

An Exploration of the Quality Assurance Roles of the Various Regulators of Human Resources for Health Training in Zambia

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Abstract

This inquiry was conducted following reports that questioned the quality of higher education in Zambia, including the quality of Human Resources for Health (HRH) training. One of the notable reports was from research conducted by the Zambia Medical Association (2019). This inquiry built on all these reports by focusing on the roles of the various regulators (also referred to here as Actors) on how their individual and collective roles can play a role in improving the quality of HRH training in Zambia. Ideally, one does not expect to see any challenges in the quality of HRH training because when reading the acts and mandates of the various actors (summarized in Table 1), such as HPCZ, HEA, ZAQA, and local government authorities, there appears to enough authority to provide quality assurance. The inquiry focused on what could have gone wrong and what could have been improved.

Keywords: *Actors, Human Resources for Health (HRH), Intersectoral collaboration, Quality, Regulators, Training.*

Introduction

This research was commenced in 2018 following several reports questioning the quality of higher education training in Zambia. The sources of the reports included formal research from professional associations, expert opinions from professional colleagues, and press reports where these reports included universities being closed for various reasons related to the quality of training. A comprehensive report [1] published by the Zambia Medical Association identified many weaknesses in the quality of postgraduate medical training in Zambia. The entirety of the reports questioned the quality of higher education. However, this study focussed on the quality issues affecting Human Resources for Health (HRH) training. In an ideal situation, one does not expect to see any challenges in the quality of HRH training because when reading the acts and mandates (summarised in Table 1) of the Health Professionals Council of Zambia (HPCZ), Higher Education Authority (HEA),

Zambia Qualifications Authority (ZAQA) and local government authorities, there appears to enough authority provide quality assurance. The conflicts indicated the absence of Intersectoral Collaboration (ISC).

Before 2013, Zambia only had two universities, but since the enactment of the Higher Education Act in 2013, there were many universities, including private ones, that started operating in Zambia, and inevitably the rapid increase in the learning institutions entails more work to regulate them. From the preliminary investigation done, there were no major issues of quality of higher education before 2013, as the two universities were few enough to be easily regulated. However, the rapid increase in the number of universities from 2013 was not matched by a rapid increase in regulatory initiatives. Hence this could explain the reports of poor quality that started emerging.

In an effort to understand the possible regulation issues were arising from, this study assessed the mandates (and their impact) of the respective mandates of regulators that were

summarized in Table 1. As can be observed in Table 1, there was a possibility of overlap in the mandates of the regulators listed in it, and that could have been a contributor to them not being able to fully enforce quality in HRH training. There were also reports of regulators making contradictory decisions, for example, the HPCZ at one time closed the Copperbelt University School of Medicine, but the decision was opposed by the HEA, with the dispute ending up being resolved by the Attorney General [2]. On another occasion, the HPCZ closed a number of health facilities and training institutions, but this was reversed by the Ministry of Health a move that reportedly

displeased stakeholders such as the Pharmaceutical Society of Zambia [3]. In another incident, a university changed its location with the local Government but did not inform the HEA, so the latter froze the operations of the university through the local government authority appeared to be fine with the decision to relocate the university [4]. All these conflicts suggested an overlap of powers among the regulators with not much collaboration among them, and all these could have been contributing factors to quality-related challenges. The overlaps could just be a component of the package of issues in the black box in Figure 1 below:



Figure 1. An Illustration of Where the Problem is Located

In the process of framing the problem, a sequence of three events were illustrated in Figure 1 above, where the potential to regulate higher education and the unsatisfactory quality outcome were noted. The question raised in Figure 1 was: if the regulators of quality in HRH training were available, with adequate authority, as depicted in the first box in Figure 1 above, then why did the third box exhibit questionable quality outcomes? The answer lies in the contents of the second box, the “black box”. This inquiry helped to unpack the “black box”, at least on the regulation side. As mentioned above, the preliminary research noted overlaps of mandates of the regulators as part of what was in the “black box”. As shall be explained further, in this study, the reasons for and impact of these overlaps were uncovered. Below, is a “rich picture” that further illustrates that the regulators had powers that were given

to them by law, but the desired result of quality training was not being achieved.

