

# **South African Medical Research Council (SAMRC)**

## **Annual Performance Plan**

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**2025/26**

**Date of Tabling**

**March 2025**



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## **SAMRC History and Health Statement**

The South African Medical Research Council recognises the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities.

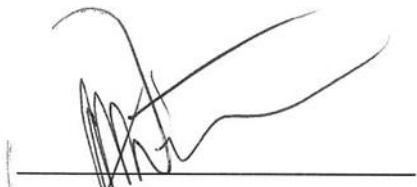
Acknowledging the SAMRC's historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.

## Executive Authority Statement

The South African Medical Research Council (SAMRC) 2025/26 Annual Performance Plan (APP) is drawn from the 2025/26 – 2029/30 Strategic Plan. This APP takes into account all the relevant policies, legislation and other mandates of which the South African Medical Research Council is responsible.

The APP accurately reflects the strategic goals and objectives that the South African Medical Research Council will endeavour to achieve over the period 2025/2026.

I hereby endorse this South African Medical Research Council Annual Performance Plan (APP) developed by the Executive Management Committee of the South African Medical Research Council under the guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board and the SAMRC CEO and President, Professor Ntobeko Ntusi.

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**Dr. Pakishe Aaron Motsoaledi (MP)**  
**Minister of Health**

This South African Medical Research Council's (SAMRC) Annual Performance Plan (APP) 2025/26 came to being after the inauguration of the seventh Government Administration and its Medium-Term Development Plan (2024 to 2029), the beginning of the SAMRC's strategic planning cycle, 2025/26 - 2029/30, and the appointment of the new SAMRC President and Chief Executive Officer (CEO), Professor Ntobeko Ntusi. The strategic plan 2025/26 - 2029/30 takes into account the information gathered from consultations, the National Department of Health (NDOH) priorities, the national health research priorities framework developed by the National Health Research Committee, the developments in the health research sector and relevant national and international legislation and policies. The SAMRC strategic plan 2025/26 - 2029/30 has informed priorities and planned performance outlined in this SAMRC APP 2025/26.

Prof Ntusi was appointed as the new SAMRC President and CEO, effective 1 July 2024. A distinguished and highly respected figure in the medical community, Prof. Ntusi brings a wealth of expertise and leadership to his new role. His lifelong passion for evidence-based healthcare, health systems research, and universal health coverage has positioned him as a trailblazer in medical research. Prof. Ntusi's commitment to advancing medical research and his passion for improving healthcare outcomes align perfectly with the SAMRC's mission to advance the nation's health and quality of life and to address inequity by conducting and funding relevant and responsive health research, capacity development, innovation, and research translation. At the top of Prof Ntusi's agenda is to collaborate with the talented team at SAMRC to further its impact on healthcare and research, driving positive change in South Africa and beyond.

The management and implementation of strategies and policies of the SAMRC are delegated by the Board to the SAMRC President and CEO, assisted by the Executive Management Committee (EMC). Prof Ntusi and EMC are responsible for implementing the strategic plan 2025/26 -2029/30 and APP 2025/26, stimulating the desired culture underpinned by our values, managing performance and risks, transforming research funding with special focus on young scientists, black African scientists, and women, and for establishing vital collaborations and partnerships that will advance health research.

The SAMRC has been steadfast on delivering on its mandate as evidence by the pivotal role it played in the response to the COVID-19 pandemic. This APP 2025/26 builds on the successes and lessons learnt from the APPs 2020/21 to 2024/25, which mostly coincided with the COVID-19 pandemic, and it charts a new direction in the SAMRC's commitment to decreasing the disease burden in South Africa through cutting edge research and innovations, the development of novel treatment regimens, especially vaccines, as well as improved diagnostic tools, while localizing the production of new drugs and devices, to improve the health and lives of South Africans. Lessons learnt from the COVID-19 pandemic is that we should remain alert and be prepared to detect, contain, treat and mitigate/curb the spread of potentially dangerous emerging and re-emerging infectious diseases, particularly those that may constitute public health risk, and, ensure equal access to life saving medical counter measures. The NDOH recently issued a statement on Mpox, which is creating havoc in several African countries and has been declared by WHO and Africa-CDC a public health emergency of international concern. In this statement, NDOH calls for collaboration to fast-track the approval of Mpox vaccine and treatment and to ensure these life-saving vaccines reach the most

vulnerable populations in order to prevent further spread of this infectious, but treatable disease, and the loss of lives. In line with this, Prof Ntusi hosted a meeting with scientists from around the country with an interest in Mpox research to jointly discuss the priorities for research in Mpox and to focus on pioneering collaborative research and to avoid duplication of effort.

This APP 2025/26 demonstrates a pledge for change and sustained collaborative efforts. The SAMRC's view is that it is important for the resources invested, teamwork and solidarity that came into play during the height of the COVID-19 pandemic should continue as we embark on research and innovation for the new or improved diagnostics, therapeutics, vaccines and medical devices. It is for this reason that the SAMRC is involved in and funding projects such as localising the production of new vaccines, drugs devices and diagnostics, to improve the health and lives of South Africans as informed by consultations with various stakeholders and culminated into the vision, mission, values and a transformed research, development and technology transfer focus that is relevant for the promotion of the improved health and quality of life of the population of the Republic.

The SAMRC is committed to high standard of corporate governance as evidenced by 9 clean audits over the past 10 years and recognises its accountability to Parliament, National Department of Health, public, funders and other relevant stakeholders, and the standards and expectations for the SAMRC to act lawfully, responsible, ethically and with integrity. The SAMRC will continue with its outstanding fiscal discipline, effective and efficient administration, aims to align research efforts and activities to the health priorities and needs of the country, objective to communicate and translate its research and innovation into policy and practice, transformation and capacity development agenda by investing in the development of next generation of research leadership.

The South African economic outlook is not promising and it is expected it may negatively impact on the deliverables outlined in this APP 2025/26. To address this challenge, SAMRC will in 2025/26 focus on budget savings and efficiencies, and embark on improving contract income stream to maximize resources available for operations, performance and strategic outcomes.

As the Chairperson of the SAMRC Board, I am confident that the SAMRC's 2025/26 Annual Performance Plan will support the SAMRC's agenda to lead relevant and responsive health research in South Africa and to fund research and innovation that has an impact in the current and emerging infectious diseases and non-communicable diseases affecting people in South Africa, Africa and globally.



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**Professor Johnny Ndoni Mahlangu**

**Board Chairperson: South African Medical Research Council**



The country's health is a significant part of economic development. Healthy populations live longer, workforce has more productive people and there is a direct positive impact on economic growth. The South African National Development Plan (NDP) 2030 identifies the need to build a strong and adequate capacity of health care workers, and that they be deployed where they are most needed. Therefore it is important for the country to invest in its health workforce and health care system. The South African Ministry of Health reported that South Africa spends over eight percent of its Gross Domestic Product on healthcare. Despite this investment in health system and good supportive policies, such as the National Department of Health 10-Point Plan, the 2019 Presidential Health Compact and the 2019 consensus report of the South African Lancet National Commission, South Africa still experiences persistent poor health outcomes.

The South African political and social history have significantly affected the country's health policies and outcomes. Before 1994 the South African health care system was not structured to provide healthcare needs for the entire population adequately and equally. Following transition to democracy in 1994, South Africa made significant strides in improving the health status of its population. However, the two-tiered South African health system which is divided along the socioeconomic lines continued to lead to unequal access to quality healthcare system particularly by the poor communities. This reflects the dire need for the provision of affordable access to quality health care while promoting health and wellbeing in the country and achieving the Sustainable Development Goal 3 ("Ensuring healthy lives and promote well-being for all at all ages").

The National Department of Health published its priorities for the period 2009 to 2014, termed 10-Point Plan, which were intended to assist the country in meeting the Millennium Development Goals and monitoring improvements in the health system. Within this plan is a strategic program to implement a National Health Insurance (NHI) for South Africa. The move to implementation of NHI came into being with the signing into law of the NHI Act of 2023 and publication of the Presidential Health Compact (PHC) 2024 -2029, titled "Accelerating Health System strengthening and National Health Insurance (NHI) Implementation". Poor financial management, waste and corruption have huge negative impact in the South African healthcare system service delivery. The South African Minister of Health committed in the PHC 2024-2029 that the spent of health will be focused on deriving value for money, promoting clean governance and eliminating corruption.

South Africa still faces a huge burden of four colliding epidemics, ranging from stagnating mortality in pregnant women and infants to increasing morbidity and mortality associated with non- communicable diseases such as diabetes mellitus, hypertension, heart disease, as well as the epidemics of TB and HIV, that overwhelm our health system. According to the NDP 2030 "promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases among the poor, such as heart disease, high blood cholesterol and diabetes. These diseases are likely to be a major threat over the next 20 to 30 years".

The South African Medical Research Council (SAMRC) provides leadership to medical research in South Africa. Driven by the five key strategic pillars, (1) The administration of health research in an effective and efficient manner; (2) The generation of new knowledge and its translation into policy and practice; (3) Supporting innovation and technology transfer to improve health; (4) Building sustainable health research capacity in South Africa; and (5) Research translation.

The core of the SAMRC's existence is to improve the health of people in South Africa, through research, innovation, development, and technology transfer. With this mandate and the need to strengthen research and development to generate key reliable information for health planning, service delivery and monitoring, SAMRC is well positioned to play an important role in decreasing the disease burden in improving the state of health in the country through (a) leading health research and innovation, (b) asking the right questions and producing relevant evidence, (c) supporting government, civil society and

academia, and (d) promoting equity in health and health research. The SAMRC has pioneered cutting-edge medical innovations, the development of novel treatment regimens, vaccine development, diagnostic tools, new drugs and devices, aimed at the improvement of the health status of people in South Africa. It is envisaged that the SAMRC will play an important role in implementation of the Universal Health Care and NHI by conducting and funding relevant health research. Our steadfast focus on key strategic pillars guide our teams of scientists and support staff to help us in enabling the Department of Health, to deliver on their commitment and promise of a long and healthy life for all South Africans.

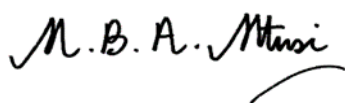
The Strategic Plan 2025/226-2029/30 is grounded in SAMRC's continued commitment to promote the improvement of the health and quality of life of the population of the Republic. This Annual Performance Plan (APP) highlights our focus to fund research based on local development priorities, while ensuring that our research is globally relevant. This APP describes how the SAMRC intends to work with our stakeholders to deliver what is required. The APP envisions bold programmes and indicators to meet the SAMRC mandate and make a difference to millions of lives. The plan encompasses combination of our vast national experience and our rich regional, continental and global networks

Transformation in science remains an integral part of our strategy. Through our Self- Initiated Research grants, Early and Mid-Career Scientist Programme, we aim to create a new generation of science leaders and to develop scientific capacity and transformation of the pipeline of researchers. We have over the past five years increased the number of Masters' and Doctoral students supported through our programmes, while developing a cohort of interns and clinicians, which includes the Bongani Mayosi National Health Scholars Programme (NHSP), an ambitious public-private partnership flagship PhD development programme and a national initiative to advance the next generation of African health and clinical scientists.

Through a tight fiscal environment, the SAMRC has delivered on impactful science and will continue to do so effectively and efficiently, as guided by the Public Finance and Management Act. As we implement the new Strategic Plan, through this APP, we will ensure that our budget is spent on funding science and innovation and less on administrative costs. This SAMRC APP 2025/26 emanates from the SAMRC's Board approved strategic plan and is the first APP for the new strategic planning period 2025/26 to 2029/30.

As South Africa celebrated 30 years of democracy, SAMRC reaffirms its commitment to promoting health equity, social justice, and evidence-based healthcare. We recognise that access to high-quality healthcare is a fundamental human right, and we are dedicated to ensuring this right is realised for all South Africans.

As we reflect on the progress made over the past three decades, we acknowledge the ongoing challenges and disparities that persist within our healthcare system. Therefore, our message is one of continued advocacy for health equity, inclusivity, and the importance of evidence-based decision-making in improving health outcomes for all South Africans. We remain committed to working collaboratively with partners and stakeholders to address these challenges and build our nation's healthier, more equitable future.



**Professor Ntobeko Ntusi**

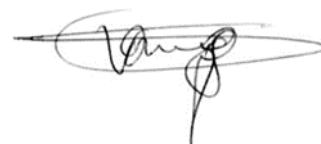
**President & Chief Executive Officer: South African Medical Research Council**

## Official Sign Off

It is hereby certified that the South African Medical Research Council Annual Performance Plan was developed by the management of the South African Medical Research Council under the guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board and President, Professor Ntobeko Ntusi.

The Annual Performance Plan takes into account all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible.

The document accurately reflects the Impact, Outcomes and Outputs which the South African Medical Research Council will endeavour to achieve over the period 2025/2026.



### Programme 1 – Administration

Mr Sivuyile Ngqongwa  
Chief Financial Officer

Signature: \_\_\_\_\_



### Programme 2 – Core Research

Prof Liesl Zühlke  
Vice President Extramural Research  
& Internal Portfolio

Signature: \_\_\_\_\_



### Programme 3 – Innovation and Technology

Dr Michelle Mulder  
Executive Director:  
Grants, Innovation and Product Development

Signature: \_\_\_\_\_



### Programme 4 – Capacity Development

Dr Michelle Mulder  
Executive Director: Grants, Innovation and  
Product Development

Signature: \_\_\_\_\_

## Programme 5 – Research Translation

Prof Ntobeko Ntusi  
President and Chief Executive Officer


M.B.A. Mthosi

Signature: \_\_\_\_\_



Mr Sivuyile Ngqongwa  
Chief Financial Officer

Signature: \_\_\_\_\_



Dr Mongezi Mdhuli  
Chief Research Operations Officer and  
Head Official Responsible for Planning

Signature: \_\_\_\_\_

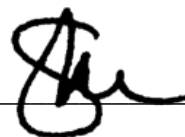
M.B.A. Mthosi

Prof Ntobeko Ntusi  
SAMRC President and Chief Executive Officer

Signature: \_\_\_\_\_

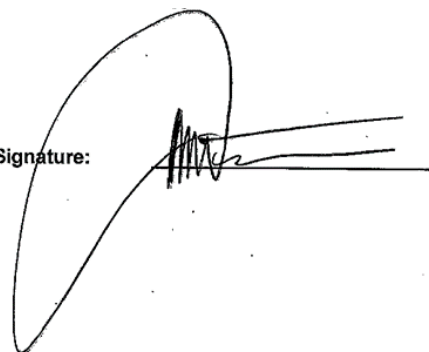
Prof Johnny Mahlangu  
Chairperson of the Board

Signature: \_\_\_\_\_



Approved:

Signature: \_\_\_\_\_



Dr. Pakishe Aaron Motsoaledi, MP  
Minister of Health

**PART A: SAMRC MANDATE**

## 1 SAMRC Mandate

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

## 2 South African Constitution

### 2.1 Constitutional mandate

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

#### 2.1.1 Chapter 2: Bill of Rights

**Table 1. Relevant section of the South African Constitution - Bill of Rights**

Section	Heading	Description
9	Equality	All the rights contained in this equality section
10	Human dignity	Everyone has inherent dignity and the right to have their dignity respected and protected
12(2)(c)	Freedom and security of the person	Everyone has the right to bodily and psychological integrity, which includes the right not to be subjected to medical or scientific experiments without their informed consent
14(a)	Privacy	Everyone has the right to privacy, which includes the right not to have the privacy of their communications infringed
16(1)(d)	Freedom of expression	Everyone has the right to freedom of expression, which includes academic freedom and freedom of scientific research
23	Labour relations	All the rights contained in this labour relations section
24(a)	Environment	Everyone has the right to an environment that is not harmful to their health or wellbeing
27	Healthcare, food, water and social security	Everyone has a right for access to have access to (a) health care services, including reproductive health; (b) sufficient food and water; and social security, including if they are unable to support themselves and their dependants, appropriate social assistance
28(2)	Children	A child’s best interests are of paramount importance in every matter concerning the child
32	Access to information	Everyone has the right of access to any information held by the state
33(1)	Just administrative action	Everyone has the right to administrative action that is lawful, reasonable and procedurally fair
36(1)	Limitation of rights	The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, considering all relevant factors...

## 2.1.2 Chapter 10: Public Administration

**Table 2. Chapter 10 of the South African Constitution**

Section	Description	Principles
195	Public administration must be governed by the democratic values and principles enshrined in the Constitution	A high standard of professional ethics must be promoted and maintained.
		Efficient, economic and effective use of resources must be promoted.
		Services must be provided impartially, fairly, equitably and without bias.
		People's needs must be responded to, and the public must be encouraged to participate in policymaking.
		Public administration must be accountable.
		Transparency must be fostered by providing the public with timely, accessible and accurate information.
		Good human-resource management and career-development practices, to maximize human potential, must be cultivated.

## 2.1.3 Chapter 13: Finance

**Table 3. Chapter 13 of the South African Constitution**

Section	Heading	Description
217	Procurement	When an organ of state in the national, provincial or local sphere of government, or any other institution identified in national legislation, contracts for goods or services, it must do so in accordance with a system which is fair, equitable, transparent, competitive and cost-effective.
		Subsection (1) does not prevent the organs of state or institutions referred to in that subsection from implementing a procurement policy providing for— <ul style="list-style-type: none"><li>○ categories of preference in the allocation of contracts; and</li><li>○ the protection or advancement of persons, or categories of persons, disadvantaged by unfair discrimination.</li></ul>
		National legislation must prescribe a framework within which the policy referred to in subsection (2) must be implemented.

