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REGISTRATION NUMBER (if applicable): Not applicable

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A great deal has been achieved over the past few decades and the organisation is now one of world’s leaders in conducting and funding health research.

On 1 July 2019, the South African Medical Research Council celebrated its 50th Anniversary of improving the health and quality of life of South Africans through research, development and technology transfer.

A great deal has been achieved over the past few decades and the organisation is now one of world’s leaders in conducting and funding health research and innovation.

To mark this important milestone, we collaborated with the South African Medical Journal (SAMJ) to publish fifteen peer reviewed articles. The articles highlight the groundbreaking research and innovation by our researchers and the impact of their work, both nationally and globally. This special publication also provides a glimpse of the great depth and diversity of our activities which includes basic laboratory investigations, clinical research and public health studies.

In the same year, we launched Africa’s first whole genome sequencing institute in partnership with the Belgium Genomics Institute (BGI). The SAMRC Genomics Center will serve as a resource to both South Africa and the African continent. We have also established seven new extramural research units – six of which are led by recognised and emerging women science leaders. This is in line with our Transformation Agenda and commitment to bringing a gender-edge to science.
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Apart from successfully operating within a legislative and compliance framework, we have achieved impact across a range of research outputs and policy guidelines, such as the WHO Roadmap for Zoonotic Tuberculosis, a multisectoral guide for addressing zoonotic tuberculosis in people and bovine tuberculosis in animals. Beyond our borders, our research also influenced policy in the Democratic Republic of Congo on faith engagement, gender norms and violence against women and girls in conflict-affected communities further, showing our impact across the continent.

To be able to show this level of impact, we have focused on transformation in research, specifically looking at funding previously under resourced universities, and addressing racial diversity in funding and gender parity. Through the competitive Self-Initiated Research (SIR) grants programme, more than 40% of funding was allocated to African people in 2018/19, with the bulk of awards in these priority areas: addressing the diabetes burden, innovative approaches to improve health, and understanding mental health. In addition, 54% of SIR grants were allocated to females and 46% to males in the reporting period.

In 2019, we look forward to the launch of Africa’s first whole genome sequencing institute, established by the SAMRC as both a resource to South Africa and the African continent. We are also proud to have established six new extramural units led by recognised and emerging science leaders.

Our partnership with the Beijing Genomics Institute sets the course to develop personalised medicine for African populations, who offer the greatest genetic diversity and opportunities to address Africa’s disease burden.

I am pleased that in this 50th Year of the SAMRC’s existence, we can show our impact in health research and how we influence policy and practice. It is an exciting time in the SAMRC’s calendar, as we remain committed to advancing science for health. The SAMRC is taking the lead in capacity development and building a pipeline of young scientists that are as diverse as the country we live in.

As a key institution in the health sector, we were privileged to be part of the Presidential Health Summit in November 2018, which brought together key stakeholders from a wide range of constituencies, to agentively participate and propose solutions for addressing the challenges facing the South African health system.

We are committed to partnering with international research organisations to strengthen medical science in South Africa. Our partnering with the U.S. NIH on a joint programme for biomedical research for a second round of funding,
strengthens scientific collaborations between South African and U.S. scientists. SAMRC in partnership with the Department of Science and Technology collaborated with the United Kingdom Government and signed a Newton Fund Memorandum of Understanding in Parliament, Cape Town. The four main objectives were to 1) develop human capital, 2) engage with the private sector, 3) engage with other African countries and 4) build South African and United Kingdom research partnerships. SAMRC was responsible for establishing a health programme under this Newton Fund Partnership and to engage with the UK-based Newton Fund research partners.

In our 50th year there is a lot to celebrate: seven SAMRC scientists were rated by the National Research Foundation (NRF) in 2018. NRF rating has become a valuable tool for benchmarking the quality of our researchers against the best in the world.

More achievements to celebrate include Professor Salim Abdool Karim’s esteemed international Lifetime Achievement Award by the Institute for Human Virology. Professor Karim is the Director of the SAMRC/CAPRISA/UKZN HIV-TB Pathogenesis and Treatment Research Unit. Professor Kelly Chibale was also named Fortune magazine’s 50 World’s Greatest Leaders for 2018, Professor Chibale is Director of the SAMRC/UCT Drug Discovery and Development Research Unit; Professor Gita Ramjee, Director of the HIV Prevention Research Unit, was awarded the Outstanding Female Scientist Award by the European Development Clinical Trials Partnerships (EDCTP) and Professor Keertan Dheda, Director of the SAMRC/UCT CAMRA , received a Health Excellence Award at the event hosted by the Clinix Health Group and the South African Clinician Scientists Society in 2018.

The SAMRC has shown to be a truly vibrant and responsive research organisation making impact in Africa and beyond. None of which would be possible, without the Executive, our Scientists and our entire SAMRC staff. I would like to express my gratitude to all of you and also the people of South Africa who make the work we do possible.

Sincerely

PROFESSOR GLENDA E. GRAY
President & CEO: South African Medical Research Council
kanye nokuphatha abantu bobulili obuhlukahlukene ngendlela efanaya. Ngohlelo lokusiza ngezimali ucwaning oluksa kumcwaningi, i-Self-Initiated Research (SIR), imali engaphezu kuka-40% yokweseka iye yanikwa abantu bomdabu base-Afrika ng-2018/19, eningi yayo yafakwa kulezi zingxenyeni ezibaleleku kakhulu; ukubhekane nenkinga yisifo sikashuleka, ukuthola izindlela ezintsha zokuthuthukisa ezempilo kanye nokuqonda ukwulwana kwenzokwondo. Ngaphezu kwalokho, u-54%wezimali zokweseka ze-SIR zanikwa abesifazane kwathi u-46% waniwka abesilisa kelenkathi yokubika.