There have been several studies done on the quality of higher education in Zambia and they had all focused on the shortcomings of training quality in the learning institutions. This inquiry explored the role of the regulators. The insight on the roles of regulators provided by this research, availed a different perspective of how to address the issues of quality of HRH training in Zambia. From the above, it was clear that there was a problem in the governance of regulatory activities related to HRH training.

The inquiry aimed to find reasons why the various regulators were not able to assure quality in HRH training, despite having legal mandates to do so. The study also explored the reasons for absence of ISC among the regulators.

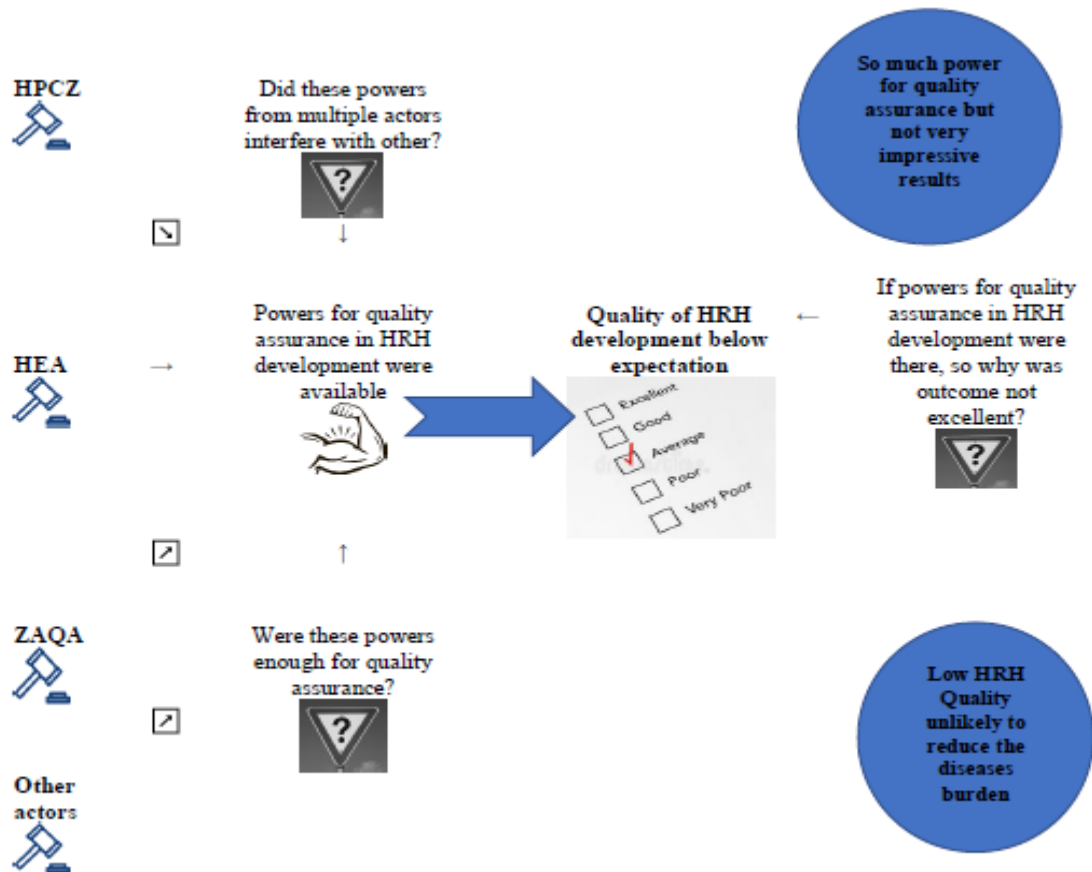


Figure 2. Rich Picture Describing the Problem

Materials and Methods

The inquiry was conducted as a qualitative case study, an approach selected to better understand the problems in the process of regulating HRH training. In such situations, a qualitative case study provides a detailed explanation of the problem [5] as the method has the power to explore this broad complex topic within real-life [6-9]. The inquiry started with a desk review that led to the formulation of Table 1 and was then followed by interviews of purposefully selected persons from the respective regulators mentioned in Table 1. As stated in the introduction, the underlying problems were suspected to be related to governance. Governance and regulatory issues in health have been known to be best investigated using qualitative approaches [10], hence selection of this investigation approach. The interviews took a Narrative approach,

where respondents spoke freely then the research emerged from that narrative. Narratives are known to enable the exploration of social settings and interactive relations [11], which is exactly what this research was looking for, i.e., the interaction and relations of regulators of quality in HRH training.

