

South African Medical Research Council (SAMRC)

STRATEGIC PLAN

2020/21 – 2024/25

Date of tabling

February/March 2020



EXECUTIVE AUTHORITY STATEMENT

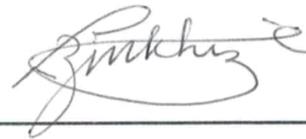
I hereby endorse this South African Medical Research Council Strategic Plan developed by the Executive Management Committee of the South African Medical Research Council under the guidance of Professor Johnny Mahlangu, Chair of the SAMRC Board and Professor Glenda Gray, SAMRC President and Chief Executive Officer.

This SAMRC 2020/21-2024/25 Strategic Plan considers all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible and accountable for.

It also accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2020/21 – 2024/25.

Dr ZL Mkhize, MP
[Minister of Health]

Signature: _____

A handwritten signature in black ink, appearing to read 'ZL Mkhize', is written over a horizontal line. The signature is fluid and cursive.

ACCOUNTING OFFICER STATEMENT

The South African Medical Research Council (SAMRC) has just celebrated 50 years of its existence. In this past half a century, this dynamic organization can be proud of its health research impacts and outcomes including setting the national research agenda, attracting the financial and human resources to conduct relevant and responsive health research, training a diverse cadre of the next generation of researchers and aligning research effort and activities to the health priorities and needs of the country. As a public entity, the SAMRC has been exemplary in many areas of its mandate including excellence in its fiscal discipline, effective organizational governance characterized by multiyear clean audits and leading the transformation agenda in medical science research. These accolades were all achieved without lowering the high standard of locally impactful and globally competitive research conducted and supported by the SAMRC. The SAMRC 2020/21 – 2024/25 Strategic Plan builds on the successes and considers, the lessons learnt, from the previous Strategic Plans and will chart a new direction – a reimagined organisation set to make further impact in the disease burden in South Africa and globally.

In the past 5 years, Professor Glenda Gray the President and CEO led the implementation of our 2015/16-2019/20 strategic plan. Fast tracking transformation was at the top of her agenda to ensure that the medical and science graduates within the intramural programme are reflective of the demographic of the country. The SAMRC in this period also initiated a research capacity development programme investing in the development of PhD, post-doctoral fellows and mid-career scientists to ensure a robust pipeline of health researchers. By addressing organizational structure and governance the SAMRC was enabled to operate effectively and efficiently.

Transformation in science as Africa's largest funder of health research means responding to the national context, by looking at the science landscape and where interventions are needed to increase the small critical mass of African scientists. The SAMRC's Self-Initiated Research (SIR) grants, a competitive grant funding scheme, was re-engineered to address gender, racial, institutional and geographic parity. In order to fund the type of research that would have an impact and at a scale that the SAMRC's research can influence policy and health guidelines, multiple streams of funding are required. Now in her second tenure as President and CEO, Prof Gray in her first five years, attracted and secured additional funding through joint collaborations with the Bill and Melinda Gates Foundation, UKMRC-Newton Fund and collaborations with the US NIH. This strategy has increased the flow of more than R100 million into the organisation over a three-year period.

A publicly funded institution, the SAMRC will continue to ensure that most of the budget is allocated to research conducted and funded by the entity and less on administrative costs. This is in line with their Strategic Objective of administering the organisation in an effective and efficient manner. With money invested into health research, strengthening the level of research output through outputs such as publications, citations, and policy briefs is imperative. Simultaneously, enhancing research translation activities forms a key part of the SAMRC's mission.

The SAMRC remains committed to decreasing the disease burden in South Africa through cutting edge innovations, the development of novel treatment regimens, especially vaccines, as well as improved diagnostic tools, while localizing the production of new drugs and devices, to improve the health and lives of South Africans.

To enable health innovation, it is critical to fund and develop new human capacity in healthcare. The SAMRC's research capacity development programmes are a key part of transformation in science and capacitating the healthcare sector to shape a better healthcare system for all.

As the Chairperson of the SAMRC Board, I am confident that the SAMRC's Strategic Plan 2020/21 – 2024/25 will support the SAMRC's agenda to lead relevant and responsive medical research in South Africa and to fund research that has impact in diseases affecting people in Africa and globally.



Professor Johnny Ndoni Mahlangu
Board Chairperson
South African Medical Research Council

STATEMENT BY THE PRESIDENT OF THE SAMRC

The South African Medical Research Council (SAMRC) provides leadership to medical research in South Africa. The country's health is a significant part of economic development: healthy populations live longer; and are more productive. There are many factors that impact on population health, with South Africa facing a quadruple burden of disease: ranging from stagnating mortality in pregnant women and infants to increasing morbidity and mortality associated with non-communicable diseases such as diabetes mellitus and hypertensive heart disease, as well as the epidemics of TB and HIV, that overwhelm our health system.

As the country's Council conducting and funding health research, innovation and development, the SAMRC is posed to decrease the disease burden in South Africa. The Strategic Plan 2020/21 – 2024/25 reinforces our research efforts across five strategic pillars: (1) The administration of health research in an effective and efficient manner; (2) The generation of new knowledge and its translation into policy and practice; (3) Supporting innovation and technology transfer to improve health; (4) Building sustainable health research capacity in South Africa; and (5) Research translation.

Driven by the five key strategic pillars, the SAMRC has pioneered cutting-edge medical innovations, the development of novel treatment regimens, vaccine development, diagnostic tools, new drugs and devices, aimed at the improvement of the health status of people in South Africa.

The Strategic Plan 2020/21 – 2024/25 serves as our guide to deliver on quality research, high impact science and to ensure that medical science flourishes. With strategic direction from the SAMRC Board, the SAMRC is set to strengthen all components of our research endeavour.

The Strategic Plan 2020/21 – 2024/25 also confirms our focus to fund research based on local development priorities, while ensuring that our research is globally relevant. Through Self- Initiated Research grants, the largest set of grant awards, where approximately 45 new three- year awards are made annually, we aim to develop scientific capacity and transformation of the pipeline of researchers. Through the Mid-Career Scientist Programme, we aim to create a new generation of science leaders.

Transformation in science remains an integral part of our strategy, we have over the past five years increased the number of masters and doctoral students supported through our programmes, while developing a cohort of interns and clinicians, which includes the Bongani Mayosi National Health Scholars Programme (NHSP), an ambitious public-private partnership.

The Bongani Mayosi NHSP is a flagship PhD development programme and a national initiative to advance the next generation of African health and clinical scientists. The Programme is funded by the Public Health Enhancement Fund (PHEF), the PHEF is a non-profit entity to leverage and contribute to strengthening the health sector, which will lead to a stronger relationship between public and private sectors to the benefit of all our people. The Bongani Mayosi NHSP has already produced 47 graduates (87% of which are PhDs) in various health professions.

Through a tight fiscal environment, the SAMRC has delivered on impactful science and will continue to do so effectively and efficiently, as guided by the Public Finance and Management Act

(PFMA). As we implement the new Strategic Plan, we will ensure that our budget is spent on funding science and innovation and less on administrative costs.

Partnerships across frontiers, North-South, South-East, South-South, remain critical in furthering our mission as we rollout the Strategic Plan. Among key collaborations is the first Genomics Sequencing Facility on African soil. Part of our agreement with the Beijing Genomics Institute is to create a national asset to contribute to the better understanding of genetics and disease and enabling the SAMRC to harness the science of genomics for personalised medicine.

Our steadfast focus on key strategic pillars guides our teams of scientists and support staff to help us in enabling the Department of Health, to deliver on their commitment and promise of a long and healthy life for all South Africans.



Professor Glenda E. Gray
President & Chief Executive Officer South
African Medical Research Council

OFFICIAL SIGN-OFF

It is hereby certified that this South African Medical Research Council Strategic Plan was developed by the management of the South African Medical Research Council under the guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board and President Professor Glenda Gray.

The Strategic Plan considers all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible for.

The document accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2020/21 – 2024/25.

Programme 1 - Administration

Mr Nick Buick
Chief Financial Officer

Signature:  _____

Programme 2 – Core Research

Professor Rachel Jewkes
Executive Scientist for Research Strategy

Signature:  _____

Programme 3 – Innovation and Technology

Professor Richard Gordon
Executive Director:
Grants, Innovation and Product Development

Signature:  _____

Programme 4 – Capacity Development

Professor Jeffrey Mphahlele
Vice President: Extra-mural Research

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Programme 5 – Research Translation

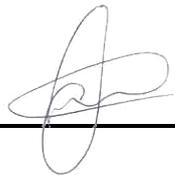
Professor Rachel Jewkes
Executive Scientist for Research Strategy

Signature:  _____

Mr Nick Buick
Chief Financial Officer

Signature:  _____

Dr Mongezi Mdluli
Official Responsible for Planning

Signature:  _____ **Head**

Prof Glenda Gray
President and Chief Executive Officer

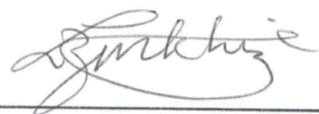
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Prof Johnny Mahlangu
Chairperson of the Board

Signature:  _____

Approved by:

Dr ZL Mkhize, MP
Executive Authority

Signature:  _____

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PART A - SAMRC MANDATE

1. SAMRC Mandate

The mandate of the South African Medical Research Council is legislated in terms of Act 58, 1991 (as amended): ‘the objects of the SAMRC are, through research, development and technology transfer, to promote the improvement of the health and quality of life of the population of the Republic, and to perform such functions as maybe assigned to the SAMRC by or under this Act’.

