

Health Professions (Advertising) Regulations, 2026

ARRANGEMENT OF SECTIONS

PART I

PRELIMINARY

1. Title.
2. Application.
3. Interpretation.

PART II

GENERAL PRINCIPLES GOVERNING ADVERTISING

4. Permissible advertising.
5. Prohibited advertising.
6. Responsibility for advertisements.
7. Touting for patients.
8. Commissions and fee sharing.
9. Public health education and health promotion.
10. Informed consent.

PART III

ADVERTISING MEDIA

11. Print and directory advertising.
12. Radio and television advertising.
13. Frequency of advertising in print media, radio and television.
14. Websites and Digital Platforms.
15. Electronic communications.
16. Social media advertising.
17. Outdoor advertising.
18. Application for outdoor advertisement approval.
19. Directional signs.
20. Premises signage.

PART IV

PROFESSIONAL CONDUCT IN ELECTRONIC MEDIA

21. Protection of patient confidentiality.
22. Professional boundaries.
23. Respect for other health professionals.
24. Professional integrity.
25. Disclosure of conflicts of interest.

PART V

GENERAL PROVISIONS

26. Anonymous publications.
27. Protection of reputation.
28. Endorsements and use of name.
29. Transitional provisions.
30. Savings.
31. Enforcement.
32. Offences and penalties.
33. Acts of misconduct.

IT is hereby notified that the Minister responsible for Health and Child Care, in terms of section 145 of the Health Professions Act [Chapter 27:19], has made the following regulations:—

PART I

PRELIMINARY

Title

1. These regulations may be cited as the Health Professions (Advertising) Regulations, 2026.

Application

2. These regulations shall apply to—

- (a) every practitioner registered in terms of the Act;
- (b) every health institution operating under the Act.

Interpretation

3. In these regulations—

“Act” means the Health Professions Act [*Chapter 27:19*];

“advertisement” means any communication disseminated through any medium for the purpose of informing the public about professional health services lawfully offered by a practitioner;

“advertising” means public communication, message or representation by or on behalf of a registered practitioner or health institution, through any medium, with the intent to promote, publicise or draw attention to their professional services, skills, qualifications or products, in a manner that may influence a person’s choice of service;

“Authority” means the Health Professions Authority of Zimbabwe;

“council” means any health profession council established in terms of the Act;

“consumer” means a member of public seeking professional health services for themselves, a dependent or any other party;

“improper or disgraceful conduct” means conduct which is improper as judged by accepted norms of the health profession;

“health practitioner” means a person registered in terms of the Act;

“Ministry” means the Ministry responsible for health and child care;

“professional health services” means any service, procedure, consultation, diagnosis, treatment, intervention or advice relating to the physical or mental health, wellness or

condition of a person, provided by a registered health practitioner or health institution in the course of their registered scope of practice.

PART II

GENERAL PRINCIPLES GOVERNING ADVERTISING

Permissible advertising

4. A health practitioner or health institution may advertise professional health services provided that the advertisement—

- (a) is factual, accurate and capable of substantiation;
- (b) is not misleading, deceptive or likely to create unjustified expectations;
- (c) is consistent with accepted professional and ethical standards;
- (d) promotes informed healthcare choices by members of the public;
- (e) promotes public health education and health promotion.

Prohibited advertising

5. (1) No health practitioner or health institution shall publish, cause to be published, distribute, broadcast or otherwise disseminate an advertisement that—

- (a) contains information that is false, misleading, deceptive or likely to mislead the public;
- (b) exaggerates the effectiveness, quality, safety, benefits or outcomes of any health service, treatment, procedure, product or intervention;
- (c) guarantees a cure, successful outcome or any particular result from the provision of a health service;
- (d) directly or indirectly claims superiority over, or compares favourably with, another health practitioner, health institution or health service;
- (e) contains or relies upon patient testimonials, endorsements or purported testimonials;

- (f) contains language, images, audio, video or other content that is offensive, sensational, indecent, discriminatory or likely to exploit fear, anxiety, distress, vulnerability or lack of medical knowledge;
- (g) promotes or depicts the use of prescription medicines or controlled substances in contravention of the Medicines and Allied Substances Control Act [*Chapter 15:03*];
- (h) advertises exclusive, secret, miraculous, unique or guaranteed cures, treatments or procedures that are not supported by credible scientific evidence recognised by the Council;
- (i) offers discounts, inducements, gifts, rewards, rebates, incentives, competitions or promotional benefits; or
- (j) is likely to bring the health profession into disrepute or otherwise undermine public confidence in the integrity, dignity or reputation of the profession.