Njengesikhungo esiyinhloko emkhakheni wezempilo,saba nenhlanhlayokuba yingesiye ye-Presidential Health Summit eyayingo-2018, eyahlulwana abaholi abavelele abavela ezinhlanganweni ezihlukahlukene, ukuba babambe iqhaza futhi bezeyo namacebo okuxazulana izinselele ezikhungethe ezempilo eNingizimu Afrika.

Sizimisele ukubambisana nezihlanganano ezenza ucwangingweni lase-Afrika sikhathekile nkulukhu kahle, ososayensi bethu kanye nabo bonke abasebenzi be-SAMRC.

PHROFESA GLENDA E. GRAY
UMongameliNe-CEO: South African Medical Research Council

Sizimisele ukubambisana nezihlanganano ezenza ucwangingweni lase-Afrika sikhathekile nkulukhu kahle, ososayensi bethu kanye nabo bonke abasebenzi be-SAMRC.

I-SAMRC izibonise ukuthi imbalulekile njengoba sibili esinglesa abasebenzi be-SAMRC. Konke lokhu bekungeke kwenzeke ngaphandle kwabaholi, ososayensi bethu kanye nabo bonke abasebenzi be-SAMRC.

PHROFESA GLENDA E. GRAY
UMongameliNe-CEO: South African Medical Research Council
SEPEDI

TSEBIŠO GO TŠWA GO MOPRESIDENTE LE CEO

Mokgatlo wa mafolofolo woo o dirago khuetšo ka Afrika le ka ntle ga yona

Mokgwa wa Khansela ya Dinyakishio tša Kalafa ya Afrika Borwa (South African Research Medical Council (SAMRC)) o thekgwa ke maikemetsišo a re na le tsebilo ya re go dira le o go thekga ka ditšhelete dinyakisho tša mphelo, tšwelenitšo, tšhabelo le phetelo le dinyakisho. Bjaló ka ditsebi ka dinyakishoong tša mphelo, re netefaditši gore dinyakisho tša rena le tša maleba, di a arabela le go ba le khuetšo.

Go laola dinyakisho tša mphelo gabotse le ka mo go afelegile, nakong ya 2018 ya 2019 go re bego, re kgonne bo boloka sekhwatse se tšebele ya tšebele ya SAMRC ka tiase ga 20%. Go latela melawaneyo ene ya thafaeditšweyo we Kgoro ya Matlotlo a Setšhaba malebana le thomisimo ya tšebele ya mmušo, Taolophethiši ya Kgoro ya Matlotlo a Setšhaba ene netefaditši gore mokgatlo o phethagatha melawaneyo ene gore tekanyetšo ene di dirišetša dinyakisho tša mphelo pele.

Ntle le go šoma ka katlego go ya ka molao le thako ya phethagatha melawaneyo ga, re fleteditši khuetšo go phatlalala le mphola maelowa le dipolo tša dinyakisho le dithiliši tša pholisi, go swana le Lango la World Health Organisation (WHO) la Bolwetši bja Mafahla bja di Phoofolo, tšhahla ya makala a mantši ya go šogana le bolwetši bja mafahla bja bovine bo mphofofofo. Ka ntle ga melawaneyo ene re, dinyakisho tša rena gape di hueditši gore go be le pholisi kua Democratic Republic of Congo go tša tumelo, maitshwaro a bong le dikganuru kgahlanong le basadi le bana mo ditšhabeng tšie di angwago ke dithulano tše bjalo, e le go bontši huetšo ene re na phatlalala le kontinentse.

Gore o kgone go bona legato le la khuetšo, re nepisiši phetogo o dinyakisho, kudu go lebletšwe go thekga di diyunisethi tšie di bego di se na methopo kgale, le go šogana le phapano re mo go thekgeng go se lekelake le bong. Ka laneneyo le thekgo la Dinyakisho tšo Motho a Tshometsišo (SIP), go abwile thekgo ya go feta 40% go batho ba Bathobaso ka 2018/19, le difoka tše diniši mo dikarolong tše bohlokwa: go šogana le mathata a bolwetši bja swiki, mekgwa ya tšwelenitšo a go kaonafatša mphelo, le go kwešiša mwetiši a monaganse. Go oketsa moo, 54% ya ditšheko tšebele ene mophiwafela ene SIR ene abwile basadi gomme 46% ene abwile bana ene nakong ya go bego.

Ka 2019, re lebletšwe thakgolo ya institute ya mathomo ya Afrika's whole genome sequencing , yego e hlamilengwe ke SAMRC ka ge ene le mthopho bobedi go Afrika Borwa le kontinentse ene. Re a igantša ga gape ka ge re thomile makala a tlaletšišo a mafa a tshele ao a etilwego pele ke baetapelane ba saense bao ba tsebegabo bao ba tšwelafo pele.

Tirišano ya rena le Beijing Genomics Institute go butše sebaka sa go hlama dihlare bakeng sa badudi ba Afrika, tšo ene dirago phapano ye kgolo ya leabelo le go bula dibaka tšo go šogana le bothata bja bolwetši bja Afrika.

Re thabile ka gore mo ngwageng wo ya bo 50th wo ya go ba gona ga SAMRC, re ka bontši huetšo ene re na dinyakishoong tša mphelo le ka moo re huetšango pholisi le tirišo. Ke nako ya lethabo mo tšhiparmacabeng ya SAMRC, ka ge re dula re igafele go kaonafatša saense ya mphelo. SAMRC ene etile pele ka go hlabora bokgoni le go aga bokamoso bja boraesaene ba bafsabo bao ba fapanego bjalo ka naga yeo re dulago go yona.