Results

The desk review collated data from various sources, including scientific reports, legal documents, the press, and corporate reports. Collation and analysis of the data from the desk review showed that there was an overlap in the mandates of the Quality Assurance (QA) regulators (listed in Table 1), and that could have been a contributor to them not fully assuring quality in HRH training. This finding concurred with numerous reports that indicated overlaps. For example, the case of where the HPCZ at one time closed Copperbelt University

but the decision was opposed by the HEA, with the dispute ending up being resolved by the Attorney General [2]. In another case, the HPCZ closed several health facilities and training institutions, but this was overturned by the Minister of Health, a move that reportedly displeased stakeholders such as the Pharmaceutical Society of Zambia [3]. In another incident, the HEA closed a university for changing its location without informing HEA [4], but the Ministry of Local Government also had the authority to determine the University location and didn't seem bothered by the change in location. In the first part of the desk review, the legal mandates of all these regulators were reviewed and summarized in Table 1.

Table 1 showed that each function of the QA regulatory process could be handled by more than one actor, which indicated overlaps in the mandate. Further, from the incidences mentioned above, if some of the conflicts actually needed the interpretation of the Auditor General, then it also suggested that the mandates were not clear, so they needed a higher authority to interpret them. If it was complex enough to be referred to the Attorney General, then it meant it was not simple enough for routine quality assurance operations-another possible hindrance to QA operations. This further indicated that overlapping authorities were not the only content of the "black box", but there was also a problem with the interpretation of the respective mandates of the regulators.

In further review of press reports, it was also noted in the Zambia Daily Mail of 20th September 2019 [12] and on the website of the Higher Education Authority [4] that there were universities that were operating in Zambia illegally, they were named, and the public was warned to keep away from them. The Higher Education Act of 2013 mandated the HEA to work with the minister to close such institutions in Section 40 (1), as the Act read in part: "*The Minister may, after consultation with the*

Authority, by notice in the Gazette, close a public higher education institution, where the public higher education institution—(a) is not operated in accordance with the provisions or requirements of this Act;....." The question that arose here was: if the HEA had all this power, why did it not just close these universities as opposed to taking a softer approach of telling the public to stay away from these universities? This indicated that the HEA was under utilising its mandate, and this could have been contributing to the low quality. This further indicated that overlapping authorities were not the only content of the "black box", but the inability to fully apply the law for QA was also in the box.

A few days later, in another press report on 25th September 2019 [13], the HEA was reported to have closed five universities, and this was confirmed on their website. It showed the HEA was becoming firmer in its actions, but it also showed that actions against erring institutions were not consistent at the time. If these universities that were closed committed the same offense as those who were just publicly named, then why did the two sets of offenders get different penalties? This finding showed that another element of the black box was inconsistency by the regulators in applying their regulatory powers. This meant that despite all the powers listed in Table 1, there was no guarantee of consistent response to threats to QA in HRH training.

At this point, it was established that there were overlaps in the mandates of the regulators, difficulties in interpreting the legal mandates of the various regulators, less than firm responses to violators of QA regulations, and inconsistent responses to QA challenges. After establishing these challenges, the data collection was expanded to include interviews.