2. Legislative and other mandates

2.1 Constitutional mandate

The South African Constitutional base which supports the SAMRC’s mandate are Chapter 2- Bill of Rights, Chapter 10 - Public Administration and Chapter 13-Finance. The following sections of the Bill of Rights, without limitation, are particularly relevant for the SAMRC.

2.1.1 Chapter 2: Bill of Rights

Section 9: Equality

All the rights contained in this equality section

Section 10: Human Dignity

“Everyone has inherent dignity and the right to have their dignity respected and protected”

Section 12(2)(c): Freedom and Security of the person

“Everyone has the right to bodily and psychological integrity, which includes the right not to be subjected to medical or scientific experiments without their informed consent”

Section 14(a): Privacy

“Everyone has the right to privacy, which includes the right not to have the privacy of their communications infringed”

Section 16(1)(d): Freedom of Expression

“Everyone has the right to freedom of expression, which includes academic freedom and freedom of scientific research”

Section 23: Labour Relations

All the rights contained in this labour relations section

Section 24(a): Environment

“Everyone has the right to an environment that is not harmful to their health or wellbeing”

Section 27: Healthcare, food, water and social security

“Everyone has a right for access to have access to (a) health care services, including reproductive health; (b) sufficient food and water; and social security, including if they are unable to support themselves and their dependants, appropriate social assistance”

Section 28(2): Children

“A child’s best interests are of paramount importance in every matter concerning the child”

Section 32: Access to Information

“Everyone has the right of access to any information held by the state”

Section 33(1): Just administrative action

“Everyone has the right to administrative action that is lawful, reasonable and procedurally fair”

Section 36(1): Limitation of rights

The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors.....”

2.1.2 Chapter 10: Public Administration

Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution, including the following principles:

- (a) A high standard of professional ethics must be promoted and maintained.
- (b) Efficient, economic and effective use of resources must be promoted.
- (c) Services must be provided impartially, fairly, equitably and without bias.
- (d) People’s needs must be responded to, and the public must be encouraged to participate in policy-making.
- (e) Public administration must be accountable.
- (f) Transparency must be fostered by providing the public with timely, accessible and accurate information.
- (g) Good human-resource management and career-development practices, to maximize human potential, must be cultivated.

2.1.3. Chapter 13: Finance

Section 217: Procurement

1. When an organ of state in the national, provincial or local sphere of government, or any other institution identified in national legislation, contracts for goods or services, it must do so in accordance with a system which is fair, equitable, transparent, competitive and cost-effective.
2. Subsection (1) does not prevent the organs of state or institutions referred to in that subsection from implementing a procurement policy providing for—
 - categories of preference in the allocation of contracts; and
 - the protection or advancement of persons, or categories of persons, disadvantaged by unfair discrimination.
3. National legislation must prescribe a framework within which the policy referred to in subsection (2) must be implemented.

2.2 Legislative mandate

2.2.1 The National Health Act (Act 61 of 2003)

The SAMRC is guided by this mandate to prioritize its research programmes and through the SAMRC Board interaction with the NHRC and the NDOH to give effect to the mandate

2.2.2 The Medical Research Council Act (Act 58 of 1991)

The South African Medical Research Council was established in 1969 by section 2 of the South African Medical Research Council Act 1969 (Act 19 of 1969). The SAMRC Act 19 of 1969 was repealed and replaced by the South African Medical Research Council Act 1991 (Act 58 of 1991). The SAMRC is a Schedule 3A Public Entity to the Public Finance Management Act (Act 1 of 1999) and reports to the National Ministry of Health.

The SAMRC is guided by South African Medical Research Council Act 1991 (Act 58 of 1991) to improve the health of the South African population, through research, development and technology transfer, for the people to enjoy a better quality of life.

Based on the mandates given by the National Health Act (Act 61 of 2003) and the South African Medical Research Council Act 1991 (Act 58 of 1991), SAMRC has in the past 5 years been focusing on the top ten causes of death, disability and associated risk factors. We assess how healthcare systems function to strengthen health policy, to improve the impact and efficiency of health systems and services, and provide policy makers with the tools for informed healthcare decisions.

2.2.3 Intellectual Property, Rights from Publicly Financed Research and Development Act, 2008

The SAMRC is guided by this mandate of which its aim is to provide for more effective utilization of intellectual property emanating from publicly financed research and development, to establish the National Intellectual Property Management Office and the Intellectual Property Fund, to provide for the establishment of offices of technology transfer at institutions, and to provide for matters connected therewith.

2.2.4 Other legislations (Acts) that are applied by the SAMRC in their day-to-day activities:

- (a) Employment Equity Act 55 of 1998
- (b) Basic Conditions of Employment Act, 75 of 1997
- (c) Public Finance Management Act, No 29 of 1999
- (d) Relevant Treasury Guidelines
- (e) The Patents Act no. 57 of 1978
- (f) Copyright Act no. 98 of 1978 Trade Marks Act no. 194 of 1993
- (g) POPI Act (when implemented/in force)

2.3 Policy Mandates

2.3.1 National Development Plan-2030 and Medium-Term Strategic Framework 2014-2019

The South African Government adopted the National Development Plan 2030 (NDP-2030) in September 2012. It provides a broad strategic framework to guide key choices and actions, and common focus for actions across all sectors and sections of South African society. The plan presents long term strategy, where in some instances policy(ies) changes may be necessary and other instances just getting basics right, holding people accountable for their actions and finding innovative solutions to complex challenges such as providing affordable access to quality health care while promoting health and wellbeing, and introduction of national health insurance with a focus on upgrading public health facilities, producing more health professionals and reducing relative cost of (private) health care. The plan has identified and adopted the following set of objectives and actions:

- (a) Policy making in a complex environment;
- (b) Demographic trends;
- (c) Economy and employment;
- (d) Economy infrastructure;
- (e) Environmental sustainability;
- (f) Integrated and inclusive rural economy;
- (g) Positioning South Africa in the world;
- (h) Transforming human settlements;

- (i) Improving education, training and innovation;
- (j) Promoting health;
- (k) Social protection;
- (l) Building safer communities;
- (m) Building a capable developmental state;
- (n) Fighting corruption; and
- (o) Transforming society and uniting the country.

2.3.2 National Health Insurance Policy of 2017 and National Health Insurance Bill of 2019

In 2017 the Minister of Health signed a policy document, a white paper on national health insurance. This policy lays the foundation for moving South Africa towards universal health coverage (UHC) through the implementation of National Health Insurance (NHI) and establishment of a unified health system. The move towards Universal Health Coverage (UHC) through implementation of NHI is derived from the Reconstruction and Development Programme; the Constitutional mandate based on the Section 27 of the Constitution; the 1997 White Paper for the Transformation of the Health System; Vision 2030 of the National Development Plan Vision 2030; Goal 3 of the Sustainable Development Goal and the World Health Organization frameworks on moving towards UHC with health equity and the six pillars of the WHO's health systems strengthening framework.

The aims of the National Health Insurance Bill of 2019 are to achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution; to establish a National Health Insurance Fund and to set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the Fund on behalf of users; to create mechanisms for the equitable, effective and efficient utilization of the resources of the Fund to meet the health needs of the population; to preclude or limit undesirable, unethical and unlawful practices in relation to the Fund and its users; and to provide for matters connected herewith.

2.3.3 Sustainable Development Goals

The Sustainable Development Goals (SDGs) is a plan created in 2015 after leaders of about 193 countries met and come to a common understanding that there is enough food to feed the world, but that was not getting shared; that there were medicines for HIV and other diseases, but they cost a lot; that earthquakes and floods were inevitable, but that the high death tolls were not; and that billions of people worldwide share their hope for a better future. The SDG builds upon the work started under the eight MDGs, and is an ambitious plan with a set of 17 goals aiming to address poverty and hunger, and effects of climate change by the year 2030. These SDGs are:

SDG	Description
1.	No Poverty
2.	Zero Hunger
3.	Good Health and Wellbeing
4.	Quality Education
5.	Gender Equality
6.	Clean Water
7.	Affordable and Clean Energy
8.	Decent Work and Economic Growth
9.	Industry, Innovation and Infrastructure
10.	Reduced Inequalities
11.	Sustainable Cities and Communities

12.	Responsible Consumption and Production
13.	Climate Action
14.	Life Below Water
15.	Life on Land
16.	Peace, Justice and Strong Institutions
17.	Partnerships for the Goals

2.3.4 Medium-Term Strategic Framework 2019-2024

SAMRC will take into account the MTSF in the execution of its mandate.