Bjalo ka institusene ya lekala le mphelo, re bile mahlatse ga ba karolo ya Samiti ya Mphelo ya Mopresidente ka November 2018, re ke a rapansitegwe bakgathetema ba motheo go tša mohlwaeng wa batho, go kgatha tema ye kgolo le go šišinya ditharololo tšo go šogana le dithelope tšeo di lebanaego le mokgwa wa mphelo wa Afrika Borwa.

Re igafele go diniša le mekgatlo ga dinyakisho ya lefase go matlaftša saense ya kalafa ka Afrika Borwa. Go diniša ga re na re U.S. NIH ka le na khalane re le khalušwe tše dinyakisho tša kalafa ya dipedi mo tikologong ya bobedi ya thekgo, ene matlaftša tirišano ya saense gare ga boraesaene ba Afrika Borwa le U.S. SAMRC ka tirišano le Kgoro ya Saense le Tshokolotši ene somiša le Mmušo wa United Kingdom gomme ene saenne Memorandum wa Kwešišano wa Newton Fund ka Palamenteng, Motsekapa. Dinitha tše me tša bohlokwa e e le 1) go hlaborla leloto lo batho, 2) go bolešiša le lekalala la praebebe, 3) go bolešiša le dinago tše dingwe tša Afrika le 4) go le go aga tirišano ya dinyakisho ya Afrika Borwa wa United Kingdom. SAMRC ene di e na le maikarabelo a go thoma lenaeneo le mphelo ka fase ga Tirišano ye ya Newton Fund le go bolešiša le badirišani ba dinyakisho ya Newton Fund bao ba lego UK.

Mo ngwageng wa rena re bo 50 go na le tše diništši tšie re ka di diketelago: boraesaene ba saupa ba SAMRC ba retlwe ke Motheo wa Dinyakisho wa Setšhaba (National Research Foundation (NRF)) ka 2018. Tekanyetšo ya NRF ene bile sedirinya se boholokwa sa go lekola boleng bja banyakisho ene re na kgahlanong le ba bakaone go feta ka moka lefase ng teng.

Diketelago tše diniši tša go ketelika di akarešete Sefoka sa Katlego sa Bophelo ka moka sa lefase sa thompho sa mokopa Salim Abdool ke Institute for Human Virology, Profesa Karim ke Molaodimogolo wa Lekala la Dinyakisho la Kalafo le Phathogenesis la SAMRC/CAPRISA/UKZN (SAMRC/CAPRISA/ UKZN HIV-TB Treatment and Pathogenesis Research Unit). Profesa Kelly ChiChabe yena le yena o tsebišitšwe bjalo ka Baetepele ba Bakaone go feta ka moka ka Lefase ba bo 50 bo Fortune magazine. Profesa ChiChabe ke Molaodimogolo wa Lekala la Dinyakisho tša Tšweleni tše Lekala laoko ya Diokabatši ya SAMRC/UCT (SAMRC/UCT Drug Development Research Unit); Profesa Gita Ramjee, Molaodimogolo wa Dinyakisho la Kalafo le Thathogatho na Afrika Borwa la United Kingdom. SAMRC ene di e na le maikarabelo a go thoma lenaeneo la maphelo ka fase ga Baetepele lefase ga go lekola boleng bja banyakisho ene re na kgahlanong le ba bakaone go feta ka moka lefase ng teng.

SAMRC ene bontšišišo go ba mokgatlo go dinyakisho wa mafolofolo le go arabela woo o dirago khuetšo ka Afrika le ka ntle. Tše ka moka nkabe di se a kgonagala, ntle le Taolophethiši, Boraesaene ba rena le badiriša re re na moka ka SAMRC. Ke rata le go leboga ka moka ga lana le gape batho ba Afrika Borwa bao ba dirago gore moshomo wo re o dirago o kgone. Kana bokokobetšo

PROFESSOR GLENDA E GRAY
Mopresidente le CEO: Khansela ya Dinyakisho tša Kalafa ya Afrika Borwa
WHY WE EXIST

The mandate of the South African Medical Research Council (SAMRC), in terms of the MRC Act 58, 1991 (as amended), is to improve the health and quality of life of South Africans. This needs to be realised through research, development and technology transfer.

IN BRIEF
The SAMRC was established in 1969 to conduct and fund health research and medical innovation. We focus on the top ten causes of death and disability and associated risk factors.

We acquire the most accurate health information and provide policy makers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people in South Africa.

OUR VISION
Building a healthy nation through research and innovation.

OUR MISSION
To improve the nation's health and quality of life by conducting and funding relevant and responsive health research, development, innovation and research translation.
Umsebenzi Wethu


Ngamafuphi


Umbono Wethu

Ukwakha isizwe esinempilo ngokucwaninga nokuthola izindlela ezintsha

Umgomo Wethu

Ukuthuthukisa izinga lempilo lesizwe nokuphila kwaso ngokwenza nokuxhasa ucwaningo lwezokwelapha oleyimfuneko nofuna ele, ukuthola okusha nokuhunyushwa kocwaningo
Molao wa Rena

Molao wa Khansele ya Dinyakišišo tša Booki mo Afrika Borwa (SAMRC), go ya ka molao wa MRC Act 58, 1991 (ka ge o fetošítšwe), ke go kaonefattša maphelo le boleng bja maphelo bja Maafrika Borwa. Se se hloka gore go dirwe nyakišišo, go kaonefatšwa le go fetola thekinolotši.