Table 1. The Powers of the Various Regulators before 2021

Quality Assurance Function	Actors Involved	Specific Constitutional Clauses of the Actors
Setting-up of university	HPCZ	“A training institution shall not provide, or hold out as providing, training to prepare students for a health profession, unless the training programme is approved by the Council.”
	HEA	“A person shall not operate a private higher education institution unless the private higher education institution is registered under this Act.”
	Local government	“A person who intends to operate a private higher education institution shall apply to the Authority for registration of the private higher education institution in the prescribed manner and form upon payment of the prescribed fee.”
Training programs (control of)	HPCZ	“To prohibit and control the development and use of land and buildings and the erection of buildings, in the interests of public health, public safety, and the proper and orderly development of the area of the council.”
	HEA	“A training institution that intends to offer training in a health profession shall apply to the Council for approval of the training programme in the prescribed manner and form upon payment of the prescribed fee.”
Inspections	HPCZ	“The Authority shall approve an application for registration if —(h) the learning programmes to be provided at the private higher education institution are of a quality that will enable the private higher education institution to provide a standard of higher education in accordance with this Act; and...”
	HEA	“The Council shall, at least every five years from the date of the approval of a training programme under section <i>thirty-three</i> , review the approved training programme, including the performance of the graduates of the programme”.
	HEA	“An inspector may, for the purpose of enforcing the provisions of this Act, at any reasonable time, without prior notice, and on the authority of a warrant, enter any premises of a higher education institution that the inspector has reasonable grounds to believe is used by any person for the commission of an offence or contrary to the provisions of this Act, and...”
Influence on Exams	HEA	“ <i>Determine</i> the terms and conditions on which examiners shall be appointed by the Senate and the remuneration to be paid to the examiners;”
	Respective universities	Each university sets and marks its own examinations
	HPCZ (no exam influence)	“Has passed the prescribed assessment examination conducted by the relevant training institution in Zambia, recognised by the Council;”

Influence on award of degrees	HEA	“Where a college or other educational institution is affiliated with a public higher education institution under subsection (1)—... (g) all qualifications certified by the public higher education institution shall be signed by the Vice-Chancellor or Registrar of both the public higher education institution and the affiliated institution; and..”
	ZAQA	“Accredit a qualification or part-qualification recommended by an appropriate authority if it meets the relevant criteria;”
Recognition of foreign qualifications	HPCZ	“Subject to the provisions of this Act, a person who is trained outside Zambia and is not a holder of a qualification recognised by the Council, may apply for temporary registration.”
	ZAQA	“The Council shall, upon receipt of an application made under subsection (1), issue the applicant with a temporary certificate of registration if the applicant—possesses such knowledge and training as may be prescribed;”
Due diligence on recruitment (checks)	PSMD	“Recognise and validate competencies for purposes of certification obtained outside the country;”
	HPCZ	Proof of qualifications, criminal investigations clearance, age eligibility, medical certificate, NRC, declaration of secrecy and issues probation.
Additional studies (CMEs + PGs) both local and abroad	ZAQA	“A person shall not practise as a health practitioner, unless that person is registered as a health practitioner in accordance with this Act.”
	HPCZ	“Provides a certificate of good standing from the professional registration body in the country where the person is currently practising;”
Governance	ZAQA	“Collaborate with its international counterparts on all matters of mutual interest concerning qualification frameworks”
	HPCZ	“The criteria for recognition by the Council of continuing professional development, training programmes and training institutions for purposes of this Act;”
Governance (HPCZ)	Minister of Health (HPCZ)	“Subject to the provisions of this Act, a person who is trained outside Zambia and is not a holder of a qualification recognised by the Council, may apply for temporary registration.”
	Minister of Health (HPCZ)	“The Minister may, by statutory instrument, on the recommendation of the Council, prescribe: the qualifications for registration of a person as a health practitioner; and the scope of practise for health practitioners registered under this Act....
	Minister of Health (HPCZ)	the type of continuing professional development and training required as a pre-requisite for the issuance of a practicing certificate;”
	Minister of Health (HPCZ)	“The Minister may, by statutory instrument, on the recommendation of the Council, make regulations to provide for continuing professional development and training to be undertaken by health practitioners.”
Minister of Health (HPCZ)	“The Minister may, by statutory instrument, on the relating to recommendation of the Council, make regulations to provide for—practicing certificates (a) the terms and conditions for the issuance of practicing certificates.	