(2) No person who is not a registered health practitioner or registered health institution shall, directly or indirectly, advertise any professional health services.

Responsibility for advertisements

6. (1) A health practitioner shall be responsible for any advertisement published or disseminated on their behalf.

(2) The health practitioner in charge of a health institution and the administrative head of the institution, whether or not the administrative head is a registered health practitioner, shall be responsible for ensuring that the health institution and any advertising agency or other third party acting on its behalf comply with these regulations.

Touting for patients

7. (1) In this section—

“touting” means any direct or indirect action by a health practitioner or health institution intended to attract patients by persuasion, enticement, pressure or uninvited personal canvassing.

(2) No health practitioner or health institution shall directly or indirectly solicit, canvass or tout for patients.

Commissions and fee sharing

8. (1) No health practitioner or health institution shall accept any commission, rebate, benefit or other consideration in return for—

- (a) referring patients to any health institution, practitioner or provider;
- (b) recommending products or health services;
- (c) promoting the business of another person.

(2) No health practitioner or health institution shall pay, transfer, rebate or otherwise give any portion of professional fees charged to any person who did not personally render or directly participate in the professional services for which the fees were charged.

Public health education and health promotion

9. A health practitioner or health institution may disseminate factual, evidence-based information for the purpose of public health education, disease prevention or health promotion, provided that—

- (a) the information is accurate, current and consistent with guideline issued by the Ministry, recognised organisations like the World Health Organisation (WHO) or the relevant Council;
- (b) where the material includes the identity of the health practitioner or health institution, it shall be limited to factual information permitted under section 4, and shall not contain any claim, comparison, testimonial or inducement prohibited in terms of section 5.

Informed consent

10. A patient's response to an advertisement shall not—

- (a) constitute informed consent; and
- (b) waive the professional, legal or ethical obligation of a health practitioner or health institution to obtain

informed consent before treatment by a health practitioner or health institution.

PART III

ADVERTISING MEDIA

Print and directory advertising

11. Advertisements appearing in directories, newspapers, journals or similar publications shall contain—

- (a) the registered name of the health practitioner or health institution;
- (b) recognised qualifications and registered specialties;
- (c) official physical address and contact details;
- (d) practice hours;
- (e) website or electronic email details; and
- (f) a concise description of services offered.

Radio and television advertising

12. Any advertisement of professional health services broadcast on radio or television shall, in addition to complying with section 5, comply with the following requirements—

- (a) the advertisement shall not exceed 30 seconds;
- (b) the advertisement shall be broadcast without background music, dramatic sound effects, voice modulation or other production techniques intended to persuade; and
- (c) the advertisement shall end with a clear audible disclaimer, spoken at normal speed and volume, stating “this advertisement is for information purposes only and does not constitute medical advice. Consult a registered health practitioner or health institution for diagnosis and treatment.”

Frequency of advertising on print media, radio and television

13. (1) Subject to sections 4 and 5, any health practitioner or

health institution that advertises professional health services through print media, radio or television shall ensure that—

- (a) the advertisement published in any newspaper, magazine or other print publication does not exceed 2 publications per month in that publication; and
- (b) an advertisement broadcast on any radio station or television channel does not exceed 2 broadcasts per month on that station or channel.

Websites and digital platforms

14. A health practitioner or health institution may maintain a website containing—

- (a) professional qualifications recognised by the council;
- (b) professional health services offered;
- (c) practice location and contact information;
- (d) factual public health education material;
- (e) practice operating details.

(2) Information published on a website shall comply with these regulations and all applicable laws relating to privacy, data protection, consumer protection and professional ethics.

Electronic communications

15. Direct electronic communications, including electronic email Short Message Services (SMS) shall be professional, factual and directed only to existing patients or persons who have explicitly consented to receive such communications in accordance with applicable data protection laws.