Ka bokopana

SAMRC e hlamilwe ka 1969 go hlama nyakišišo ya go hwetša tšelete ya tša maphelo le go fetola tša kalafo. Šedi ya rena e go dilo tše lesome tšeo di bakago malwetši a mantsi le bogole le dikotsi tšeo di sepedišanago le tšona. Re hwetša tsebišo e kaonekaone ya tša maphelo, ra nea dipholisi ka tholosi go dira phetho e kaone ya tša maphelo go koanefatša boelng bja tša maphelo go Maafrika Borwa.

Pono ya rena

Go bopa setšhaba se phetšego gabotse ka nyakišišo le diphetogo

Maikemišetšo a rena

Go kaonefatša bophelo bja setšhaba ka go dira nyakišišo e thekgwago ka ditšhelete le e bohlokwa ya tša maphelo, go kaonefatša, go fetola le go toloka nyakišišo
Responding to the top ten causes of death in South Africa

The South African Medical Research Council is a health research organisation focusing on the top ten causes, disability and associated risk factors in the South African population. Since 1969 the SAMRC has been at the cutting edge of leading medical research, innovations, development and has strengthened its research translation efforts. The scope of the SAMRC’s research includes basic laboratory investigations, clinical research and public health studies.

The Burden of Disease Research Unit shared statistics of how South Africa is doing in addressing the leading causes of death in the country.

Leading causes of death in South Africa

- The **Rapid Mortality Surveillance Report 2017** derives estimates of key health status indicators primarily from data obtained from the National Population Register.

- Although **life expectancy at birth**, has continued to increase, reaching 64 years in 2017, the pace of improvement has slowed down in recent years.

- Infant and under-five mortality rates have declined to 23 and 32 per 1 000 live births in 2017, respectively. However, the neonatal mortality continues to show no improvement remaining at 12 per 1 000 live births.

- Mortality of children aged 5-15 improved over a period of five years from 11 per 1000 deaths to 6 deaths per 1000 deaths. Children between the ages: 15-24 showed an improvement from 24 deaths to 21 per 1000 children during the same period. These improvements are likely associated with the roll-out of ARTs.

- The maternal mortality ratio peaked in 2009 and has declined to 134 per 100 000 live births in 2016.

- **Life expectancy at age 60 years**, an indicator of mortality experienced at older ages has remained constant at about 17 years, indicating little improvement in health care in recent years.

- Estimates of premature mortality between the ages of 30 and 70 years due to selected non-communicable diseases (NCDs) including cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. The probability of a 30-year old man dying from these non-communicable diseases before the age of 70 years is 34% while the probability of a 30-year old woman dying from these diseases is 24%. The rates have shown no change between 2011 and 2016. Primary health care services need to be more vigilant with diagnosing and managing these diseases and their risk factors. Health promotion efforts to reduce the prevalence of tobacco and alcohol use, increase physical activity and healthy nutrition are essential to reduce the burden of non-communicable diseases.
South Africa faces a quadruple of evolving major epidemics: Maternal, new-born and child health, HIV/AIDS and TB, Non-communicable diseases, and violence and injury.

**MATERNAL, NEWBORN AND CHILD HEALTH**

The burden of maternal, newborn and child health on SA is three times above average for comparable countries.

Our research shows that the under 5 mortality rate has decreased to 34 per 1000 livebirths in 2016 from 80 per 1000 livebirths in 2003.

Interventions by community health workers in community treatment could decrease deaths to under 200 000 over ten years.

**NON-COMMUNICABLE DISEASES (NCDs)**

Non-Communicable Diseases, as a group, account for the highest number of deaths in SA.

Four major NCDs: cancers, cardiovascular diseases, chronic respiratory diseases and diabetes.

Our first-of-its-kind research shows that more than 70% of women in sub-Saharan Africa are overweight and obese and five out of every 10 adults in South Africa suffer from hypertension.

**HIV/AIDS AND TB**

SA is estimated to have the biggest burden of TB in the world – a sizeable number of HIV/AIDS deaths are associated with TB.

We have conducted research that has mapped the true burden of MDR/XDR TB in the country allowing accurate and concerted interventions.

The roll-out of ART and earlier PMTCT interventions has resulted in a steady decline in HIV mortality: from 300 000 in 2006 to 153 000 in 2012.

**VIOLENCE AND INJURY**

SA is five times above average for homicide. Interpersonal violence accounts for a considerable amount of premature deaths in SA.

Between 1997 and 2012, there was a 52% reduction in death rates caused by interpersonal violence.

Data from our Burden of Disease Research Unit shows that interpersonal violence ranks as the number two cause of premature death in Gauteng and the Western Cape.
GRANTS, INNOVATION & PRODUCT DEVELOPMENT

The Grants, Innovation and Product Development (GIPD) division of the SAMRC is the custodian of grant funding (including innovation funding), IP management and commercialisation. There are a number of programs that fall under GIPD, many of which involve strategic partnerships with organizations that include the Department of Science and Technology (DST), the Newton Fund, the Bill and Melinda Gates Foundation (BMGF), PATH and Anglo American Platinum (AAP).

**TOTAL VALUE OF FUNDING ALLOCATED TO RESEARCH & INNOVATION DURING THE 2018/19 REPORTING PERIOD**

R211 253 793.33

Focus areas: Drug discovery, vaccine discovery, precision medicine, medical devices, big data, innovation technologies, population health.

**SELF INITIATED RESEARCH (SIR)**

R23 662 535

Focus areas: For more than a decade, the SAMRC has awarded funding and supported competitive investigator-initiated research projects. These awards are targeted at early stage investigators and mid-career investigators who are offered the opportunity to establish their careers while conducting relevant science.
INVESTING IN DEVELOPMENT OF NEW KNOWLEDGE

The SAMRC receives funding from the South African National Treasury to strengthen research and capacity development in the field of medical health sciences in South Africa. The SAMRC through its Division of Research Capacity Development (RCD) aims to build health research capacity by providing and administering scholarships to South African citizens studying towards their Masters and Doctoral (PhD) degrees in Medical and Health Sciences. Additionally, RCD provides and administers research grants to early career investigators, mid-career investigators and researchers with evidence of potential of excellence if supported financially and otherwise.

