BOPEHELO
Advancing life

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advancing life
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What is going to take us forward as South Africa is identifying brilliant young scientists because science is about individuals with talent, aptitude, commitment and a passion to build this country.

– Professor Bongani Mayosi, South African Cardiology Professor.
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As the South African Medical Research Council (SAMRC) heads towards its 50th year, we will demonstrate the impact we are having in South Africa. Despite the tight fiscal environment, the SAMRC has shown impact in strategic healthcare innovation, conducting responsive medical research and research translation to improve the quality of life of South Africans. In addition, we are committed to developing the next generation of health researchers.

During the 2017/18 financial year the SAMRC’s impact can be characterised by our scientific output, local and global collaborations, capacity development and knowledge translation strategies which include engagement with both policy makers and the communities we serve. These pillars of impact were achieved through our focus on strategically funding and conducting responsive health research. Science cannot exist in a vacuum, as a developing country investing in both health research and addressing transformation of science is vital.

Transformation remains an integral part of developing towards a more inclusive and economically vibrant society. We see transformation as the blue print towards growing a responsive scientific edifice of South Africa. Transformation in science, by supporting diversity in our new generation of scientists, is one of the SAMRC’s strategic tools towards fulfilling the promise of a long and healthy life for all South Africans.

As part of our transformation agenda and research capacity development, we have increased the number of masters and doctoral students supported through our programmes, as well as developing a cohort of interns and clinicians of which includes the national health scholars programme, an ambitious public-private partnership.

To support the National Department of Health in fulfilling its promise of a healthy life for all, the SAMRC funds research into South Africa’s burden of disease. The Council offers at least 20 different funding opportunities per annum, resulting in close to 400 ongoing and funded projects over a one to five year period.

The Council has demonstrated excellence in scientific output through the growth in our NRF rated intramural scientists, from 9 to 30 from 2014 to 2017; with two female A1 rated scientists in leadership roles. Our scientists are leaders as evidenced by high impact publications, citations per publication, first authored articles, and other scholarly activities.
Partnerships and collaborations remain critical to the advancement of cutting edge research and health innovation. One such public-private partnership is the agreement between the SAMRC and Beijing Genomics Institute to establish the first in Africa, Genomics Sequencing Facility – the African Genomics Centre. The Centre will be an important national asset to contribute to the better understanding of factors that impact the health of South Africans. This novel field of research harnesses the science of genomics for personalised medicine.

Key collaborations have been critical for the SAMRC, these include the Cochrane African Network, to increase and promote the use of evidence-based healthcare in Africa. The Global Alliance for Chronic Diseases is also the first major collaborative research funding into non-communicable diseases, while the SAMRC partnership with Healthy Life Trajectories Initiative sets to promote research cooperation in Canada, China, India and Brazil. Among other significant country partnerships are those established in Senegal, Sweden, The Gambia, India, and Madagascar.

Headed by the Corporate Performance Office, the SAMRC’s schools outreach programme provides a platform for seasoned scientists to interact with school children. In partnership with the Department of Education, school children are advised on careers in science and the work of the SAMRC in health research.

Through collective efforts, social movements such as March for Science open another opportunity to engage communities and various stakeholders on the importance of science. Investing in science is needed for the country’s development as a healthy nation is needed to compete across global frontiers.

Thank you to the entire SAMRC team, all of you involved in science and those of you supporting our science endeavour. A huge word of gratitude to the citizens of South Africa who contribute to science by enabling us to conduct research to find health solutions for diseases that impact on the quality of life of South Africans.

Sincerely

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


Njengengxenye yohlelo lwethu loshintsho kanye nocwango lokuthola okusha, siye sandisa inani labafundi abenza izifundo ze-masters ne-doctoral abasekelwa yizinhlolo zethu, kanye nokwaka inhlanganisela yalabo abacaqeshelwa umsebenzi kanye nodokotela okuhlanganisa uhlalo lwafundani lukazwelonde lwezokwelapha, okuwukubambisana kukahulumeni nezinkampani ezizimelile.