		<p>“The type of continuing professional development and training and any other information required for the issuance of a practising certificate; and any other matter necessary for purposes of this Act.”</p> <p>“The Minister may, on the recommendation of the Council, make regulations prescribing the circumstances and manner in which a health practitioner (a) may be removed from the Register; and... (h) who is removed from the Register, may be restored on the Register and the fee to be paid for the restoration.”</p> <p>“There is hereby constituted a Board of the Authority which shall consist of the following part-time members appointed by the Minister:”</p> <p>“The Minister may give to the Board general or specific directives which are consistent with the provisions of this Act and the Board shall implement the directives”</p> <p>“The Minister may give to a higher education institution general or specific directive which are consistent with the national policies and the provisions of this Act.”</p> <p>“There is hereby constituted the Board of the Authority which shall consist of the following part time members appointed by the Minister”.</p> <p>“The funds of a public higher education institution shall consist of such moneys as may”.</p> <p>“Adequate financial provision has been made or is guaranteed for the proper maintenance of the private higher education institution for a reasonable period”.</p> <p>“Establishing a team of faculty members whose primary responsibility is to teach. Just as research staff are currently employed in positions primarily to undertake research, teaching staff should be funded, responsible and rewarded for good teaching” (adapted by WHO from Hatem <i>et al.</i>, 2011).</p> <p>“Governments, funders and accrediting bodies should implement higher education policies for mandatory faculty development programmes that are aligned with the goal of relevant health professionals’ education (in developing teaching and clinical skills) and linked to funding, promotion and reward”</p> <p>The medical school must have an admission policy including a clear statement on the process of selection of students.</p> <p>The medical school must define and state the methods used for assessment of its students, including the criteria for passing examinations.</p> <p>There should be facilities for quiet study and for relaxation. If the hospital is geographically separate from the university campus, library and computer-based literature search facilities should be provided.</p> <p>Undergraduate medical education is greatly enhanced by a medical school environment in which research is actively pursued.</p> <p>Other teaching centres, such as community centres, also need appropriate resources.</p>
	Minister of Higher Education (HEA)	
	Minister of Higher Education (ZAQA)	
	HEA	
Financial sustainability of universities	University Financial Sustainability	
Some WHO recommendations	Clear process for student selection	
	Linking exams to global standards	
	research	
	other	

From the interviews, HEA confirmed that overlaps were there before 2021, and they outlined what they had started doing to address them. The interview revealed that when the HEA noted that they had conflicts with other regulators, they took up the initiative to successfully advocate for the amendment of the Higher Education Act. The Act was amended in 2021, where this amended Act gave HEA the power to be overall in charge of higher education regulation over all the other actors mentioned in Table 1. An interview with the HPCZ indicated that the amendment of the Higher Education Act came with a consequential amendment of the Health Professional Councils of Zambia Act, which essentially reduced the authority of the HPCZ in the QA of HRH. A further investigation through desk reviews indicated that there were further consequential amendments of the Acts of the other actors in Table 1.

The amendment of the Higher Education Act meant that the regulatory authority of the HEA was increased, but that of other actors was reduced with their ability to complement QA work compromised. The positive part of this change was that there were unlikely to be any overlaps/conflicts like the one that ended up with the Attorney General. It is good to end conflicts mentioned in the introduction, but it minimizes the contribution of others to QA. The other actors just added to the HEA QA value chain but could add more value to the entire national QA value chain if given more authority. From the interviews, the HPCZ mentioned that they would be able to offer more in QA, but the amended Act limited them to only providing a curriculum to the HEA. An examination of the HPCZ's capacity showed that the HPCZ had a strong capacity and experience in regulating medical-related training as compared to the HEA- this finding indicated that having the latter take over the role of the former was likely to compromise the QA of HRH training. Further research on the

impact of the amended Higher Education Act is on-going.

At this point, it was established that there were overlaps in the mandates of the regulators, difficulties in interpreting the legal mandates of the various regulators, less than firm responses to violators of QA regulations, and inconsistent responses to QA challenges. It was then found that the HEA had taken measures to address these challenges. After establishing these challenges, the HEA triggered the amendment of the law to adjust the mandates of the various regulators of higher education, including those regulating HRH training. The initiative to alter mandates appeared to have reduced the conflicts among the regulators, as the desk review did not find any conflicts after the law was amended, a fact that was verified in the interviews with the respective regulators. It was, however, not clear if this absence of conflicts entailed increased intersectoral collaboration.

