CHANGE IS INEVITABLE GROWTH IS INTENTIONAL
REGISTERED NAME: SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

REGISTRATION NUMBER (if applicable): Not applicable

PHYSICAL ADDRESS (headquarters): Francie van Zijl Drive
                                Parow Valley
                                Cape Town

POSTAL ADDRESS: PO Box 19070
                 Tygerberg
                 7505

TELEPHONE NUMBER/S: + (0)27 21 938-0911

FAX NUMBER: + (0)27 21 938-0200

EMAIL ADDRESS: info@mrc.ac.za

WEBSITE ADDRESS: www.samrc.ac.za

EXTERNAL AUDITORS: Auditor General of South Africa

BANKERS: ABSA

COMPANY/ BOARD SECRETARY: Mr Nizar Davids

INFORMATION OFFICERS: Dr Alfred Thutloa
                          Ms Nikiwe Momoti

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“We remain committed to impactful science that is aligned with the vision of a long and healthy life for all South Africans.”
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A Transformed Organisation Impacting Global Health

The South African Medical Research Council (SAMRC) reached a key milestone, our 50th Anniversary, a celebration of excellence in science that impacts the lives of the nation. This was a time to also reflect on what the past fifty years can teach us about research, how we have adapted and transformed into the medical research council of today, and what we can or must do in the future.

Transformation has remained an integral part of our strategy, driven at the highest levels within the SAMRC to achieve equity and diversity across the spectrum of job categories. The SAMRC has enabled effective monitoring and progress towards achieving our transformation goals, while also aligning our research priorities with funding flows. It is noteworthy that despite the constrained fiscal environment with funding for science, research and development, the SAMRC has prioritised its core business of health research and funding, curtailing our spend on administrative costs. A feat which was acknowledged through the SAICA Award, received by the SAMRC for achieving a clean audit in five consecutive years (2013 -2017).

The Fourth Industrial Revolution (4IR) will impact on health in South Africa and the SAMRC is ensuring that we can optimize on the 4IR by creating a state-of-the art human genome sequencing facility, focusing on technological advances and diagnostics, precision medicine and drug safety, drug formulation and discovery, big data and bioinformatics, as well as regulatory, legal, responsible conduct of research and ethical processes for gene editing. The recently formed SAMRC-BGI Genomics Centre has sequenced six samples from two patients with recurrent TB, three breast cancer patients and one HIV resister.

“As we reflect on the past 50 years of the SAMRC, we look forward to building the next generation of research leaders and ensuring the long-term sustainability of the country’s health research to save lives. I am immensely grateful to our Executive Management, scientists, support staff, field workers, trial participants and the communities who support and believe in the work that we do.”

PROFESSOR GLENDA E GRAY

FOREWORD BY OUR PRESIDENT & CEO
From leading DNA research to informing policy and practice, the SAMRC conducted a five-year observational study documenting maternal treatment, pregnancy and infant outcomes in pregnant women with rifampicin-resistance (RR-TB). The study findings were presented at the World Health Organization (WHO) and included in the WHO guidelines on managing people with RR-TB. This achievement is indicative of impactful research addressing the problematic burden of TB in South Africa.

As part of our 50th Anniversary, we collaborated with the South African Medical Journal (SAMJ) to publish fifteen peer reviewed articles, highlighting the ground-breaking research and innovation by our researchers and the impact of our work, both nationally and globally. We also led, in collaboration with the National Department of Health, a two-day Universal Health Coverage symposium attended by the National Department of Health, representatives from the SAMRC, health researchers, provincial health departments, international non-governmental organisations and frontline health workers. The objective is to build a bridge between the body of health systems researchers that conducts high quality research together with decision-makers in government, from the Minister of Health through to the provincial and institutional level leadership and management of the health system.

The Symposium helped to elucidate on aspects of the National Health Insurance system, the interplay between health systems design and health financing reforms, and managing budget cuts while maintaining quality at provincial level. The collective sentiment was that financial reforms can be tested under the current legislative framework.