Ukuze isekile UMnyango wezeMpilo kaZwelonde ekucwaliseni isithembiso sempilo enhle kubo bonke, i-SAMRC ixhasa ngokwzimelani ucewango lwezifo ezhulupha iNingizimu Afrika. I-SAMRC inikeza okungenani izindlela ezingu-20 zokuxhaswa ngezimali ngonyaka, okuphumela
Siphinde sibe yingxenye ye-BRICS TB Research Network, okuyinto ehloloswe ukulungisa izinkungazwa ngokuqala izinomzamo ezithintaba ezinomayenzayo ezilungisa ukubaluleka kwabantu. L Lo mgomo ohlanganisa amazwe amanyezayo emzantsi amazwencilwe ezinezulu, i-loko abantu baseNingizimu Afrika afaka isandla ekusivumela ukuthi sithole izindlela zokwelapha izifo ezithinta ukuphila kwabantu baseNingizimu Afrika.

Ozithobayo

PHROFESA GLENDA E. GRAY
Umongameli Ne-CEO: Umkhandlu Wocwaningo Lwezokwelapha eNingizimu Afrika
Bjalo ka ge Khansele ya Dinyakišišo tšo Booki mo Afrika Borwa South African Medical Research Council (SAMRC) e lebile go ngwaga wa bo-50, re tšile go bontšha kamoo re kgomilego Afrika Borwa. Go sa šitšiwe go tekateka ga ikononi, SAMRC e utolloši mekgwa e mefsa ya tša kalafo, ya atlega go direng dinyakišišo tša kalafo le go di toloka go kaeonefšaši boleng bja bophelo go Maafrika Borwa. Go oketàša moo, re itlamle gore re tša kaeonefšaši moloko o mofo wa banyakišiša ba tša kalafo.

Ngwageng wa dišthelete wa 2017/18, tutuešo ya SAMRC e ka hlašlosa ka dišweletšwa tša rena tša thutamahlale, go diriša le batho ba mo nageng ba le moše wa mawatle, go oketàša mešo no re ka e dirago le mekgwa ya go toloka tsenbo ya rena, yeo e akaratšágo ya dirišára le bahlami ba pholiši le ditikologo tšo re šomago go tšona. Merero ye e megolo e ile ya atlega ka ge re be re šeditiše mekgwa ya go hwetsa dišthelete ya go dira dinyakišišo tša maphelo. Thutamahlale e ka se fihlewe, ka ge re le nageng yeo e kaonefaloša, go bophelo gore re dišhelele nyakišišeng ka tša maphelo le go diši sa mekgwa e fetofetšago ya thutamahlale.

Diphetogo tšo di fetoga karolo e bophlokwa ya go fišelele tikologo e kaone le e phelagabo batšo ba ikononi. Re bona diphetogo tšo e le leswašo le lebotse ya go godiša karolo e kgolo ya thutamahlale ya tša maphelo mo Afrika Borwa. Go diša diphetogo tša thutamahlale, ka ge thekga diphetogo tša moloko o mofoša wa thutamahlale, ke e ngwaga ya bhaloši tša bophlokwa tša SAMRC tša go fišelela khotlofšo yeo re dišišo ya bophelo bijo bo boteše le bijo botelele go Maafrika Borwa.

E le karolo ya moore re wa rena wa go fetoga le lenaneo la go nyakišiša, re okeditše palo ya dišhitiše tša bongaka le digaka tšo di thekgwago de leke lenaneo le rena, gotee le go hlama sehlopha se se tiilego sa barutwana ba bongaka le bokoo tšo di akaratšágo lenaneo la barutwana ba booki, e le bošiša go maemo a bosethšaša.

Gore re thekga Lefapha la tša Maphelo go fišelelešeng kholofšeto yeo re dišišo re bophelo bijo bo boteše le bijo botelele go Maafrika Borwa.

E le karolo ya moore re wa rena wa go fetoga le lenaneo la go nyakišiša, re okeditše palo ya dišhitiše tša bongaka le digaka tšo di thekgwago de leke lenaneo le rena, gotee le go hlama sehlopha se se tiilego sa barutwana ba bongaka le bokoo tšo di akaratšágo lenaneo la barutwana ba booki, e le bošiša go maemo a bosethšaša.

Gore re thekga Lefapha la tša Maphelo go fišelelešeng kholofšeto e dišišo le bophelo bijo bijo bo boteše le bijo botelele go Maafrika Borwa. SAMRC e nea mekgwa le bokoo e ka bago ya 20 ya dišthelete ka ngwaga, e lego se se felišetoša ka gore go dule go na le diprojeke tšo 400 tšo sa di kgatšešo ngwageng o tsee go ya ga mešišo.