2.3.5 Government to Government Collaborations

The Department of Health has bilateral agreements with a number of countries forming South- South and North-South relations. This opportunity should be fully exploited by the SAMRC in the next five years.

2.3.6 South Africa - SADC and the Rest of Africa

South Africa is signatory to a number of conventions within the Southern African Development Community (SADC), African Union (AU) and WHO. Through these institutions, the department has certain obligations to fulfil some of them involved in health research. The SAMRC is best placed to be government's implementing arm and following up on these on behalf of the department. Closer collaboration and cooperation could for example, result in SAMRC scientists working more closely with WHO-AFRO, AU and similar structures in this region.

2.3.7 South Africa and Global Collaboration

The inclusion of South Africa into the BRIC grouping of countries comprised of Brazil, Russia, India and China in late 2010 puts an African voice at the core of the world's most dynamic economies as they consider a range of pressing global issues. The implications were that a specific health agenda was developed, and health research became a significant part of the agenda. The SAMRC, as a national research body is already collaborating with BRICS in the area of TB, HIV, Child Obesity, NCDs and Genome research.

2.3.8 Communities of Funders

To fulfil its mandate and increase access to health research funding, the SAMRC has developed relationships with local and international funders, including the NRF, NIH, EDCTP, BMGF, Newton Fund, UK-MRC, etc.

2.3.9 Other interventions

Other key interventions to improve health status include inter-sectoral collaboration with government departments responsible for key determinants of health, especially DSI. Community participation and partnerships with civil society and the private sector is highly valued.

2.4 Planned policy initiatives

Policies and Governance

- (a) Research Misconduct Policy
- (b) Knowledge, Information and Data Management Policy
- (c) Guidelines on Gene Editing
- (d) SA-GCP
- (e) Open Access Policy
- (f) Regulatory Compliance Management Policy
- (g) Business Continuity Plan

PART B - SAMRC STRATEGIC FOCUS

3. Vision

Building a healthy nation through research, innovation and transformation

4. Mission

To advance the nation's health and quality of life and address inequity by conducting and funding relevant and responsive health research, capacity development, innovation and research translation.

5. SAMRC Values

The SAMRC is guided by the following values that form the foundation of our organizations:

- **Pioneering:** We push the boundaries between the known and the unknown to further our knowledge of human health within the precepts of responsible (ethical) conduct of research.
- **Partnering:** We celebrate the capacity of collective minds towards a common goal. We build partnerships with many stakeholders at local, national, regional and international levels to exchange ideas, advances shared goals, optimize use of resources to minimise duplication, and leverage funding.
- **Excellence:** We strive for distinction in everything we do by developing highly skilled personnel, capacity building and transformation, and conducting research of high value.
- **Respect:** We value and respect our communities, participants, researchers and funders
- **Integrity:** We commit to transparency, accountability, open communication and ethical conduct.
- **Citizenship:** We demonstrate responsibility to the community, nation and the World.

6. Situational Analysis

The South African Medical Research Council (SAMRC) is a statutory Science Council and receives its core funding from the National Treasury through the National Department of Health. SAMRC is responsible for conducting and funding relevant and responsive health research in South Africa. The SAMRC has over the past five years positioned itself to set the medical research agenda for the country, become the most significant funder of medical research in South Africa and be the custodian of all the values that embody medical research excellence.

Through research, the SAMRC will continue to facilitate and support the National Department of Health (NDOH) in implementing evidenced-based policies and programmes. The SAMRC research programmes have in the past provided research support to the NDOH programmes through task teams, commissioned research, national surveys and ministerial committees. These have significantly contributed towards assisting the NDOH in progressively realising its set goals. Of great significance is the work undertaken by the SAMRC's Burden of Disease Research Unit that has supported the understanding of morbidity and mortality in South Africa. In terms of the SAMRC Act and any other law, shall, in addition to other functions:

- (a) undertake the investigations or research which the Minister may assign to it; and
- (b) advise the Minister-
 - (i) on the determination of policy and national priorities regarding research; and
 - (ii) on development, promotion, implementation and co-ordination of research on a national basis.

SAMRC role and responsibilities in providing technical support to the Department of Health through appropriate health research, public health and technology innovation is indispensable and contributes towards improving the health status of South Africans

Almost three decades following the birth of its democracy, South Africa is faced with unique and major challenges that threaten the health status of its citizens. One of these challenges is the quadruple burden of disease of which South Africa is still struggling with effective strategies to control these scourges. Chief amongst the quadruple burden of diseases is the communicable epidemics of HIV and TB. South Africa has the largest HIV epidemic accompanied by one of the highest burdens of tuberculosis world-wide. In addition, the republic is faced with the growing threat of non-communicable diseases such as obesity, diabetes and cardiovascular diseases including hypertension. Other huge threats to the nation include an epidemic of violence and injuries. Progress has been made in reducing maternal and infant mortality, but reducing neonatal mortality currently remains a challenge for the country. The growing disparity between the rich and the poor and the mal-distribution of health care resources between the private and public sector poses challenges to achieving universal health coverage. In the next decade, with the implementation of the National Health Insurance, efforts to redress these inequalities will hopefully translate into quality health care for all who live in South Africa.

The SAMRC will in the next five years continue to: 1) prioritise research that addresses the top 10 causes of mortality in South Africa; 2) invest in efforts to reduce morbidity and improve health outcomes; 3) fund innovation and; 4) ensure that capacity development in health research continues. The SAMRC will fund health research from discovery at the bench to implementation at the bedside. South Africa, with its wealth of scientists is uniquely positioned to respond on the continent to achieve solutions for the maladies that South Africans suffer from. The SAMRC will ensure, together with the scientists we fund, that the research conducted is responsive to the needs of the country. The SAMRC will continue to strengthen relationships and collaborations with universities and institution such as the National Research Foundation, Human Science Research Council, Council for Scientific and Industrial Research and others.

6.1 External Environmental Analysis

National Health Research Committee

The National Department of Health established the National Health Research Committee (NHRC) in terms of section 69(1) of the National Health Act, 2003 (Act 61 of 2003). The functions and powers of the NHRC, as stated in the Act include the determination of health research to be carried out by the public health authorities, to ensure that health research agendas and research resources focus on priority health problems; to develop and advise the Minister on the application and implementation of an integrated national strategy for health research; to coordinate the research activities of public health authorities; and to identify and advise the Minister on health research priorities.

NHRC hosted a National Health Summit in 2018 with the aim of moving South Africa beyond focusing only on lessening the burden of disease as a form of improving the health status of the nation, to focusing on the broader determinants of health. The summit made the following recommendations:¹

- a) Prioritisation of the social determinants of health, including the burden of disease, for funding.
- b) Building capacity of health research human resources, along a pipeline, and in line with national transformation imperatives.
- c) Improving health research funding flows and quantification.
- d) Creating a national system of implementing health research with a national-provincial alignment of mandates, including funding.
- e) Creating an evidence-based system of health research information management through

- collation, monitoring, evaluation and translation of health research.
- f) Improving provision of and access to health research infrastructure, especial in academic health complexes

Coordination and alignment of SAMRC research priority areas in the context of the National Health Research Committee is an instrumental area where the SAMRC can improve and capitalise on some of the Units' contributions and support to the National Department of Health. SAMRC researchers serve on strategic national, regional and international advisory committees and work groups and in doing so provide input that influences policy changes in areas affecting the health and quality of life of South African citizens. This participation culminates in the development of service delivery platforms, tools and guidelines for practice which ensure increased capacity of health workers as they benefit in training at all levels of the health system.

National Department of Health

The SAMRC's research mandate is guided by the SAMRC Act to conduct research that improves health systems, status, processes and health systems performance in terms of effectiveness, efficiency, equity, appropriateness and adequacy of health services. SAMRC health research aims to promote the improvement of the health and quality of life of all citizens of the Republic and others who have residency in this country.

Over the years the SAMRC has conducted a number of studies and surveys that provide information that are used by the department and government in general for planning and assessing progress towards realising government's objectives. Some of these studies have to be conducted at regular intervals as they form part of internationally accepted surveillance systems such as the demographic and health survey. These surveys include:

- (a) Burden of Disease (BOD),
- (b) National Injury & Mortality Surveillance (NIMS),
- (c) Comparative Risk Assessment (CRA),
- (d) the Perinatal Problem Identification Programme (PPIP),
- (e) the Child Healthcare Problem Identification Programme (Child PIP)
- (f) the South African Community Epidemiology Network on Drug Use (SACENDU), and
- (g) the South African Demographic Health Survey (SADHS).
- (h) The TB Prevalence Survey
- (i) HIV seroprevalence surveys

The South African Demographic Health Survey (SADHS) allows for comparative analysis of health systems by the World Health Organisation and other multilateral agencies. Most importantly, it provides information that feeds into the National Planning Commission and similar entities. Statistics South Africa conducts the survey in partnership with the SAMRC, which provides scientific input. Inconsistent funding has resulted in South Africa not being able to conduct the SADHS with consequent inability to monitor trends in priority areas and interventions such as smoking rates, obesity rates amongst others.

