as at 31 December 2024					
Trade and other receivables	-	-	4 738 310	-	4 738 310
Cash and cash equivalents	29 412 016	-	-	-	29 412 016
	<u>29 412 016</u>	<u>-</u>	<u>4 738 310</u>	<u>-</u>	<u>34 150 326</u>
Financial liabilities as 31 December 2024					
Lease liability	-	-	2 031 402	1 278 695	3 310 097
Employee benefits	-	-	7 026 163	-	7 026 163
Trade and other payables	-	-	50 857 558	-	50 857 558
	<u>-</u>	<u>-</u>	<u>59 915 123</u>	<u>1 278 695</u>	<u>61 193 818</u>
Liquidity gap	<u>29 412 016</u>	<u>-</u>	<u>(55 176 813)</u>	<u>(1 278 695)</u>	<u>(27 043 492)</u>
Financial assets as at 31 December 2023					
Trade and other receivables	-	-	5 029 565	-	5 029 565
Cash and cash equivalents	23 308 170	-	-	-	23 308 170
	<u>23 308 170</u>	<u>-</u>	<u>5 029 565</u>	<u>-</u>	<u>28 337 735</u>
Financial liabilities as 31 December 2023					
Lease liability	-	-	946 246	2 363 684	3 309 930
Employee benefits	-	-	4 753 803	-	4 753 803
Trade and other payables	-	-	37 968 801	-	37 968 801
	<u>-</u>	<u>-</u>	<u>43 668 850</u>	<u>2 363 684</u>	<u>46 032 534</u>
Liquidity gap	<u>23 308 170</u>	<u>-</u>	<u>(38 639 285)</u>	<u>(2 363 684)</u>	<u>(17 694 799)</u>

(d) **Interest rate risk**

This is the risk arising from the adverse movement in the value of future interest receipts or commitments resulting from movements in interest rates. The interest rates for both interest receivable and payable from/to local financial institutions are generally pegged against the Bank of Zambia bank rate. The Council finances its operations through capital contributions from shareholders, external loans and from its own operations. Financing decisions and exposure to interest rate risk are managed by the Council's senior executives.

(e) **Foreign exchange risk**

The Council is exposed to foreign exchange risk arising from various currency exposures, primarily with respect to US dollar. Foreign exchange risk arises in the normal course of business during the year.

The Council does not hedge foreign exchange fluctuations.

The Council reviews its foreign currency exposure, including commitments on an ongoing basis. The Council expects its foreign exchange contracts to hedge foreign exchange exposure.

17. RELATED PARTIES

Related Party	Type of Relationship
17.1 Individuals with significant influence	Refer to Report of the Council (Page 5)
Ministry of Finance and National Planning	Provides grants to the Council
Ministry of Health	Parent Ministry
17.2 Members Key Management Personnel	
Key Management	Refer to Report of the Council (Page 6)

(a) **Identification of Related Parties**

(d) **Transactions with Related Parties**

The financial statements include transactions with the Council's related parties.

	2024	2023
	ZMW	ZMW
Remuneration of Key Management Personnel	7 550 892	7 821 376

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

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18. CAPITAL MANAGEMENT

The Council's objectives when managing capital are to safeguard its ability to continue as a going concern in order to provide returns to controlling interests and benefits for other stakeholders and to maintain an optimal capital structure to reduce the cost of capital.

The Council monitors capital on the basis of the gearing ratio. This ratio is calculated as net debt divided by total capital. Net debt is calculated as total borrowings (including 'current and non-current borrowings' as shown in the balance sheet) less cash and cash equivalents. Total capital is calculated as 'equity' as shown in the balance sheet plus net debt. The gearing ratios as at 31 December 2024 and 2023 were as follows:

	2024 ZMW	2023 ZMW
Total Debt	61 193 818	46 032 534
Less: Cash and cash equivalents	(29 412 016)	(23 308 170)
Net debt	31 781 802	22 724 364
Equity	7 885 829	18 335 895
Net debt to equity ratio	403%	124%

19. CAPITAL COMMITMENTS

There were no capital commitments as at 31 December 2024 (2023: Nil).