We, as the SAMRC have always shown a remarkable ability to be responsive to the current issues that affect the health of our citizens or health on our continent. We were responsive to the Ebola epidemic and funded scientists to study the molecular epidemiology of the Ebola Virus. With the recent advancement of COVID-19 into our country, we have rapidly allocated money to fund research of this epidemic. We have allocated funding for surveillance, for understanding the molecular epidemiology, as well as host shedding and will contribute to funding clinical research and the search for preventative and treatment options including investigating monoclonal antibodies.

Sincerely

PROFESSOR GLENTA E. GRAY
President & CEO: South African Medical Research Council

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UKUPHAWULA OKUVELA KUMONGAMELI NE-CEO

Inhlangano Eguquliwe Enomthelela Kwezempilo Emhlabeni

I-SAMRC ifinyelele ingqophamlando eyinhloko, iminyaka engu-50 seloku yaba khona, sibungaza ukwenza kahle kakhulu kwezesayensi okunomthelela ekuphileni kwabantu esizweni. Lesi bekuyisikhathi sokucabanga nangalokho esingakufunda ngocwaninga kule minyaka engamashumi amahlanu edlule, indlela esiyi sashintsha ngayo futhi sguquka saba umkhanduli ocwaninga ngezokwelapha wanamuha, nalokho esingakwenza nomakokhando sikwenze esikhathini esizayo.

Ushintsho luye lwahlala luyingxenye eyinhloko yesu lethu, njengoba luqhuqsha emazingeni aphezulu ngaphakathi kwe-SAMRC ukuzu kuquinisekise ukujanga nokwelikhulukana kuzokwenza izigaba ezihlukahlukene zemisebenzi. I-SAMRC iye yawumela ukuqashwa ngendlela enempumelelo kanye nenqubekele phambili ebhekise ekufekheni futhi yengquuko, kanti futhi siye saqondanisa ucmwango lethu oluzo kuqala kanye nokusebenza kwezesizimile. Kuyaphawuleka ukuthi naphezu kwemali encishisiwe ewevela kuqalana eyingxenye, ucmwango nokukumzali kwezinto, i-SAMRC iye yabeka phambili umsebenzi wayo eyinhloko wokucwaninga ngezempilo kanye nokuxhasa, kuyiphi phambili esinsebenzisa utsho kuye ngokucwaninga kuye ungqupto, kanti futhi siye saqondanisa ucmwango lethu oluzo kuqala kanye nokusebenza kwezesizimile. Kuyaphawuleka ukuthi naphezu kwemali encishisiwe ewevela kuqalana eyingxenye, ucmwango nokukumzali kwezinto, i-SAMRC iye yabeka phambili umsebenzi wayo eyinhloko wokucwaninga ngezempilo kanye nokuxhasa, kuyiphi phambili esinsebenzisa utsho kuye ngokucwaninga kuye ungqupto, kanti futhi siye saqondanisa ucmwango lethu oluzo kuqala kanye nokusebenza kwezesizimile.

Uguquko Lwesine Lwezimboni (4IR) luzoba nomthelela kwezempilo eningizimu Afrika futhi i-SAMRC iquinisekisa ukuthi singayisebenzisa ngokucwele i-4IR ngokukhulu isikhungo seziyalezo zokwakheka komuntu, esigxile

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PROFESSOR GLENTA E. GRAY
President & CEO: South African Medical Research Council
POLELO GO TŠWA GO MOPRESIDENTE LE CEO

Mokgatlo wo o Fetogilego woo o kaonafatiago Maphelo a Lefase

South African Medical Research Council (SAMRC) e fihleletšé Tlhora e bohlokwa, Matswalo a renna a bo 50, ao re ketekago bokgoni bja mahlale bjoo o kaonafatiago maphelo a setšhaba. Ye ke nako ya go naganisísha ka seo mengwaga ye e 50 e ka re runtso sa ka nyakisišo, ka moo re mpshaletšégo le go fetogela go khansele ya dinyakisišo tša kalafo lehono, le se se ka se dirago seo se re swanetšégo se go dira nakong e tlago.