## 3 Legislative mandate

### 3.1 National Health Act (Act 61 of 2003)

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

### 3.2 Medical Research Council Act (Act 58 of 1991)

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

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

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

### 3.3 Intellectual Property, Rights from Publicly Financed Research and Development (Act 51 of 2008)

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

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

**Table 4. Other Legislation relevant to the SAMRC**

<b>Legislation</b>	<b>Purpose/aim</b>
Employment Equity Act, No. 55 of 1998	Measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action
Basic Conditions of Employment Act, No. 75 of 1997	Basic or minimum conditions of employment that an employer must provide for employees covered by the Act
Labour Relations Act, No. 66 of 1995	Framework to regulate key aspects of relationship between employer and employee at individual and collective level
Broad-based Black Economic Empowerment Act, No. 53 of 2003	Promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.
Skills Development Act, No. 97 of 1998	Measures that employers are required to take to improve the levels of skills of employees in workplaces
Promotion of Access to Information Act, No. 2 of 2000)	Amplifies the constitutional provision pertaining to accessing information under the control of various bodies
Promotion of Administrative Justice Act, No. 3 of 2000	Amplifies the constitutional provisions pertaining to administrative law by codifying it
Promotion of Equality and the Prevention of Unfair Discrimination Act, No.4 of 2000	Further amplification of the constitutional principles of equality and elimination of unfair discrimination
Public Finance Management Act, No. 1 of 1999, as amended	Administration of state funds by functionaries, their responsibilities and incidental matters



The Patents Act, No. 57 of 1978	To provide for the registration and granting of letters patent for inventions and for matters connected therewith
Copyright Act, No. 98 of 1978	To regulate copyright and to provide for matters incidental thereto
Trade Marks Act, No. 194 of 1993	To provide for the registration of trade marks, certification trademarks and collective trademarks; and to provide for incidental matters
Protection of Personal Information Act, No. 4 of 2013	To promote the protection of personal information processed by public and private bodies; to introduce certain conditions so as to establish minimum requirements for the processing of personal information; to provide for the establishment of an Information Regulator to exercise certain powers and to perform certain duties and functions in terms of this Act and the Promotion of Access to Information Act, 2000; to provide for the issuing of codes of conduct; to provide for the rights of persons regarding unsolicited electronic communications and automated decision making; to regulate the flow of personal information across the borders of the Republic; and to provide for matters connected therewith

## 4 Policy mandates

### 4.1 National Development Plan-2030

Promotion of health is one of the key enablers of the South African National Development Plan 2030 (NDP 2030). NDP 2030 sees health as not only a medical issue, but also points out that the social determinants of health need to be addressed, including promoting healthy behaviours and lifestyles. One of the major goals of the plan is to reduce the disease burden to manageable levels. Another recommendation in the NDP 2030 is to build a strong and adequate capacity of health care workers and that they be deployed where they are most needed. The plan recognizes the importance of the entire national health system and improving governance and eliminating infrastructure backlogs. Relevant to National Health Insurance Act No. 20 of 2023 that the South African President signed into law in 2024, the plan already mentioned that a national health insurance system needed to be implemented in phases, complemented by a reduction in the relative cost of private medical care and supported by better human capacity and systems in the public health sector.

The plan sets the following goals to which the SAMRC can directly contribute through its research programmes, units and platforms:

- a) Progressively improve tuberculosis prevention and cure
- b) Reducing maternal, infant and child mortality
- c) Significantly reducing prevalence of noncommunicable diseases
- d) Combating corruption as evidenced by the sustained good governance and clean audit outcomes over the past strategic planning period and beyond
- e) Improving education, training and innovation through the SAMRC's dedicated innovation and

capacity development performance programmes in the SAMRC Strategic Plan (2025 to 2030) and the corresponding Annual Performance Plans

- f) In transforming society, SAMRC has put transformation at the top of the agenda by appointing an Executive Director responsible for transformation

## 4.2 National Health Insurance Act of 2023

National Health Insurance Act No 20 of 2023 was signed into law by President Cyril Ramaphosa in May 2024 and its aim is “to achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution; to establish a National Health Insurance Fund and to set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the Fund on behalf of users; to create mechanisms for the equitable, effective and efficient utilisation of the resources of the Fund to meet the health needs of the population; to preclude or limit undesirable, unethical and unlawful practices in relation to the Fund and its users; and to provide for matters connected herewith”<sup>1</sup>.

To educate people about National Health Insurance, SAMRC created a Universal Health Coverage/ National Health Insurance (UHC/NHI) Forum which is an open meeting for those interested in developments, learning and plans related to the UHC and NHI in South Africa and globally. The seminar focuses on providing an update on the policy and legislative progress made in moving towards UHC through the phased implementation of NHI, using a progressive and pragmatic approach based on availability of financial resources.

## 4.3 Alignment to Medium-Term Development Plan (MTDP) 2024-2029

In 2024, South Africa celebrated 30 years of democracy and introduction of the 7<sup>th</sup> government Administration. The draft Medium-Term Development Plan (MTDP)<sup>2</sup>, formerly Medium-Term Strategic Framework (MTSF), coincides with the five-year electoral cycle. In line with the NDP 2030, draft MTDP 2024-2029 identifies the following fourteen policy priority areas: the SAMRC has aligned its Strategic Plan and Annual Performance Plan to six out of seven MTDP 2024-2029 priorities as in the table 2 below:

**Table 5. MTDP and SAMRC contribution**

MTDP Priority	MTDP Goals and Outcomes	SAMRC Outcome	SAMRC Strategic Objective	SAMRC Contribution to MTDP Priority
1. Economy, employment and infrastructure	<ul style="list-style-type: none"> <li>Macro-economic consideration</li> <li>Expand public employment</li> </ul>	<ul style="list-style-type: none"> <li>Less expenditure on administration</li> </ul>	SP Programmes 1 and 4	<ul style="list-style-type: none"> <li>Improvement in financial management capability</li> </ul>

<sup>1</sup> [Act 20 of 2023 National Health Insurance.pdf \(parliament.gov.za\)](#). Accessed 13 September 2024

<sup>2</sup> Final MTDP was not published at the time of submission of the Annual Performance Plan 2025/26

MTDP Priority	MTDP Goals and Outcomes	SAMRC Outcome	SAMRC Strategic Objective	SAMRC Contribution to MTDP Priority
	<ul style="list-style-type: none"> <li>• Create conditions for a '2nd wave of reform'</li> <li>• Drive inclusive industrialisation and localization</li> <li>• Address immediate priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Provide funding for capacity development</li> </ul>		<ul style="list-style-type: none"> <li>• Increased investment on R&amp;D</li> <li>• Internships and creating job opportunities</li> </ul>
2. Transitioning to a low carbon economy	<ul style="list-style-type: none"> <li>• Finalise, agree and implement IRP 2023</li> <li>• Identify and initiate/continue existing long term energy investment programmes</li> <li>• Develop, approve and implement strategies beyond electricity</li> </ul>	SAMRC operations	SP Programme 1	<ul style="list-style-type: none"> <li>• Transitioning to use of hybrid vehicles and renewable energy,</li> <li>• Sustainability, monitoring and evaluation</li> </ul>
3. Urbanisation and positioning cities as engines of shared growth and prosperity	<ul style="list-style-type: none"> <li>• The launch of a national programme to address the challenges of metropolitan cities in distress and re-establish their role as drivers in the national economy</li> <li>• Develop an approach for the longer-term empowerment of city governments</li> <li>• Recognise and retrofit the emergent cities of South Africa</li> <li>• Develop cross-cutting programmes for inclusive and sustainable city development</li> </ul>	N/A	N/A	N/A
4. Inclusive rural development, agriculture and food security	<ul style="list-style-type: none"> <li>• Implement the Integrated Rural Development Strategy</li> <li>• Agricultural Value Chain Employment and Development</li> <li>• Land and Water Reform</li> <li>• Household Food and Nutrition Security</li> <li>• Household Food Production</li> <li>• Community Services in Rural Areas</li> </ul>	N/A	N/A	N/A
5. Spatial transformation, community development,	<ul style="list-style-type: none"> <li>• Sustainable human settlements</li> </ul>	N/A	N/A	N/A

MTDP Priority	MTDP Goals and Outcomes	SAMRC Outcome	SAMRC Strategic Objective	SAMRC Contribution to MTDP Priority
sustainable human settlements, and basic services	<ul style="list-style-type: none"> <li>Strategic approaches to housing provision</li> <li>Effective local government service provision</li> </ul>			
6. Realising the rights of women, youth, persons with disabilities, and children	<ul style="list-style-type: none"> <li>Economic Empowerment</li> <li>Education and Skills Development</li> <li>Healthcare and Social Protection</li> <li>Criminal Justice System</li> <li>Political Representation and Decision-Making</li> <li>Resilient and Adaptable Systems</li> </ul>	Research on Gender Based violence and femicide	SP Programme 2: Research on quadruple burden of disease	Dedicated research unit on gender and health
7. Education and training	<ul style="list-style-type: none"> <li>Children's Rights</li> <li>Early Childhood Development</li> <li>Basic Education</li> <li>Post-School Education and Training</li> </ul>	Capacity development and social responsibility projects	SP Programme 4	GEN-S Programme as a Career Planning programme in support of learners making informed career decisions
8. Advancing science, innovation and technology	<ul style="list-style-type: none"> <li>Review goals and strategies</li> <li>Expand the scope of innovation</li> <li>Focus on developing an 'organic' approach to innovation</li> </ul>	Support the development of innovations and technologies aimed at improving health	SP Programme 3	Supporting health and innovation technology development
9. Health and wellbeing	<ul style="list-style-type: none"> <li>Social determinants of health</li> <li>Non-Communicable Diseases</li> <li>National health system as a whole must be strengthened</li> <li>Human capacity</li> <li>National Health Insurance system</li> </ul>	To advance the nation's health and quality of life and address inequity by conducting and funding relevant and responsive health research, capacity development, innovation and research translation	SAMRC Act and mission	Embedded in the SAMRC mandate
10. Social protection	<ul style="list-style-type: none"> <li>Address immediate challenges</li> <li>Inter-governmental level discussions</li> <li>Non-state sector partnerships</li> </ul>	Improve representation of the designated groups across occupational levels	Non-specific, but embedded in our Human Resources practices	<ul style="list-style-type: none"> <li>Compliance to labour legislations</li> <li>Implementation of relevant HR policies and procedures</li> <li>Transformation practices</li> <li>Employment Equity reporting as required</li> </ul>
11. Safer communities	<ul style="list-style-type: none"> <li>Effective governance</li> <li>Need for comprehensive Criminal Justice System focus</li> </ul>	Research on Gender Based violence and femicide	SP Programme 2: Research on quadruple burden of disease	Dedicated research unit on gender and health

MTDP Priority	MTDP Goals and Outcomes	SAMRC Outcome	SAMRC Strategic Objective	SAMRC Contribution to MTDP Priority
	<ul style="list-style-type: none"> <li>Leadership matters</li> <li>Police doctrine</li> <li>Effective crime reduction through policing</li> <li>Evidence-based violence prevention programmes</li> </ul>			
12. Building a capable and developmental state	<ul style="list-style-type: none"> <li>Strengthen delegation, accountability and oversight</li> <li>Improve interdepartmental coordination and capability</li> <li>Take proactive approach to improve relations between national, provincial and local government</li> <li>Clarify the governance of Stated Owned Enterprises (SOEs)</li> <li>Address corruption and unethical behaviour</li> </ul>	Good governance, effective and efficient administration and compliance with government regulations	SP Programme 1	<ul style="list-style-type: none"> <li>Excellent corporate governance</li> <li>Clean audits</li> <li>Zero tolerance to corruption</li> <li>Promoting ethical behaviours</li> <li>Efficient and effective systems and operations</li> <li>Measures implemented to eliminate wasteful, fruitless and irregular expenditure</li> </ul>
13. Transforming society and uniting the country	<ul style="list-style-type: none"> <li>Involve specific institutions and individuals in the social cohesion framework</li> <li>Involve specific institutions in the social cohesion effort:</li> <li>Monitor social cohesion</li> <li>Focus on a comprehensive programme of socio-economic redress as part of nation-building</li> </ul>	Transformation of the SAMRC taking into account the South African demographics	SP Programme 5. Also embedded in our Human Resources practices	<ul style="list-style-type: none"> <li>Partnerships with all forms of media platforms</li> <li>Partnerships with community-based organizations, community advisory boards etc</li> <li>Representation of community members in the research ethics committees</li> </ul>
14. Better Africa, better world	<ul style="list-style-type: none"> <li>Renewed emphasis on economic diplomacy</li> <li>Championing implementation of the African Continental Free Trade Area (AfCFTA)</li> <li>Maintain balance between 'traditional' (western) partners &amp; Global South partners</li> <li>Pursuing South Africa's norm</li> </ul>	Reflected in the SAMR's values	SAMRC's mandate in general	Collaboration with African counterparts and beyond

MTDP Priority	MTDP Goals and Outcomes	SAMRC Outcome	SAMRC Strategic Objective	SAMRC Contribution to MTDP Priority
	leadership on the global stage <ul style="list-style-type: none"> <li>• Strengthen South Africa's national security</li> <li>• Professionalization and impact</li> </ul>			

#### 4.4 White Paper on Science, Technology and Innovation and the Decadal Plan

The White Paper Science, Technology and Innovation (WPSTI) was informed, developed and shaped by the National Development Plan (NDP) and was approved by the Cabinet in March 2019. The WPSTI identifies Science, Technology, and Innovation as critical for the creation of a competitive and sustainable economy and for addressing societal challenges such as education and health, and advocates for a strong, coordinated, coherent and effective science technology and innovation (STI) system that enables networks and partnerships between different stakeholders in the public and private sectors. Furthermore, the WPSTI aims for the expansion of STI outputs through increased government and private sector expenditure on research and development.

The WPSTI is to be implemented through decadal plans. The Decadal Plan 2021 to 2031 emphasises multi-disciplinary societal grand challenges, including climate change and sustainability, future-proofing education and skills; re-industrialising the modern economy; and future of society. For the National System of Innovation (NSI) to contribute towards achieving South Africa's national development agenda, the Decadal Plan aims to implement interventions to achieve goals of the NSI, namely an inclusive and coherent NSI, an enabling innovation environment, increased and transformed human capabilities, an expanded and transformed research system, and significantly increased funding for STI. The critical enablers that the Decadal Plan focus on are the increased funding, joint programming and coordination, high-level and technical skills for the economy, transdisciplinary knowledge creation, increased linkages between government and business, and improved monitoring and evaluation.

The SAMRC will contribute to the deliverables of the Decadal Plan through Programme 3 of both SAMRC Strategic Plan 2025/26 – 2029/30 and APP 2025/26, and also through partnership, collaborations and engagements with different stakeholders.

#### 4.5 Sustainable Development Goals

In 2015, the United Nations Members States adopted the 2030 Agenda for Sustainable Development, core to which are the following seventeen Sustainable Development Goals (SDGs).



**Figure 1. Sustainable Development Goals**

SAMRC Strategic Plan and Annual Performance Plans align to the majority of these SDGs. However, with specific reference to SDG 3 - Ensure healthy lives and promote well-being for all at all ages, SAMRC recognises the adoption of the following targets:

- a) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- b) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
- c) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- d) By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.
- e) Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- f) By 2020, halve the number of global deaths and injuries from road traffic accidents.
- g) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- h) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- i) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- j) Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- k) Support the research and development of vaccines and medicines for the communicable and

non-communicable diseases that primarily affect low- and middle-income countries (LMICs), provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health, which affirms the right of LMICs to use to the full the provisions in the TRIPS Agreement on flexibilities to protect public health, and, in particular, provide access to medicines for all.

- l) Substantially increase health financing and the recruitment, development, training and retention of the health workforce in LMICs, especially in least developed countries and small island developing states.
- m) Strengthen the capacity of all countries, particularly LMICs, for early warning, risk reduction and management of national and global health risks.

SAMRC's mission is to advance the nation's health and quality of life and addressing inequity by conducting and funding relevant and responsive health research, capacity development, innovation and research translation. This mission will contribute significantly towards achievements of most of the targets set out under SDG 3.

#### 4.6 National Mental Health Policy Framework and Strategic Plan 2023 – 2030

According to the World Health Organization's World Mental Health Report (2022) -Transforming Mental Health for All, it is estimated that on average 13% of the world's population live with a mental disorder and that the prevalence for the African Region is 11%. In this report, is also stated that mental disorders are the leading cause of years lived with disability, accounting for one in every six years lived with disability, globally, and that the economic consequences of mental health conditions are enormous.

Objective 3 of the National Mental Health Strategic Plan 2023-2030 is to conduct mental health surveillance and research and strengthen innovation. One of the key activities under objective 3 is to establish a national mental health research agenda in partnership with all research stakeholders to meet national mental health priorities and submitted to the National Health Research Committee.

SAMRC can contribute to this objective 3 through its research units, which among other priority areas already conduct research by:

- a) Collecting epidemiological data about the prevalence, aetiology, and consequences of substance use and mental health problems, and designing and rigorously evaluating interventions to reduce substance use and promote mental health.
- b) Promoting the use of basic science and clinical research to improve the diagnosis, prevention and management of mental health disorders in South Africa.



- c) Promoting the use of psychiatry and mental health research findings in policymaking and in practice.
- d) Addressing the intersecting vulnerabilities in mental health and sexual and reproductive health amongst adolescent girls and young women in South Africa.

#### 4.7 Government to Government Collaborations

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

#### 4.8 South Africa - SADC and the Rest of Africa

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

#### 4.9 South Africa and Global Collaboration

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

#### 4.10 Other interventions

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

#### 4.11 SAMRC Policies and strategies

- 4.11.1 Policies and strategies governing research
- 4.11.2 Research integrity guidelines
- 4.11.3 Health, safety and environmental policies
- 4.11.4 Supply chain management policies
- 4.11.5 Human resources policies
- 4.11.6 Code of business conduct framework
- 4.11.7 Enterprise risk management policies and frameworks
- 4.11.8 Project and management accounting policies
- 4.11.9 Finance management policies
- 4.11.10 Corporate and marketing communications policies
- 4.11.11 Facilities management policies
- 4.11.12 Information technology services policies
- 4.11.13 Legal and compliance services policies
- 4.11.14 Knowledge and information management services standard operating procedures

### 5 Relevant Court Rulings

None

**PART B: SAMRC STRATEGIC FOCUS**

## 6 SAMRC Vision

Building a healthy nation through research, innovation and transformation.