20. CONTINGENT LIABILITIES

A contingent liability according to IAS 37 Provisions, Contingent Liabilities and Contingent Assets is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

We disclose that there are pending litigations against the Council whose outcome is unknown but which may result in the outflow of Council's resources in the form of legal fees and (or) claims in the event that the outcome is unfavourable for the Council. The details of the litigations are disclosed below.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

20.1 Pending Litigation

The Council has the following cases pending:

1. **Daily Nation Newspaper Limited v HPCZ:2024/CRMP/2964-** This is in a matter where Daily Nation Newspaper Limited has sued the Council seeking to recover **ZMW 123 675**.
2. **Zambia Association for Biological Scientists v HPCZ:2025/HP/003-** In this matter, the Applicant commenced judicial review proceedings against the decision by the Council to stop registering members of the Applicant.
3. **Lloyd Kapambwe Bwalya v HPCZ:2025/HP/0466-** This is in a matter where the Plaintiff alleges that the Council (Management) has failed, neglected and or refused to implement the resolution of the Council that the Plaintiff be appointed as its Board Secretary at Salary Scale HPCZ1.
4. **Makunko Nsalande & 13 Others v HPCZ:2024/HK/211-** The Plaintiffs challenged the Council's authority to administer Licensure Examinations, claiming that the Health Professions Act No. 24 of 2009 did not grant such power.
5. **Dr. Mikhail Dmytriev v HPCZ:2024/HP/A071-** This is an appeal against the Disciplinary Committee's decision finding the Appellant liable for Professional Misconduct.
6. **Bwembya Borniface Bwalya v HPCZ:2022/HPIF/1061-** The Complainant sought damages on the grounds of alleged unfair and unlawful dismissal, entitlement to purchase a duty facilitation vehicle, and payment of one month's salary for the period during which he was awaiting his terminal benefits.

20.2 Likely Outcome

The likely outcome of the cases pending cannot be accurately predicted and therefore what is considered in our view of this matter in terms of the outcome is as follows:

1. **Daily Nation Newspaper Limited v HPCZ:2024/CRMP/2964-** From Gill & Seph Advocates' objective evaluation, the matter must be treated with caution as it is subject to change.
2. **Zambia Association for Biological Scientists v HPCZ:2025/HP/003-** The Council opposed the Applicant's application and before the matter could be heard, the Applicant filed a notice of discontinuance. And so the matter stands discontinued.

ACCOUNTING POLICIES AND NOTES TO THE FINANCIAL STATEMENTS

31 December 2024

3. **Lloyd Kapambwe Bwalya v HPCZ:2025/HP/0466**- It is against the above backdrop that we (Gill & Sept Advocates) hold the view that the Plaintiff's action suffers from want of merit.
4. **Makunko Nsalande & 13 Others v HPCZ:2024/HK/211**- The parties settled out of Court for a total of ZMW250 000. The settlement was finalised around September 25, 2024.
5. **Dr. Mikhail Dmytriev v HPCZ:2024/HP/A071**- We (HPCZ internal Legal team) believe the Council's chances of success are high.
6. **Bwembya Borniface Bwalya v HPCZ:2022/HPIF/1061**- The Council has high prospects of success except for the claim regarding the one-month salary for the period the Complainant was awaiting terminal benefits. The estimated exposure does not exceed ZMW 60 000.

21. COMPARATIVES

Comparative figures are restated or reclassified where necessary to afford a reasonable comparison.

22. GOING CONCERN

- 22.1** The Council's incurred a deficit of ZMW10 450 066 (2023: ZMW13 118 929) and its current liabilities exceeded its current assets by ZMW24 615 414 (2023: ZMW14 205 886). The Council had also a net negative liquidity gap amounting to ZMW27 043 492 (2023: ZMW17 694 799) as disclosed under Note 16(b).

Most of the Council income is generated from registration of health practitioner's and facilities, annual renewal of health practitioners and facilities licenses. These sources of income are significant to the Council's operations and they are directly related to its mandate to register health practitioners and regulate their professional conduct licence and regulate all health facilities both public and private and accredit health care services which are provided by health facilities. The ability of the Council to continue its operations and fulfil its mandate depends on the continued support from registration of health practitioner's and facilities, annual renewal of health practitioner's facilities licenses and Government of the Republic of Zambia.

- 22.2** The Members believe that the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The Members have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The Members are not aware of any new material changes that may adversely impact the Council. The Members are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council.

23. POST BALANCE SHEET EVENTS

There has not arisen since the end of the financial year any item, transaction or event of a material and unusual nature likely, in the opinion of the Council Members, to affect substantially the operations of the Council, results of those operations or the state of affairs of the Council in subsequent years.

5. **Dr. Mikhail Dmytriev v HPCZ:2024/HP/A071-** We (HPCZ internal Legal team) believe the Council's chances of success are high.