Phetogo e dutše e le karolo ya bohlokwa ya leano la renna, e dinwa maemong a godimo ka mo SAMRC go fihlelela tekatekano le go se swane go rala la magoro a mesomoa ya go fapana. SAMRC e dirile gore go be taolo e atlegago le tswelopele go fihlelela merero ya renna go tša phetogo, mola ka go le lengwe re thekga dinyakisišo tša renna bo tša dithišeletšo. Go bohlokwa gore go le tikologo ya ekonomi e gwahlaletšo le thekga re thekga go tšwalela go tšu tšeta ke kalafo go tša dinyakisišo tša kalafo ya ditsheletšo, SAMRC e beile pele taba ya yona ye bo ka tša dinyakisišo tša kalafo ya ditsheletšo, go fokotša ditshego tša tša leuba le. Re abile thekga ya ditsheletšo bakeng sa go dira rena, re arabetše ka bjako ka tša ditsheletšo go thekga go tša kalafo ya ditsheletšo ya Ebola. Ka baka la go ata ga COVID-19 mo nako re bontšhitše bokgoni bja go fapana, bakgathatema Bolaodiphethiši bja rena, boramahlale, bašomi ba thekgo, tša maphelo tša naga go phološa maphelo. Ke leboga kudu go aga moloko wa ga bo lelana la boetapele ba dinyakisišo le go kongothšišo go xarela ga nako ye telele ga dinyakisišo tša maphelo tša naga go polokoša maphelo. Ke leboga kudu, Matswalo a rena a bo 50, ao re ketekago ena sampe go fihlelela teleng ba godimo mmogo le batšeadiphetho ba mmušong, go lebelela go tšwalela go thekga maphelo ka ekonomi la setšhaba le laola batho bao ba nago le RR-TB. Phihlelelo ye ke taetšo yo dinyakisišo tšo di lego go šogana le bothata bja TB ka Afrika Borwa.

Bjalo ka karolo ya Matswalo a bo 50, re dirišana le South African Medical Journal (SAMJ) go phatlalaša dihlogo tši di sekasekilowego ke bdirišani, tšo di bontšhago dinyakisišo tša maemo a godimo le kaonafatišo ya banyakisiši ba rena le khetšo ya mošomoa wa rena, mo gae le lefesang ka moka. Re etile pele gape, ka tiršano le Kgoro ya Maphelo ya Bosethša, tšhiedšano ya matšiati a mabedi ya Pego ya Maphelo a Lefase ka moka yeo e tsetšetšwe go Kgoro ya Maphelo ya Bosethša, gotee le ba mediša ba tšwago go SAMRC, banyakisiši ba maphelo, dikgoro tša maphelo tša dipofresen, mekgatyo yeo se geo ya mnušo ya boditišhabatšhaba le bašomi ba maphelo bao ba di etilego pele. Moreno o mogolo ke go hlola kwano gare ga banyakisiši ka mekgatyo ya mananeo a maphelo bao ba dirago dinyakisišo tša boleng bja godimo mmogo le batešadiphetho ba mnušong, go tloega go Tona ya Maphelo a dira bonetapela bja dipofresen le diinstitute gotee le bo lasedi bja maphelo.

Therišano e thušitše go hlosalas dikarolo tša leano la Inšorense ya Maphelo ya Setšhaba, kaman re gare ga mananeo a maphelo aocado a dirilewe go dikonafatišo tša go thekga maphelo ka dithišeletšo, le go lela la fokotša tekanyetšo mola ba hlokomela boleng mo legatong la profensa. Maikutlo ao a kopane ao e bile go kaonafatišo ya dithišeletšo e le ka leka ka fase ga thako ya molao ya gonabjale.

Ge re lebelela mengwaga e 50 ya SAMRC, re lebeleleši pele go aga moloko wa ga bo lelana la boetapele ba dinyakisišo le go kongothšišo go xarela ga nako ye telele ga dinyakisišo tša maphelo go leka ke tša dinyakisišo tša maphelo a diriša boetapele bja diprofenseng ba le tšwelopele go fihlelela se swane go ralala le magoro a mešomo ya go fapana. SAMRC maemong a godimo ka mo SAMRC go fihlelela tekatekano le go swane go rala la magoro a mesomoa ya go fapana.
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, health innovation, development and research translation. The SAMRC focuses on the top ten causes of mortality, co-morbidities, disability and associated risk factors. The scope of research includes laboratory investigations, pre-clinical and clinical research, and public health studies.