<table>
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<th>SAMRC FUNDED MASTERS AND PhDs IN 2018/19</th>
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<td>AMOUNT FUNDED</td>
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<td>6 MSCs</td>
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<tr>
<td>R1 660 000.00</td>
<td>4 PhDs</td>
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</table>
Honouring the late Bongani Mayosi, for his contributions to health transformation

To preserve the lasting legacy of his immense contributions towards health transformation, Professor Bongani Mayosi was honoured by renaming the National Health Scholars Programme (NHSP) to the “Bongani Mayosi National Health Scholars Programme”.

The unveiling took place at a gala event in Johannesburg in April last year, where the South African Medical Research Council (SAMRC) together with the Public Health Enhancement Fund (PHEF) and the National Department of Health (NDoH) celebrated their joint efforts in building new human capacity for healthcare. The NHSP is a national asset and a flagship PhD programme for advancing the next generation of African health and clinical scientists and was chaired by the late Prof Mayosi.

The Programme is a great consequence following a social compact between the NDoH and 22 Healthcare Companies signed in November 2012, to improve the delivery of healthcare, address diseases and improve accessibility to medical schools for disadvantaged communities. Administered by the SAMRC, the Programme has since its inception produced 107 post-graduates in various health professions (60 Masters and 47 PhDs). They are expected to contribute to the overall research and innovation capacity of the country, and to service constrained communities - a success story of the transformation of the healthcare system.

This, according to the then Minister of Health, Dr Aaron Motsoaledi shows the importance of this public-private partnership.

Although he is late, Mayosi, a passionate health expert and leading South African cardiologist, remains hailed for his vision to develop the capacity of the next generation of South African scientists and leaders through the NHSP. He wanted to train clinical and health PhDs who will have significant impact in clinical and health sciences in South Africa and the rest of Africa.
A centre in Africa to decode genes

SAMRC has launched a state-of-the art research facility that will refine the science of genomics for personalised medicine to unlock Africa’s diverse gene pool. This progressive initiative was first cemented through the signing of a formal collaboration agreement, between the Beijing Genomics Institute (BGI) and the SAMRC in 2018. BGI is leading the global scientific progress on genetic science and DNA sequencing.

Individual genome sequencing has become a crucial part of understanding and responding to disease as it creates the possibility to identify mutations, which are specific to each person. One of the advantages of genome sequencing is that it helps in recognising the cause or stage of a disease and predicts the likely benefits or side-effects of a particular medication. Having been exposed to medicines that were developed outside of Africa and researched on a different gene pool, South Africans will now benefit from genome sequencing as their unique gene pool will be taken into consideration. In turn, this will result in the development of more effective medicines that are unique to South Africans.

“The Centre is a national asset that will contribute to the better understanding of factors that impact on the health of South Africans and inform strategies to improve their response to diseases,” says SAMRC President and CEO, Prof Glenda Gray.

“This initiative gives us an opportunity to enter into a new era of medical research as we are now a part of a small group of forward-thinking countries that are pioneering this type of much-needed innovation and skills to increase our capacity to sequence whole human genomes, analyse and store data”, says Rizwana Mia, leader of the precision medicine programme.

She added that “Designing a state-of-the-art clean room facility means we can house any high through-put sequencing technology. We have further invested in data storage infrastructure and hence allowing us to confidently create a large-scale population genome programme to unlock our genetic diversity.”
Can climate change have an impact on National Health Insurance (NHI)?

Following the introduction of the National Health Insurance (NHI) Bill to parliament in August last year, a group of scientists from the South African Medical Research Council (SAMRC) have also weighed in on the discussion, focusing on what may not have been stated on the Bill but needed to be known.

In a paper recently published in the South African Journal of Science, Dr. Caradee Wright and Profs Matthew Chersich and Angela Mathee focus on possible direct and indirect impacts of climate change on NHI. In the paper, the team of researchers from the SAMRC’s Environment and Health Research Unit (EHRU) describe how climate change will present substantial challenges to the Bill, especially to the vulnerable communities who are expected to benefit the most from it.

According to the paper, potential direct climate change impacts on NHI and primary healthcare include extreme weather events on health service infrastructure such as heat waves affecting the functionality of medical equipment, changes to cold chain requirement for transporting medicine and vaccines, thermal comfort in hospitals, and working conditions, productivity and staff well-being.

Also, the hotter conditions may constrain health workers’ outreach work, which often involves walking long distances for home visits. Flooding may interrupt water and power supplies, impede the ability of staff to get to work, affect the safety of staff and patients at health centres, and also jeopardise access to, or integrity of, systems for maintaining patient records.

The paper concludes that by making climate change an integral consideration in planning and development, it is possible to deliver an NHI that contributes more effectively to reducing inequalities that are likely to stem from evolving environmental hazards to health associated with climate change.
An Evaluation of the Health System costs of Mental Health Services and Programmes in South Africa

The SAMRC together with the Alan J Flisher Centre for Public Mental Health (CPMH) released the full technical report of the Evaluation of the Health System Costs of Mental Health Services and Programmes in South Africa.

Responding to some of SA’s challenges in relation to the mental health system, for the first time, this study offers a nationally representative reflection of the state of mental health spending and elucidates inefficiencies and constraints emanating from existing mental health investments in South Africa, achieving one of the highest sample sizes of any costing study conducted for mental health in Low-Middle Income Countries (LMICs).