6. **Bwembya Borniface Bwalya v HPCZ:2022/HPIF/1061-** The Council has high prospects of success except for the claim regarding the one-month salary for the period the Complainant was awaiting terminal benefits. The estimated exposure does not exceed **ZMW 60 000**.

21. **COMPARATIVES**

Comparative figures are restated or reclassified where necessary to afford a reasonable comparison.

22. **GOING CONCERN**

22.1 The Council's incurred a deficit of ZMW9 702 217 (2023: ZMW13 118 929) and its current liabilities exceeded its current assets by ZMW24 017 565 (2023: ZMW14 205 886). The Council had also a net negative liquidity gap amounting to ZMW26 296 717 (2023: ZMW17 694 799) as disclosed under Note 16(b).

Most of the Council income is generated from registration of health practitioner's and facilities, annual renewal of health practitioners and facilities licenses. These sources of income are significant to the Council's operations and they are directly related to its mandate to register health practitioners and regulate their professional conduct, licence and regulate all health facilities both public and private and accredit health care services which are provided by health facilities. The ability of the Council to continue its operations and fulfil its mandate depend on the continued support from registration of health practitioner's and facilities, annual renewal of health practitioner's facilities licenses and Government of the Republic of Zambia.

22.2 The Members believe that the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The Members have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The Members are not aware of any new material changes that may adversely impact the Council. The Members are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council

23. **POST BALANCE SHEET EVENTS**

There has not arisen since the end of the financial year any item, transaction or event of a material and unusual nature likely, in the opinion of the Council Members, to affect substantially the operations of the Council, results of those operations or the state of affairs of the Council in subsequent years.

Through the implementation of the 2025 Action Plan, HPCZ will continue focusing on the following perimeters to address the challenges faced in 2024:

- i Continued engagement with the Ministry of Health and other stakeholders to improve compliance levels in the health sector.
- ii Continue the review and amendment of the Health Professions Act to strengthen the regulatory framework.
- iii Streamline registration processes with automation of most processes. Further, there

should be a system overhaul.

- iv Strengthening of health facility compliance inspections to improve compliance levels
- v Review the National Health Care Standards (NHCS) to strengthen the regulatory framework.
- vi Enhance and optimize inspections and compliance visits. Debt collection task force formed with key performance results outlined.

-----END-----

3. APPENDIX:

Status of received Curricula per quarter

QUARTER 1 APPROVED CURRICULA				
NO	SUBMITTING TRAINING INSTITUTIONS	CURRICULUM	TRAINING LEVEL	CURRICULUM OWNERSHIP
1.	Lesley Howards Institute of Health Sciences	Diploma in Clinical Medical Sciences	College	LMMU
2.	Kent College of Nursing	Diploma in Clinical Medical Sciences	College	Eden University
3.	Chalimbana University	Bachelor of Science in Human Nutrition	University	Self
4.	Chreso University	Master of Public Health	University	Self
5.	Chreso University	Bachelor of Pharmacy	University	Self
6.	Eden University	Diploma in Pharmacy	University	Self
7.	Lusaka Apex Medical University (LAMU)	Diploma in Clinical Medical Sciences	University	Self
8.	Lusaka Apex Medical University (LAMU)	Diploma in Pharmacy	University	Self
9.	University of Lusaka	Bachelor of Pharmacy	University	Self
10.	Kent College of Nursing	Diploma in Clinical Medical Sciences	College	Eden University
11.	Manica University College	Bachelor of Science in Environmental Health	University	Supershine University.
12.	Manica University College	Diploma in Clinical Medical Sciences	University	Supershine University.
13.	Manica University College	Bachelor of Science in Public Health	University	Supershine University.
14.	Chilanga North University College	Diploma in Clinical Medical Sciences	College	UNZA
15.	Chilanga North University College	Diploma in Pharmacy	College	UNZA
16.	Chilanga North University College	Diploma in Biomedical Sciences.	College	UNZA
17.	Woodlands University College	Diploma in Clinical Medical Sciences	College	UNZA
18.	Mosa University	Bachelor of Public Health	University	Zambia Royal University
19.	Shalome School of Health and Business Studies	Diploma in Clinical Medical Sciences	College	UNZA