As the data collection proceeded, it was noted that there was some form of ISC existing among the regulators. Though some collaboration exists between the actors after some reforms that were taken in 2021, it could be described as needing improvement as it was found that regulators other than the HEA were not playing a prominent role in quality assurance. ZAQA and Local Government were found to have some interaction with HEA under the current arrangement, but it was more of the ZAQA and Local Government only providing support to the HEA on selected subjects and not an iterative relationship. ZAQA's interaction with HEA was found to be at the point when HEA submitted proposed qualifications for new programs for ZAQA to consider and include in the National Qualifications Framework (NQF).

Local Government approves the use of premises for learning institutions before HEA gives permission to open the institution. However, there was no direct interaction between the Local Government of HEA, and the latter only received approval documents

from the former through the learning institution applying for approval. There was no interaction found between the Local Government and any other regulators, and there was no regular or direct interaction between ZAQA and other regulators such as HPCZ. This limited interaction among regulators was noted to be inadequate to be termed as ISC and also limited the contribution of other regulators in providing QA for HRH training.

It was also found that the HEA had created provisions for interaction with other regulators, notably, the Program Core Elements Review Meetings and Quarterly Meetings. One of the positive things that emerged from the HEA's reforms in 2021 was the creation of the Program Core Elements Review. This is a platform where universities present their programs, and the core elements of that program are reviewed by a panel and later subjected to validation by their peers. The outcome ensured that universities were offering programs that have undergone a more rigorous curriculum review than previously when universities would design their own programs and deliver them to students. This platform promoted the incorporation of expert views, provided peer review, and increased collaboration between the HEA and the training providers and, to some extent, between the HEA and other regulators.

Intersectoral collaboration has been defined as "a recognised relationship between part or parts of the health sector with parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone" [14]. In other words, ISC is a collaboration amid diverse social groups that permits them to resolve common problems. The relationship between the regulators of HRH training in Zambia can be described as "recognized" as it is enshrined in the law. However, the arrangement does not appear to

create a more effective system than if the individual regulators were working on their own. To a large extent, the HEA was the only regulator that is maximizing its potential, while others, such as HPCZ are not. Potentially more effective collaboration is where all stakeholders were contributing to the maximum of their potential.

It has been found that for ISC to succeed, the frames of the collaboration should be collectively reflected upon and negotiated to arrive at a joint determination of common goals [14]. From the findings, the stakeholders did not at any point have any reflection and/or negotiation on to agree on the framework of the collaboration.

Discussion

The findings of this inquiry showed that the assumption made in the introduction that there was an overlap of the powers of actors was true. Further, the issues raised on quality by other researchers, such as the ZMA, were confirmed by this inquiry. However, the findings on the contributions made by the various regulators have not been explored till now. There have been some achievements in resolving the problem of overlaps, but this was done at the expense of limiting the contribution of some regulators in the QA process.

The first achievement was that the problem of overlaps has been noticed by at least two actors, the HPCZ and the HEA. Noticing the overlaps was a major first steps to working towards findings solutions. If there was no notice of the overlaps, then all the efforts currently being made to end overlaps could not have been made at all.

The second achievement was that after noticing the stated regulatory challenges, at least two actors, ZAQA and HEA, amended the laws that governed their work where the amended Higher Education Act of 2021 appeared to be set to end any possible conflicts among the regulators. However, this achievement was made by increasing the

powers of one actor, the HEA, and reducing the powers of the actors to challenge this actor. Having most powers vested in one regulator is good for lessening conflict but it limits the role of other regulators. The best solution would have been to maintain the powers of the other regulators but put in place an effective system of conflict resolution. Each regulator has its area of specialty, so allowing each regulator to perform its function to the best of its ability will improve QA in HRH training. Having multiple regulators with sufficient authority also gives an opportunity for “checks and balances” or some form of “peer review” that could foster the upholding of standards. Having one regulator to serve as the sole regulator could take away the benefits of specialization that are on offer by other actors.