The Perinatal Problem Identification Programme (PPIP) and the Child Healthcare Problem Identification Programme are at the core of the NSDA and relate directly to decreasing child mortality and increasing life expectancy. The district clinical specialist teams that are being deployed have to among other things contribute towards the reduction of neonatal, infant and child mortality. This intervention amongst others is a great investment for the health sector.

¹ Madela-Mntla EN, Ally MM, Hawkrigde A, et al. 2018 National Health Research Summit Report: Research for Health. Pretoria: Department of Health.

The Perinatal Problem Identification Programme (PPIP) and the Child Healthcare Problem Identification Programme are at the core of the NSDA and relate directly to decreasing child mortality and increasing life expectancy. The district clinical specialist teams that are being deployed have to among other things contribute towards the reduction of neonatal, infant and child mortality. This intervention amongst others is a great investment for the health sector.

The SAMRC's 2020/21 – 2024/25 Strategic Plan is aligned to support the NDOH and South Africa's changing health research needs. This will position the SAMRC to respond to the Sustainable Development Goals (SDGs), the National Development Plan (NDP): Vision 2030. The SAMRC aims to conduct research and implement initiatives into the following SDGs:

- (a) SDG 2, by conducting research into the nutritional needs of pregnant women, infants and children;
- (b) SDG 3 by conducting research:
 - o that reduces:
 - maternal deaths and preventable deaths of new-borns and children under 5,
 - HIV, TB and other communicable diseases,
 - non-communicable diseases like hypertension, cardiovascular disease and stroke,
 - alcohol and other drug abuse,
 - violence and injury, and
 - sexual and reproductive health issues,
 - o in the area of:
 - universal health coverage,
 - environmental health,
 - vaccine and affordable medicine for non-communicable and communicable diseases,
 - capacity development, and
 - climate change
- (c) SDG4 and 10 by addressing the SAMRCs fourth goal of developing capacity in health research;
- (d) SDG 5 by focusing on research into gender-based violence and developing interventions to address violence against women and children;
- (e) SDG 6 through collaboration with our extramural unit at the University of Fort Hare on water quality;
- (f) SDG 7,11 and 13 through ongoing research done by our intramural unit that looks at environmental research;
- (g) SDG 8 and 9 by focusing on Goal 3 which is to conduct research into innovation and product development; and
- (h) SDG 17 through research done by our Violence, Injury and Peace Research Unit by collaborating with global research partners.

4th INDUSTRIAL REVOLUTION

“The Fourth Industrial Revolution (4IR) has been defined as technological developments that blur the lines between the physical, digital and biological spheres. It integrates cyber-physical systems and the Internet of Things, big data and cloud computing, robotics, artificial intelligence (AI)-based systems and additive manufacturing. Compared to previous industrial revolutions, this one is evolving at an exponential rather than a linear pace, with potentially significant impacts on work,

services, education and leisure”².

SAMRC will in the next 5 years adapt its business activities to address the challenges and opportunities of the 4th Industrial revolution. One of the areas identified is the digital health. According to the assembly of the World Health Organization, “the transfer of technology and knowledge on mutually agreed terms, as well as technical cooperation, aligned with Sustainable Development Goal 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development), are important in promoting digital health”³. Among other things, the assembly urged member states to (1) assess their use of digital technologies for health, including in health information systems at the national and subnational levels, in order to identify areas of improvement, and to prioritize, as appropriate, the development, evaluation, implementation, scale-up and greater utilization of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health; (2) consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimizing existing platforms and services, for the promotion of people-centred health and disease prevention and in order to reduce the burden on health systems; and (3) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including, but not limited to, gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools.

6.2 Internal Environmental Analysis

Since its inception in 1969, the Medical Research Council (SAMRC) has had many laudable achievements and has had a significant impact on public health in South Africa. A review of the organisation by an independent panel of local and international experts in 2017 (the SETI 2017 review) stated that the “SAMRC deserves praise for the revitalisation effort that has been effective in many ways and is currently still underway. The history of the organisation, and its recent focus on scientific excellence and transformation, has assured its continuation as one of South Africa’s most valuable national assets and, seen as a whole, a recognised global leader in health research, defined by competence and integrity, and trusted as a partner by some of the most demanding co-funding research organisations in the world. This resurgence of value is also due to the innovative nature of the modern SAMRC (clearly shown in the success of SHIP), the scientific productivity of the extramural research units and some of the intramural research units receiving enabling funding from the Council. The prestige of the organisation is also enhanced by its leadership, and by the directors and senior staff of the productive intramural units, which play important national (and often international) roles in the biomedical and behavioural research enterprise”⁴.

The SETI Report further reveal that the “SAMRC has undoubtedly assisted in the re-focusing of the national research effort on the three inter-related areas identified as the nation’s foremost health priorities: increasing the longevity of the population, addressing maternal and child mortality and morbidity, and fighting the pandemics of HIV and tuberculosis infection. While the favourable outcomes of these campaigns are reflected in all surveillance data, some of these are due to

² Department of Science and Technology 2019. White Paper on Science, Technology and Innovation - March 2019. Available at https://www.dst.gov.za/images/2019/White_paper_web_copyv1.pdf. Accessed 3 September 2019

³ The Seventy-first World Health Assembly, 26 May 2018. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf. Accessed 11 July 2019

background improvements in the social determinants of health. Even so, we are nowhere close to where South Africa should be in terms of these key priorities.”

In line with health being defined as both a national economic and development goal, SAMRC has reassessed its priorities and will focus on the following areas over the next 5 years:

1. Knowledge Management
2. Research Translation
3. Innovation
4. Transformation,
5. Diversity Management
6. Capacity Development
7. Open Science/Source
8. Data security and sharing
9. Balance academic and social impact of research
10. Environmental health,
11. Maternal and child health
12. Mental health
13. NHI and UHC: Focus on key areas to support roll out of NHI
14. Continue a search for efficacious HIV and TB vaccines
15. Ensure strategic investments in NCDs research
16. Responding to emerging national health needs and global trends
17. Foster ethical research conduct and integrity
18. Explore the possibility of establishing a SAMRC Foundation
19. Continue to invest in infrastructure development

The Department of Science and Technology (Department of Science and Innovation from 2019) in partnership with the SAMRC established Strategic Health Innovation Partnerships (SHIP), based at the SAMRC, in 2013. SHIP funds and manages innovation projects focused on the development of new drugs, treatments, vaccines, medical devices and prevention strategies. SHIP forms part of the Grants, Innovation and Product Development (GIPD) directorate and is the key driver of innovation through the SAMRC-DSI partnership. SHIP funds projects in infectious and non-communicable diseases, preventative medicine, maternal and child health, and medical devices.

In the innovation environment, the SAMRC Innovation Centre has been transformed into a funding and project management department, whose role is to fund new preventions, diagnostics, therapies and devices for priority diseases/health problems, such as HIV, TB, Malaria, and Non-communicable diseases. SAMRC Offices for HIV, TB and Malaria research have been established to stimulate extramural research in these three areas.

Open Science

Open science refers to an approach to research based on greater access to public research data enabled by information and communications technology tools (ICT) and platforms, broader collaboration in science – including the participation of non-scientists – and the use of alternative copyright tools for diffusing research results⁵.

⁴ SAMRC SETI Report 2017

⁵ Department of Science and Technology 2019. White Paper on Science, Technology and Innovation - March 2019. Available at https://www.dst.gov.za/images/2019/White_paper_web_copyv1.pdf. Accessed 3 September 2019

SAMRC support resolutions in the draft national declaration on open access, which states that the Universities and Science Councils resolve to:

1. Work as a national collective involving government, universities, science councils and other knowledge-intensive institutions to achieve the development of open access as a default for all research produced with public funding;
2. Actively strengthen existing and develop new affordable open access models that bolster the quality of scholarly publishing and the research enterprise in South Africa;
3. Take into account the importance of high quality, peer-reviewed journals and to work constructively with other university and science systems around the world to produce new approaches to open access to these journals, in the first instance through a 'pay to publish model' rather than a 'pay to read' model;
4. Insist that the ownership of copyright remain with the authors and not be transferred to the publishing houses;
5. Strengthen existing and if necessary, develop new fully accessible national open access platforms and repositories that will provide for all information and knowledge produced through South African public funding to be freely available; and
6. Engage with high quality South African journal publishers to develop open access business models that will allow them to remain viable.