QUARTER 2 APPROVED CURRICULA				
NO	SUBMITTING TRAINING INSTITUTIONS	CURRICULUM	TRAINING LEVEL	CURRICULUM OWNERSHIP
20.	Lusaka Environmental Health University	Master of Public Health	University	Self
21.	University of Zambia	Bachelor of Science in Biomedical Sciences (Blended Curriculum)	University	Self
22.	DMI St Eugene University	Diploma in Environmental Health	University	Self
23.	Rusangu University	Bachelor of Medicine and Bachelor of Surgery	University	Self
24.	Manica University	Bachelor of Medicine and Bachelor of Surgery	University	Self
25.	Manica University	Bachelor of Clinical Medicine	University	Self
26.	Manica University	Bachelor of Pharmacy	University	Self
27.	Manica University	Diploma in Clinical Medicine	University	Self
28.	Manica University	Bachelor of Science in Public Health	University	Self
29.	Levy Mwanawasa Medical University	Master of Science in Infectious Diseases	University	Self
30.	Lusaka Institute of Health Sciences	Bachelor of Science in Clinical Medicine	University College	Self

31.	DMI St Eugene University	Diploma in Clinical Medicine	University	Self
QUARTER 3 APPROVED CURRICULA				
SN	SUBMITTING TRAINING INSTITUTIONS	CURRICULUM	TRAINING LEVEL	CURRICULUM OWNERSHIP
32.	University of Africa	Bachelor of Science in Public Health	University	Self
QUARTER 4 APPROVED CURRICULA				
SN	SUBMITTING TRAINING INSTITUTIONS	CURRICULUM	TRAINING LEVEL	CURRICULUM OWNERSHIP
33.	Africa Research Trust University	MSc Public Health	University	Self
34.	Matcha Research Trust University	MSc Public Health	University	Self
35.	Woodlands University	BSc Public Health	University	Self

List of Rejected Curricula

QUARTER ONE (1) REJECTED CURRICULA				
No.	Curriculum	Presenting Institution	Ownership	Reasons
1	Bachelor of Pharmacy	Citizens University	Self	Non-payment of review fees
2	Bachelor of Science Clinical Medicine	Citizens University	Self	Non-payment of review fees
3	Diploma in Pharmacy	Citizens University	Self	Non-payment of review fees
4	Bachelor of Science Clinical Medicine	Citizens University	Self	Non-payment of review fees
5	Diploma in Clinical Medicine	Citizens University	LMMU	Non-payment of review fees and No supporting MoU or Contract of affiliation
6	Bachelor of Medicine and Bachelor of Surgery	Rusangu University	Self	Curriculum not meeting requirements
7	Bachelor of Medicine and Bachelor of Surgery	UNICAF University	Self	Curriculum not meeting requirements
8	Bachelor of Science in Biomedical blended curriculum	UNZA	Self	Curriculum not submitted for review

9	Bachelor of Science in Public Health	Woodlands University	Self	Curriculum not meeting requirements
10	Certificate in Medical Assistants	Defence School of Health Sciences	Self	Not meeting the ZQF level desirable by HPCZ
11	Bachelor of Science in Public Health	University of Africa	Self	Curriculum not meeting requirements

QUARTER TWO (2) REJECTED CURRICULA

SN	Curriculum	Presenting Institution	Ownership	Reasons
12	Master of Science in Environmental Health	Chreso University	Self	Re-alignment of allocated courses to teaching staffing
13	Bachelor of Medicine and Bachelor of Surgery	UNICAF University	Self	Did not meet the requirements
14	Diploma in Public Health	Levy Mwanawasa Medical University	Self	The program is not registrable with the council
15	Bachelor of Science in Public Health Nutrition	Levy Mwanawasa Medical University	Self	Curriculum did not address the human resource gap
16	Master of Public Health	Mulungushi University	Self	Curriculum contained significant demerits requiring amendments
17	Master of Science in Hospital and Health Care Management	Lusaka Apex Medical University	Self	The program was a social science which the Council does not maintain a register

QUARTER 3 REJECTED CURRICULA

No.	Curriculum	Presenting Institution	Ownership	Reasons
18	MSc in Human Anatomy	Lusaka Apex medical University	Self	Curriculum did not meet the minimum requirements
19	Bachelor of Science in Environmental Health	Chilanga North University College	Self	Curriculum did not meet the minimum requirements

20	Bachelor of Science in Public Health	Chilanga North University College	Self	Curriculum did not meet the minimum requirements
QUARTER 4 REJECTED CURRICULA				
No.	Curriculum	Presenting Institution	Ownership	Reasons
21	Master of Science in Physiology	Lusaka Apex Medical University	Self	Did not meet the minimum requirement
22	Bachelor of Science in Public Health	Macha Research Trust University	Self	Did not meet the minimum requirement