Re kgonne go fišelela merero e mekaone ya thutamahlale ka baka la kgolo ya NRF ya rena e diši sa thutamahlale ya ka gare, go tloga go 9 go ya ga 30 go tloga sa 2014 go ya 2017; ka basadi ba babedi ba A1 bao ba swaetšwa e le bora tsubatamahlale mereron ya bolodi. Bora tsubatamahlale ba rena ka batetapele ka ge se o se bowa go dikgatiso tši di kgališišo, ditsopolo ka dikgatišo, dišloho tšo sa ingwaletšošo tšona le mediro e mengwe ya bošiša.

Go dirišára go dula go le bophlokwa gore go godišwe mekgwa e mekaone ya go diša nyakišišo le go tšweletša dišhile tša maphelo. E ngwaga ya dirišára tšo le bopheloša ke tumelelela e lego magareng ga SAMRC le Beijing Genomics Institute e tša thomago mo Afrika, Genomics Sequencing Facility – the African Genomics Centre. Sethara ye e tla ba sedirišua sa bophlokwa sa boditšhaba ga kaeonefšaši kwegišo ya dikarolo tšo di kogamag tša maphelo go Maafrika Borwa. Pukwana ye ya nyakišišo e godiša thutamahlale ya thutaphedi gore go hlangwe dišhile.

Badišišane ba konoko ba SAMRC ba be ba fokola, ba akaretšágo Cochran African Network, ba palešwa ke go bapatsa go dirišára ga thokomelo ya tša maphelo e theilwego phileholeng bakeng sa Afrika. Global Alliance for Chronic Diseases ke bathekga ba mathomo ba bagolo ba nyakišišo malwetsing aga sa bolešwe ba wena qantši, mola tiriša wa SAMRC le Healthy Life Trajectories Initiative e kgorošelaša go dira kaeonefšaši dinageng tša Canada, China, India le Brazil. Dinaga tše dingwe tša bophlokwa tša tiriša tšo di akaretšágo Senegal, Sweden, The Gambia, India, le Madagascar.

E bile re karolo ya BRICS TB Research Network, yeo e ikemišedišo go swaraŋa le bothatha ba tša BA ba BRICS le go tso ma didirišua tša go hwetsa tharollo ya kgausi dinageng tšona tše. Morelo wo wa dinaga tše minalo o hlametsiše go godiša nyakišišo le go lemoša batho ka TB, go diriša tiriša ya BRICS go lebošiša go hlangwe le go tšweletša sa ditlhalhlobo, dišhile, ditagi le mereana, go laola go fetešwa le go hlokomela balwetsi.

Se se kgonega ka thekgo ya dišthelete ya SAMRC, laesentše ya bopheloša ya Cochrane Library, yeo e thomelišo go šoma ka di-01 June 2017, e diriša gore go be be le koketšešo ya 35% ya go taoneloutwa go mongwalo wa ditlhalhlobo tša Cochrane ka 2017, e go bapisiša le ngwaga wa 2016, Afrika Borwa ke naga ye ya pele ka ntša go bohlabela bja Yuropa, Borwa bja Amerika le Australia go tšweletša laesentše ya bopheloša, India le yona e sa tšwa go dira se.

E etilišo pele ke Corporate Performance Office, dikolo tša SAMRC di fišišelela maneneo ao a fanago ka lefelö go šoma a borathutamahlale gore ba dirišane le bana ba dikolo, ka tiriša ya Lefapha la tša Thuto, bana ba dikolo ba hlohelešwa go ithilwego le mešo ya SAMRC go nyakišišo ya tša kalafo.

Ka maiteko a mohlakanelwana, go kaeonefšaša ga setšhaba bjalo ka Mongwanta wa Thutamahlale go bula sebaka se sengwe sa gore batho ba setšhaba le basomi ka kakaretšo ba tsebe sa bophlokwa bja thutamahlale. Go fetša nako e ntitši o itshu ka tša thutamahlale ke selo sa bophlokwa gore naga e kaonefšaše e be setšhaba sa tša maphelo gore e phadišane le dinaga tše dingwe.

Re leboga sehlopha sa SAMRC, ka ge tša le bopheloša sa thutamahlale go se le tša maphelo gore le se tša maphelo gore e phadišane le dinaga tše dingwe. Re leboga sehlopha sa SAMRC, ka ge tša le bopheloša sa thutamahlale go se le tša maphelo gore le se tša maphelo gore e phadišane le dinaga tše dingwe.