SAMRC joined cOAlition S, a platform created for accelerating the transition to full and immediate Open Access to scientific publications. A guiding document of cOAlition S is Plan S and aims for full and immediate Open Access to peer-reviewed scholarly publications from research funded by public and private grants. In addition to the scholarly publications, cOAlition S also encourages that research data and other research outputs should be made open as possible and closed as necessary.

Communication

Communication is integral to the effective functioning of the SAMRC. SAMRC values open and transparent communication with all key stakeholders, including the Public, Media, Government, Universities, and Funders.

Research Integrity and Ethics

The SAMRC researchers are required to conduct research in a professional, ethical, safe, responsible, accountable manner, and contribute to uphold the integrity, credibility and reputation/dignity of the SAMRC and its stakeholders. Respect for persons, fairness, competence, integrity, sensitivity, confidentiality and communication are values on which scientific research in the SAMRC is grounded on. The SAMRC research ethics committees will continue to review and monitor research to ensure that (1) it adheres to the, in case of humans, the broad ethical principles of beneficence and non-maleficence, distributive justice (equality) and respect for persons (dignity and autonomy); and (2) in cases of research involving animals, it protects their welfare and interest, and adheres to the principles of reduction, refinement and replacement.

As a way of promoting the responsible conduct of research, the SAMRC encourages all the staff members who have knowledge of occurrence of a breach of research norms and standards or research misconduct or have good reason to suspect that a breach of research norms and standards or research misconduct has occurred to promptly report any reasonable suspicions to the Research Integrity Office of the SAMRC.

SAMRC subscribes to the following principles on ethical research and scholarly publishing practices: (1) responsibility, (2) ethics and integrity, (3) methodology and data, (4) authorship, (5)

acknowledgement of contributions, (6) peer review, (7) social awareness, (8) conflicts of interest, (9) editorial, (10) research publishing environment, (11) predatory journals and unethical editorial practices, and (12) quality over quantity.

SAMRC will, in the next five years, embed the research integrity and ethics culture by increasing the offering of applied ethics training workshops, awareness sessions, and amending and/or introducing policies and procedures on research ethics and integrity. In line with the Department of Science and Technology's White Paper on Science, Technology and Innovation 2019, SAMRC will produce "ethically acceptable, sustainable and socially desirable research and innovations outcomes which are responsive to a wide range of stakeholders and societal grand challenges, and be sensitive to the values, needs and expectations of South Africans"

SAMRC BOARD

The 2016 – 2019 SAMRC's Board term of office ended in October 2019. A new Board has since been appointed by the Minister of Health, Dr Zweli Mkhize, to oversee the SAMRC from 01 November 2019 to 31 October 2022.

The Board of the SAMRC is committed to ensuring that the organisation executes its mandate through its 5-year strategic plan. The agenda will address the quadruple burden of diseases in terms of promoting innovative and cutting-edge science that addresses basic science, clinical research, public health research and ethics in health care research.

SAMRC PRESIDENT

The Board appointed Professor Glenda Gray as the first female President and CEO of the SAMRC. During her first term in office, Professor Gray led the organisation to great strengths in scientific achievements, strong organisational governance and capacity development to build the next generation of scientists in Africa, including the following:

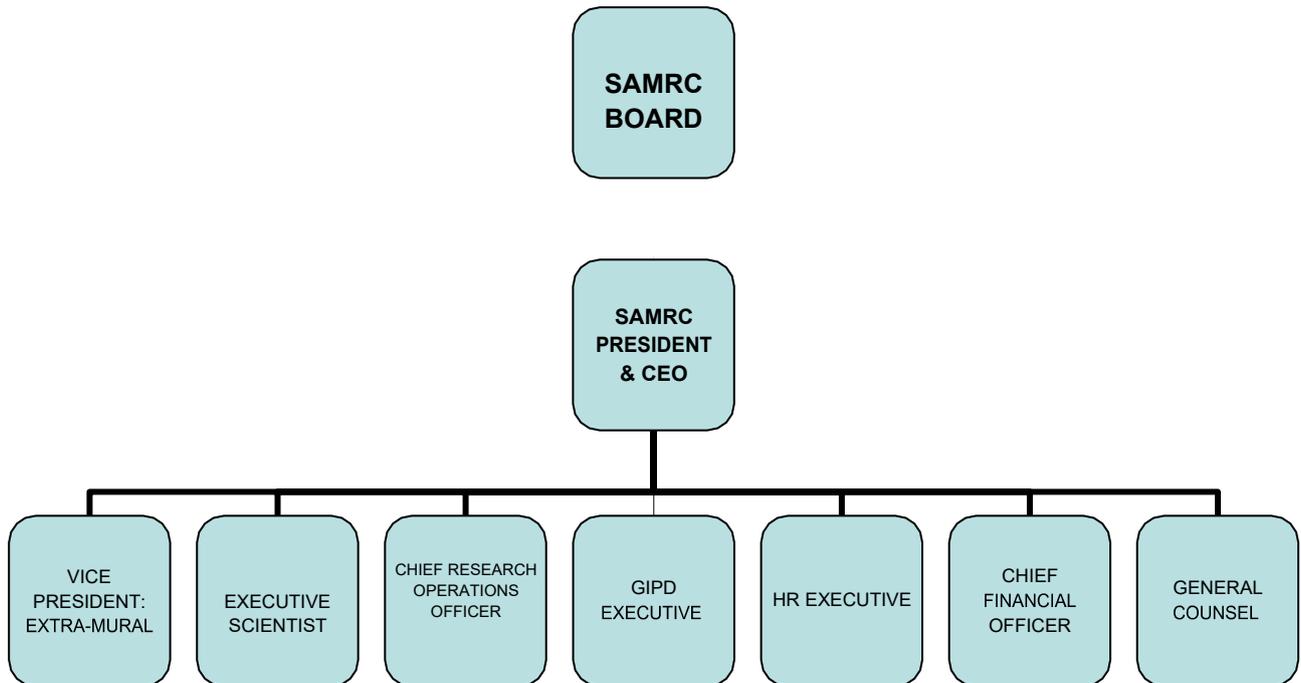
- (a) Excellence in scientific output through an increase in National Research Foundation-rated scientists in the intra-mural units.
- (b) SAMRC partnering with HIV Vaccine Trials Network (HVTN) to conduct vaccine trials in Sub-Saharan Africa.
- (c) Funding the procurement of the national license for Cochrane Library, making South Africa the first licensed country on the continent that has allowed 60 000 people to access these publications
- (d) Developed key collaborations leading to the first Genomics institute in Africa, Cochrane African Network and the BRICS TB Research Network
- (e) Attended to the SAMRC's transformation agenda and invested in increasing the number of masters and doctoral students supported through SAMRC programmes
- (f) Transformed grant funding initiatives that significantly improved funding for young scientists, black African scientists and women
- (g) Adhered to strict corporate governance strategies in administering scientific research and received five consecutive clean audits

As the first term of the SAMRC President and CEO, Professor Glenda Gray came to an end in March 2019 the SAMRC Board took the decision to re-appoint Professor Gray for a second term as the President of the SAMRC, effective from 1 April 2019. When announcing Professor Gray's second term in office, the SAMRC Board Chairperson, Professor Mike Sathekge, stated that "we have no doubt that Professor Gray's leadership will expand the SAMRC's impact on science and