Following the completion of this first phase of work, technical support has been requested to develop a mental health investment case. We are now in a position to explore the mechanisms by which our country and provinces can accelerate our progress towards the achievement.

According to the authors, while there are still information gaps related to the mental health system, South Africa has, over the last two decades, taken steps towards strengthening its mental health care. These include reforming the Mental Health Care Act 2002 and developing a National Mental Health Policy Framework and Strategic Plan 2013–2020.
Together taking a stand against Gender-Based Violence

As rates of violence against women and children reach epidemic proportions in South Africa, the South African Medical Research Council continues to play its part in addressing the problem.

This, not only through conducting relevant research but also funding initiatives seeking to produce knowledge about how to prevent Violence Against Women (VAW) and Violence Against Children (VAC). Through its Gender and Health Research Unit (GHRU), the SAMRC continues to contribute to science in the country and our knowledge economy in the area of GBV.

One of the main objectives of GHRU, through generated knowledge, is the prevention of gender-based violence and its impact on the lives and health of women by helping the public and policy decision-makers understand current issues, including the role of gender inequality and its impact on women’s lives.

The SAMRC has, to date, conducted two national femicide studies – one of which found that three women were killed by an intimate partner on a daily basis. The Council also reported, at that time, that 10% of women were killed by non-partners for example Uyinene Mrwetyana who was killed by a stranger and that 20% of women were killed by an unidentified perpetrator for example, 14-year-old Janika Mallo whose body was found in her grandmothers’ backyard. Uyenene and Janika are some of the many victims of resurfacing GBV who made headlines across the length and breadth of the country. The results of the third Femicide study which is currently underway and funded by the SAMRC and the Ford Foundation, will be published in 2021. Alongside this study, the SAMRC will also repeat the National Child Homicide Study given the strong links between violence against women and violence against children.
The SVRI Forum

The SAMRC also made a grant fund towards a successful Sexual Violence Research Initiative (SVRI) Forum held in Cape Town in October 2019. The SVRI Forum is the world’s leading research conference on all forms of violence driven by gender inequality in low and middle income countries.

The SVRI provides a space where policy makers, researchers, activists, donors and practitioners aiming to achieve a world free of VAW and VAC connect with one another, share and promote their research, work and influence policies and practice.

Last year’s themes for discussion included the role of new technologies, the rise of social movements, the relationship between Violence against Women and Girls (VAWG) and Violence Against Children (VAC) and more. Of the more than 750 participants at this global annual gathering were scientists from the SAMRC including its President and CEO, Prof Glenda Gray. Prof Gray was a panelist on one of the sessions that sought to explore new forms of feminist activism and theories that are emerging.

Solidarity march…

In addition, staff at the SAMRC’s Headquarters in Cape Town, marched in solidarity with victims of the alarming state of violence against women and children. This was in response to the #IAmNotNext Movement which called upon every citizen to take a stand against this.
Scientists from the South African Medical Research Council’s Biomedical Research and Innovation Platform (BRIP), in collaboration with Stellenbosch University have revealed a number of cases in which alternative treatments have altered the effects of prescription medication, either by diluting it, making it more potent or causing dangerous side effects.

Collaborated with the Agricultural Research Council (ARC) and local wellness product development company Afriplex to produce Afriplex GRTTM, an ingredient rich in aspalathin, one of the key actives in rooibos. The Afriplex GRTTM will be formulated into products aimed at managing conditions linked to cholesterol, blood glucose and insulin resistance.

Established the Centre for the Study of Antimicrobial Resistance (CAMRA) at the University of Cape Town in response to the emerging antimicrobial resistance (AMR) crisis.

National Research Foundation (NRF) recognised SAMRC Mid-Career scientist beneficiary. Social and Behavioural Scientist, Professor Kebogile Mokwena was awarded the sponsorship of the South African Research Chairs Initiative (SARChI) for Substance Abuse and Population Mental Health by the NRF. This significant grant will enable her to conduct further research into the various public health and clinical aspects of the South African street drug, Nyaope.

SAMRC established seven new extramural units with women heading six of these units.
CROSS CUTTING PROGRAMMES & PARTNERSHIPS

A project by the South African Medical Research Council (SAMRC) compiled evidence on the type of violence, risk factors and potential solutions to reduce violence against women and girls with disabilities. The collaborative project between the SAMRC, the Botswana Council for the Disabled (BCD) and the Institute of Development Management is titled ALIGHT Botswana and is the first project that has enabled women with disabilities to co-lead research concerning them.

Launched SAPRIN, a research node of the Department of Science and Innovation South African Research Infrastructure Roadmap, offering the largest network of Health and Demographic Surveillance centres to monitor the health and socio-economic wellbeing of the people in South Africa.

Partnership with the HIV Vaccine Trials Network to conduct HIV vaccine trials across sub-Saharan Africa.

The results of a large, international systematic review published in the journal PLOS Medicine show that tuberculosis treatment is successful in children with multidrug-resistant tuberculosis (MDR-TB). The study was used to inform the World Health Organization guidelines on treatment of MDR-TB in children.

The South African Medical Research Council is part of the Brazil, Russia, India, China and South Africa (BRICS) TB Research Network to accelerate research and innovation through collaboration across the BRICS countries.