Thirdly, there were efforts made by the various regulators to improve their relations, for example, the HEA and HPCZ were reported to be in the process of developing a Memorandum of Understanding and were pondering conducting joint regulatory missions, after the conflict they had. The ZAQA had also been establishing closer working relations with HEA, especially in helping the latter package the higher education programs into the Zambia National Qualifications Framework. All these were positives, but more of bilateral relation improvements than ISC for all regulators. More needed to be done to bring all stakeholders around one table.

The reported conflicts highly were highly suggestive of the absence of Intersectoral Collaboration (ISC) in the regulation of higher education in Zambia. Intersectoral collaboration is associated with the process of decision-making in quality assurance as it helps the stakeholders to achieve common goals [15]. In several health-related projects, ISC has been noted to be an enabler [16]. Although the perception of the importance of ISC is neither uniform nor constant, but it varies across different types of coalitions because the salient features of each coalition are different [17] but

it has been found to be feasible and useful [18]. Weaknesses in ISC in the regulation of training will therefore affect the quality of HRH training. Good quality of human resources in the health sector has a link to better patient treatment outcomes and eventually leads to a lower disease burden [19].

QA in higher education in Africa has come a long way and has a long history. Research [20] narrated the evolution of quality assurance in higher education in Africa. He noted that the history of quality assurance in higher education in Africa goes back to the founding of the first universities in Africa (for example, Fourah Bay College in Sierra Leone in 1827), all of which were affiliated to partner universities located in the colonizing countries (the United Kingdom, France, and Portugal). The research further noted that the following independence, governments had more control and interest in taking authority over higher education but the prioritized access (quantity) over quality. This led to an increase in the number of universities and their intakes but it compromised quality. There was also an introduction of private universities, which were of course, outside government control, so this led to governments setting up national quality assurance agencies to ensure minimum standards. Further, the emergence of the private sector in higher education had been known to add a layer of complexity to QA systems [21].

It was noted that the respective regulators were putting in a lot of effort to ensure the quality of HRH training. However, more needed to be done to improve QA in HRH by enabling the regulators work as a whole and not as a sum of parts. There was also needed to harness the expertise of all the actors so that others should not feel their expert contribution was being restricted. To enable the multiple regulators to work together, it means adjusting the way they are currently working. However, changing the way they operate is not straightforward as their respective actions are mandated by law, so changing what they do

could need adjusting the law. Having a consensus on the need for change would be a major first step in adjusting the working relations of the regulators. Research is on-going to establish how the regulators could work more effectively together.

Conclusion

The inquiry aimed to find reasons why the various regulators were not in a position to assure quality in HRH training, despite having legal mandates to do so. The study also explored the reasons for the absence of ISC among the regulators. The inquiry found that before 2021, the regulators had overlapping mandates that resulted in conflicts and created an environment that neither fostered QA in HRH training nor promoted ISC. The inquiry also found that in 2021 the mandates of the regulators were reviewed, where the revised mandates resulted in fewer conflicts but appeared to limit the contribution of some regulators to the QA process. It was also clear that both before and after 2021, the ISC framework was neither negotiated nor co-reflected, and this appeared to be the most significant cause of deficiency of ISC among the regulators of HRH training.

The findings of this inquiry are important for improving health, as the quality of HRH training affects the disease burden. Better quality in HRH training helps in addressing the country's disease burden. According to the

WHO [22], poor quality of HRH, resulting from poor training results in poor health outcomes and subsequently holds back progress on improving health in countries at all income levels, a view similar to what is stated by the World Bank [23] and UNESCO [24]. Poorly trained HRH could lead to inaccurate diagnosis, medication errors, inappropriate or unnecessary treatment, inadequate or unsafe clinical facilities or practices, and prolonged hospital admissions, which not only increase the disease burden but also increase the cost of care. Enabling the regulators of quality in HRH training in Zambia to deliver better results will be a major step towards improving the quality of graduates and subsequently reducing the disease burden and fostering economic development. Further, quality human resources for health are needed to meet the targets of Universal Health Coverage [25] and reduce disease burden [26].

Conflict of Interest

The author has no conflict of interest on this research.

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