The SAMRC’s research seeks to address South Africa’s quadruple burden of disease: maternal, newborn and child health, HIV/AIDS and TB, non-communicable diseases and interpersonal violence. The SAMRC acquires the most accurate health information to inform policy and practice to improve the quality of life for the people in South Africa.

The SAMRC is the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. To build human capacity in healthcare and ensure the sustainability of health research, the SAMRC has defined research capacity programmes, providing scholarships to Masters, PhDs and Postdoctoral scholars in medical and health sciences. As a custodian of health research, the SAMRC is building a healthy nation through research and innovation.

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 lokuphila kwaso ngokwenza nokuxhosa ucwaningo lwezokwelapha oluyimfuneko nolufanele, ukuthola okusha nokuhunyushwa kocwaninga

SePedi

Molao Wa Rena

Molao wa Khanele ya Dinyakišišo tša Booki mo Afrika Borwa (SAMRC), go ya ka molao wa MRC Act 58, 1991 (ka ge o fetošitšwe), 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 tšehelele ya tša maphelo le go fetola tša kalafo. Šedi ya rena e go dilo tše lesome tšeo di bakago malwetši a mantši le bogole le dikotsi tšeo di sepedišanago le tšona. Re hwetša tsesiše e kaonekaone ya tša maphelo, ra nea dipholisi ka tholosî go dira phetho e kaone ya tša maphelo go koafatša 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 ditšhelele le e bholokwa ya tša maphelo, go kaonefatša, go fetola le go toloka nyakišišo
CHANGE IS INEVITABLE GROWTH IN INTENTIONAL
WE ARE RESPONDING TO THE BURDEN OF DISEASE IN SOUTH AFRICA

South Africa faces a huge burden of four major epidemics that affect the health of the population. From communicable diseases such as HIV/AIDS and TB; maternal, new-born and child mortality; non-communicable diseases such as hypertension and cardiovascular diseases, diabetes, cancer, and chronic lung diseases; as well as injury and trauma.

**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 2018 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.

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.
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.
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 Information (DSI), the Newton Fund, the Bill and Melinda Gates Foundation (BMGF), PATH and Anglo American Platinum (AAP).

**OUR FUNDING**

**TOTAL VALUE OF FUNDING ALLOCATED TO RESEARCH & INNOVATION DURING THE 2019/20 REPORTING PERIOD**

R160m (GIPD PROJECTS INCLUDING SHIP, NEWTON AND STRATEGIC PROJECTS)

R23M SELF-INITIATED RESEARCH GRANTS

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

**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.
INVESTING IN THE 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.

**SAMRC FUNDED MASTERS AND PHDS IN 2019/20 REPORTING PERIOD**

<table>
<thead>
<tr>
<th>AMOUNT FUNDED</th>
<th>15MSCS (TOTAL NUMBER OF MSC)</th>
<th>R2.68m</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOUNT FUNDED</td>
<td>40 PHDS (TOTAL NUMBER OF PHDS)</td>
<td>R15.31m</td>
</tr>
</tbody>
</table>

**MSC AND PHDS JOINTLY FUNDED BY THE SAMRC IN 2019/20**

<table>
<thead>
<tr>
<th>AMOUNT FUNDED</th>
<th>8MSCS (TOTAL NUMBER OF MSCS)</th>
<th>R1 709 884m</th>
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</thead>
<tbody>
<tr>
<td>AMOUNT FUNDED</td>
<td>51 PHDS (TOTAL NUMBER OF PHDS)</td>
<td>R18 928 828m</td>
</tr>
</tbody>
</table>
SAMRC strengthens response to the country’s burden of disease

In response to the country’s various disease burdens, the South African Medical Research Council (SAMRC) launched seven new Extramural Units (EMUs) – six of which are led by women who, over the years, made outstanding scientific contributions to advancing science and building the knowledge base in their respective disciplines.

These research units were launched in Johannesburg in September 2019. Attending the launch were officials from the SAMRC and National Department of Health (NDoH), Higher Education Institutions and a student cohort of current SAMRC funding beneficiaries.