New agreement with the Foundation for Innovative New Diagnostics (FIND) to support diagnostic innovation for childhood tuberculosis (TB) in South Africa. The project is part of a global effort to improve childhood TB diagnosis, guide paediatric treatment, and reduce suffering, disease transmission and deaths from TB in babies and children.
SAMRC DEMOGRAPHIC PROFILE

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2016/17 Period</th>
<th>2017/18 Period</th>
<th>2018/19 Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>43.8%</td>
<td>51.4%</td>
<td>49.9%</td>
</tr>
<tr>
<td>Indian</td>
<td>15.0%</td>
<td>13.1%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Coloured</td>
<td>26.4%</td>
<td>23.8%</td>
<td>23.9%</td>
</tr>
<tr>
<td>White</td>
<td>14.8%</td>
<td>11.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>
APPOINTMENTS MADE BY RACE

<table>
<thead>
<tr>
<th></th>
<th>2018/19 PERIOD</th>
<th>2016/17 PERIOD</th>
<th>2017/18 PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICAN</td>
<td>67%</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>INDIAN</td>
<td>10%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>COLOURED</td>
<td>17%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>WHITE</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
</tr>
</tbody>
</table>
APPOINTMENTS BY GENDER

- **2018/19 PERIOD**
  - 32% Female, 68% Male
- **2017/18 PERIOD**
  - 27% Female, 73% Male
- **2016/17 PERIOD**
  - 28% Female, 72% Male

SENIOR MANAGEMENT BY RACE

- **2018/19 PERIOD**
  - African: 15.1%, Coloured: 15.1%, Indian: 15.1%, White: 54.7%
- **2017/18 PERIOD**
  - African: 15%, Coloured: 16%, Indian: 15%, White: 54%
- **2016/17 PERIOD**
  - African: 14%, Coloured: 17%, Indian: 14%, White: 55%

SENIOR MANAGEMENT BY GENDER

- **2018/19 PERIOD**
  - 53% Female, 47% Male
- **2017/18 PERIOD**
  - 54% Female, 46% Male
- **2016/17 PERIOD**
  - 53% Female, 47% Male
GOVERNANCE

SAMRC is a section 3A entity accountable to Parliament for its performance and budget. In reporting to government, the Minister of the Department of Health is the executive authority for the SAMRC in all government and parliamentary matters. The Minister is also responsible for the appointment of Board Members.

Corporate governance embodies processes and systems by which public entities are directed, controlled and held to account. In addition to legislative requirements based on a public entity’s legislation and Companies Act, corporate governance (with regard to public entities) is applied through the Public Finance Management Act and the principles contained within the King Report on Corporate Governance.

OUR BOARD

SAMRC Act states that “the affairs of the MRC shall be managed and controlled by a Board, which shall, subject to the provisions of this Act, determine the policy and objectives of the MRC and exercise control generally over the performance of its functions, the exercise of its powers and the execution of its duties”.

Responsibilities of the Board include;
- Determining the policy and objectives of the SAMRC
- Monitoring performance of the various functions of the SAMRC
- Overseeing fiduciary and regulatory compliance
- Corporate governance

Responsibilities of the President & CEO include;
- Implementation of the Board’s mandate
- Chairing the Executive management Committee, which is responsible for the day-to-day management of the SAMRC.

Prof M Sathekge
Chair of the Board

Prof Quarraisha Abdool Karim
Vice Chair of the Board

Dr Patricia Hanekom

Prof William Rae

Prof Lindiwe Zungu

Ms Nafeesa Kawda

Dr Rachel Chikwamba

Prof Mark Cotton

Prof Johnny Mahlangu

Dr Zilungile Kwitshana

Prof Brandon Shaw

Prof Elizabeth Bukusi

Prof Sithembiso Velaphi

Prof Linda Skaal

Prof Tholene Sodi

Prof Glenda Gray

SOUTH AFRICAN MEDICAL RESEARCH COUNCIL BOPHELO
EXECUTIVE MANAGEMENT COMMITTEE

The Executive Management Committee includes the President and CEO and other senior members of the organisation. This Executive team is responsible for ensuring that the SAMRC is managed well and achieves its strategic goals.
FINANCE

FINANCIAL PERFORMANCE FOR THE 2018/19 REPORTING PERIOD

STRONG FINANCIAL PERFORMANCE FOR 2018/19 REPORTING PERIOD RESULTED IN

- **Revenue**: 5.2% increase from R 1 000 857 to R 1 053 401
- **Contract Income**: 10.5% increase from R 461 418 to R 510 071
- **Investment Income**: 18.3% increase from R 42 270 to R 34 547

**Operating Deficit**: R37 565 (compared to R88 247 in 2017/18)

**Nett Deficit**: R3 186 (vs R46 480 deficit in 2017/18)

**Final Deficit**: R3 186 (vs approved deficit of R81 425)
SAMRC FINANCIAL STABILITY IN 2018/19

ACCUMULATED RESERVES
R286 569 compared to R289 755 in 2018/19

TOTAL ASSETS
Increased from R730 297 to R770 853

SPENDING TRENDS

COLLABORATIVE RESEARCH
increased from R513 099 to R515 618

EMPLOYEE-RELATED COSTS
increased from R356 570 to R370 045

OPERATING EXPENSES
increased from R1097 373 to R1 110 909

TEMPORARY STAFF COSTS
increased from R16 825 to R23 085

BASIC SALARY COSTS
increased from R194 736 to R214 054
REPORT OF THE AUDITOR GENERAL
for the year ended 31 March 2019

ACCOUNTING AUTHORITY’S RESPONSIBILITY FOR THE
FINANCIAL STATEMENTS

PRESENTATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH:

- SA Standards of Generally Recognised Accounting Practice (SA Standards of GRAP)
- Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA)

AUDITOR-GENERAL’S RESPONSIBILITY

TO EXPRESS AN OPINION ON THE AUDIT OF THE FINANCIAL STATEMENTS:

- Conducted in accordance with International Standards on Auditing
- Complied with ethical requirements
- Plan and perform audit to obtain reasonable assurance financial statements free from material misstatements

AN AUDIT INVOLVES PROCEDURES TO:

- Obtaining audit evidence about amounts/disclosures in financial statements
- Ensures that procedures selected depend on the auditor’s judgement
- Evaluate the appropriateness of accounting policies used
- Ensuring the reasonableness of accounting estimates made by management
- Evaluate the overall presentation of the financial statements

IN MAKING THOSE RISK ASSESSMENTS, THE AUDITOR:

- Considers internal control relevant to the entity’s preparation
- Ensures fair presentation of the financial statements
- Designs audit procedures that are appropriate in the circumstances
- Compliance with specific legislation
I BELIEVE THAT THE AUDIT EVIDENCE I HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR MY OPINION.