Social media advertising

16. (1) A health practitioner or health institution using social media, in addition to complying with sections 4 and 5 shall—

- (a) ensure that all information published is accurate, truthful, verifiable and consistent with the standards of professional conduct prescribed by the council;

- (b) not disclose any patient identifying information, clinical images or other confidential information without lawful authority and the prior written consent;
- (c) not provide an individual diagnosis, treatment recommendation or prescription to any person through public posts, comments or direct messaging functions;
- (d) not publish graphic, disturbing or sensational clinical images or content;
- (e) maintain professional boundaries in accordance with ethical guidelines issued by the respective health profession council; and
- (f) clearly disclose any financial or commercial interest in respect of any content published.

(2) A health practitioner or health institution shall not advertise professional services through social media by means of endorsements, testimonials or appearance by a celebrity, public figure, influencer or any such related person.

(3) Information published on any social media platform shall comply with these regulations and all applicable laws relating to privacy and data protection, consumer protection and professional ethics.

Outdoor advertising

17. (1) No health practitioner or health institution shall advertise through billboards and similar outdoor media without approval by the Council.

- (2) Such advertisements shall be limited to—
- (a) registered name;
 - (b) practice logo;
 - (c) registered speciality;
 - (d) contact details;
 - (e) operating hours;
 - (f) a brief factual description of services rendered.

(3) Any Information published on any billboard or outdoor medium in terms of subsection 2, shall comply with these regulations and local authority bylaws and any other applicable laws.

Application for outdoor advertisement approval

18. (1) A health practitioner or health institution that intends to display an outdoor advertisement in terms of section 17 shall submit an application to the relevant Council in the prescribed form provided for by the relevant health profession council in its guidelines.

(2) An application made in terms of subsection (1) shall be accompanied by—

- (a) a prescribed fee;
- (b) a visual proof or copy of the proposed advertisement in its final form and dimensions;
- (c) details of the proposed location and physical medium; and
- (d) such other supporting information as the Council may reasonably require.

(3) The council shall, within thirty days of receipt of a complete application, approve the application with or without such conditions as it may determine, or refuse the application.

(4) The council may refuse the application and were it refuses the application it shall furnish the applicant with written reasons for its decision within fourteen days of that decision.

(5) Any person aggrieved by a decision of a Council under this section may, within thirty days of notification of the decision, appeal to the Health Professions Authority in terms of section 22 of the Act, as may be applicable.

(6) Pending the determination of an appeal made under subsection (5), the decision of the Council shall remain in force unless the appellate body directs otherwise.

Directional signs

19. A health practitioner or health institution may erect directional street signs containing basic location details, provided that: —

- (a) such signs are approved by the relevant local authority; and
- (b) comply with guidelines issued by the council.

Premises signage

20. A health practitioner or health institution may display signage identifying the premises from which services are rendered, provided that such signage—

- (a) is confined to the boundary or building of the practice premises; and
- (b) complies with size, illumination, and design guidelines issued by the council and relevant local authority by-laws.

PART IV

PROFESSIONAL CONDUCT IN ELECTRONIC MEDIA

Protection of patient confidentiality

21. A health practitioner or health institution shall preserve patient confidentiality across all digital communications, electronic transmissions and social media platforms.

Professional boundaries

22. A health practitioner or health institution shall maintain appropriate professional in all electronic interactions with patients, in line with ethical rules prescribed by the council.

Respect for other professionals

23. A health practitioner or health institution shall not publish false, disparaging, defamatory, harassing or unsubstantiated statements concerning another health practitioner, health institution, or health discipline.

Professional integrity

24. A health practitioner or health institution shall conduct themselves online in a manner that upholds the dignity, integrity and reputation of the profession.

Disclosure of conflicts of interest

25. A health practitioner or health institution who publishes material relating to healthcare products, services or institutions shall disclose any material financial, commercial or personal interest.

PART V

GENERAL PROVISIONS

Anonymous publications

26. No health practitioner or health institution shall publish scientific, academic or health education material anonymously or under a pseudonym in a manner that conceals their professional identity while offering health advice.

Protection of reputation

27. No health practitioner or health institution shall, without reasonable and lawful cause, impugn the professional reputation, competence or integrity of another health practitioner or health institution.

Endorsements and use of name

28. No health practitioner or health institution shall permit their name to be used in connection with the commercial advertisement of consumer products, medicines, devices, foodstuffs or services in a manner that implies professional health endorsement.