## 7 SAMRC Mission

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

## 8 SAMRC Values

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

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

## 9 Situational Analysis

### 9.1 General Background

The SAMRC reports to the National Department of Health (NDOH) and is the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. Pioneers in cutting edge medical innovations focusing on genomic research, the development of novel treatment regimens, vaccine development, diagnostic tools, and developing new drugs and devices.

SAMRC is well positioned to facilitate and support NDOH in implementing evidenced-based policies and programmes. The SAMRC research programmes have in the past provided research support to the NDOH programmes through task teams, commissioned research, national surveys and ministerial committees. These have significantly contributed towards assisting the NDOH in progressively realising its priorities and set goals. The SAMRC role and responsibilities in providing technical support to the NDOH through appropriate health research, public health and technology innovation is indispensable and contributes towards improving the health status of South Africans.

## 9.2 External Environmental Analysis

### 9.2.1 National Department of Health

Over the years the SAMRC has conducted a number of studies and surveys and provided information that NDOH and Government in general used for planning and assessing progress towards realising government's objectives. In the next planning period, the SAMRC will assist NDOH in the realisation of the following projects:

#### (a) South African Demographic Health Survey (SADHS)

The Demographic and Health Surveys (DHS) are a standard series of national level surveys, conducted every five years, focus on population demographic and primary healthcare indicators using a core set of questionnaires and a standard implementation module developed by USAID DHS programme on collection of data on population health and access to healthcare provides internationally comparable country level data. DHS is essential for provision of timely information about the health of the nation and for monitoring and evaluation. Throughout 30 years of democracy, South Africa conducted three DHS (1998, 2003 and 2016).

In preparation for the fourth SADHS, which is expected to be conducted in 2025, the NDOH with support from United Nations Population Fund (UNFPA) convened a high-level technical meeting in April 2024. The objective of this meeting was to plan and discuss critical aspects in the planning of the fourth SADHS. In terms of the concept note, it was proposed that the following committee and teams be formed from the key stakeholders:

- The steering committee: will facilitate the survey plan, budget, and implementation. The members of the committee will be from NDOH, SAMRC, international advisors (ICF and WHO) and potential funding agencies (i.e USAID, UNICEF, UNFPA, BMGF, Global Fund).
- Project management team: will be convened by the steering committee to manage the protocol, budget, implementation, and reporting.
- Technical teams: will also be convened and will be responsible for determining the sampling size, sampling strategy, questionnaire designs, biological measurements, data collection, analysis and reporting.

The SAMRC was well represented at the NDOH high-level technical meeting and is expected to play a key role in the fourth SADHS.

#### (b) South African National Child and Adolescent Mental Health Survey

The SAMRC's Mental Health, Alcohol, Substance Use and Tobacco Research Unit (MASTRU) is working with NDOH and local and international experts to (i) develop a culturally appropriate, reliable and valid instrument to assess a wide range of child/adolescent mental disorders; and (ii) conduct a national survey to map the epidemiology of child/adolescent mental disorders in South Africa. The aims of the national survey are to use the best available psychiatric epidemiology survey methods to accurately estimate the proportion of children/adolescents in need of psychiatric and psychosocial services, and the level (intensity) of

intervention needed, and to identify risk and protective factors to guide service provision and plan targeted universal interventions (i.e. prevention strategies).

In preparation for the larger national survey, the SAMRC is funding a preliminary work which covers the following tasks:

- (a) Systematic review of all studies assessing child/adolescent mental health in SA to map the current state of knowledge, provide an overview of what instruments are currently being used, identify existing evidence-based interventions and highlight knowledge gaps.
- (b) Collaboration with the Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health to develop and translate, a culturally appropriate and reliable instrument to assess 11 common mental health problems in children / adolescents at the level of specific disorders. This collaboration would also be the basis for the SAMRC to form an integral component of a larger global initiative to promote the mental health of children and adolescents worldwide.
- (c) Collaboration with existing population surveillance networks (e.g. SAPRIN) and research groups or organisations that have access to child/adolescent cohorts, to pilot and validate the survey instrument.
- (d) Develop a protocol and secure ethical clearance for a national survey (the details of the methodology will be informed by the findings of the pilot study)

It is envisaged that this preliminary work will be used to leverage funds and support from the SNF Global Centre for Child and Adolescent Mental Health at the Child Mind Institute, who are working to promote the mental health young people in low- and middle-income countries and will lay the foundation for ongoing collaboration with them.

(c) Fedisa Modikologo: End the Cycle

The South African Government adopted a National Strategic Plan on Gender Based Violence and Femicide (GBVF) in 2020 as a society-wide programme to systemically end gender-based violence and femicide. This plan involved various sectors such as, the safety and security sector, justice sector, the health sector, civil society. The plan references the work carried out by the SAMRC on Femicide and is organised around the following six pillars:

Pillars	Outcome
Pillar 1: Accountability, Coordination & Leadership	Holding all sectors of the society, including government, the private sector, work place, education and training institutions, civil society organisations, religious and cultural institutions, accountable for building a safe and GBVF free environment

Pillar 2: Prevention and Rebuilding Social Cohesion	South Africa to make considerable progress in rebuilding social cohesion in ways where GBVF and violence more broadly is deemed unacceptable.
Pillar 3: Justice, Safety and Protection	The criminal justice system to provide protection, compassion, respect, support, safety and justice for survivors of GBV and femicide and effectively holds perpetrators accountable for their actions
Pillar 4: Pillar Four: Response, Care, Support and Healing	Victim-centred and survivor-focused accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at respective levels OR Improved and expanded response, care and support services to all women, children and LGBTQIA+ persons who experience gender-based violence that is standardised, meets their specific needs and contributes towards their healing
Pillar 5: Economic Power	Women, children and LGBTQIA+ persons are able to be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives.
Pillar 6: Research and Information Management	Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralised increasingly shapes a strengthened response to GBVF in South Africa

In line with the National Strategic Plan on GBVF, the research study led by Prof Rachel Jewkes and other researchers from the SAMRC, and in partnership with Project Empower and the Universities of the Witwatersrand and KwaZulu-Natal on the impact of severe intimate partner violence (IPV) on the health and well-being of affected women and their children, has a potential to inform policies and practices under the NDOH and other government departments.

This research aims to build knowledge of risk factors for intimate partner femicide and how systems established to assist women facing severe IPV operate, what it costs women to seek help and leave abusive partners, what women need when faced with severe IPV and what helps them, and to discover how IPV impacts children and how that otherwise faced by future generations, might be prevented.

The research seeks to bring together the disciplines of public health research on GBV, mental health, art and play-based research and therapy, health economics and social work in a vibrant programme of research that will be conducted from four sites in Modimolle the Waterberg District of Limpopo, Tshwane Metropole in Gauteng, Chatsworth, eThekweni in KwaZulu-Natal and in Stellenbosch in the Cape Winelands in the Western Cape.

This research is funded by the Wellcome Trust and seeks to answer the following three key questions:

- (i) What are the risk factors for, and pathways to, life threatening experiences of severe IPV and Intimate Partner Femicide (IPF)? How do women who are killed, or nearly killed, differ from other women experiencing severe IPV?
- (ii) What happens after women seek help for IPV and to what extent does the help available protect them? If so, through which pathways?
- (iii) What are the pathways to intergenerational cycling of violence?

### 9.2.2 National Health Research Committee

The National Health Research Committee (NHRC), established by NDOH in terms of section 69(1) of the National Health Act, 2003 (Act 61 of 2003), hosted a National Health Research Summit in 2022 with the aim of reviewing the country's National Health Research System (NHRS); evaluate lessons learned from COVID-19; as well as assess progress related to finances, human and infrastructural resources, priority-setting, monitoring and evaluation for research for health, including research translation and ethical frameworks. Furthermore, the summit evaluated progress made in aligning the country's research and health status to critical international and national aspirations and strategic goals, including SDG 3 on health and wellness, the NDP 2030, the Presidential Health Compact 2018, the MTSF (2019 – 2024) and the National Department of Health Strategic Plan (2020/2021 – 2024/2025). The Summit made several recommendations, outlined in the SAMRC Strategic Plan 2025/26 – 2029/30, and these recommendations helped to shape SAMRC research priorities for the five year and medium-term periods.

### 9.2.3 State of Health in South Africa

South Africa has made significant strides in improving its health status over the past few decades. However, the country still faces a huge burden of four colliding epidemics as addressed in the table below.

**Table 6. State of health in South Africa - Quadruple Burden of Diseases**

Maternal and Child Health	<ul style="list-style-type: none"> <li>Despite substantial investment in health in South Africa, maternal, perinatal and neonatal outcomes remain suboptimal, particularly in the Free State, North-West, Limpopo and Northern Cape provinces</li> </ul>
HIV and tuberculosis	<ul style="list-style-type: none"> <li>Substantial advances made in treatment of HIV and tuberculosis in last 30 years.</li> <li>Improved clinical services and robust programmatic care, including NIMART, and better drugs</li> <li>However, national cascades of care for HIV and tuberculosis remain suboptimal and an effective vaccine remains elusive</li> </ul>
Non-communicable diseases	<ul style="list-style-type: none"> <li>Chronic underinvestment in NCDs</li> <li>An epidemic of NCDs, driving morbidity and mortality</li> <li>Lack of integration of clinical services</li> <li>Intersection of infections and NCDs warrants serious attention</li> <li>Hostile environment characterised by worsening social disparities and social determinants of health</li> </ul>
Violence and Injury	<ul style="list-style-type: none"> <li>Unacceptably high rates of injury and gender-based violence rooted in patriarchy and a history of violence</li> </ul>

SAMRC will continue to conduct and fund research aimed at fighting these epidemics.



#### 9.2.4 Public Health Emergencies of International Concern (PHEIC)

The South African NDOH issued a statement in 2024 calling for calm as the World Health Organization declared Mpox a PHEIC. In the statement NDOH “assured members of the public that the current Mpox outbreak remains under control in the country, however, that does not mean people should become complacent because we have learned from COVID-19 pandemic that viruses are unpredictable as they mutate from time to time. The declaration does not translate into trade and travel restrictions but serve as a clarion call for member states including South Africa to work together, fast-track approval of the Mpox vaccine and treatment while maintaining strict safety protocols, and ensure these life-saving vaccines reach the most vulnerable populations in order to prevent further spread of this infectious, but treatable disease, and the loss of lives”<sup>3</sup>.

Of relevance is the Rio De Janeiro declaration on health sovereignty in innovation and development of diagnostics, vaccines and medications for addressing PHEIC in the Global South (see Annexure A). The SAMRC welcomes this declaration since it seeks to address inequitable access to life saving medical innovations and technology by the populations in the Global South, which was highly evident during the COVID-19 pandemic. This declaration also deeply aligns with the SAMRC’s mission, to advance the nation’s health and quality of life and address inequity by conducting and funding relevant and responsive health research, capacity development, innovation and research translation.

#### 9.2.5 An open, responsive and impactful National System of Innovation (NSI)

The Department of Science and Innovation Decadal Plan 2022-2032 on the aspect of an open, responsive and impactful NSI identifies the “need to make publicly funded research and the data generated open, accessible, transparent, collaborative and closer to citizens, and thus more responsive to the needs of society and industry. Given (a) that societal problems know no disciplinary boundaries, (b) that many industrial and technological solutions require different or converging disciplinary perspectives, and (c) the importance of social and human dynamics in science research, transdisciplinary research is key. Transdisciplinary research not only requires flexibility and fluidity that allows for thinking across, beyond and through disciplines, but also requires great depth and rigour in the attendant disciplines. Research also contributes to developing intellectually engaged citizens who can participate meaningfully in their political, social and cultural lives”<sup>4</sup>.

#### 9.2.6 Localization of Research and Development and Innovation

The SAMRC facilitated a study to better understand the size, characteristics and dynamics of the medical devices industry, to acquire more information on local capabilities, expertise and stakeholders within the value chain, such as for product development, testing, manufacture, market introduction and commercialisation, and to identify any gaps and barriers.

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<sup>3</sup> [Health calls for calm as WHO declares Mpox a public health emergency of international concern | South African Government \(www.gov.za\).](https://www.gov.za/health/calls-for-calm-as-who-declares-mpox-a-public-health-emergency-of-international-concern)

Accessed 19 August 2024

<sup>4</sup> [STI Decadal Plan - 14Dec23 \(Approved\).pdf](#). Accessed 2 September 2024

This medical device landscaping survey has added to the existing understanding of the medical device innovation and manufacturing ecosystem in South Africa. It has revealed important aspects regarding the size and shape of the manufacturing sector, the country's knowledge generating capacity manifested in its STI institutions and the support infrastructure available to manufacturing companies and STI institutions. Importantly, it has reaffirmed and added to the previous knowledge base around the key gaps and barriers that have been hampering the growth of the sector.

In September 2023, the Department of Science and Innovation (DSI) announced the conclusion of a financing agreement with Germany's KfW Development Bank to produce vaccines. Under the agreement the German government, through KfW, will provide South Africa with €20 million for vaccine development and production infrastructure over a period of five years. The grant is exclusively for financing equipment for the development, production and certification of active pharmaceutical ingredients for vaccine production in South Africa. The grant will be used, among other things, to support the mRNA Technology Transfer Hub that South Africa is hosting for the World Health Organization as well as the South African vaccine manufacturing strategy, led by the DSI. The DSI is the recipient of the KfW financial support on behalf of the South African government and the SAMRC is the project executing agency. The programme will provide critical support to bolstering vaccine research and development, including pre-clinical research, infrastructure and establishing a vaccine manufacturing industry in South Africa.

Localisation of research and development (R&D) has profound impact on fostering innovation at scale. Localising R&D efforts can cultivate innovative solutions that directly address the health challenges confronting South Africans. This commitment entails investing in local talent, forging partnerships with domestic institutions, and conducting research aligned with the South African context. The 2<sup>nd</sup> Presidential Health Compact 2024-2029 mandates the academic institutions, the South African Medical Research Council, and the Council for Scientific and Industrial Research to collaborate and produce a joint strategy to fast-track research and development processes, mainly focusing on the co-development of state-owned intellectual property

#### 9.2.7 Artificial Intelligence

Emerging technologies, such as artificial intelligence (AI), machine learning, and quantum computing, are transforming the world at an unprecedented pace. These powerful tools have the potential to solve some of the greatest global health and development challenges, from infectious diseases to climate change to poverty and inequality – if developed responsibly, safely, and ethically. According to the WHO Global Strategy on Digital Health, technologies are rapidly transforming healthcare delivery worldwide, streamlining patient information management, enabling remote consultations, and empowering individuals to monitor their health. However, these innovations must be developed by and for communities where global health challenges are most acute, particularly in LMICs, for the greatest impact.

The digital age of healthcare has already arrived – and AI has a clear role to play. To realize the potential of AI to improve health and well-being worldwide, we need to equip and support local innovators – who understand how best to transform and uplift their communities in leveraging new approaches like Large Language Models. With the support of partners from across the Grand Challenges (GC) Network and across geographies, we are able to make this vision a reality, nurturing and championing the world's most creative minds, no matter where they may live.

The Grand Challenges network of partners supports innovative solutions to "Grand Challenges" in health and development with a vision for a world where local, regional, and global innovation ecosystems are thriving and fostering solutions in places where they will have the most impact. The SAMRC is a home and funder of GC South Africa, and together with the GC Network launched early in 2024 the first AI funding call on catalysing equitable AI use for improved global health outcomes. These AI-led innovations call cut across clinical decision support, health systems strengthening, health communications and patient journeys, support to frontline workers, public health and policy making, clinical trials, diagnostics, and population health. It is envisaged that during the strategic planning period, there will be similar AI funding calls by the SAMRC to positively transform healthcare delivery and improve the lives of millions across South Africa, Africa and the world.

In addition to the AI-led call referred to above, the SAMRC will during the strategic planning period adapt its business activities to address the challenges and opportunities brought by the digital age. The organisation realises that with the increased use of digital technologies there is a challenge and absolute need to protect organisational data in general and personal information to comply with data protection laws and regulations such as POPIA. On the other side, we realise opportunities that the digital age presents including improved efficiencies and innovation.

#### 9.2.8 Indigenous Knowledge Systems

The lack of access to healthcare services, combined with the erosion of traditional healing practices, contributes to the health disparities experienced by Black South Africans. Commitment is required to reclaim and revitalise traditional knowledge about medicinal plants in the country, as well as promote their safe use for primary healthcare. There is a growing need to incorporate traditional medicines into the broader healthcare system and thus investment is necessary to make traditional medicines more acceptable by establishing quality standards as well as confirming efficacy and safety through laboratory testing. The SAMRC is supporting various pilot projects to progress traditional medicines to clinical evaluation as well as platforms to support the laboratory validation of these medicines.

#### 9.2.9 Communities of funders

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

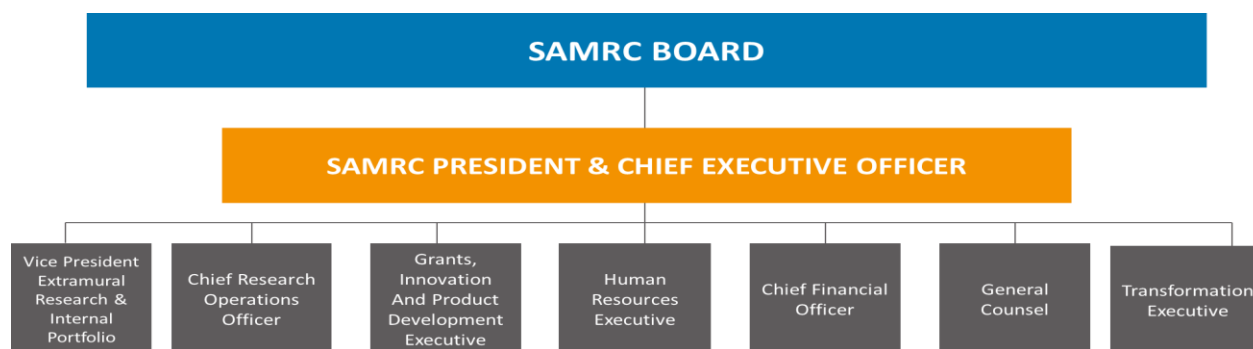
UK-MRC, and many others. The SAMRC also hosts the African Health Research and Innovation Funders Forum, aimed at better coordinating and aligning funding for R&D on the continent.