OPINION

SAMRC received Clean Audit validation for the 2018/19 reporting period

SAMRC Annual Performance (pages 24-27 of 2018/19 AR): Auditor General did not raise any material findings on the usefulness and reliability of the reported performance information for strategic goals 2, 3 and 4.

Report on the Audit of compliance with Legislation: The Auditor General did not raise any material findings as prescribed by the Public Audit Act.

Internal Control Deficiencies: The Auditor General did not identify any significant deficiencies in internal control.

EVENTS AFTER THE REPORTING DATE:
There were no significant events occurring after the balance sheet date.

SUPPLY CHAIN MANAGEMENT
No unsolicited bid proposals received during the year.

AUDIT REPORT MATTERS
There were no matters to report.

ECONOMIC VIABILITY
Funding allocations approved by government: R659 819
Accumulated reserves: R286 569
RESULT: SAMRC will continue to operate as a going concern.

EVENTS AFTER THE REPORTING DATE
There were no significant events occurring after balance sheet date.
During the 2018/19 reporting period the SAMRC had a number of key communication and stakeholder engagements.

<table>
<thead>
<tr>
<th>ENGAGEMENT</th>
<th>OBJECTIVE</th>
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</table>
| **March for Science**              | • The SAMRC joined leading academics, scientists, researchers, students, civil society and the public in the 2018 Durban March for Science.  
  14 April 2018                     | • South Africa and scientists from the SAMRC have made significant contributions in all spheres of science that has contributed to discoveries and improving lives in Africa and globally. The March was an opportunity for scientists, staff and people from all walks of life to highlight the impact that science has on societies.  
  Durban                            |                                                                                                                                                                                                             |
| **Bio Convention**                 | • The SAMRC joined the SA pavilion at Bio 2018. The pavilion represented the SAMRC along with key stakeholders: AfricaBio, the Department of Science and Technology, Department of Trade and Industry, Technology Innovation Agency, and a group of entrepreneurs.  
  4 - 7 June 2018                    | • Bio is the largest bio technology event providing access to global biotech and pharma leaders, about 18 000 delegates attended Bio 2018.                                                              
  Boston, U.S.A                      |                                                                                                                                                                                                             |
| **5th SA TB Conference**           | • SAMRC exhibited at the 5th SA TB Conference, held under the theme: Step Up, Let’s Embrace All to End TB!  
  12 - 15 June 2018                  | • Through the exhibition and a series of video clips with TB experts across the country, the SAMRC engaged with audiences.                                                                                      
  Durban                            |                                                                                                                                                                                                             |
| **International AIDS Conference**  | • The SAMRC collaborated with the South African National AIDS Council, the Department of Science and Technology, Human Sciences Research Council and CAPRISA to showcase HIV and TB funded projects through one exhibition.  
  23 - 27 July 2018                 | • The SAMRC was also part of the 2018 HIV & TB campaign launched at AIDS 2018 and distributed globally through key events and conferences, for several months. This was multimedia campaign with the UK Global Cause.  
  Amsterdam                         |                                                                                                                                                                                                             |
<table>
<thead>
<tr>
<th>ENGAGEMENT</th>
<th>OBJECTIVE</th>
</tr>
</thead>
</table>
| **Bio Africa** 27 - 29 August 2018 Durban | - The 2018 BIO Africa Convention provided a platform for global stakeholders to engage in dialogue about innovative strategies aimed at elevating biotechnology on the continent.  
- The SAMRC was part of a joint exhibition with the Department of Science and Technology and GrainSA to showcase South Africa’s BioEconomy SA (Strategy).                                                                                     |
| **Nutrition Congress 5-7 September 2018 Johannesburg** | - SAMRC Corporate and SAFOODS exhibited at the 2018 Nutrition Congress hosted in Johannesburg.  
- The local organising committee, Nutrition Society of South Africa (NSSA) and the Association for Dietetics in South Africa (ADSA) created a platform for nutrition professionals in South Africa to acknowledge achievements made as well as showcase nutrition-related activities, from science to implementation. |
| **Evidence 2018 25 - 28 September CSIR, Pretoria** | - The SAMRC showcased their evidence based projects at the 2018 Evidence Conference held at the CSIR International Convention Centre in Pretoria.                                                                                                                                                                                                |
| **12th Annual Early Career Scientist Convention 17-19 October 2018, Cape Town** | - Taking science to the masses and building effective communication workshop presented by the Corporate Division with Cochrane South Africa.  
- The Convention was led by the Research Capacity Development Division of the SAMRC.                                                                                                                                                                                                            |
| **FameLab 7 – 8 February 2019 Cape Town** | - The DST-NRF Centre of Excellence for Biomedical Research in Tuberculosis and the SAMRC Centre for Tuberculosis Research, with the support of the SAMRC Corporate & Marketing Communications Division, presented the FameLab platform for young scientists at the SAMRC.  
- FameLab is of great benefit to scientists and to the organisations in which they work. Scientists took part in a full day skills training workshop after which they gave three-minute presentations about their scientific concepts for a chance to participate in the national FameLab heats in Johannesburg. |
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Email: info@mrc.ac.za

www.samrc.ac.za