Mohlomphegi

Professor Glenda E Gray
Mopresitente le CEO: South African Medical Research Council
WHY WE EXIST

Our Mandate

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

Ukuthuthakisa izinga lempilo lesizwe nokuphila kwaso ngokwenza nokuxhasa ucwaningo lwezokwelapha oluyimfuneko nolufanele, 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 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 tšehelete 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 sepedišanagolo 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 ditšehelete le e boholkwa ya tša maphelo, go kaonefatša, go fetola le go toloka nyakišišo
Responding to the four major health epidemics facing South Africa

South Africa faces a cocktail of four colliding epidemics. This means that, unlike most countries on the globe, a majority of South Africans and the country’s health system is simultaneously burdened by four major diseases namely: Maternal, newborn and child health; HIV-AIDS and TB; Non-communicable diseases (NCDs) and Violence and Injury. Although SA’s burden of disease profile looks dire, data from our Burden of Disease Research Unit has reflected a few milestones in not only reducing the country’s disease burden but accurately measuring it so as to provide relevant interventions.

**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.
The scope of the SAMRC’s research includes basic laboratory investigations, clinical research and public health studies. Our research focuses on the following top 10 causes of death in South Africa.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>No. of deaths</th>
<th>% deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV/AIDS</td>
<td>153,661</td>
<td>29.1</td>
</tr>
<tr>
<td>2</td>
<td>Cerebrovascular disease</td>
<td>39,830</td>
<td>7.5</td>
</tr>
<tr>
<td>3</td>
<td>Lower respiratory infections</td>
<td>25,977</td>
<td>4.9</td>
</tr>
<tr>
<td>4</td>
<td>Ischaemic heart disease</td>
<td>24,969</td>
<td>4.7</td>
</tr>
<tr>
<td>5</td>
<td>Tuberculosis</td>
<td>23,817</td>
<td>4.5</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes mellitus</td>
<td>18,894</td>
<td>3.6</td>
</tr>
<tr>
<td>7</td>
<td>Hypertensive heart disease</td>
<td>18,755</td>
<td>3.5</td>
</tr>
<tr>
<td>8</td>
<td>Interpersonal violence</td>
<td>18,741</td>
<td>3.5</td>
</tr>
<tr>
<td>9</td>
<td>Road injuries</td>
<td>17,597</td>
<td>3.3</td>
</tr>
<tr>
<td>10</td>
<td>Diarrhoeal diseases</td>
<td>16,349</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td><strong>Top 10 causes</strong></td>
<td><strong>358,590</strong></td>
<td><strong>67.8</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>528,947</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The SAMRC continues to fund research that is based on local development priorities, while focusing on developing scientific capacity and diversity.

**GRANTS, INNOVATION & PRODUCT DEVELOPMENT**

The Grants, Innovation and Product Development Division (GIPD) oversees more than 200 grants ranging from SAMRC-specific grant funding to collaborative grant funding with local and international partners.

**TOTAL VALUE OF FUNDING ALLOCATED TO RESEARCH & INNOVATION DURING 2017/18:**

**R198 203 960.21**

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

**SELF-INITIATED RESEARCH GRANTS**

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.

**TOTAL VALUE OF FUNDING ALLOCATED TO RESEARCH & INNOVATION DURING 2017/18:**

**R25 000 000.00**

**INVESTING IN HISTORICALLY UNDER-RESOURCED INSTITUTIONS**

Under the management of the Research Capacity Development (RCD) Division, the SAMRC identified and invested **R 8 000 000** in previously resource constrained institutions namely:

- University of Fort Hare
- University of Limpopo
- University of Venda
- Walter Sisulu University
- University of Zululand
- University of the Western Cape
- Mangosuthu University of Technology
- Sefako Makgatho Health Sciences University
The SAMRC has adhered to its mandate of conducting responsive research that will advance the lives of South Africans. Over the 2017/18 reporting period we have made strides in new research in non communicable diseases (NCDs), Gender-based violence, HIV vaccine development and TB diagnostics and drug development.

SAVING LIVES AT BIRTH

Estimates show that more than half of the global maternal deaths and more than three-quarters of neonatal deaths occur in sub-Saharan Africa. Although South Africa has in the past decade made some progress in reducing maternal and child mortality, the levels remain unacceptably high. The leading causes of death in children under five years in South Africa include HIV/AIDS, diarrhoeal disease, lower respiratory infections, birth asphyxia, and injuries.