### 9.3 Internal Environmental Analysis

#### 9.3.1 Organizational Structure

##### National Minister of Health

The Administration of the SAMRC Act has been assigned to the National Minister of Health and is thus the Executive Authority for the SAMRC. In terms of the PFMA the executive authority, in relation to a national public entity, means the Cabinet member who is accountable to Parliament for that public entity or in whose portfolio it falls.



**Figure 2. SAMRC High Level Leadership Structure**

#### 9.3.2 SAMRC BOARD

The SAMRC Board consists of a Chairperson and up to fourteen other members who have distinguished themselves in any branch of the medical or related science, and up to two other members appointed by the National Minister of Health. Members of the Board are appointed following the processes determined by the Ministry. Board members hold office for a period not exceeding three years but are eligible for reappointment. The SAMRC President & CEO serves on the Board by virtue of his/her office in the organization.

The SAMRC Board has an established Charter of which emphasises that the “Board constitutes the focal point and custodian of corporate governance in the SAMRC by managing its relationship with management and stakeholders along sound corporate governance principles, and that the SAMRC must be headed and controlled by an effective and efficient Board, comprising of Executive and Non-Executive members in order to ensure independence and objectivity in decision making”.

The Board of the SAMRC is committed to ensuring that the organisation executes its mandate through the Strategic Plan 2025/26 – 2029/30 and this APP 2025/26.

### 9.3.3 SAMRC President & CEO

The Board appointed Professor Ntusi as the new SAMRC President and CEO, effective 1 July 2024. A distinguished and highly respected figure in the medical community, Prof. Ntusi brings a wealth of expertise and leadership to his new role. His lifelong passion for evidence-based healthcare, health systems research, and universal health coverage has positioned him as a trailblazer in medical research. Prof. Ntusi's commitment to advancing medical research and his passion for improving healthcare outcomes align perfectly with the SAMRC's mission to advance the nation's health and quality of life and to address inequity by conducting and funding relevant and responsive health research, capacity development, innovation, and research translation. At the top of Prof. Ntusi's agenda is to collaborate with the talented team at SAMRC to further its impact on healthcare and research, driving positive change in South Africa and beyond.

### 9.3.4 The Executive Management Committee

The SAMRC Board has designated an Executive Management Committee (EMC), which consists of the SAMRC President and CEO and other members, who are employees of the SAMRC. The EMC is subject to the directives and control of the Board and is responsible for the management of the affairs of the SAMRC in accordance with the objects and policies of the SAMRC.

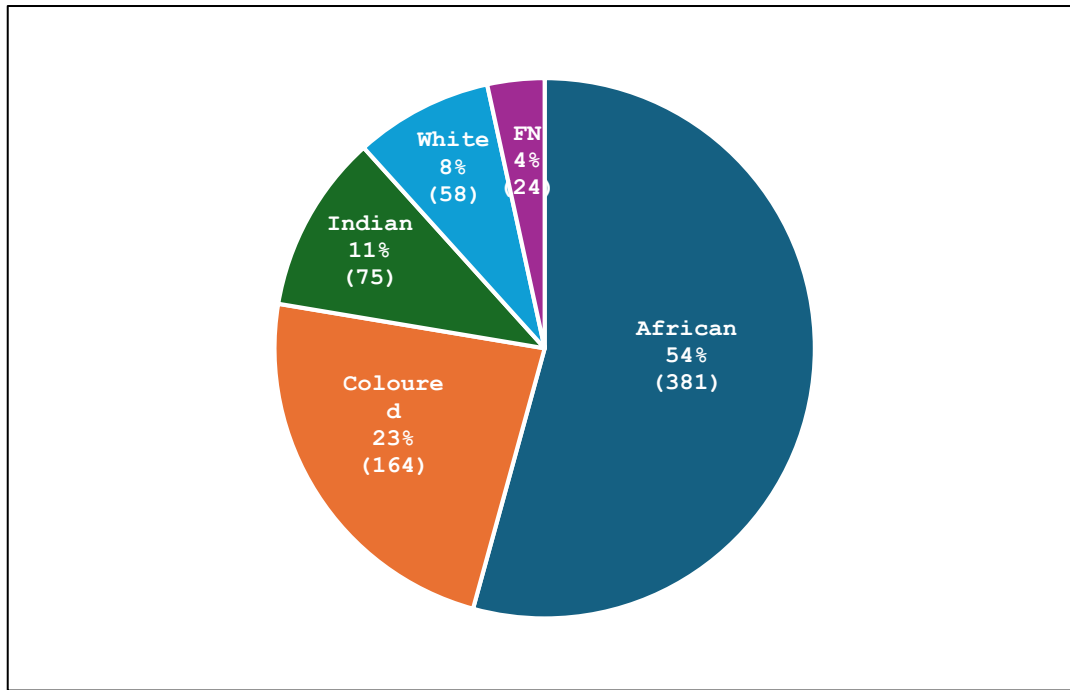
### 9.3.5 People Management

The SAMRC has an important role to play in improving the state of health in the country through leading health research and innovation. Thus, in the emerging age of wisdom and digitized 21<sup>st</sup> century, SAMRC delivers impactful science through its people, to serve as a national asset to support existing and new research areas, initiatives and capacity development in the health research and innovation arena in line with the SAMRC mandate.

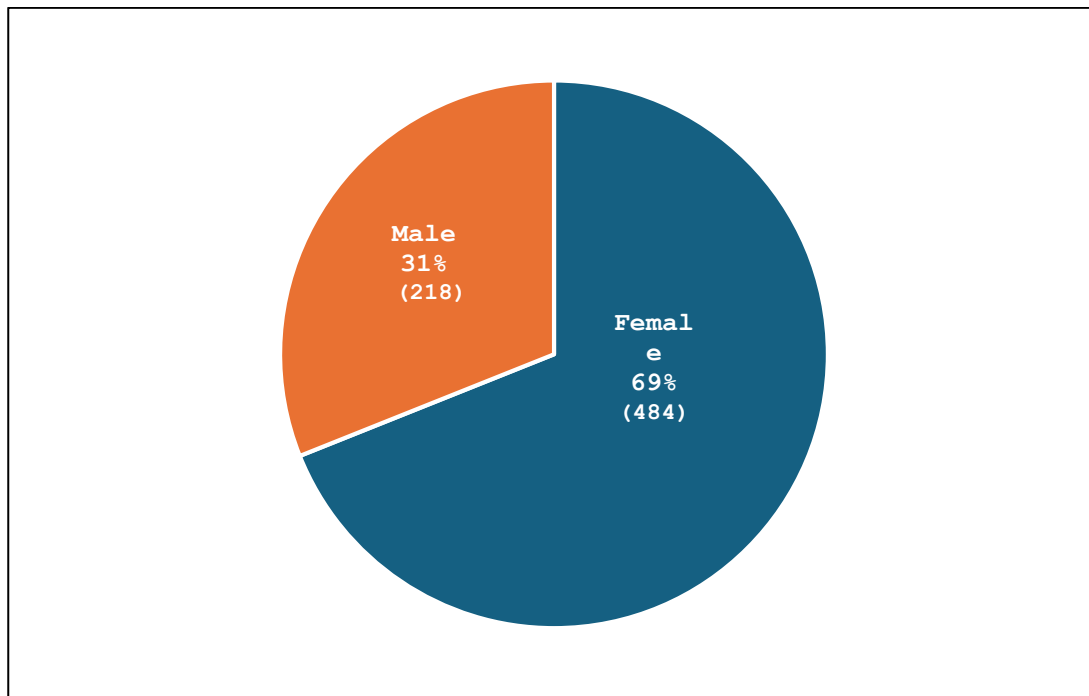
There are numerous challenges in the health research sector and growing threat about future capacity of critical healthcare research skills. It is in this context that SAMRC continues to invest in, and transform human resources for health in support of a highquality health system by deploying a transformative and human capital-enhancing integrated Talent Management Framework. The HR strategic framework is a core management practice for optimizing human resources capability to meet current and future challenges within SAMRC. The framework adds value in developing resilience in the SAMRC's most important asset, its people.

The integrated Talent Management Framework aims to enhance and embed a talent-driven and people-first culture that promotes a conducive and supportive working environment through a range of HR activities associated with attracting, appointing, developing, and retaining employees for positive employee experience and optimizing the performance of the SAMRC, while transforming the equity profile to reflect the demographics of the country.

On 31 March 2024, the SAMRC had 702 employees, with the spread according to the following demographic profiles:



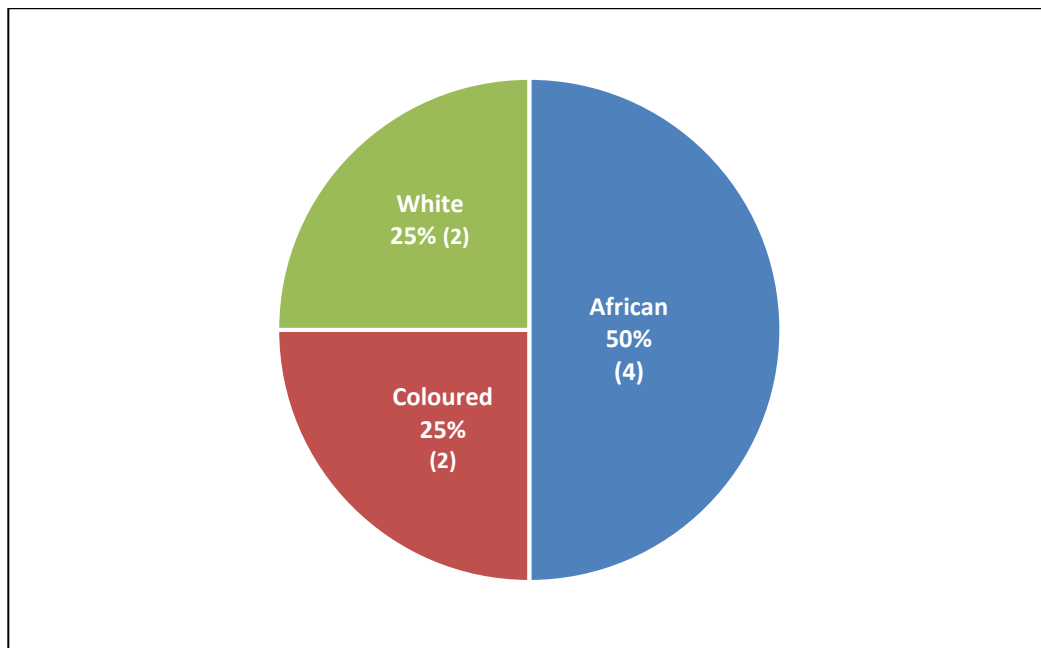
**Figure 3. Employees profile by race** (excluding postdocs, interns, post-retirement contracts and EDCTP on the main payroll).



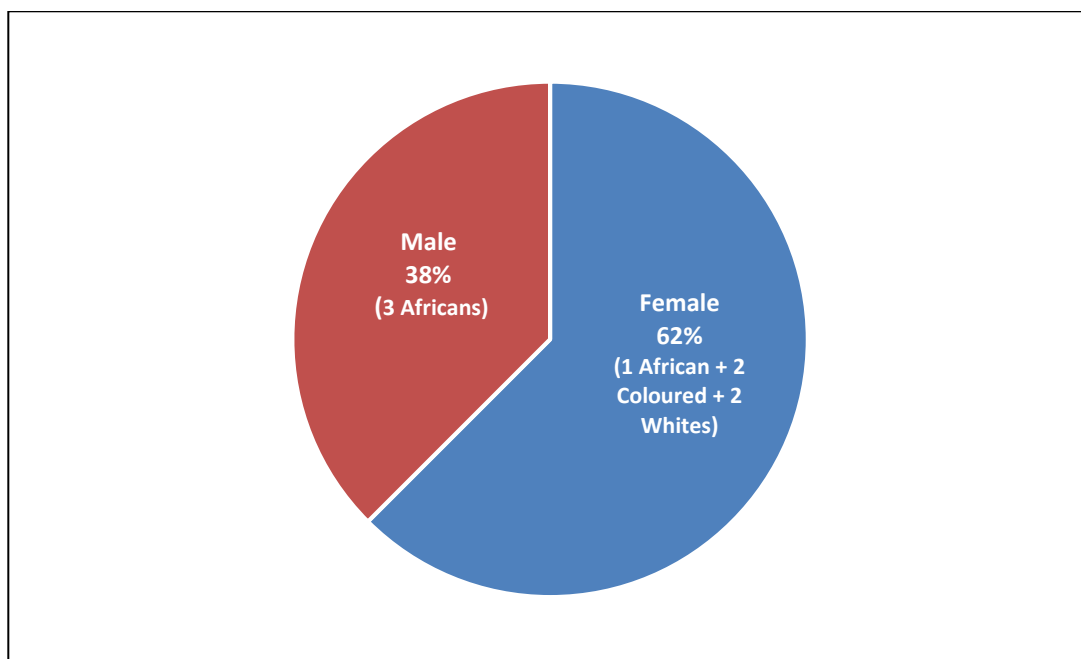
**Figure 4. Employees profile by gender** (excluding postdocs, interns, post-retirement contracts and EDCTP on the main payroll).

**Table 7: SAMRC Employees**

RACE	GENDER	March 2021 TOP MANAGEMENT	March 2024 TOP MANAGEMENT	March 2021 SENIOR MANAGEMENT	March 2024 SENIOR MANAGEMENT	March 2021 PROFESSIONALLY QUALIFIED & SPECIALISTS	March 2024 PROFESSIONALLY QUALIFIED & SPECIALISTS	March 2021 SKILLED TECHNICAL & ACADEMICALLY QUALIFIED	March 2024 SKILLED TECHNICAL & ACADEMICALLY QUALIFIED	March 2021 SEMI-SKILLED & DISCRETION DECISION MAKING	March 2024 SEMI-SKILLED & DISCRETION DECISION MAKING	March 2021 UNSKILLED AND DEFINED DECISION MAKING	March 2024 UNSKILLED AND DEFINED DECISION MAKING	March 2021 TOTAL BY GENDER	March 2024 TOTAL BY GENDER	March 2021 TOTAL BY RACE	March 2024 TOTAL BY RACE
African	Male	3	3	1	3	15	21	26	49	39	41	10	8	94	125	310	381
	Female	0	1	2	5	40	54	110	130	47	50	17	16	216	256		
Foreign Nationals	Male	0	0	3	1	6	8	0	1	1	0	0	0	10	10	18	17
	Female	0	0	0	1	6	6	2	0	0	0	0	0	8	7		
Indian	Male	0	0	4	3	5	6	12	8	2	1	0	0	23	18	82	75
	Female	0	0	4	5	25	29	28	21	2	2	0	0	59	57		
Foreign Nationals	Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Female	0	0	0	0	0	1	0	0	0	0	0	0	0	1		
Coloured	Male	0	0	4	7	8	11	25	21	5	10	3	2	45	51	140	164
	Female	0	2	6	6	26	40	45	41	8	14	10	10	95	113		
Foreign Nationals	Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Female	0	0	0	0	1	1	0	0	0	0	0	0	1	1		
White	Male	1	0	11	7	3	4	3	1	2	0	0	0	20	12	68	58
	Female	2	2	11	10	27	27	6	6	2	1	0	0	48	46		
Foreign Nationals	Male	0	0	1	2	0	0	0	0	0	0	0	0	1	2	5	5
	Female	0	0	2	2	2	1	0	0	0	0	0	0	4	3		
TOTAL BY LEVEL		6	8	49	52	164	209	257	278	108	119	40	36	624	702	624	702