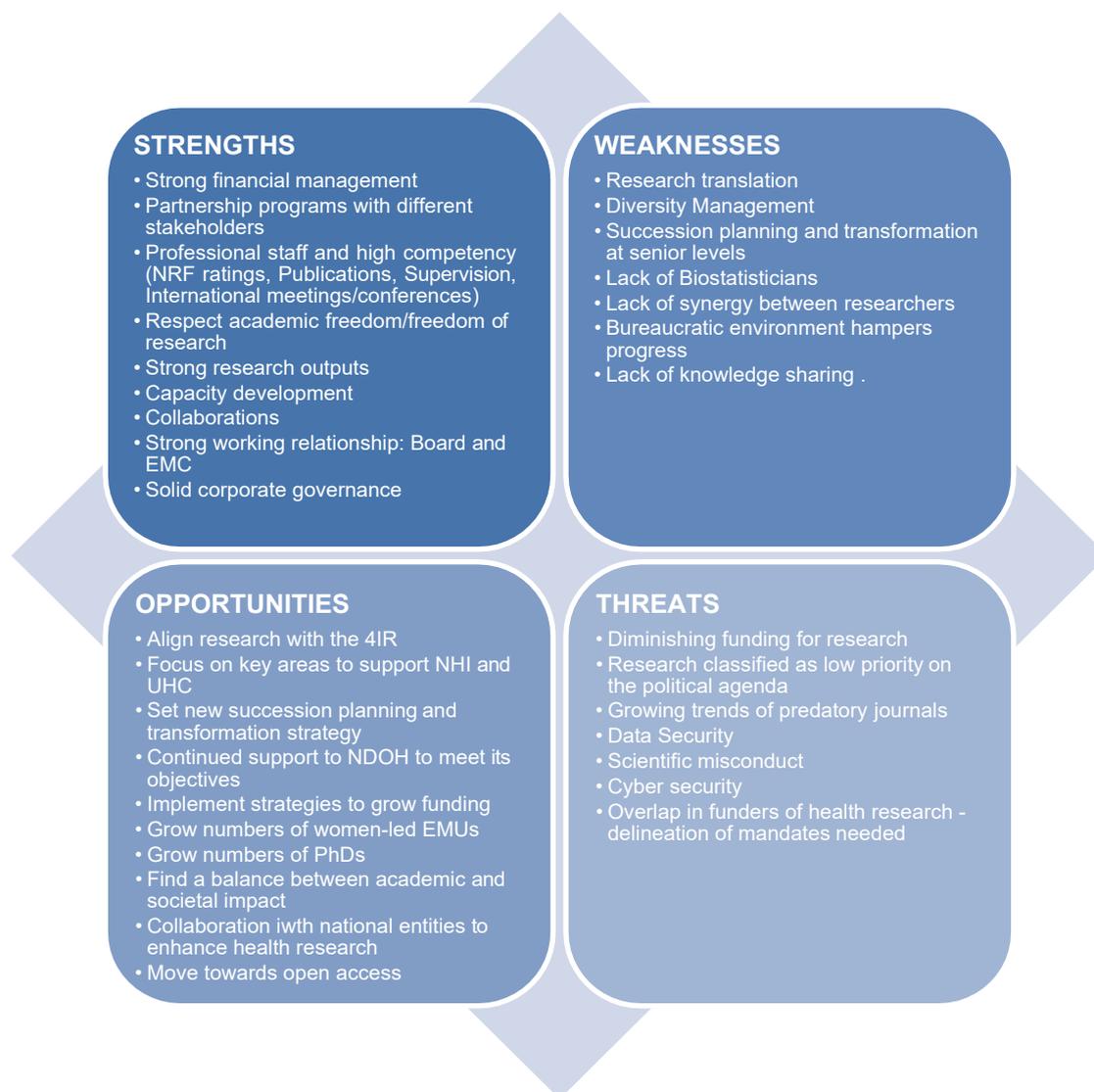
health, her track record has proven that she is not only an outstanding scientist but a visionary whose intentions are always to advance people’s lives”.

SAMRC LEADERSHIP STRUCTURE

The diagram below depicts how leadership structure of the SAMRC Executive Management Committee is organised.



SWOT Analysis



Human Resource Management

The SAMRC will continue to pursue transformation in order to change the demographics of the organisation, particularly at the Senior Management and Executive levels. In the realm of Research, particular attention will be on transformation from Chief Specialist Scientist level up to the Unit Director level focusing on the development and appointment of Black Scientists in general, and African Scientists, in particular. The development of management and leadership skills will be emphasized as the SAMRC develops the pipeline of the next generation of Black Scientists. This will be achieved through the continuation of the Deputy Director programme and the Accelerated Development Programme, amongst others.

Diversity will continue to be an important focus area of the Transformation plan. Diversity workshops will continue during the next 5 years in order to develop knowledge about Diversity in the workplace and understanding the value of Diversity in order to create an inclusive, non- racist and gender sensitive organisational culture.

Investing in Human Capital Development and Capacity in Health Care: Bongani Mayosi National Health Scholars Programme

The National Department of Health (NDOH) and twenty-two (22) private companies, which include pharmaceutical, hospital diagnostic, corporate, healthcare supply chain, and medical scheme administration disciplines, established a vehicle called a Public Health Enhancement Fund (PHEF) to fund different programmes. The National Health Scholars Program (NHSP) is one such program funded by PHEF to leverage and contribute to strengthening the health sector that will lead to a stronger relationship between public and private sectors to the benefit of all the people of South Africa. NHSP is a partnership between the NDoH and the SAMRC and is a flagship PhD development programme and a national asset to advance the next generation of African Health and clinical scientist. Administered by the SAMRC, NHSP has to- date produced 47 graduates (41 PhDs and 6 Masters) in various health professions.

In honour of one of major contributions towards health transformation, Professor Mayosi was honoured for his immense contributions and lasting legacy by renaming the NHSP “Bongani Mayosi National Health Scholars Programme”.

PART C – MEASURING SAMRC PERFORMANCE

7. SAMRC's Performance Information

7.1 GOAL 1: Administer health research effectively and efficiently

Impact Statement	Strengthening of corporate governance processes towards an unqualified audit opinion from the Auditor General
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7.1.1 Measuring Outcomes

Outcome	Outcome Indicator	Baseline SP (2015-2019)	Five-year target
1.1. To ensure good governance, effective administration and compliance with government regulations	1.1.1. A clean audit opinion on the SAMRC from the Auditor-General	Clean audit	Clean Audit
1.2. To promote the organisation's administrative efficiency to maximise the funds available for research	1.2.1. Percentage of the government allocated SAMRC budget spent on administration	20%	20%

7.2 GOAL 2: Lead the generation of new knowledge

Impact Statement	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through research
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7.2.1 Measuring Outcomes

Outcome	Outcome Indicator	Baseline SP (2015-2019)	Five-year target
2.1. To produce and promote scientific excellence and the reputation of South African health research	2.1.1. Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	3150	3550
	2.1.2. Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC	825	930
2.2. To provide leadership in the generation of new knowledge in health	2.2.1. Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	1830	1925
2.3. To provide funding for the conduct of health research	2.3.1. Number of research grants awarded by the SAMRC	750	750

7.3 GOAL 3: Support, through funding and other mechanisms, technology development and implementation, translation of research into policy and practice, and innovations in health and technology delivery to improve health

Impact Statement	To build an innovation community, developing life changing health solutions for South Africa, Africa and beyond
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7.3.1 Measuring Outcomes

Outcome	Outcome Indicator	Baseline SP (2015-2019)	Five-year target
3.1 To support the development of new or improved innovations aimed at improving health and targeting priority health research areas of focus	3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	NEW	20
	3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	NEW	150
3.2 To develop new or improved innovations aimed at improving health priority research areas of focus	3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation	NEW	5

7.4 GOAL 4: Build human capacity for the long-term sustainability of the South African health research

Impact Statement	To provide research support in the form of funding and supervision to the next generation of scientists in the broad field of health
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7.4.1 Measuring Outcomes

Outcome	Outcome Indicator	Baseline SP (2015-2019)	Five-year target
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health researchers	4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early Career Scientists	435	660
	4.1.2 Number awards by the SAMRC to female MSc, PhD, Postdocs and Early Career Scientists	NEW	488
	4.1.3 Number awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African	NEW	495
	4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)	NEW	368
	4.1.5 Number of MSc and PhD students graduated or completed	NEW	360

7.5 GOAL 5: Translate new knowledge into policies and practices to improve health

Impact Statement	To contribute to building public and policy-maker understanding of health, drivers of ill-health, and practice, interventions and technologies that can prevent ill health and strengthen health services and encouraging use of research evidence in policymaker, practitioner and public decision-making.
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7.5.1 Measuring Outcomes

Outcome	Outcome Indicator	Baseline SP (2015-2019)	Five-year target
5.1. To facilitate the translation of health research	5.1.1. Number of local or international policies, reports and guidelines that reference SAMRC research	27	27
	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	NEW	25
	5.1.3. Number of national or international bodies/committees that SAMRC employees serve on national or international bodies/committees	NEW	250
	5.1.4. Number of conferences, seminars and continuing development points workshops supported by the SAMRC	NEW	50

7.6 SAMRC-NIH Collaboration

In early 2013, the SAMRC and NIH (National Institutes of Health, USA) entered into a Memorandum of Understanding (MOU) with the intent to:

- Establish or expand long-term relations between scientists from South Africa and the United States, in order to perform high-quality biomedical and behavioural health research;
- Build long-term collaborations in biomedical and behavioural health science between the NIH Institutes and South African universities and other institutions; and
- Explore and support consultation, collaboration and research projects and activities in specific fields of mutual interest.