The SAMRC’s Strategic Health Innovation Partnerships (SHIP) has partnered with Grand Challenges Programmes of the Gates Foundation in various countries to conduct research on maternal and child health. The projects were specifically chosen to align with the Gates’ Foundation’s “Saving Live’s at Birth.” The current portfolio includes four projects in areas such as gestational diabetes, prevention and prediction of pre-term birth, rapid testing for preeclampsia and intergrating home-based packages for early childhood interventions.

The SAMRC encourages cross-border projects that are designed to tackle the continent’s shared maternal health challenges. We believe that these partnerships will work to create local and global projects and accelerate knowledge generation that will curb maternal and child mortality on the African continent.
JOURNEY TOWARDS AN HIV VACCINE

We are committed to preventing HIV/AIDS and as such have joined our partners and embarked on two of the largest HIV vaccine trials in sub-Saharan Africa. In 2016, the SAMRC partnered with a number of researchers to launch the world’s first HIV vaccine efficacy study in seven years at 15 research sites across the country.

The study, called HVTN 702, aims to establish whether an experimental vaccine regimen safely prevents HIV infection among South African adults. It involves a new version of the only HIV vaccine candidate yet shown to provide some protection against the virus and enrolled 5,400 men and women, making it the largest and most advanced HIV vaccine clinical trial to take place in South Africa. The study was funded through the HIV Vaccine Trials Network (HVTN).

In 2017, the SAMRC partnered with more researchers to embark on a new proof-of-concept study called Imbokodo, which enrolled 2,600 HIV-negative women aged 18 to 35 years in sub-Saharan Africa and was implemented at clinical trial sites through the National Institute of Allergy and Infectious Diseases (NIAID) also funded by the HIV Vaccine Trials Network (HVTN).

Results from the ongoing HVTN 702 study are expected in late 2020 while results from the Imbokodo study are expected in 2021.
Stepping up to end TB

Tuberculosis is among the top ten causes of death in South Africa and the SAMRC is compelled to conduct responsive research to decrease this disease burden. We have, through our internal and external research units managed to put TB under the spotlight by identifying gaps in the prevention and management of the epidemic.

Missing cases: The SAMRC is part of a task team that has been mandated, by the National Department of Health, to develop strategies to find missing TB cases in SA. These strategies include optimised screening approaches, enhanced contact tracing for TB cases, enhanced case detection amongst key populations and improving algorithms and tools. The SAMRC’s TB Free Through Research & Innovation Unit, based at UCT, estimated that out of an estimated 10 million cases almost 40% were unreported / undiagnosed. In response to these missing cases, the Unit sought to research the feasibility of DNA-based detection tests in improving the battle strategy against TB. The research suggests that point-of-care technologies such as the portable GeneXpert could effectively be used to find cases and limit the transmission of TB in communities.

Drug Resistance: TB researchers suggest that urgent action is needed in addressing the rising transmission and infection rates of drug resistant TB. SAMRC-funded research used DNA sequencing and aerosol sampling technology to track more than 273 patients with XDR-TB in two Western and Northern Cape hospitals over a period of six years. They found that of the two thirds of patients who were discharged from the hospital, most of these ended up with poor outcomes.

Childhood TB diagnosis: At least 1 million children 15 years old or younger become ill with TB every year, and 250,000 children die from infection. TB is particularly difficult to diagnose in children as the most commonly available tests are done on sputum, which many children cannot produce. Furthermore, children often have disease with few bacteria, so tests need to be extremely sensitive to detect them. TB in children is usually diagnosed from samples that are obtained with invasive procedures and with methods that take weeks to provide a result and are only available in few laboratories. This leads to delayed therapy, suffering and – too frequently – death. Our research has shown how Cepheid’s Xpert Ultra assay (a sensitive molecular stool test) can be performed on easily accessible children’s stool.

Currently, a disposable Stool Processing Kit (SPK) that can be used as an accessory to molecular TB tests such as the Xpert Ultra assay, enabling simple processing of stool specimens from babies and children is being developed.
Non-communicable diseases (NCDs) are a leading cause of death worldwide, and in South Africa many of these deaths result from cardiovascular and metabolic diseases. It is estimated that about 41 million people per year die from NCDs and 90% of people who die before the age of 60 are from middle and low income countries such as South Africa.