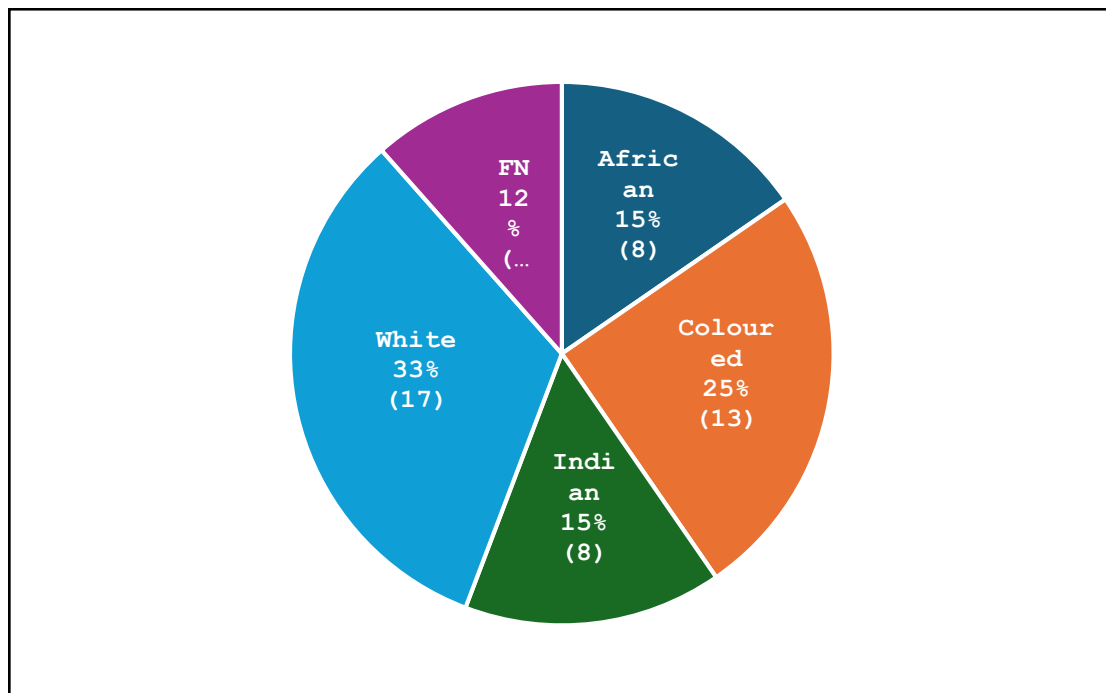


**Figure 5. Executive Management Committee profile by race**

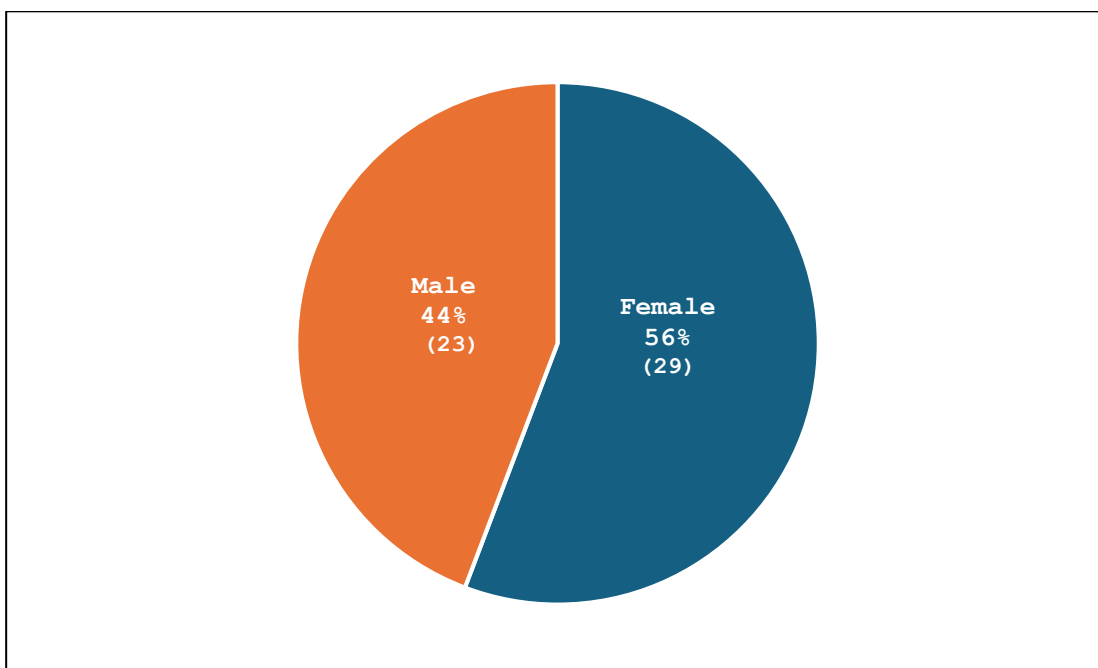


**Figure 6. Executive Management Committee profile by gender**





**Figure 7. Senior Management profile by race**



**Figure 8. Senior Management profile by gender**

Table 8: Senior Management Demographics

2021		2024		2021		2024		2021		2024		2021		2024		2021		2024	
African		African		Indian		Indian		Coloured		Coloured		White		White		Foreign National			
3		8		8		8		10		13		22		17		6		6	
6.12%		15.38%		16.33%		15.38%		20.41%		25.00%		44.90%		32.70%		11.54%		11.54%	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	2	3	5	4	4	3	5	4	6	7	6	11	11	7	10	4	2	3	3
2.04%	4.08%	5.77%	9.62%	8.16%	8.16%	5.77%	9.62%	8.16%	12.24%	13.46%	11.54%	22.45%	22.45%	13.46%	19.22%	8.16%	4.08%	5.77%	5.77%

The table above excludes Top Management

### 9.3.6 Transformation

The SAMRC's ongoing pursuit of organisational transformation, scientific advancement, and leadership development remains central to our strategic vision. A decade-long review of SAMRC's transformation efforts underscores significant demographic shifts toward equity across various intramural and extramural dimensions. Notably, there has been a substantial increase in the representation of Black and Black African individuals within the SAMRC Board, the Executive Management Committee, and throughout our workforce. Similarly, there has been a marked rise in the number of Black and Black African recipients of scholarships, research grants, and Extramural Research Unit designations.

The SAMRC's transformation plan encompasses key pillars such as employment equity, personal and interpersonal development, professional training programmes, broad-based black economic empowerment, and interinstitutional collaboration. We are confident these pillars will fortify SAMRC's resilience amid the prevailing uncertainties, ultimately benefiting all stakeholders.

### 9.3.7 International Partnership for Building a Vaccine R&D and Manufacturing Workforce for Africa the CSSFF-SAMRC Capacity Development Programme

The Chan Soon-Shiong Family Foundation (CSSFF) and the South African Medical Research Council (SAMRC) have announced a five-year collaboration to initiate a skills development programme that aims to train a cohort of young African candidates to build a skilled workforce to manufacture vaccines on the African continent. The first cohort of students of CSSFF-SAMRC Studentship Programme received their certificate after completing the introductory training course in biopharmaceutical manufacturing. The CSSFF-SAMRC capacity development programme aims to grow the next generation of biopharmaceutical manufacturing professionals, researchers, and technical experts needed to establish an industry in South Africa. Training for the third cohort of students ended during the 2024/25. New call for the new cohort will go out during 2025/26.

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

The NDOH and twenty-two (22) private companies, which include pharmaceutical, hospital diagnostic, corporate, healthcare supply chain, and medical scheme administration disciplines, established a vehicle called a Public Health Enhancement Fund (PHEF) to fund different programmes. The National Health Scholars Programme (NHSP) is one such programme funded by PHEF to leverage and contribute to strengthening the health sector that will lead to a stronger relationship between public and private sectors to the benefit of all the people of South Africa. NHSP is a partnership between the NDOH and PHEF and is a flagship PhD development programme and a national asset to advance the next generation of African Health and clinical scientist, and is administered by the SAMRC. In honour of one of major contributions towards health transformation,

Professor Mayosi was honoured for his immense contributions and lasting legacy by renaming the NHSP “Bongani Mayosi National Health Scholars Programme”.

#### 9.3.9 USAID grant to develop and test novel HIV vaccines in Africa

The U.S. Agency for International Development (USAID) has awarded the South African Medical Research Council (SAMRC) more than US \$45 million (approx. R867 million) through a competitive process to implement a programme called “HIV Vaccine Innovation, Science, and Technology Acceleration in Africa (HIV-VISTA).”

This follows a successful grant application led by SAMRC former President and CEO, Prof Glenda Gray, together with other leading scientists from across the continent. The SAMRC, with partners in South Africa and seven other African countries, responded to USAID’s Notice of Funding Opportunity (NOFO) which sought applications from eligible organisations in African countries in a collaboration called the BRILLIANT (BRinging Innovation to cLinical and Laboratory research to end HIV In Africa through New vaccine Technology) consortium.

The BRILLIANT Consortium’s programme of research will focus on utilising the existing capacity, scientific talent, ingenuity and investments made in community engagement in research in sub-Saharan Africa (SSA) to advance the HIV vaccine field through supporting activities in the following five interrelated areas:

- (a) Partner with civil society advocates, affected communities including those affected by and people living with HIV/AIDS, policymakers, and communicators to advance sub-Saharan African-led HIV vaccine science,
- (b) Design and implement early-stage clinical trials of HIV vaccine immunogens,
- (c) Conduct laboratory analyses on samples from trials and epidemiological studies,
- (d) Test innovative preclinical HIV vaccine concepts, advancing the most promising candidates toward clinical trials,
- (e) Strengthen systems of collaborations for HIV vaccine research in SSA and increase opportunities to advance the careers of promising sub-Saharan African scientists.

#### 9.3.10 USAID-funded CASPR sub-award

The Global Advocacy for HIV Prevention, AVAC, has supported the SAMRC to host a USAID-funded CASPR subaward for 2024, with external and internal stakeholders as co-PIs. This subaward came as a result of vibrant research environment at the SAMRC, and the collaborators’ shared interests in HIV vaccines and other prevention tools, as well as the need for an enabling environment for this work. It is anticipated that this development will allow this valuable ethics work to continue – including

to support the processes of ethics review, advocacy and stakeholder engagement through empirical research, tool development and capacity building.

#### 9.3.11 Research Integrity and Ethical Conduct

The SAMRC is committed to foster research integrity at all levels and firmly supports research practices that reflect core values of respect, equity, transparency, scientific merit and integrity, justice, beneficence and non-maleficence. To maintain the high standards of research practice, the SAMRC upholds and adheres to the minimum national benchmark of norms and standards for conducting responsible and ethical research set by the National Health Research Ethics Council (NHREC) and other applicable laws, regulations, policies, and practices. The SAMRC further recognises the importance of the Promotion of Access to Information Act (PAIA) and the Protection of Personal Information Act (POPIA). Any information pertaining to natural persons is processed in line with the eight conditions of lawful processing of personal information as outlined in POPIA.

The SAMRC has two ethics committees, namely Human Research Ethics Committee (HREC) and Ethics Committee for Research on Animals (ECRA) and they are tasked to provide competent and timely prospective review for SAMRC's intramural research proposals involving humans and animals respectively. The SAMRC research ethics committees will continue to review and monitor research to ensure that (1) it adheres to the, in case of humans, the broad ethical principles of beneficence and non-maleficence, distributive justice (equality) and respect for persons (dignity, autonomy and informed consent); and (2) in cases of research involving animals, it protects their welfare and interest, and adheres to the principles of reduction, refinement and replacement, and responsibility.

#### 9.3.12 Publication in Open Access journals

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

At the end of the 2023/24 financial period, about eighty percent of the publications from the SAMRC affiliated researchers and those researchers that acknowledge support from the SAMRC were published in open access journals. While these statistics are encouraging, there is a need for the SAMRC to put strategies in place to ensure that all research publications emanating from research either partially or fully funded by the SAMRC are published in open access journals and that final accepted and/or published outputs are deposited in the SAMRC Institutional repository.

### 9.3.13 Funding Research

#### Research Capacity Development

The SAMRC's Research Capacity Development programmes are streamlined funding mechanism to support the growth of health research capacity, by offering multiple strategic capacity development grants and career awards in the national research priorities and directly contributing to the national targets for research capacity development as well as transformation.

#### Research Grants

The SAMRC's Grants Innovation and Product Development Unit (GIPD) manages a number of research grant programmes, many of which are delivered in partnership with other local and international funders, that support discovery research within the SAMRC's key priority areas.

#### Innovation

The SAMRC supports health innovation, through strategic partnerships and grants managed by the GIPD. These are aimed specifically at product development and technology platform support.

The Strategic Health Innovation Partnerships (SHIP), hosted by the SAMRC and supported by the Department of Science and Innovation (DSI), funds and manages innovation projects focused on the development of new drugs, treatments, vaccines, medical devices and prevention strategies. SHIP forms part of the GIPD directorate and is the key driver of innovation through the SAMRC-DSI partnership.

### 9.3.14 Data Processing

In terms of its business operations, the SAMRC needs to collect and use certain information about individuals or juristic persons, including Board members, employees, research participants, members of the public, politicians, suppliers, clients and many other stakeholders that the organisation has relationship with and those that it may require to contact. As it conducts its business, the SAMRC has an obligation to comply with POPIA in terms of how personal information of data subjects is collected, handled and stored. To comply with the law, all the SAMRC (the organisation) employees (the employees) and persons acting on behalf of the SAMRC (the operators) will always be subject to, and act in accordance with the guiding principles of (a) accountability, (b) processing limitation, (c) further processing limitation, d) information quality, (e) open communication, (f) security safeguards, and (g) data subject participation.

### 9.3.15 Research Support

The attainment of the SAMRC's mission of advancing the nation's health and quality of life and addressing inequity by conducting and funding relevant and responsive health research, capacity

development, innovation and research translation, is aided by a cadre of professional and capable research support divisions. The primary objective of these divisions is to ensure compliance with legislation, adherence to ethical requirements, compliance to contract requirements, and availability of resources within their jurisdiction and control.

#### 9.3.16 Communication

Timely communication is integral to the strategic and effective functioning of the SAMRC. SAMRC, as an organisation is deeply committed to improving the health and quality of life of all South Africans, and values open and transparent communication in order to develop and sustain positive relationships with various stakeholders. Our key stakeholders include internal staff, public, media, government, universities, funders and other stakeholders. SAMRC's communication channels with our stakeholders includes research outputs, research reports, policy briefs, website, social media, press releases, presentations, electronic and print formats and interviews. Our online platforms contain real time information that can be accessed as and when required by anyone. SAMRC has appointed deputy information officers to address POPIA and PAIA related issues.

#### 9.3.17 Risk Management

The SAMRC has adopted a common and integrated approach to monitor the SAMRC's strategic, research, clinical trial and other operational risks. The purpose to embed the practice of enterprise risk management at the SAMRC is to:

- (a) Realize "value" for the stakeholders, medical and health care institutions and the population of South Africa.
- (b) Set strategies and action plans in place to limit and decrease the risk exposures of the SAMRC.
- (c) Place management in a position to deal proactively with potential emerging risks that may create uncertainty.
- (d) Support management with a mechanism to reduce the likelihood of downside outcomes and increase the potential for upside opportunities.

The realisation of SAMRC's Strategic Plan and Annual Performance Plans depends on its management being able to manage risks in a way that does not jeopardize the interests of stakeholders. Sound management of risk will enable the SAMRC to anticipate and respond to changes in the environment, as well as to take informed decisions under conditions of uncertainty. The features of the risk management process are outlined in the SAMRC's Risk Management Strategy and Risk Management Framework, as updated from time-to-time.

As the SAMRC we understand that risk management is not there to impede the management of the entity but to assist with the achievement of organizational objectives. We believe that a commitment

to the philosophy of risk management will ensure a safer, healthier and quality driven environment for employees, and the preservation of assets and value for the benefit of all stakeholders.

#### 9.3.18 Internal Audit and Audit Committee

The Internal Audit function is a key element of the organisation's internal control. At the SAMRC, the internal audit function is outsourced, and reports functionally to the SAMRC Board Committee, Audit Risk and Information Technology Committee (ARIC). Internal Audit has unrestricted access to the Chairperson of the ARIC and the SAMRC President. The Internal Audit function works closely with the Risk Management function and engages with the external auditors on an ongoing basis.

The work of Internal Audit focuses primarily on areas that present the greatest risk to the SAMRC. This is achieved by following a risk-based assurance approach, focus on the key risk exposure as approved by the Board. An Internal Audit Plan is prepared annually and set on a three-year rolling basis. Focus areas are determined and updated annually using a risk-based approach considering the risk assessments conducted in the public entity and ensuring the work is appropriately aligned to and coordinated with the activities of other relevant assurance providers. The SAMRC captures and track all internal and external audit findings, mitigating actions and responsibilities and is followed up quarterly by Internal Audit. The ARIC receives quarterly reports on progress against the Internal Audit Plan and corrective actions taken by management in response to audit findings.

#### 9.3.19 Managing Conflicts of Interest

The SAMRC's commitment to high standards of business conduct and ethics is set out in the SAMRC's values and is supported by the Code of Business Conduct Framework Policy (Code). In this regard the SAMRC's commitment to the Code provides a framework of ethical practices and business conduct that are applicable to the Board, employees and external stakeholders.

Each SAMRC employee is required to declare any interest and potential conflicts of interest on an annual basis via an online declaration of interest system. All outside work, financial and private interest, and any other business activities, including gifts, must be declared when completing the SAMRC staff annual Online Declaration of Interest. Failure to disclose interests, or the wilful provision of incorrect or misleading details can lead to charges of misconduct.

#### 9.3.20 Governance

The SAMRC's demonstrated good governance as evidenced by nine out of ten clean audit outcomes from the Auditor General South Africa (AGSA) over the past ten years. In its management report for the 2023/24 financial year, AGSA highlighted that the SAMRC has strong control environment, effective management practices, high performance standards, integrity, accountability and upholds its mission.



### 9.3.21 B-BBEE Compliance Performance Information

As contained in the annual report guide for Schedule 3A and 3C public entities, the SAMRC applies the relevant Code of Good Practice in the manner described in the table below, and the same was included in the audited SAMRC Annual Report of 2023/24:

**Table 9: SAMRC's B-BBEE Compliance Code of Good Practice**

Criteria	Response (Yes/No)	Discussion
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	No	Not applicable
Developing and implementing a preferential procurement policy?	Yes	SAMRC complies with the Preferential Procurement Regulations of 2022
Determining qualification criteria for the sale of state-owned enterprises?	No	Not applicable
Developing criteria for entering into partnerships with the private sector?	No	Any public private partnerships (PPP) that SAMRC may enter into will be in line with the Treasury Regulations. However, SAMRC receives some funding from the private sector, and these funds do not constitute PPP
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	However, two of the indicators of Programme 4 address the issue of capacitating black/historically disadvantaged individuals

The SAMRC is committed to comply with the B-BBEE Act and transformational agenda.

### 9.3.22 SAMRC Intramural and Extramural research units, and Platforms

The SAMRC intramural units are largely based at SAMRC campuses and comprise of scientists directly employed by the organisation. The scope of these intramural research unit projects includes tuberculosis, HIV/AIDS, cardiovascular and non-communicable diseases, gender and health, and alcohol and other drug abuse. SAMRC extramural research units are established within research institutions (mainly universities in South Africa) with the primary goal of generating new knowledge but also to build research capacity in the discipline of health sciences. The extramural units are built on scientific excellence and leadership of an internationally recognised researcher and his/her research team and must contribute to developing the next generation of research leaders for the country. The funding for SAMRC extramural research units represents a secure, discretionary, financial incentive which is approved in five-year cycles up to a maximum of fifteen years. Research

Centres comprise of scientists based at tertiary institutions who primarily conduct research on behalf of the SAMRC.