THE NEW EXTRAMURAL UNITS AND THEIR DIRECTORS:

**Prof Lynn Morris**
SAMRC/NICD Antibody Immunity Research Unit

**Prof Soraya Seedat**
SAMRC/SUN Genomics of Brain Disorders Research Unit

**Prof Nonhlanhla Khumalo**
SAMRC/UCT Wound and Keloid Scarring Translational Research Unit

**Prof Tandi Matsha**
SAMRC/CPUT Cardiometabolic Health Research Unit

**Prof Zodwa Dlamini**
SAMRC/UP Precision Prevention and Novel Drug Targets for HIV-Associated Cancers

**Prof Keertan Dheda**
SAMRC/UCT Centre for the Study of Antimicrobial Resistance Research Unit

**Prof Karen Hofman**
SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA –
The Biostatistics Human Capacity Building programme is geared towards projects that have big potential for policy or practice, or that will influence further research. This is because the work in this programme produces information for evidence based future objectives in research fields.

The programme started in 2019 with nine awardees (55% African Black and 78% females). Although the research area covered by the programme falls under the broad research area of Public Health/Health Systems Strengthening (HSS), 78% of the participants conduct their research in disease related areas including non-communicable diseases (33%), HIV/AIDS/TB (22%), Maternal, Child and Women’s Health (MCH) and nutritional disorders (22%).

Growing the next generation of scientists

We have consistently ensured that funding provided focuses on research and innovation in the fields of HIV/ AIDS and TB, non-communicable diseases, maternal, child and women’s health as well as violence and injury.

The outcomes of the research transformation and capacity building our Research Capacity Development (RCD) programmes are consistent in improving on the percentage of awardees of such projects. Our minimum intake of women awardees improved from 55% in 2018/19 to 73 % in the 2019/20 reporting period.

The focus areas of these funded projects are aligned with the SAMRC’s research profile and objective to address South Africa’s quadruple burden of disease, supports a rigorous and highly monitored awarding process from the request for applications (RFA) to the selection of the awardees (participants). Hence, each RFA clarifies the target candidates and the respective areas of research according to the national research priorities and top causes of death and disability.

ELLAVI UTERINE BALLOON TAMPONAD

The SAMRC has continued to support clinical studies on the Ellavi uterine balloon tamponade (UBT), the first low-cost regulated UBT made in Africa to help protect women from post-partum haemorrhage, the leading cause of maternal death. The device has now been tested in the hands of mid-wives in the Western Cape and in a rural clinic in the Eastern Cape. These studies have confirmed the ability of the UBT to rapidly halt bleeding and save lives, demonstrating high acceptability, safety, and efficiency.

The UBT was developed by Sinapi Biomedical with support from PATH. Sinapi has now received regulatory approval by the Ghana Food and Drugs Authority and the Kenya Pharmacy and Poisons Board for use of this medical device in each country as well as receiving a CE mark. The Ellavi has been adopted by 31 South African hospitals (five provinces) during 2019. In addition to South Africa, the Ellavi has been sold in Botswana, Lesotho, Swaziland, Kuwait, Puerto Rico, Brazil with registrations underway in a few more countries.
BUILDING HUMAN CAPACITY IN HEALTHCARE
SAMRC received a R10 million boost to assist young South African scientists who are studying towards their PhDs in clinical and health research for the Bongani Mayosi National Health Scholars Programme from the Public Health Enhancement Fund.

50 YEARS OF RESEARCH, INNOVATION AND DEVELOPMENT
The SAMRC celebrated its 50th anniversary in July 2019. To mark this important milestone, we organized three local and international conferences/symposia (12th African Rotavirus Symposium, SAMRC – Forte Symposium and UHC National Dialogue), published a supplement to the SAMJ Nov 2019 issue 50 years of ground breaking health research and innovation’, held seminars, a gala dinner and awards evening and a number of staff events under the banner of the 50th anniversary.