The funding allocated to this collaboration (SAMRC-NIH) was around R243m over a 5-year period while NIH committed around R255m. SAMRC continued with this collaboration, with the latest MOU signed for the financial 2019/2020. In order to fund the SAMRC's contribution to this joint initiative the SAMRC has secured R135m (excl. VAT) over the MTEF period as follows:

2019/2020 R45m
 2020/2021 R45m
 2021/2022 R45m

7.7 Financial Performance

Statement of financial performance	Budget	Audited Outcome	Budget	Audited Outcome	Budget	Audited Outcome	Budget estimate	Approved budget	Outcome/ Budget Average %	Average growth rate (%)	Expenditure/ total: Average (%)	Medium-term estimate			Average growth rate (%)	Expenditure/ total: Average (%)
R thousand	2016/17		2017/18		2018/19		2019/20			2016/17-2019/20		2020/21	2021/22	2022/23	2019/20 - 2022/23	
Revenue																
Tax revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-tax revenue	356,154	403,921	372,762	512,203	418,386	564,706	424,261	424,261	121.2%	1.7%	42.3%	500,107	528,430	618,874	13.4%	41.2%
Sale of goods and services other than capital assets	322,954	366,443	342,414	467,078	387,436	517,258	395,812	395,812	120.6%	2.6%	38.8%	476,057	503,175	591,489	14.3%	39.1%
of which:																
Administrative fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sales by market establishment	322,954	366,443	342,414	467,078	387,436	517,258	395,812	395,812	120.6%	2.6%	38.8%	476,057	503,175	591,489	14.3%	39.1%
Other sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-tax revenue	33,200	37,478	30,348	45,125	30,950	47,448	28,449	28,449	128.9%	-8.8%	3.5%	24,050	25,255	27,385	-1.3%	2.1%
Interest, dividends and rent on land	22,300	35,267	23,950	42,271	25,950	34,548	24,600	24,600	141.2%	-11.3%	3.0%	23,350	21,367	23,385	-1.7%	1.9%
Transfers received	657,590	657,590	614,961	614,961	624,829	624,828	686,666	686,666	100.0%	1.5%	57.7%	715,058	751,066	778,854	4.3%	58.8%
Tax benefit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outside shareholders Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total revenue	1,013,744	1,061,511	987,723	1,127,164	1,043,215	1,189,534	1,110,927	1,110,927	108.0%	1.5%	100.0%	1,215,165	1,279,496	1,397,728	8.0%	100.0%
Expense																
Current expenses	954,987	948,477	976,185	1,098,082	1,070,580	1,111,219	1,042,330	1,042,330	103.9%	3.2%	92.7%	1,158,248	1,193,669	1,301,521	7.7%	92.6%
Compensation of employees	334,638	303,910	337,545	359,068	361,957	372,725	381,516	396,022	101.1%	9.2%	31.6%	418,851	443,975	470,608	5.9%	34.2%
Goods and services	599,849	625,335	617,640	716,924	687,123	723,590	638,083	623,577	105.8%	-0.1%	59.4%	716,106	726,026	806,463	9.0%	56.6%
Depreciation	20,500	19,013	21,000	21,340	21,500	14,591	22,731	22,731	90.6%	6.1%	1.7%	23,291	23,668	24,450	2.5%	1.9%
Interest, dividends and rent on land	-	219	-	750	-	313	-	-	-	-100.0%	0.0%	-	-	-	-	-
Interest	-	219	-	750	-	313	-	-	-	-100.0%	0.0%	-	-	-	-	-
Dividends	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tax payment	80,757	80,756	75,439	75,562	76,733	81,501	90,426	90,426	101.5%	3.8%	7.3%	93,268	92,774	96,207	2.1%	7.4%
Outside shareholders Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total expense	1,035,744	1,029,233	1,051,624	1,173,644	1,147,313	1,192,720	1,132,756	1,132,756	103.7%	3.2%	100.0%	1,251,518	1,288,443	1,397,728	7.3%	100.0%
Surplus/(Deficit)	(22,000)	32,278	(63,901)	(46,480)	(104,098)	(3,186)	(21,829)	(21,829)		-187.8%		(38,351)	(6,947)	-	-100.0%	

7.8 Key Risks which may affect achievement of the outcomes

Key outcome	Key risk context	Key mitigation measures
Goal 1: Administer health research effectively and efficiently		
To ensure good governance, effective administration and compliance with government regulations	Potential non-compliance to legal and regulatory requirements as well as policies and procedures	<ul style="list-style-type: none"> • Policies, guidelines and SOPs • Legal & Compliance Services • Occupational Health and Safety support
	Sustainability of the Defined Benefit (DB) fund	<ul style="list-style-type: none"> • Freeze on increase in DB pensionable salary in excess of annual increase
	Lack of a broader SAMRC business continuity programme	<ul style="list-style-type: none"> • Environmental monitoring devices • Back-up generators and UPS • IT Disaster Recovery Policy and Plan • Daily back-ups
To promote the organisation's administrative efficiency to maximise the funds available for research	Inefficiencies within various corporate processes	<ul style="list-style-type: none"> • Management oversight • Online helpdesk services and technology • Contracts for major procurement spends • Ongoing engagement with stakeholders • Policies, processes, SOPs • Career Progression and Advancement process • Roll out of leadership interventions, coaching and mentoring programmes • Organizational performance monitoring
	Insufficient facility management, including	<ul style="list-style-type: none"> • Asset management and verification • Capital project refurbishment • Preventative maintenance plans

Key outcome	Key risk context	Key mitigation measures
	movable and immovable assets	<ul style="list-style-type: none"> • Revamping office space in Ridge Road building
	Loss / theft of data	<ul style="list-style-type: none"> • Layer 7 firewall implemented • Segmented networks • Monitoring of internet traffic • Periodic penetration tests
	Relationship between SAMRC and organised labour	<ul style="list-style-type: none"> • Standing monthly meetings with Union • Strengthened industrial relations within SAMRC • Union recognition agreement
Goal 2: Lead the generation of new knowledge		
To produce and disseminate new scientific findings and knowledge on health	Poor research governance	<ul style="list-style-type: none"> • Established research integrity office • Research policies, guidelines and SOPs • Human and animal ethics committees established • Oversight over the conduct of human and animal research
	Inferior quality of research output of extramural research units	<ul style="list-style-type: none"> • Approved EMU management strategy • Scientific Advisory Committees • Contracts and guidelines • Performance reviews of EMUs
To promote scientific excellence and the reputation of South African health research	Inefficiencies within various research processes	<ul style="list-style-type: none"> • Management oversight • Ongoing engagement with stakeholders • Policies, processes, SOPs
	Maintaining research integrity	<ul style="list-style-type: none"> • External and internal quality review process • Scientific advisory committees • Research Integrity Office • Quality review process for externally funded projects
To provide leadership in the generation of new knowledge in health	Transformation and diversity challenges	<ul style="list-style-type: none"> • EE Strategy and Plan • Appointment of Intra-Mural Unit Deputy Directors • Diversity intervention initiatives / programs • Succession planning
To provide funding for the conduct of health research	Inability to sustainably grow funding	<ul style="list-style-type: none"> • Dedicated on-going investigation for further international funding opportunities
Goal 3: Support, through funding and other mechanisms, technology development and implementation, translation of research into policy and practice, and innovations in health and technology delivery to improve health		
To provide funding for the conduct of health research	Ineffective support for, collaborative partnerships, platforms and technology development	<ul style="list-style-type: none"> • IP Policy and strategy • Grant awarding processes and SOP • Spending model with long term return defined • Dedicated on-going investigation for further international funding opportunities
	Lack of further development and	<ul style="list-style-type: none"> • IP Policy and strategy • Commercialisation plan

Key outcome	Key risk context	Key mitigation measures
	SAMRC-owned and (b) SAMRC-funded innovations	<ul style="list-style-type: none"> External partnerships assistance with commercialization and progressing innovations to market
Goal 4: Build human capacity for the long-term sustainability of the South African health research		
To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	Limited research capacity	<ul style="list-style-type: none"> Capacity building strategy for supporting the development of HDI research scientist Scholarship and bursary programs Strategic relations with institutions for collaboration and accessing researchers to build clinical research capacity
Goal 5: Translate new knowledge into policies and practices to improve health		
To facilitate the translation of SAMRC research findings into public understanding, policy and practice	Lack of research impact on strengthening policy and practice	<ul style="list-style-type: none"> Spending model with long term return defined Dedicated on-going investigation for further international funding opportunities Workshops on research translation

7.9 Public Entity Description:

Name of the Public Entity	Mandate	Outcomes	Current Annual Budget (R thousand)
South African Medical Research Council	To improve the health of the country's population, through research, development and technology transfer	Outlined in sections 7.1 to 7.5 of this strategic plan	597 101 (excluding VAT)

8. Strategic Planning Processes

The process of developing this strategic plan was informed by:

- Department of Planning, Monitoring and Evaluation Revised Framework for Strategic Plans and Annual Performance Plans
- Department of Planning, Monitoring and Evaluation Guidelines for the Implementation of the Revised Framework for Strategic Plans and Annual Performance Plans
- Review and analysis of key strategic documents, i.e. Policies and Strategic Plans of the Department of Health;
- National Treasury Framework and Guidelines;
- United Nations Sustainable Development Goals
- SETI Review
- National Development Plan 2030:
- Department of Science and Technology (DST) White Paper on Science, Technology and Innovation, 2018:
- South African Demographic Health Survey 2016
- Consultation with stakeholders

PART D – TECHNICAL INDICATOR DESCRIPTION

GOAL 1

Indicator Title	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General
Definition	Audit opinion expressed by auditor general
Source of Data	Documented Evidence: Annual Report; Auditor General's Report
Method of Calculation/Assessment Assumptions	No calculation required All records and evidence presented to the Auditors are reliable and valid
Reporting Cycle	Annual
Desired Performance	To achieve a clean audit opinion from the Auditor General of South Africa
Indicator Responsibility	CFO/CEO and President