**Table 10: SAMRC Health Priorities**

SAMRC HEALTH PRIORITIES	
Research Programmes	Strategic Focus
Health promotion and disease prevention	To conduct research using a life course approach to healthy lifestyles, early diagnosis, and cost-effective prevention and management of diseases through health promotion.
Maternal, child and women's health	To improve the health status and quality of life of women and children through high-quality scientific research that informs policy and practice, improves health services, and promotes health.
HIV, AIDS, TB, and other communicable diseases	To conduct research on preventing HIV and related co-morbidities including TB and other infectious (communicable) diseases, such as COVID-19 and malaria. In partnership with our funders and regional counterparts, this programme seeks to contribute to the national and international science system by testing TB drugs and malaria insecticides, carrying out the AIDS Vaccine project through coordinating development and testing HIV vaccines in South Africa and providing the information and tools to address the COVID-19 epidemic.
Health systems strengthening	To contribute to health systems strengthening by undertaking systematic reviews, health policy and health systems research to provide evidence for policymakers, stakeholders and researchers seeking to address today's most pressing health challenges. The programme aims to take advantage of information and technology by exploring and expanding the role of eHealth (health informatics, digital health, tele health, telemedicine, eLearning, and mobile health) in strengthening health systems.
Public health innovation	To promote the improvement of health and quality of life (impact prevention of ill health and improvement of public health and treatment) in the Republic of South Africa through innovation, technology development and transfer.
Biomedical research	To conduct basic research, applied research, and transactional research to determine predisposition to disease. This understanding is important for planning effective intervention and disease control.

**Table 11: SAMRC Intramural and Extramural Research Units to the research programmes**

<b>SAMRC Research Sub-programmes</b>	<b>SAMRC Research Units/Platforms/Offices/Centres</b>	<b>Unit/Platform/Office/Centre Director</b>	<b>Institution</b>
Health promotion and disease prevention	Mental Health, Alcohol, Substance Use and Tobacco Research Unit	J Bantjies	Intramural Research Unit
	Non-Communicable Diseases Research Unit	Interim Management	Intramural Research Unit
	Environment and Health Research Unit	R Street	Intramural Research Unit
	Rural Public Health and Health Transition Research Unit	S Tollman	University of the Witwatersrand
	Violence, Injury and Social Asymmetries Research Unit (formerly Masculinity and Health Research Unit)	A van Niekerk	University of South Africa
	Hypertension and Cardiovascular Disease Research Unit	M Pieters	Northwest University
	Microbial Water Quality Monitoring Research Unit	A Okoh	University of Fort Hare
	Risk and Resilience in Mental Disorders Research Unit	D Stein	University of Cape Town
	Centre for Health Economics and Decision Science - PRICELESS SA	K Hofman	University of the Witwatersrand
	Antimicrobial Resistance and Global Health Research Unit	P Bessong	University of Venda
Maternal, child and women's health	Gender and Health Research Unit	N Jama Shai	Intramural Research Unit
	Maternal and Infant Health Care Strategies Research Unit	U Feucht	University of Pretoria
	Development Pathways for Health Research Unit	S Norris	University of the Witwatersrand
	Child and Adolescent Lung Health Research Unit	H Zar	University of Cape Town
HIV, AIDS, TB and other communicable diseases	Centre for the Study of Antimicrobial Resistance Research Unit	K Dheda	University of Cape Town
	Centre for Tuberculosis Research Unit	R Warren	Intramural Research Unit
	HIV and other infectious Diseases Research Unit	F Abdullah (interim)	Intramural Research Unit
	HIV-TB Pathogenesis and Treatment Research Unit	S Abdool-Karim	Centre for the AIDS Programme of Research in South Africa (CAPRISA)
	Vaccine and Infectious Diseases Analytics Research Unit (formerly Respiratory and Meningeal Pathogens Research Unit)	S Madhi	University of the Witwatersrand
	Office of AIDS & TB Research	F Abdullah	Intramural Office
	Office of Malaria Research Group	R Maharaj	Intramural Platform
	Antibody Immunity Research Unit	P Moore	National Institute of Communicable Diseases
	Intersection of Communicable Disease and Infectious Disease Research Unit	N Ntusi	University of Cape Town
Health systems strengthening	Biostatistics Research Unit	T Reddy	Intramural Research Unit
	Burden of Disease Research Unit	R Matzopoulos	Intramural Research Unit
	Health Services to Systems Research Unit	H Schneider	University of the Western Cape

Public health innovation	Health Systems Research Unit	T Kredo	Intramural Research Unit
	Cochrane South Africa	M Engel	Intramural Research Unit
	Drug Discovery and Development Research Unit	K Chibale	University of Cape Town
	Herbal Drugs Research Unit	A Viljoen	Tshwane University of Technology
	Primate Unit and Delft Animal Center Platform	C Chauke	Intramural Platform
	Biomedical Research and Innovation Platform	R Johnson and C Pheiffer (Interim)	Intramural Platform
	Pan African Center for Epidemics Research Unit	R Phaswana-Mafuya	University of Johannesburg
Biomedical research	Genomics Platform	C Kinnear	Intramural Platform
	Antiviral Gene Therapy Research Unit	P Arbuthnot	University of the Witwatersrand
	Precision and Genomic Medicine Research Unit	R Ramesar	University of Cape Town
	Stem Cell Research and Therapy Research Unit	M Pepper	University of Pretoria
	Wound and Keloid Scarring Translational Research Unit	N Khumalo	University of Cape Town
	Genomics of Brain Disorders Research Unit	S Seedat	Stellenbosch University
	Precision Oncology Research Unit	Z Dlamini	University of Pretoria
	Cardiometabolic Health Research Unit	T Matsha	Cape Peninsula University of Technology
	Platform for Pharmacogenomics Research and Translation Research Unit	C Dandara	University of Cape Town

**Table 12: SAMRC intramural research units' purpose**

INTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Biostatistics Research Unit	To advance the health of the nation through the application, development and promotion of statistical methods in the clinical and health research conducted by the SAMRC and its stakeholders.
Burden of Disease Research Unit	To assess and monitor the country's health status and determinants of disease as well as to project the future burden of disease, in order to provide planning information to improve the health of the nation and to evaluate health information systems.
Centre for TB Research Unit	To run a portfolio of world class TB research ranging from basic to applied where projects are either laboratory and/or clinic based, using selected individuals or local populations as a source of data. In collaboration with national and international collaborators, areas of interest include bacteriology, immunology, genetics, bioinformatics, and clinical trials.
Cochrane South Africa	To prepare and maintain Cochrane Reviews of the effects of healthcare interventions, and to promote access to and the use of best evidence in healthcare decision making.
Environment and Health Research Unit	To conduct population-based research on environmental risks to health, with special emphasis on those living in poverty.
Gender and Health Research Unit	To improve the health status and quality of life of women through high quality scientific research on gender and health that informs the development of policy, health services and health promotion.

Health Systems Research Unit	To conduct health systems research to develop health systems, improve the organisation, efficiency, effectiveness of health systems, and increase the impact of health systems on population health and well-being. It is also to understand and evaluate how health systems function and how they can be strengthened, including how to develop and implement policies and programmes in ways that strengthen rather than undermine health systems.
HIV and other Infectious Diseases Research Unit	To address the challenges of the South African HIV epidemic and associated co-morbidities through a combination of biomedical, epidemiological and behavioural prevention, therapeutic and implementation science research agenda.
Mental Health, Alcohol, Substance Use and Tobacco Research Unit	To generate knowledge and propose policy and other interventions that will lead to a reduction in alcohol, tobacco and other drug use and the associated burden experienced by individuals and society.
Non-communicable Diseases Research Unit	To formulate and apply an integrated programme of research and capacity development to improve the prevention, understanding, detection and management of NCDs, with a major focus on cardiovascular disease and metabolic disorders in South Africa.

**Table 13: SAMRC Platform and Specialist scientific services purpose**

PLATFORM AND SPECIALIST SCIENTIFIC SERVICES	
Unit	Strategic Focus
Biomedical Research and Innovation Platform (BRIP)	<p>The Biomedical Research and Innovation Platform (BRIP) is the leading biomedical innovation platform with state-of-the-art equipment and more than 20 years of experience in the field of histology, image analysis, immunocytochemistry, molecular biology and tissue/cell culture systems.</p> <p>BRIP has been leading research into medical innovations for the screening, prevention and treatment of diabetes, cardiovascular disease and obesity. BRIP's capacity development programme trains the next generation of scientists in the field of Biotechnology with an emphasis on young black scientists from historically under resourced institutions.</p>
Primate Unit and Delft Animal Centre (PUDAC)	<p>PUDAC is a research support platform that provides the infrastructure to conduct pre-clinical research; scientific and technological research support; the capacity to maintain and utilise animal models (nonhuman primates, horses and rodents) and biomedical research (collaborative and contract).</p> <p>The platform also contributes to research by generating new in-house research to define and validate animal models; laboratory animal science and</p>
Genomics Platform	<p>It was established in 2019 in partnership with the Beijing Genomics Institute. The goal and vision for the SAMRC Genomics Platform is to grow South Africa's capacity for whole human genome sequencing and engage in an Afrocentric approach to reducing South Africa's burden of disease. The Platform has now being recognized as a Platform and conducts an in-house and collaborative genomics research programme and offers whole genome, exome and transcriptome sequencing services.</p>
Office of AIDS & TB Research	<p>The Office of AIDS &amp; TB funds and co-ordinates research in HIV/TB with the aim of optimising research funding in these areas, including the TB Report Consortium.</p>
Office of Malaria Research Group	<p>The Office of Malaria Research, funds and facilitates research to understand the social and biological impact of the disease as well as to develop malaria control programmes.</p>

**Table 14. SAMRC Extramural Research Units' purpose**

EXTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Antibody Immunity Research Unit	To conduct research on the development of new vaccines and new approaches to controlling infectious diseases. The Unit's research seeks to establish a deeper understanding of antibody responses to infection in order to design better vaccines for the African region which bears the largest burden of infectious disease. Key focus areas are identifying antibody correlates of vaccine protection, uncovering the genetic diversity in the African antibody repertoire and isolating and engineering antibodies for passive immunity.
Antimicrobial Resistance and Global Health Research unit	To conduct research on microbial, human, and environmental determinants of the acquisition and transmission of antimicrobial resistance. The Unit collaborates with community and policy makers to enhance our understanding of the dynamics of antimicrobial resistance for improved antimicrobial resistance stewardship.
Antiviral Gene Therapy Research Unit	To challenge the emergence of viral infections that cause serious health problems in Sub-Saharan Africa. The long-term objectives of the unit are to advance gene therapy for treatment of viral infections, develop human capacity in the field through the training of young scientists, and to translate the unit's technologies into products.
Cardiometabolic Health Research Unit	To provide a platform from which a team of researchers collaborate to provide an integrated research programme focusing on cardiometabolic traits (obesity, diabetes, hypertension, metabolic syndrome, and chronic kidney diseases); all with respect to inflammation, genetics, epigenetics, microbiome and oxidative mechanisms. The aim of the unit is to employ a holistic approach to investigate the context specific factors associated with diabetes and related cardiometabolic traits.
Centre for Health Economics and Decision Science Research Unit	To undertake rigorous and comprehensive analytical work in order to provide evidence to guide priority setting for health in South Africa. By applying innovative priority setting approaches, the Unit aims to support evidence-based resource allocation decisions in a fair and equitable way under the proposed National Health Insurance (NHI).
Centre for the Study of Antimicrobial Resistance Research Unit	To address specific aspects of bacterial multi-drug resistant pathogens, including tuberculosis. The unit's key focus areas are to better understand the pathogenesis of drug resistance by studying pharmacokinetic mismatches, conduct preliminary studies to determine the levels and efficacy of adjunct inhaled antibiotics at the disease site in TB and MDR bacterial pneumonia, and to develop and test inhaled formulations for future animal and human studies.
Child and Adolescent Lung Health Research Unit	To focus on key health concerns affecting children and adolescents in South Africa and in Africa. The Unit's primary focus is on child lung health and the intersection of infection with emergence of chronic non-communicable diseases, addressing lung health from birth through adolescence. Studies focus on the epidemiology, aetiology and risk factors for acute and chronic lung disease and the impact of acute disease on child health and on development of chronic disease.
Developmental Pathways for Health Research Unit	To investigate genetic, physiological, psychosocial and lifestyle determinants of growth and development, risk of disease, and healthy ageing across the life course.
Drug Discovery and Development Research Unit	To establish a scientific infrastructure as well as capacity for drug discovery and development in the broad sense. Develop infrastructural and operational systems for new drug discovery and development. Attract young South African and African scientists thereby contributing to transformation and capacity building. Provide career development opportunities for independent academic and/or research careers.
Genomics of Brain Disorders Research Unit	To identify genomic biomarkers, using a systems biology approach, for a host of brain disorders (e.g., posttraumatic stress disorder, HIV associated neurocognitive disorders, foetal alcohol spectrum disorders, schizophrenia and psychosis spectrum disorders, and Parkinson's Disease) across the lifespans.
Health Services to Systems Research Unit	To focus on the mechanisms and processes through which health interventions become integrated into routine institutional environment ("real world settings") and achieve sustainable coverage and impacts at scale.
Herbal Drugs Research Unit	To conduct technologically advanced scientific research, and to make basic knowledge readily available to stakeholders, in order to promote the quality, safety and efficacy (QSE) of herbal medicines.
HIV/TB Pathogenesis and Treatment Research Unit	To undertake research to reduce morbidity and mortality from HIV-TB co-infection. This Unit addresses the leading cause of death in HIV infected patients, in a setting where HIV infection is the largest single contributor to South Africa's mortality burden.



EXTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Hypertension and Cardiovascular Disease Research Unit	To contribute to new clinical and epidemiological knowledge within the field of hypertension development in black populations, in order to facilitate more effective awareness, treatment and prevention programmes in the future
Intersection of Noncommunicable Disease and Infectious Diseases Research Unit	To enhance the understanding and management of the interaction between endemic infections (SARS-CoV-2, HIV, tuberculosis) and NCDs (heart failure, hypertension, diabetes mellitus, obesity, cancer, mental health).
Microbial Water Quality Monitoring Research Unit	To address the myriad of challenges in the Eastern Cape Province water sector within the overarching aim that seeks to evaluate some of the key emerging challenges in microbial water quality and safety, as a vehicle for skills and capacity development in water science especially amongst the previously disadvantaged demographic groups in the Eastern Cape Province
Pan African Centre for Epidemics Research Unit	To improve the understanding of current pandemics through cutting-edge Pan African and global research epidemiological, and public health studies among marginalized populations in diverse low-resource settings in South Africa, Sub-Saharan Africa and globally.
Platform for Pharmacogenomics Research and Translation Research Unit	To identify inherited genetic variations, epigenetic changes and microbial profiles that are associated with interindividual differences in the ways patients respond to therapeutic treatment including herbal medicine, a field commonly referred to as Pharmacogenomics.
Precision and Genomic Medicine Research Unit	To use the exciting developments in the field of genomic sciences to investigate human biodiversity, and to contribute to a more proactive and preventive approach to health. Tied closely to this quest is the expansion of research to cover genome-wide investigations pertaining to the burden of disease in Southern Africa and to assess the impact of genomic variants on the health of the indigenous populations of Africa.
Precision Oncology Research Unit	To map the landscape of cervical and oesophageal cancer in order to understand the underlying causes of these cancers and to discover targets for the development of novel and more effective targeted therapeutics. Key focus areas are to identify and comprehensively characterise the potential common and country-specific risk factors underlying high cervical and oesophageal cancer incidences and mortality rates in South Africa, Tanzania and BRICS countries.
Risk and Resilience in Mental Disorders Research Unit	To undertake research that encompasses the promotion of clinical research and the translation of basic science into clinical research, to improve diagnosis, prevention and management of mental disorders in South Africa with a focus on risk and resilience factors as they apply to key conditions in the local context, as well as the translation of clinical evidence into population-level interventions to improve mental health through primary health care and community initiatives that can be applied in diverse settings across the country and the continent, with a focus on priority illnesses given the local burden of disease.
Rural Public Health and Health Transitions Research Unit	To better understand the dynamics of health, population and social transitions in rural South Africa and southern Africa to mount a more effective public health, public sector and social response.
Stem Cell Research and Therapy Research Unit	To better understand hematopoietic stem cells (HSCs) and mesenchymal stem cells as a means to lowering the South African infection rate of both communicable and non-communicable diseases, and to use this project to initiate a gene therapy platform, from which gene therapy projects for other diseases will follow.
Vaccine and Infectious Diseases Analytics Research Unit (formerly Respiratory and Meningeal Pathogens Research Unit)	To study the causes, management and prevention of pneumonia and meningitis infections with expanded initial focus on pneumococcal disease, to other common bacterial and viral causes of childhood morbidity and mortality (Group B streptococcus (GBS), rotavirus, Respiratory Syncytial Virus (RSV), pertussis, and influenza virus) as well as to integrate clinical, epidemiological and basic science research to improve the health of Africans through vaccines.
Violence, Injury and Social Asymmetries Research Unit	Cognisant of the gender asymmetries in health, with a historical interest in the disproportionate involvement of men in injury and violence, the SAMRC Violence, Injury and Social Asymmetries Research Unit (VISARU) undertakes, hosts and supports evidence-based research on men, boys, masculinity and health. In addition to research, community-mobilising interventions, research-based advocacy, and public dissemination will form a strong triangulated core of the work of VISARU
Wound and Keloid Scarring Translational Research Unit	To optimise tissue culture models for dermal wound healing after injury with particular focus to skin scarring and dermal fibrosis.