TRANSFORMATION IN SCIENCE
The SAMRC has transformed into a key institution of South Africa’s democracy playing a crucial role in the country’s future social and economic development. In response to the country’s various disease burdens, seven new Extramural Units (EMUs) were launched – six of which are led by women who, over the years, made outstanding scientific contributions to advancing science and building the knowledge base in their respective disciplines.

GRAND CHALLENGES SOUTH AFRICA
Grand Challenges South Africa was launched by the SAMRC, the South African Department of Science and Innovation (DSI) in partnership with the Bill and Melinda Gates Foundation to introduce joint challenges aimed at catalysing innovative health research within South Africa. Grand Challenges South Africa seeks to fund and support a diverse portfolio of multi-disciplinary collaborative projects aimed at developing and implementing multiple types of innovations. Linked to the SAMRC’s strategic goal of supporting innovation and technology development to improve health, Grand Challenges South Africa works closely with Grand Challenges Africa and other Grand Challenges partners to nurture and strengthen the innovation ecosystem in Africa.
HEALTHY LIFE TRAJECTORIES INITIATIVE

In September 2019, the SAMRC/Wits University Developmental Pathways for Health Research Unit started recruitment for a landmark international study to improve understanding of and address the mechanisms underlying child obesity. The Healthy Life Trajectories Initiative (HeLTI) involves research teams and funders from South Africa, Canada, India and China working together to test a package of interventions from pre-conception to early childhood to prevent obesity and associated metabolic disorders. The South African study is being supported by the South African Medical Research Council, partnering with the World Health Organization and the Canadian Institutes of Health Research. This initiative aims to generate evidence that will inform national policy and decision-making to combat child obesity.

COLLABORATIVE BIOMEDICAL RESEARCH PROGRAMME

The SAMRC and the US National Institutes of Health (NIH) embarked on Phase 2 of the programme of collaborative biomedical research over the next 5 years (2019-2024). The SAMRC is investing R45m p.a. (funding matched by the NIH) for projects in the areas of infectious diseases and non-communicable diseases. Eighteen projects will be funded in Phase 2 with all primary PIs in South Africa and Co-PIs in the US.

COMMONWEALTH HEALTH REPORT 2020

The SAMRC was featured in the Commonwealth Health Report 2020 on Achieving Universal Health Coverage in South Africa. The publication comes at a time when health is in the headlines across the world. Novel Coronavirus (COVID-19) has been declared a global health emergency by the WHO and is putting huge pressure on countries’ health services and reinforces the need to build stronger health systems for universal health coverage. It is also a stark reminder of the importance of international collaboration, political commitment and knowledge sharing – to deal not only with health emergencies, but to increase life expectancy, reduce maternal and child mortality, fight against leading communicable diseases and address the growing burden of non-communicable diseases.


THE SOUTH AFRICAN AIDS VACCINE INITIATIVE

The South African AIDS Vaccine Initiative (SAAVI) is no longer active in its original form, the SAMRC continues to receive funding from the National Department of Health for SAAVI. This funding is used for a variety of activities that complement and contribute to the broader GIPD HIV Programme and capacity development initiatives. These include projects focused on research capacity development, participation in global partnerships and various strategic projects.

During 2019/20, SAAVI funding contributed to two global HIV initiatives, the Evidence for Contraceptive options and HIV Outcomes (ECHO) trial, and the Pox Protein Public Private Partnership (P5), which led the HVTN 702 HIV vaccine trial and other associated trials. The ECHO trial was completed in 2019 and the results were published in the Lancet in June 2019, demonstrating no substantial difference in HIV risk among three different contraceptive methods evaluated. SAAVI funds were also instrumental in the provision of PrEP to participants of the P5 and other HIV prevention trials in South Africa.

In 2019, SAAVI funds also supported a new 3-year project at UKZN on the effect of transmitted/ founder (T/F) viruses 5’ Long Terminal Repeat (LTR) and Transactivation of Transcription (tat) genetic variation on viral reservoir size and latency reversal potential. This project is led by an early career researcher and forms part of the SAMRC’s broader HIV cure research portfolio.
OVERVIEW

The goal of the Human Resources function remains to enable scientists and those who support research in the organization to have the necessary passion, aptitude, skills and experience to help the SAMRC deliver its mandate of funding and conducting research that improves the lives of all South Africans.