Indicator Title	1.2.1 Percentage of the government allocated SAMRC budget spent on administration
Definition	Percentage of baseline (government) funding that is spent on salaries and operations of all corporate administrative functions.
Source of Data	Documented Evidence: Financial Records
Method of Calculation/Assessment Assumptions	Count The financial records at the SAMRC is reliable and valid
Reporting Cycle	Quarterly
Desired Performance	20%
Indicator Responsibility	CFO

GOAL 2

Indicator Title	2.1.1 Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and/or funded author(s)
Definition	Total number of accredited publications in which one of the authors has a listed affiliation as the SAMRC, usually because the author is an SAMRC intra- or extramural unit, funded through baseline or contract funds. Publications are full length papers, short communications, letters, editorials and commentaries. Publications are regarded as accredited when they are published in ISI-indexed journals
Source of Data	KIMS
Method of Calculation/Assessment Assumptions	Count the number of published journal articles, book chapters and books with an author declaring employment by, affiliation to an entity of, or funding support from SAMRC The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	CROO/VP: Research/Executive Scientist for Research Strategy

Indicator Title	2.1.2 Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of SAMRC
Definition	Total number of accredited publications that mention SAMRC funding. Publications are full length papers, short communications, letters, editorials and commentaries. Publications are regarded as accredited when they are published. These publications must mention the SAMRC by name in the acknowledgement section of the journal article. The authors may or may not be affiliated with the SAMRC
Source of Data	KIMS
Method of Calculation/Assessment	Count the number of published journal articles by SAMRC grant-holders during the reporting period, with an acknowledgement of SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	CROO/VP: Research/Executive Scientist for Research Strategy

Indicator Title	2.2.1 Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC
Definition	Total number of publications (original articles, editorials, commentaries or letters) where the first author has a listed affiliation as the SAMRC, usually because the author is in an SAMRC intra or extramural research unit, funded through baseline or contract funds
Source of Data	KIMS
Method of Calculation/Assessment	Count the number of published journal articles with the first or last author declaring employment by, affiliation to an entity of, or funding support from SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	CROO/VP: Research/Executive Scientist for Research Strategy

Indicator Title	2.3.1 Number of research grants awarded by the SAMRC
Definition	Total number of Research grants awarded to academic institutions by the SAMRC
Source of Data	Departmental records
Method of Calculation/Assessment	Count the number of research grants awarded by the SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Director: GIPD

GOAL 3

Indicator Title	3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
Definition	Total number of Projects funded by the SAMRC that are aimed at developing new diagnostics, vaccines, etc.
Source of Data	Unit records
Method of Calculation/Assessment	Count the number of innovations developed or co-developed by SAMRC intramural research units
Assumptions	Evidence presented to AGSA is valid and reliable
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Director: GIPD

Indicator Title	3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
Definition	Total number of research partnerships awarded by the SAMRC
Source of Data	Departmental records
Method of Calculation/Assessment	Count of the number of individual research grants awarded by the SAMRC to researchers during the financial year. These are new awards rather than renewals and relate to Self-Initiated Grants, awards made by SHIP and the Offices for AIDS, TB and Malaria Research, and SAAVI; and Flagship awards
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Director: GIPD

Indicator Title	3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation
Definition	Promote the improvement of health and quality of life in the country through innovation, technology development and transfer (invention disclosures, patents filed and licences concluded)
Source of Data	Departmental records
Method of Calculation/Assessment	Count of the number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period (examples of Innovations are vaccines; drug models; molecules, etc)
Assumptions	Evidence presented to AGSA is valid and reliable
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Director: GIPD

GOAL 4

Indicator Title	4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early Career Scientists
Definition	Total number of total or part scholarships/ fellowships and grants funded by the SAMRC for post-graduate study at masters, doctoral and post-doctoral levels
Source of Data	RCD records
Method of Calculation/Assessment	Count of the number of scholarships/fellowships/grants funded by the SAMRC to enhance sustainability of health research in South Africa
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	VP: Research Management

Indicator Title	4.1.2 Number of awards by the SAMRC to female MSc, PhD, Postdocs and Early Career Scientists
Definition	Total number of total or part awards by the SAMRC to female recipients for post-graduate study at masters, and doctoral levels
Source of Data	RCD records
Method of Calculation/Assessment	Count of the number of grants/scholarships/fellowships awarded to female recipients by the SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	VP: Research

Indicator Title	4.1.3 Number of awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African
Definition	Awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African
Source of Data	RCD records
Method of Calculation/Assessment	Count of the number of awards to African South African citizens and permanent resident students receiving SAMRC funding
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target as per the reporting period
Indicator Responsibility	VP: Research

Indicator Title	4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)
Definition	Total number of awards by SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)
Source of Data	RCD records
Method of Calculation/Assessment	Count of the number of awards by SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	VP: Research

Indicator Title	4.1.5 Number of MSc and PhD students graduated or completed
Definition	Develop human capital within the organisation to ensure excellence in all areas of operation
Source of Data	RCD records
Method of Calculation/Assessment	Count the number of MSc and PhD students graduated or completed
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	VP: Research

GOAL 5

Indicator Title	5.1.1 Number of local or international policies, reports and guidelines that reference SAMRC research
Definition	Total number of local or international policies and guidelines that have been influenced by SAMRC research
Source of Data	Unit records
Method of Calculation/Assessment	Count the number of local or international policies and guidelines that reference SAMRC research
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Bi-annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Scientist

Indicator Title	5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers
Definition	Total number of reports and guidelines produced by SAMRC intramural researchers
Source of Data	Unit records/internet search
Method of Calculation/Assessment	Count the number of reports and guidelines produced by authors within the SAMRC intramural research units

Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Bi-annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Scientist

Indicator Title	5.1.3 Number of national or international bodies/ committees SAMRC employees serving on national or international bodies/committees
Definition	Total number of SAMRC intramural researchers who have been invited or is serving on national or international bodies or committees
Source of Data	Unit/HR records
Method of Calculation/Assessment	Count the number of SAMRC researchers contributing to understanding of research findings, guiding policy and service improvement processes, or influencing research funding, through serving as technical advisors, committee members, giving invited (non-conference) presentations at local, Provincial, National and global levels (UN bodies, including but not limited to WHO, UN Office on Drugs & Crime, and World Bank, major funders)
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	Exec Scientist

Indicator Title	5.1.4 Number of conferences, seminars and CPD workshops supported by the SAMRC
Definition	Total number of conferences, seminars and CPD workshops supported by the SAMRC
Source of Data	Unit/HR records
Method of Calculation/Assessment	Count the number of SAMRC seminars and CPD workshops which the SAMRC supported financially
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	VP: Research

ANNEXURES

Acronyms

4IR	4 th Industrial Revolution	NIH	National Institute of Health
AIDS	Acquired Immuno Deficiency Syndrome	NIMS	National Injury & Mortality Surveillance
AU	African Union	NRF	National Research Foundation
BOD	Burden of Disease	NSDA	Negotiated Service Delivery Agreement
BRIC	Brazil, Russia, India and China	PhD	Philosophiae Doctor
CANSA	Cancer Association of South Africa	PFMA	Public Finance and Management Act
CEO	Chief Executive Office	PHEF	Public Health Enhancement Fund
CRA	Comparative Risk Assessment	POPI	Protection of Proprietary Information
CSIR	Council for Scientific and Industrial Research	PPIP	Perinatal Problem Identification Programme
DHE	Department of Higher Education	Prof	Professor
DR	Doctor	RFA	Request for Application
EE	Employment Equity	SACENDU	South African Community Epidemiology Network on Drug Use
EMU	Extramural Research Units	SADC	Southern African Development Community
HIV	Human Immunodeficiency Virus	SADHS	South African Demographic Health Survey
HR	Human Resource	SAMRC	South African Medical Research Council
HRMS	Human Resource Management System	SDG	Sustainable Developments Goals
HSRC	Human Sciences Research Council	SETI	Science, Engineering, & Technology Institution
HVTN	HIV Vaccine Trials Network	SHIP	Strategic Health Innovation Partnerships
MDG	Millennium Development Goals	SIR	Self-Initiated Research
MOU	Memorandum of Understanding	SP	Strategic Plan
Mr	Mister	TB	Tuberculosis
MTEF	Medium Term Expenditure Framework	UKMRC	United Kingdom Medical Research Council
MTSF	Medium-Term Strategic Framework	UHC	United Health Care
NCD	Non-Communicable Disease	UN	United Nations
NDoH	National Department of Health	US	United States
NDP	National Development Plan	USA	United States of America
NHI	National Health Insurance	VAT	Value Added Tax
NHRC	National Health Research Committee	WHO	World Health Organisation
NHSP	National Health Scholars Programme		