### 9.3.23 SAMRC Research Centres

The SAMRC's Research Centres, based at universities and institutions across the country, identify and gather information on leading health concerns in South Africa like Cancer, HIV, Tuberculosis (TB) and Malaria. Each Centre is staffed with experts in the same field as the projects they direct. Many of these experts also work with external specialists on the research and funding of international projects. Over the years, the SAMRC's research has provided vital information that is used by the National Department of Health and Government for health planning and assessing progress towards realising government's objectives.

**Table 15: SAMRC Research Centres**

SAMRC Research Centres		
Centre	Strategic Focus	Unit
Cancer Centres	The explicit aim of Cancer Research Centres will be to integrate cancer-related research programmes in fields such as basic laboratory and clinical sciences, prevention and control methodologies, and population-based studies, into a transdisciplinary cancer research centre that may straddle departmental and institutional boundaries	Common Epithelial Cancer Research Centre
		Gynaecological Cancer Research Centre

### 9.3.24 Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

**Table 16: SWOT Analysis**

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>Corporate governance</li> <li>Board and EMC working relationship</li> <li>Professional, highly competent and dedicated staff members</li> <li>Academic/research freedom</li> <li>Research outputs</li> <li>Ability to attract local and international funding</li> <li>Capacity development</li> <li>Collaborations with many stakeholders</li> <li>Communication of science through various media platforms</li> <li>Ethical research conduct and integrity</li> </ul>	<ul style="list-style-type: none"> <li>Research translation</li> <li>Diversity Management</li> <li>Succession planning and transformation at senior levels</li> <li>Lack of Biostatisticians</li> <li>Lack of synergy between researchers</li> <li>Bureaucratic environment hampers progress</li> <li>Lack of knowledge sharing</li> <li>Investment in infrastructure development</li> <li>Immediate response to emerging national health needs and global trends</li> </ul>	<ul style="list-style-type: none"> <li>Develop frameworks for evidence-based decisions making</li> <li>Revise transformation strategy</li> <li>Implement strategies to further grow funding</li> <li>Balancing academic and societal impact</li> <li>Collaborations to enhance health research</li> <li>Move towards full open access publications</li> <li>R&amp;D localization programmes</li> <li>Conduct transformative and equity orientated research</li> <li>Partnerships to increase innovation and scaling</li> </ul>	<ul style="list-style-type: none"> <li>Diminishing funding for research internationally</li> <li>Lack of growth in research investment by the South African government, despite a growing burden of disease and complexity</li> <li>Research classified as low priority on the political agenda</li> <li>Declined expenditure on research and development as a percentage of Gross Domestic Product</li> <li>Growing trends of predatory journals</li> <li>Data Security</li> <li>Scientific misconduct</li> <li>Cyber security</li> <li>Overlap in funders of</li> </ul>



<ul style="list-style-type: none"> <li>• Neutral convening power</li> <li>• National footprint</li> <li>• International reputation and standing</li> </ul>		<ul style="list-style-type: none"> <li>• Research aligned to country, regional and continental needs</li> <li>• Establish SAMRC Foundation</li> </ul>	<ul style="list-style-type: none"> <li>health research - delineation of mandates needed</li> <li>• New and re-emerging diseases</li> </ul>
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### 9.3.25 Political Economic Social Technology Environmental and Legal (PESTEL) Analysis

**Table 17: PESTEL Analysis**

Political	Economic	Social	Technological	Environmental	Legal
<ul style="list-style-type: none"> <li>• Government stability</li> <li>• Political conflicts</li> <li>• Political interference</li> <li>• Government subsidy</li> <li>• Policy continuity/uncertainty</li> <li>• Systemic corruption</li> <li>• Budget votes</li> <li>• International relations</li> <li>• Public infrastructure policies and systems</li> </ul>	<ul style="list-style-type: none"> <li>• Energy security and prices</li> <li>• Exchange rates</li> <li>• Import duties</li> <li>• Infrastructure quality</li> <li>• Investment in STEM</li> <li>• Unemployment rates</li> </ul>	<ul style="list-style-type: none"> <li>• Social unrests</li> <li>• Social cohesion</li> <li>• Crime rates</li> <li>• Demographic shifts</li> <li>• Cultural diversity</li> <li>• Public health issues and health system</li> <li>• Education inequality</li> <li>• Gender inequality</li> <li>• Public awareness and activism</li> <li>• Social media impact</li> </ul>	<ul style="list-style-type: none"> <li>• Internet connectivity</li> <li>• Cybercrime and cyber security</li> <li>• ICT infrastructure</li> <li>• Innovation and R&amp;D</li> <li>• Automation and AI</li> <li>• Grow biotechnology</li> </ul>	<ul style="list-style-type: none"> <li>• Climate change</li> <li>• Air pollution</li> <li>• Renewable energy</li> <li>• Waste management</li> <li>• Biodiversity conservation</li> <li>• Water scarcity</li> <li>• Regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental laws and regulations</li> <li>• Labour laws and regulations</li> <li>• Data protection laws and regulations</li> <li>• Intellectual property laws</li> <li>• Public SCM laws and regulations</li> <li>• Health and Safety laws and regulations</li> <li>• Regulatory bodies</li> <li>• Litigation</li> </ul>

**PART C – MEASURING SAMRC PERFORMANCE**

## 10 Institutional Programme Performance Information

### 10.1 Programme 1: Administer health research effectively and efficiently, and in accordance with good corporate governance practices

**Purpose:** Strengthening of corporate governance processes towards a clean audit opinion from the Auditor-General South Africa (AGSA) and directing most financial resources towards research, capacity development and innovation.

**Table 18. Programme 1 - Outcomes, Outputs, Performance Indicators and Targets**

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited/Actual Performance			Estimated performance	MTEF Period		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
1.1. To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa	Clean Audit	Clean Audit	Clean Audit	Clean Audit	Clean Audit	Clean Audit	Clean Audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation	Efficient expenditure of government allocated budget	1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	16%	17%	19%	20%	20%	20%	20%

**Table 19. Programme 1 - Indicators and Targets**

Output Indicators	Reporting Frequency	Annual Target (2025/26)	Quarterly Targets 2025/26			
			1st	2nd	3rd	4th
1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa	Annually	Clean Audit	N/A	N/A	N/A	Clean Audit
1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	Quarterly	20%	20%	20%	20%	20%

## 10.2 Programme 2: Lead the generation of new knowledge and funding of research

**Purpose:** Promote the improvement of health and quality of life and the advancement of science in South Africa through research

**Table 20. Programme 2 – Outcomes, Outputs, Performance Indicators and Targets**

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
2.1. To produce and promote scientific excellence and the reputation of South African health research	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	1169	1455	1294	600	1000	900	1025
	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders	2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders with acknowledgement of the SAMRC support	265	445	373	170	220	220	300
2.2 To provide leadership in the generation of new knowledge in health	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books	2.2.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC	637	775	646	255	650	500	500
2.3 To provide funding for the conduct of health research	Research grants awarded	2.3.1 Number of research grants funded by the SAMRC	152	174	221	170	210	210	210

**Table 21. Programme 2 – Indicators and Quarterly Targets**

Output Indicators	Reporting Frequency	Annual Target (2025/26)	Quarterly Targets 2025/26			
			1st	2nd	3rd	4th
2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	Quarterly	1000	210	260	260	270
2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant- holders with acknowledgement of the SAMRC support	Quarterly	220	46	57	57	60
2.2.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC	Quarterly	650	136	169	169	176
2.3.1 Number of research grants funded by the SAMRC	Annually	210	N/A	N/A	N/A	210

### 10.3 Programme 3: Supporting health innovation and technology development through funding to improve health

**Purpose:** To support a thriving health innovation ecosystem, developing impactful health solutions for South Africa, Africa and beyond

**Table 22. Programme 3 – Outcomes, Outputs, Performance Indicators and Targets**

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
3.1 To support the development of innovations and technologies aimed at improving health	Innovation and technology projects funded by the SAMRC	3.1.1 Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	18	20	26	4	38	38	38
3.2 To develop innovations and technologies aimed at improving health	Innovation disclosures made by the SAMRC employees and students	3.2.1 Number of innovation disclosures made by the SAMRC employees and students	3	1	1	1	1	1	1

**Table 23. Programme 3 – Indicators and Quarterly Targets**

Output Indicators		Reporting Frequency	Annual Target (2025/26)	Quarterly Targets 2025/26			
				1st	2nd	3rd	4th
3.1.1	Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	Annually	38	N/A	N/A	N/A	38
3.2.1	Number of innovation disclosures made by the SAMRC employees and students	Annually	1	N/A	N/A	N/A	1

#### 10.4 Programme 4: Building sustainable health research human capacity in South Africa

**Purpose:** To provide funding and supervision support for career development and/or institutional research capacity development to build the next generation of scientists in the broad field of health

**Table 24. Programme 4 – Outcomes, Outputs, Performance Indicators and Targets**

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision support for career development and/or institutional research capacity development	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters', PhD, Postdoc, Early-Career and Mid-Career Scientists	4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	167	171	184	130	110	130	140
	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to female recipients for Masters', PhD, Postdoc, Early-Career and Mid-Career Scientists	4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	122	120	122	108	80	90	100
	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to Black South African citizens and permanent resident recipients for Masters', PhD, Postdoc, Early-Career and Mid-Career Scientists	4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	108	118	121	90	90	100	105

	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters, PhD, Postdoc, Early-Career and Mid-Career Scientists from historically disadvantaged and under-resourced institutions	4.1.4 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under-resourced institutions	52	60	68	83	35	45	45
	Masters' and PhD students graduated or completed	4.1.5 Number of Masters' and PhD students graduated or completed	81	93	120	50	50	50	50

**Table 25. Programme 4 - Indicators and Quarterly Targets**

Output Indicators	Reporting Frequency	Annual Target (2025/26)	Quarterly Targets 2025/26			
			1st	2nd	3rd	4th
4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	Annually	110	N/A	N/A	N/A	110
4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	Annually	80	N/A	N/A	N/A	80
4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	Annually	90	N/A	N/A	N/A	90
4.1.4 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under-resourced institutions	Annually	35	N/A	N/A	N/A	35
4.1.5 Number of Masters' and PhD students graduated or completed	Annually	50	N/A	N/A	N/A	50



## 10.5 Programme 5: Research Translation into policy and practice to improve health

**Purpose:** To contribute to building public and policymaker understanding of health, drivers of ill-health, and practice, interventions and technologies that can prevent ill-health and strengthen health services and encouraging use of research evidence in policymaker, practitioner and public decision-making.

**Table 26. Programme 5 - Outcomes, Outputs, Performance Indicators and Targets**

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited/Actual Performance			Estimated Performance	Estimated Performance MTEF Period		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2026/27
5.1 To facilitate the translation of health research	Policies, reports and guidelines that reference SAMRC research	5.1.1. Number of policies, reports and guidelines that reference SAMRC research	58	120	231	6	50	50	50
	Reports and guidelines (co)produced by the SAMRC intramural researchers	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	64	68	41	9	35	35	35
	SAMRC researchers and research support employees serving on national and international bodies/committees	5.1.3. Number of national or international bodies/committees that SAMRC researchers and research support employees serve on	96	205	202	50	140	140	140
	SAMRC supported conferences, seminar, webinars and Continuing Development Points (CPD) workshops	5.1.4. Number of conferences, seminars, webinars and continuing development points workshops supported by the SAMRC	72	73	92	10	50	50	50

**Table 27. Programme 5 - Indicators and Quarterly Targets**

Output Indicators	Reporting Frequency	Annual Target (2025/26)	Quarterly Targets 2025/26			
			1st	2nd	3rd	4th
5.1.1 Number of policies, reports and guidelines that reference SAMRC research	Bi-annually	50	N/A	20	N/A	30
5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers	Bi-annually	35	N/A	15	N/A	20
5.1.3 Number of national or international bodies/committees that SAMRC researchers and research support employees serve on	Annually	140	N/A	N/A	N/A	140
5.1.4 Number of conferences, seminars, webinars and Continuing Development Points workshops supported by the SAMRC	Annually	50	N/A	N/A	N/A	50

## **11 Explanation of planned performance over the medium-term period**

- We are committed to maintaining high standards of performance, accountability and integrity, sustaining strong internal controls and management practices, and promoting effective and good corporate governance at all levels in the organization.
- Our research will contribute to the improvement in HIV and TB prevention and control, reduction in maternal, infant and child mortality, reduction in prevalence of non-communicable diseases, and reduction in injury and violence.
- Our research will also contribute to addressing the social determinants of health, such as reducing interpersonal and gender-based violence, alcohol and tobacco control, and promoting healthy lifestyles.
- Contribute to the public health systems' reform, particularly with the implementation of NHI which requires careful sequencing to ensure continual improvements and to avoid stabilizing existing services. Rolling out of NHI requires continuous discussions between public and private sector to explore areas where the two sectors can collaborate. Lessons from COVID-19 pandemic has demonstrated a potential for public and private health systems to collaborate to address pressing health crisis.
- Human capacity development is a key strategic intervention in health research. We will continue to build the next generation of researchers with capabilities to play a critical, constructive and innovative role to address the country's health needs.
- Contribute to the achievement of the SDGs, NDP-2030, Decadal Plan priorities 2022-2032, MTDP 2024-2029, and any other applicable policies.
- SAMRC will provide high quality health research-based evidence that can be used for planning purposes, to drive policy changes and impact decision-making, and ultimately transform the South African society.

## 12 Programme Resource Considerations (R'000)

**Table 28. PROGRAMME 1: Administer health research effectively and efficiently, and in accordance with good corporate governance practices**

Economic Classification of Budget	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Actual Outcome	Actual Outcome	Actual Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Compensation of Employees	103 688	111 564	113 719	120 545	124 480	132 028	140 886
Goods and Services	184 770	134 871	159 369	160 734	161 345	172 260	184 580
<b>Total</b>	<b>288 458</b>	<b>246 435</b>	<b>273 088</b>	<b>281 279</b>	<b>285 825</b>	<b>305 288</b>	<b>325 466</b>

**Table 29. PROGRAMME 2: Lead the generation of new knowledge and funding of research**

Economic Classification of Budget	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Actual Outcome	Actual Outcome	Actual Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Compensation of Employees	279 565	307 030	355 726	428 561	456 964	484 937	513 097
Goods and Services	447 354	467 384	491 891	650 934	748 687	774 211	812 200
<b>Total</b>	<b>726 919</b>	<b>774 414</b>	<b>847 617</b>	<b>1 079 495</b>	<b>1 205 651</b>	<b>1 259 148</b>	<b>1 325 297</b>

**Table 30. PROGRAMME 3: Supporting health innovation and technology development through funding to improve health**

Economic Classification of Budget	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Actual Outcome	Actual Outcome	Actual Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Compensation of Employees	48 885	61 511	76 393	80 976	85 835	90 985	96 444
Goods and Services	277 788	279 256	279 219	299 918	327 928	347 829	374 761
<b>Total</b>	<b>326 673</b>	<b>340 767</b>	<b>355 612</b>	<b>380 894</b>	<b>413 763</b>	<b>438 814</b>	<b>471 205</b>

**Table 31. PROGRAMME 4: Building sustainable health research human capacity in South Africa**

Economic Classification of Budget	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Actual Outcome	Actual Outcome	Actual Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Compensation of Employees	4 637	3 959	6 112	6 475	7 471	7 285	7 722
Goods and Services	70 725	66 438	68 911	82 689	82 761	89 253	93 749
<b>Total</b>	<b>75 362</b>	<b>70 397</b>	<b>75 023</b>	<b>89 164</b>	<b>90 232</b>	<b>96 538</b>	<b>101 471</b>

**Table 32. PROGRAMME 5: Research Translation into policy and practice to improve health**

Economic Classification of Budget	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Actual Outcome	Actual Outcome	Actual Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Compensation of Employees	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Goods and Services	N/A	3 246	3 332	4 343	4 466	4 687	4 924
<b>Total</b>	<b>N/A</b>	<b>3 246</b>	<b>3 332</b>	<b>4 343</b>	<b>4 466</b>	<b>4 687</b>	<b>49 24</b>

### 13 Budget

Table 33. Statement of financial performance

Statement of financial performance	Audited outcome	Audited outcome	Audited outcome	Approved budget	Average growth rate (%)	Expenditure/total: Average (%)	Medium-term estimate			Average growth rate (%)	Expenditure/total: Average (%)
R thousand	2021/22	2022/23	2023/24	2024/25	2021/22-2024/25		2025/26	2026/27	2027/28	2024/25 - 2027/28	
<b>Revenue</b>											
<b>Non-tax revenue</b>					19.4%	47.4%				8.6%	54.8%
	572,367	663,950	770,497	975,432			1,091,113	1,167,491	1,249,215		
Sale of goods and services other than capital assets	534,672	600,035	693,051	909,773	19.4%	43.5%	1,020,769	1,095,338	1,175,757	8.9%	51.4%
Other non-tax revenue	37,695	63,915	77,446	65,659	20.3%	3.9%	70,344	72,153	73,458	3.8%	3.5%
<b>Transfers received</b>	851,066	778,854	759,475	859,833	0.3%	52.6%	908,824	936,984	979,148	4.4%	45.2%
<b>Total revenue</b>	1,423,433	1,442,804	1,529,973	1,835,265	8.8%	100.0%	1,999,937	2,104,475	2,228,363	6.7%	100.0%
<b>Expenses</b>											
<b>Current expenses</b>	1,306,405	1,333,669	1,452,277	1,722,884	9.7%	100.0%	1,881,395	1,982,260	2,100,622	6.8%	94.1%
Compensation of employees	436,775	484,064	551,948	636,557	13.4%	33.7%	674,750	715,235	758,149	6.0%	34.1%
Goods and services	845,490	824,546	867,307	1,050,327	7.5%	57.6%	1,169,645	1,229,030	1,303,966	7.5%	58.2%
Depreciation	23,936	24,835	32,650	36,000	14.6%	1.9%	37,000	37,995	38,507	2.3%	1.8%
Interest, dividends and rent on land	204	224	372	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	111,007	101,590	99,062	112,381	0.4%	6.9%	118,542	122,215	127,741	4.4%	5.9%
<b>Total expenses</b>	1,417,412	1,435,259	1,551,340	1,835,265	9.0%	100.0%	1,999,937	2,104,475	2,228,363	6.7%	100.0%
<b>Surplus/(Deficit)</b>	6,021	7,545	(21,367)	-	-	-	-	-	-	-	-

The SAMRC has four major funding sources: (a) baseline funding from National Treasury through NDOH to fund the core business of the SAMRC in line with section 3, object of the MRC, of the SAMRC Act No 58 of 1991. (b) funding from DSI for health innovation and technology development, in terms of Programme 3 of our SP and APP, (c) Internal (NDOH and DSI) additional funding and externally leveraged (national and international funders to funding) to supplement funding needed to address research priorities, and (d) external contract funding that SAMRC researchers secure from national and international funders for specific projects in line with the SAMRC mandate.