At present, there are four major NCDs that pose a severe challenge to South Africans. They are cancers, cardiovascular diseases, chronic respiratory diseases and diabetes and they share common risk factors: tobacco use, physical inactivity, harmful use of alcohol and an unhealthy diet. Development, industrialisation, urbanisation and aging are also the major drivers of the NCD epidemic in South Africa.

Our first-of-its kind research (Obesity in Africa: Trends Analysis) has shown that South Africa has the highest rate of people who are overweight and obese in sub-Saharan Africa, with more than 70% of women being overweight. Research has also proven that five out of every 10 adults in South Africa suffer from hypertension. The SAMRC’s Non-Communicable Diseases Research Unit, is currently conducting five NCD related research which focuses on NCDs risk factors in Africa; Comorbidities of childhood obesity in South Africa as well diabetes prevention strategies on the continent.
A study detailing the prevalence of sexual homicides in South Africa shows that sexual violence took place in one in five (494 of 2670) women who were killed in 2009. Similarly, for the same period, one in twelve (104 of 1277) child homicides had evidence of sexual violence as part of the murder.

The mortuary-based study is the second of its kind and is among a few reporting on sexual homicide. It has revealed that sexual violence homicide incidents among women have increased from 16% in 1999 to 19% in 2009. The study showed a higher rate of sexual homicides in female children as opposed to male children.

Although male children represented a 64.2% proportion of all children murdered over the period, female children were the majority among the child sexual homicide victims (8% male children and 92% female children). The age profile of the child victims showed that children between the ages 13 and 18 represented more than 50% of child sexual homicide cases.

Globally, sexual homicide has been described as a rare event in many countries such as the United States where under 1% of all homicides (male and female) are identified as sexual homicides and in the United Kingdom where 3.7% of those found guilty of homicide included a sexual violent component. However sexual homicides are not rare events in South Africa with approximately 500 adult female cases and 104 children cases in 2009.

The SAMRC, in trying to monitor the trends and prevalence of sexual violence against women and children in South Africa, has conducted a number of important studies – one of them being the Rape In Justice study published in 2017. Commissioned by the National Prosecution Authority (NPA), the Rape In Justice study highlights how the gaps in the country’s criminal justice system continue to encourage unresolved cases of rape with only 340 guilty verdicts in 3 952 reported rape cases.

Essentially, the Rape In Justice study highlights just one of the many aspects of the epidemic that is sexual violence against women and children, it is hoped that the results of the second Sexual Homicide study will further emphasise the urgency with which perpetrators need to be prosecuted.
Human Resources Division’s primary function is to ensure that all staff have the necessary skills set and passion to enable the SAMRC to deliver on its mandate.

**HIGHLIGHTS FOR 2017/18 REPORTING PERIOD**

- Extensive training provided to SAMRC managers
- Wellness Programme instituted to ensure that all staff have access to health and wellness
- Career progression and advancement for scientists finalised - 62 scientists have advanced
- Three Deputy Director posts were filled
- Recruitment turnaround time shortened to below the target of 32 days.
SAMRC DEMOGRAPHIC PROFILE

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2015/16 Period</th>
<th>2016/17 Period</th>
<th>2017/18 Period</th>
</tr>
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<tbody>
<tr>
<td>African</td>
<td>40.2%</td>
<td>43.8%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Indian</td>
<td>16.9%</td>
<td>15.0%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Coloured</td>
<td>27.1%</td>
<td>26.4%</td>
<td>23.8%</td>
</tr>
<tr>
<td>White</td>
<td>15.8%</td>
<td>14.8%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>
APPOINTMENTS MADE BY RACE

<table>
<thead>
<tr>
<th></th>
<th>2015/16 PERIOD</th>
<th>2016/17 PERIOD</th>
<th>2017/18 PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICAN</td>
<td>63%</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>INDIAN</td>
<td>8%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>COLOURED</td>
<td>18%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>WHITE</td>
<td>11%</td>
<td>5%</td>
<td>2%</td>
</tr>
</tbody>
</table>
APPOINTMENTS BY GENDER