OUR DEMOGRAPHIC PROFILE

<table>
<thead>
<tr>
<th></th>
<th>2017/18 PERIOD</th>
<th>2018/19 PERIOD</th>
<th>2019/20 PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICAN</td>
<td>51.4%</td>
<td>49.9%</td>
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</tr>
<tr>
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<td>23.9%</td>
<td>25.5%</td>
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<tr>
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<td>11.7%</td>
<td>12.1%</td>
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</table>
### Appointments Made by Race

<table>
<thead>
<tr>
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<th>2017/18 Period</th>
<th>2018/19 Period</th>
<th>2019/20 Period</th>
</tr>
</thead>
<tbody>
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<td>79%</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
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<td>7%</td>
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</tr>
<tr>
<td>White</td>
<td>2%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Change is Inevitable Growth in Intentional**
APPPOINTMENTS BY GENDER

2019/20 PERIOD

2018/19 PERIOD

2017/18 PERIOD

SENIOR MANAGEMENT BY RACE

2019/20 PERIOD

2018/19 PERIOD

2017/18 PERIOD

SENIOR MANAGEMENT BY GENDER

2019/20 PERIOD

2018/19 PERIOD

2017/18 PERIOD
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 and Chairing the Executive Management Committee, which is responsible for the day-to-day management of the SAMRC.

**OUR BOARD**

PROF JOHNNY MAHLANGU
CHAIRPERSON

PROF LINDA SKAAL
VICE CHAIRPERSON

PROF SITHEMBISO VELAPHI
PROF BRANDON SHAW
PROF THOLENE SODI
PROF LINDIWE ZUNGU
PROF WILLIAM RAE

PROF COLLET DANDARA
DR MZWANDILE MADIKIZELA
PROF EMMANUEL MUKWEVHO
PROF RONELLE CAROLISSEN
THANDISIZWE MAVUNDLA

PROF TIMOTHY TUCKER
PROF EUNICE SEEKOE
ADY DOROTHY KHOSA
MS JUNE WILLIAMS
PROF GLENDA GRAY
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.
FINANCIAL PERFORMANCE FOR THE 2019/20 REPORTING PERIOD

*All figures are R’000

SAMRC DEMONSTRATED STRONG FINANCIAL PERFORMANCE WHICH RESULTED IN

- **Revenue Increase**: 3.7%
  - R 1 053 401 to R 1 092 304
- **Government Grants Increase**: 9.9%
  - R 543 330 to R 597 101
- **Operating Expenses Decrease**: 0.7%
  - R 1 110 909 to R 1 103 131

- **Operating Deficit**: R12 246
- **Nett Surplus**: R43 042 vs R3 186 deficit of in 2018/19
- **Accumulated Reserves**: R341 530 vs R298 489

*CHANGE IS INEVITABLE GROWTH IN INTENTIONAL*
SAMRC FINANCIAL STABILITY IN 2019/20

ACCUMULATED RESERVES INCREASED 14.4%
R 298 489 to R 341 530

TOTAL ASSETS DECREASED 12.5%
R 770 853 to R 674 862

SPENDING TRENDS

COLLABORATIVE RESEARCH DECREASED BY 11.3%
R 515 618 to R 457 540

EMPLOYEE RELATED COSTS INCREASED 8.8%
R 370 045 to R 402 747

OPERATING EXPENSES DECREASED BY 0.7%
R 1 110 909 to R 1 103 131

TEMPORARY STAFF COSTS DECREASED BY 3.3%
R 23 085 to R 22 331

BASIC SALARY COSTS INCREASED 5.6%
R 214 054 to R 225 980
REPORT OF THE AUDITOR GENERAL
for the year ended 31 March 2020

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 Annual Performance (pages 20 -29 of 2019/20 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.

ECONOMIC VIABILITY

Funding allocations of R621 790 approved by government.
Accumulated reserves: R341 530
RESULT: SAMRC will continue to operate as a going concern.
The 2019/20 financial period marked a milestone moment of the SAMRC’s 50th celebration of research, innovation and development. Key stakeholder engagements included conferences, staff activities and the 50th Anniversary media programme.