Transitional provisions

29. (1) Any advertisement, publication, website, social media account, sign, billboard or other promotional material relating to professional health services that was lawfully published, displayed or disseminated before the date of commencement of these regulations

shall be brought into conformity with these regulations within ninety days of that date.

(2) A health practitioner or health institution that, immediately before the date of commencement of these regulations, had entered into an agreement with an advertising agency or other third party for the dissemination of advertising material shall, within ninety days of that date, take all reasonable steps to ensure that the agreement and any advertising material disseminated thereunder comply with these regulations.

(3) The Council may, upon written application and for good cause shown, extend the period referred to in subsection (1) or (2) for a period not exceeding thirty days.

(4) No disciplinary proceedings shall be instituted in respect of a failure to comply with subsection (1) or (2) before the expiry of the period specified in those subsections or any extension granted under subsection (3).

(5) Any advertisement, publication, website, social media account, sign, billboard or other promotional material that is published, displayed or disseminated after the commencement of these regulations shall comply with these regulations from the date of such commencement.

Savings

30. Any directive, guideline, approval or determination relating to the advertising of professional health services which was in force immediately before the commencement of these regulations shall continue in force, to the extent that it is not inconsistent with these regulations, until amended or revoked by the Council.

Enforcement

31. (1) The Council may, either on its own initiative or upon receipt of a complaint, investigate any alleged contravention of these regulations.

(2) For the purposes of subsection (1), the Council may require a health practitioner, health institution or any person acting on behalf of a health practitioner or health institution to furnish, within such

period as the Council may specify, any information, relevant records or copies of advertisements reasonably required for the purposes of the investigation.

(3) Where the Council is satisfied that a health practitioner or health institution has contravened these regulations, the Council may issue a written compliance notice directing the health practitioner or health institution concerned to—

- (a) immediately cease the publication, dissemination or display of the advertisement concerned;
- (b) withdraw, remove or amend the advertisement within such period as may be specified in the notice;
- (c) publish a corrective statement in such manner as the Council may direct; or
- (d) take such other measures as may be necessary to ensure compliance with these regulations.
- (e) take specified remedial action.

(4) A compliance notice issued under subsection (3) shall state—

- (a) the nature of the alleged contravention;
- (b) the provision of these regulations that has been contravened;
- (c) the measures required to remedy the contravention; and
- (d) the period within which the measures shall be implemented.

(5) A health practitioner or health institution that is aggrieved by a compliance notice issued under subsection (3) may, within fourteen days of receiving the notice, make written representations to the Council for the variation or withdrawal of the notice.

(6) The lodging of representations under subsection (5) shall not suspend the operation of a compliance notice unless the Council otherwise directs.

(7) Where the health institution or health practitioner fails to comply with a compliance notice issued under subsection (3), the

council may institute disciplinary proceedings against the health practitioner in accordance with the Act.

(8) Where the Council has reasonable grounds to believe that the continued publication or dissemination of an advertisement poses a serious risk to public health or is likely to cause substantial prejudice to the public, the Council may direct the immediate suspension of the advertisement pending the conclusion of its investigation.

(9) The exercise of the powers conferred by this section shall not preclude the institution of criminal proceedings in respect of any offence committed under these regulations or any other enactment.

Offences and penalties

32. (1) Any person who contravenes section 5(2) or fails to comply with a compliance notice issued under section 31 commits an offence and is liable to a fine not exceeding level twelve or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment.

(2) Where a health institution or practitioner commits an offence under these regulations, the health practitioner or health institution shall be liable to Level 6 fine and, every director, manager or officer who knowingly authorised or permitted the contravention shall be personally liable.

(3) Prosecutions under this section shall be without prejudice to any disciplinary proceedings instituted under the Act.

Acts of misconduct

33. (1) Any contravention of these regulations by a registered health practitioner shall constitute improper conduct, unethical conduct or disgraceful conduct, as the case may be, for the purposes of disciplinary proceedings in terms of the Act.

(2) In determining an appropriate disciplinary penalty for contravention of these regulations, the Council or Authority may have regard to—

- (a) the nature, scale, duration and gravity of the contravention;

Health Professions (Advertising) Regulations, 2026

- (b) whether the contravention was deliberate or repeated;
- (c) the extent of actual or potential harm caused to the public;
- (d) any remedial steps taken by the health practitioner or institution; and
- (e) any previous findings of misconduct against the health practitioner or institution.