2016/17 PERIOD

72% Males
28% Females

2015/16 PERIOD

18% Males
82% Females

See page 132 of 2017/18 Annual Report for stats of this period

SENIOR MANAGEMENT BY RACE

2015/16 PERIOD

14% African
56.2% Coloured
14% Indian
14% White

2016/17 PERIOD

17% African
15.8% Coloured
14% Indian
14% White

2017/18 PERIOD

15% African
16% Coloured
15% Indian
15% White

See pages 138-9 AR of 2017/18 stats

SENIOR MANAGEMENT BY GENDER

2015/16 PERIOD

47% Males
50.9% Females

2016/17 PERIOD

2017/18 PERIOD

49.1% Males
53% Females

See page 138-9 of 2017/18 AR for stats
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 MEMBERS

Responsibilities of the Board include;
- Corporate governance of the SAMRC
- Fiduciary and compliance to legislative requirements e.g. Public Finance Management Act (PFMA)
- Ensuring compliance with legislative requirements e.g. appointment of the SAMRC President & CEO

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
FINANCIAL PERFORMANCE FOR THE 2017/18 REPORTING PERIOD

STRONG FINANCIAL PERFORMANCE FOR 2017/18 REPORTING PERIOD RESULTED IN

- **REVENUE**: 6.7% increase from R 937 789 to R 1 000 857
- **CONTRACT INCOME**: 27.8% increase from R 461 418 to R 360 955
- **INVESTMENT INCOME**: 19.9% increase from R 42 270 to R 35 266 897

**OPERATING SURPLUS**: -R 88 246 900 (Operating Deficit of R 2 649 142 in 2016/17)

**NETT SURPLUS**: R 46 480 (VS Surplus of R 32 278 in 2016/17)

**FINAL SURPLUS**: R 46 480 (VS Approved Budget Deficit of R 63 901)
SAMRC REMAINS FINANCIALLY STRONG

ACCUMULATED RESERVES
R289 755 compared to R336 236 in 2016/17

TOTAL ASSETS
decreased from R752 068 to R730 297

PROVISIONS:
R4527 performance bonus for 2017/18

SPENDING TRENDS

COLLABORATIVE RESEARCH
increased from R471 121 to R513 099

EMPLOYEE-RELATED COSTS
R303 910 to R359 069

OPERATING EXPENSES
R948 137 to R1 097 373

TEMPORARY STAFF COSTS
R13 129 to R16 825

BASIC SALARY COSTS
R169 830 to R194 736
REPORT OF THE AUDITOR GENERAL
for the year ended 31 March 2018

ACCOUNTING AUTHORITY’S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

PRESENTATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH:
- SA Standards of Generally Recognised Accounting Practice (GRAP)
- Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA)

AUDITOR-GENERAL’S RESPONSIBILITY

TO EXPRESS AN OPINION ON FINANCIAL STATEMENTS BASED ON AUDIT:
- 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
I BELIEVE THAT THE AUDIT EVIDENCE I HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR MY AUDIT OPINION.

OPINION

1. I have audited the financial statements of the South African Medical Research Council set out on pages 145 to 218 of the Annual Report, which comprise the statement of financial position as at 31 March 2018 and the statement of financial performance, statement of changes in net assets, statement of cash flows and statement of comparison of budget and actual amounts for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the South African Medical Research Council as at 31 March 2018, and its financial performance and cash flows for the year then ended in accordance with the South African Standards of Generally Recognised Accounting Practice (SA Standards of GRAP) and the requirements of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA).

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

SUPPLY CHAIN MANAGEMENT
No unsolicited bid proposals received during the year. The existing Materiality Framework was approved by the Minister.

AUDIT REPORT MATTERS
There were no matters to report.

ECONOMIC VIABILITY
Funding allocations approved by government: R624 829
Accumulated reserves: R289 755
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 2017/18 reporting period, the SAMRC engaged with different media houses as a means of communicating our research to the public. Our performance in the media space has improved compared to the previous two reporting periods (2015/16 & 2016/17).

**ADVERTISING VALUE EQUIVALENT (AVE)** is the cost of buying the space taken by a particular article, had the article been an advertisement.

**NUMBER OF PRESS MATERIAL ISSUED & NUMBER OF ARTICLES RECORDED DURING THE REPORTING PERIOD**

<table>
<thead>
<tr>
<th>Year</th>
<th>Press Releases</th>
<th>Articles Recorded</th>
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<td>32</td>
<td>1189</td>
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<tr>
<td>2016/17</td>
<td>32</td>
<td>1659</td>
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<tr>
<td>2017/18</td>
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