**Engagement**

**SAMRC Research Capacity Development Annual Grant Holders Meeting, 5-6 Feb 2019**

**Theme:** Developing science leaders today for a healthy South African future

**Objective**

- Meeting to empower scientists who have been awarded grants to conduct health research
- At the close of the financial year 2018/2019, in a competitive process a total of R22,400,000.00 has been awarded to fifty scientists from various universities across South Africa
- Scientists conduct research under five strategic programmes, each with the unique intention to catapult transformation in how the SAMRC funds research while responding to identified gaps in health research

**Engagement**

**FameLab Science Communication Initiative, 7 – 8 Feb 2019**

**Objective**

- Training session on communicating science to the public & media hosted (7 Feb)
- Institutional heat and finals held at SAMRC, Cape Town Conference Centre (8 Feb)
- 17 young scientists participated in day 1 training and day 2 the institutional heat/finals

**Engagement**

**Bongani Mayosi National Health Scholars Programme Event, April 2019**

**Objective**

The collaboration between the National Department of Health, the Public Health Enhancement Fund (PHEF) and South African Medical Research Council (SAMRC) has been catalytic. PHEF, a non-profit entity created to leverage and contribute to strengthening the health sector, shows private sector’s commitment to building the healthcare system. Through the Bongani Mayosi National Health Scholars Programme, administered by the SAMRC, the Programme has produced 47 graduates (87% of which are PhDs) in various health professions.

**Engagement**

**BIO 2019, 3-6 June 2019**

**Objective**

Bio 2019 is the largest Biotechnology event worldwide; this year saw well over 17 000 delegates from across the world at Bio under one roof. The South African Medical Research Council (SAMRC) represented by the Corporate & Marketing Communications Division took the lead with coordinating the South Africa pavilion (exhibition) for the event. In collaboration with the Department of Science and Innovation, the Technology Innovation Agency (TIA), the SAMRC managed key elements of the SA pavilion. The SA pavilion was represented by the Department of Science and Innovation, SAMRC and TIA and included a range of companies supported or collaborating with the three entities or those involved in the SA biotech sector.
ENGAGEMENT

9th SA AIDS Conference, Durban, 11-14 June 2019

OBJECTIVE

Several scientists contributed to the 9th SA AIDS Conference through oral and poster presentations. The SAMRC had an exhibition showcasing some of its work.

Interviews SA AIDS Conference 2019

- Professor Glenda Gray spoke to the Drive on METRO about the journey to finding an effective HIV vaccine. | Metro FM | 12 June 2019
- Professor Glenda Gray spoke to 702 about the strides that have been made by medical researchers in developing new ways to combat the global AIDS problem. | Radio 702 | 12 June 2019
- Prof Glenda Gray spoke to Cape Talk and elaborated on innovative scientific, social and digital technologies that could help to control the HIV/AIDS epidemic. | Cape Talk | 13 June 2019

The SAMRC’s HIV/AIDS experts including Glenda Gray and Fareed Abdullah were in attendance and were interviewed and quoted by various news publications and broadcasting channels.

Gray was the most featured representative in June 2019 and was interviewed live at the event by eNCA News following her presentation. Gray also authored an article in The Conversation talking about the big three studies pushing at the frontiers of HIV prevention. Her article was syndicated across various publications including Health24, De Kat and MyZA.

ENGAGEMENT

Genomics Centre launch, July 2019

OBJECTIVE

“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. We are now a part of a small group of forward-thinking countries that are pioneering genomic science to address the burden of disease in Africa which carries the greatest genetic diversity,” Professor Glenda Gray, SAMRC President and CEO.

ENGAGEMENT

SAMRC hosted Science and Tech Delegations from China in July 2019

OBJECTIVE

i) Hosted Deputy Director General Liu and the delegation from the Ministry of Science & Technology, China. Topics: science and technology system, research funding, and research integrity and technology institutions.

ii) Hosted Director-General of China Science and Technology Exchange Centre, Mr Chen Jiacheng.

Topics: Ministry of Science and Tech Young Scientist Exchange Programme (China), Enhancing mutual research and development aspirations between South Africa-China.