## 14 Key Risks which may affect achievement of the outcomes

Table 34. Key risks on outcomes

Key outcome	Key risk context	Key mitigation measures
<b>Programme 1:</b> Administer health research effectively and efficiently in South Africa and in accordance with good corporate governance practices		
<ul style="list-style-type: none"> <li>To ensure good governance, effective administration and compliance with government regulations</li> <li>To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation</li> </ul>	Onerous legislative requirements and complexity of the POPI Act requires further capacitating the user's appreciation and understanding of the relevant legislative requirements	<ul style="list-style-type: none"> <li>Policies, guidelines, and manual legislative compliance framework</li> <li>Dedicated legal compliance staff and appointed Deputy Information Officers</li> <li>Ongoing customised training as and when required</li> </ul>
	Cyberthreats over SAMRC data / intellectual property and misuse of research data	<ul style="list-style-type: none"> <li>Firewall protection and penetration testing</li> <li>Management monitoring and oversight</li> <li>Policies, processes, SOPs</li> <li>Project data management processes</li> </ul>
	Lack of understanding of the complexity of the research ecosystem to allow people to flourish	<ul style="list-style-type: none"> <li>Policies, processes, SOPs</li> <li>Revised accelerated development programme enhance capacity building initiatives.</li> <li>Database of available management and leadership skills training programmes</li> </ul>
<b>Programme 2:</b> Lead the generation of new knowledge and funding of research		
<ul style="list-style-type: none"> <li>To produce and promote scientific excellence and the reputation of South African health research</li> <li>To provide leadership in the generation of new knowledge in health</li> </ul>	The risk involves application of inconsistent data management processes; inadequate structured mentorship; negative media publicity and onerous new legislative requirements imposed	<ul style="list-style-type: none"> <li>Established Research Integrity Office</li> <li>Oversight by human and animal ethics committees</li> <li>Peer review processes and quality reviews</li> <li>Policies, guidelines and SOPs</li> </ul>

Key outcome	Key risk context	Key mitigation measures
<ul style="list-style-type: none"> <li>To provide funding for the conduct of health research</li> </ul>	Progression of staff transformation across the organisation at senior research level impacted by various factors, including lack of staff turnover, limited budget and scarce skills shortage in medical science	<ul style="list-style-type: none"> <li>EE Strategy and Plan</li> <li>Strengthened Transformation forum with inclusion of the EE and Skills development Committee</li> <li>Appointed designated Transformation Executive and Office</li> <li>Executive and Board oversight on transformation initiatives and progress</li> <li>Diversity intervention initiatives and leadership programmes</li> </ul>
	Inability to maintain and diversify incoming funding Enhance the extent to which the SAMRC can develop funding opportunities from the private sector and social impact bonds	<ul style="list-style-type: none"> <li>Dedicated on-going investigation for further local and international funding opportunities in both the private and public sector</li> </ul>
<b>Programme 3:</b> Supporting health innovation and technology development through funding to improve health		
<ul style="list-style-type: none"> <li>To support the development of innovations and technologies aimed at improving health</li> <li>To develop innovations and technologies aimed at improving health</li> </ul>	Limited funding for value proposition of the innovation reducing interest from industry to commercialize or target market to implement the innovation	<ul style="list-style-type: none"> <li>IP and Commercialization Policy, Strategy and Procedures</li> <li>External partnering to pursue commercialization opportunities</li> </ul>
<b>Programme 4:</b> Building sustainable health research human capacity in South Africa		
<ul style="list-style-type: none"> <li>To enhance the long-term sustainability of health research in South Africa by providing funding and supervision support for the career development and/or institutional research capacity development</li> </ul>	Limited scarce skills capacity requires further development of research scientists to assist in growing the pool of South African HDI medical research scientists	<ul style="list-style-type: none"> <li>Capacity building strategy for supporting the development of historically disadvantaged and under-resourced institutions research scientists</li> <li>Scholarship and bursary programmes</li> <li>Strategic relations with institutions for collaboration and accessing researchers to build clinical research capacity</li> </ul>

Key outcome	Key risk context	Key mitigation measures
<b>Programme 5:</b> Research translation into policy and practice to improve health		
<ul style="list-style-type: none"> <li>To facilitate the translation of health research</li> </ul>	<p>The risk of funding invested in interventions not progressing into the next phase of development / translation leading to missed opportunity to impact nations health / sub-optimally designed studies not meeting key stakeholder requirements</p>	<ul style="list-style-type: none"> <li>SAMRC strategic and business plans in place</li> <li>Oversight and leadership support by executive team</li> <li>Ongoing guidance and training on research translation</li> </ul>

## 15 Public Entity Description

Table 35. Entity description

Name of the Public Entity	Mandate	Outcomes	Current Annual Budget (R thousand)
South African Medical Research Council	To improve the health of the country's population, through research, development and technology transfer	Refer to sections 7 of the Strategic Plan 2025/26-2029/30 and section 8 of this APP	747 680 (excl. VAT)



## 16 Infrastructure Projects

Table 36. Infrastructure projects

Project Name	Programme	Output	Project Start Date	Project Completion Date	Requested Budget 2024/25
Replace air-conditioning in all regions including R1 assets	Programme 1	Upgrading of air-conditioning	April 24	March 25	2,000,000
General Building Refurbishment - Building C Cape Town Offices	Programme 1	Well maintained buildings	April 24	March 25	14,000,000
Internal renovations and construction - Durban Ridge Road 4 <sup>th</sup> and 5 <sup>th</sup> Floors	Programme 2	Well maintained buildings	April 24	March 25	1,000,000
New office furniture for renovated area and replacement of R1 assets	Programme 1	Well maintained buildings	April 24	March 25	500,000
Minor building works	Programme 1	Well maintained buildings	April 24	March 25	1,000,000
Delft Cape Town - New Generator	Programme 3	Well maintained equipment	April 24	March 25	574,712
Replacement of Facilities Management Vehicles - 2 x Hyundai H-100 & 2 x Toyota Hybrid Sedan	Programme 1	Replacement of fleet	April 24	March 25	1,000,000
Pretoria - Lab Refurbishment	Programme 2	Well maintained laboratory	April 24	March 25	800,000
Firewall Replacements	Programme 1	Well maintained equipment	April 24	March 25	4,020,000
Switches	Programme 1	Well maintained equipment	April 24	March 25	350,000
Network Cabling	Programme 1	Well maintained equipment	April 24	March 25	200,000
Wireless Access Points	Programme 1	Well maintained equipment	April 24	March 25	1,400,000
Video Conferencing	Programme 1	Well maintained equipment	April 24	March 25	500,000
SAN Storage and Servers	Programme 1	Well maintained equipment	April 24	March 25	7,800,000
Software Licensing	Programme 1	Well maintained equipment	April 24	March 25	10,679,021

**17      Public Private Partnerships**

None

**PART D – TECHNICAL INDICATOR DESCRIPTIONS**

Table 37. Programme 1

Indicator Title	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa
Definition	Audit opinion expressed by the Auditor-General South Africa (AGSA)
Source of Data	AGSA Management and Audit Reports
Method of Calculation/Assessment	None
Assumptions	All records and evidence presented to the AGSA are reliable, valid and compliant with legislation and regulations
Reporting Cycle	Annual
Desired Performance	To achieve a clean audit opinion from the AGSA
Indicator Responsibility	President and CEO, and CFO

Indicator Title	1.2.1. Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage
Definition	Percentage of parliamentary grant/baseline funding that is spent on administrative functions
Source of Data	Project and Management Accounting Office (PMAO)
Method of Calculation/Assessment	Calculate expenditure on administration and express as a percentage
Assumptions	Financial records are reliable and valid
Reporting Cycle	Quarterly
Desired Performance	20%
Indicator Responsibility	Chief Financial Officer (CFO)

Table 38. Programme 2

Indicator Title	2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors
Definition	Research outputs in which at least one author listed is affiliated to the SAMRC and/or research outputs that received funding from the SAMRC.
Source of Data	Knowledge and Information Management Services (KIMS)
Method of Calculation/Assessment	Count the number of research outputs with an author affiliated to the SAMRC or employed by the SAMRC, or funding support from SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Vice President-Extramural Research and Internal Portfolio

Indicator Title	2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant- holders with acknowledgement of the SAMRC support
Definition	Research outputs that mention SAMRC funding. These publications mention SAMRC in the acknowledgement or any other section of the research output. The authors may or may not be affiliated with the SAMRC
Source of Data	Knowledge and Information Management Services (KIMS)
Method of Calculation/Assessment	Count the number of research outputs by SAMRC grant-holders during the reporting period, with an acknowledgement of SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Vice President-Extramural Research and Internal Portfolio, and Executive Director: Grants Innovation and Product Development

Indicator Title	2.2.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC
Definition	Total number of research outputs where the first and/or last author has listed an affiliation with the SAMRC, usually because the author is in an SAMRC Intramural Research Unit, Extramural Research Unit, Platforms, Research Offices and/or Research Centres
Source of Data	Knowledge and Information Management Services (KIMS)
Method of Calculation/Assessment	Count the number of research outputs with the first and/or last author listing an affiliation to the SAMRC
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Quarterly
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Vice President-Extramural Research and Internal Portfolio

Indicator Title	2.3.1 Number of research grants funded by the SAMRC
Definition	Total number of research grants funded by the SAMRC. This includes new and ongoing grants that received funding during the reporting period
Source of Data	GIPD/SHIP/RCD and other relevant internal departments

Method of Calculation/Assessment	Count the number of research grants funded by the SAMRC during the reporting period
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annually
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Table 39. Programme 3

Indicator Title	3.1.1 Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
Definition	Total number of innovation and technology projects funded by the SAMRC that are aimed at developing, testing and/or implementing new or improved health solutions, such as, but not limited to, new diagnostics, vaccines, drugs, e-health interventions, medical devices and treatment regimens. This includes new and ongoing innovation and technology projects that received funding during the reporting period and those that did not receive a funding disbursement during the reporting period but continued to be executed using funding previously disbursed by the SAMRC for that purpose.
Source of Data	Grants Innovation and Product Development (GIPD)
Method of Calculation/Assessment	Count the number of innovation and technology projects funded by the SAMRC during the reporting period
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Indicator Title	3.2.1 Number of innovation disclosures made by the SAMRC employees and students
Definition	Total number of innovations developed by the SAMRC employees and students that have been identified as potential intellectual property with commercial or social value and disclosed to the SAMRC's Technology Transfer Office
Source of Data	Grants Innovation and Product Development (GIPD)
Method of Calculation/Assessment	Count the number of new disclosures submitted to the SAMRC Technology Transfer Office
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Table 40. Programme 4 - Capacity Development

Indicator Title	4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists
Definition	Total number of full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters, PhD, Postdocs, Early Career and Mid-Career Scientists that are aimed at supporting career development of the awardee and/or research capacity development of an institution
Source of Data	Research Capacity Development (RCD)
Method of Calculation/Assessment	Count the number awards by the SAMRC that are aimed at supporting career development of the awardee and/or research capacity development of an institution
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve the set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Indicator Title	4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists
Definition	Total number of full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to female recipients for Masters, PhD, Postdocs, Early Career and Mid-Career Scientists that are aimed at supporting career development of the awardee and/or research capacity development of an institution
Source of Data	RCD
Method of Calculation/Assessment	Count the number of awards by the SAMRC to female recipients that are aimed at career development of an awardee and/or research capacity development of an institution
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Indicator Title	4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists
Definition	Total number of full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to Black South African citizens and permanent resident recipients for Masters, PhD, Postdoc, Early-Career and Mid-Career Scientists that are aimed at supporting career development of the awardee and/or research capacity development of an institution
Source of Data	RCD
Method of Calculation/Assessment	Count the number of awards by the SAMRC to Black South African citizens and permanent resident recipients that are aimed at career development of an awardee and/or research capacity development of an institution
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target as per the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development



Indicator Title	4.1.4 Number of the SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under-resourced institutions
Definition	Total number of full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters, PhD, Postdocs, Early-Career and Mid-Career Scientists that are aimed at supporting career development of the awardee and/or research capacity development of an institution at the historically disadvantaged and under-resourced institutions
Source of Data	RCD
Method of Calculation/Assessment	Count the number awards by the SAMRC that are aimed at supporting career development of the awardee and/or research capacity development of an institution at the historically disadvantaged and under-resourced institutions
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Executive Director: Grants Innovation and Product Development

Indicator Title	4.1.5 Number of Masters' and PhD students graduated or completed
Definition	Total number of Masters' and PhD students, including those (co)supervised by SAMRC staff, that have graduated, completed or met the criteria for obtaining their degree
Source of Data	RCD and Research Units
Method of Calculation/Assessment	Count the number of Masters' and PhD students graduated or completed or met the criteria for obtaining their degree
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	Vice President-Extramural Research and Internal Portfolio and Executive Director: Grants Innovation and Product Development

Table 41. Programme 5 - Research Translation

Indicator Title	5.1.1 Number of policies, reports and guidelines that reference SAMRC research
Definition	Total number of policies and guidelines that have been influenced by the SAMRC research
Source of Data	Unit records / Internet search
Method of Calculation/Assessment	Count the number of policies and guidelines that reference SAMRC research
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Bi-annual
Desired Performance	To achieve the target for the reporting period
Indicator Responsibility	President and Chief Executive Officer (CEO)

Indicator Title	5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers
Definition	Total number of reports and guidelines (co)produced by the SAMRC intramural researchers
Source of Data	Unit records / Internet search
Method of Calculation/Assessment	Count the number of reports and guidelines (co)produced by authors within the SAMRC intramural research units
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Bi-annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	President and CEO

Indicator Title	5.1.3 Number of national or international bodies/ committees that SAMRC researchers and research support employees serve on
Definition	Total number of national or international bodies/ committees that SAMRC researchers and research support employees serve on. Researchers and research support employees include Executive Management Committee (EMC), intramural research units, platforms, centres and offices, Grants Innovation and Product Development (GIPD), Research Integrity Office (RIO), and Knowledge and Information Management Services (KIMS)
Source of Data	Unit / HR records
Method of Calculation/Assessment	Count the number of SAMRC researchers and research support employees contributing to understanding of research findings, guiding policy and service improvement processes, or influencing research funding, through serving as technical advisors, and committee members
Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	President and CEO

Indicator Title	5.1.4 Number of conferences, seminars, webinars and continuing development points workshops supported by the SAMRC
Definition	Total number of conferences, seminars, webinars and continuing development points workshops supported by the SAMRC
Source of Data	Unit/HR records
Method of Calculation/Assessment	Count the number of SAMRC conferences, seminars, webinars and continuing development points workshops which the SAMRC supported financially

Assumptions	The evidence presented to the auditors is reliable, relevant and valid
Reporting Cycle	Annual
Desired Performance	To achieve set target for the reporting period
Indicator Responsibility	President and CEO

## **Annexures**

## Annexure A: Rio De Janeiro Declaration

### **RIO DE JANEIRO DECLARATION HEALTH SOVEREIGNTY IN INNOVATION AND DEVELOPMENT OF DIAGNOSTICS, VACCINES AND MEDICATIONS FOR ADDRESSING PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (PHEIC) IN THE GLOBAL SOUTH<sup>5</sup>**

#### **We:**

The representatives of Organizations, gathered in Rio de Janeiro on July 29-30, 2024, at the *Global Pandemic Preparedness Summit 2024*, organized by the *Coalition for Epidemic Preparedness Innovations (CEPI)*, the *Oswaldo Cruz Foundation*, and the *Brazilian Ministry of Health*,

Having reviewed the status of Global South countries in terms of lessons learned from the COVID-19 pandemic response and other health emergencies; establishment of Pandemic Financing mechanism; the capacity for readiness, preparedness and rapid, resilient response to Public Health Emergency of International Concern (PHEIC); equitable access to diagnostics, vaccines, medications, and other health technologies through research and development (R&D), technology transfer and enhancement of local and regional production capacity; supply chains, inequitable distribution, lack of trained health workforce; the feasibility of achieving the 100-day Mission for vaccines, diagnostics, and therapeutics; the need to improve integrated disease surveillance, data utilization and sharing, laboratory capacities; fit for purpose health workforce the requirements for continuous improvement and preparedness for existing and future health emergencies, and the necessity of coordinated cooperation and response efforts,

#### **Express:**

That the Global South countries were more severely impacted by the COVID-19 pandemic, due to the access to vaccines, medicines and diagnostics delay in arriving in these countries leading to significant morbidity and mortality within their populations.

That other outbreaks, existing epidemics and health emergencies also disproportionately affect individuals, communities, and health systems in Global South countries.

That concentration of global health supply chains continues to present significant barriers for Global South countries in accessing adequate and timely supplies of health technologies, including vaccines, medications, diagnostic reagents, consumables, medical and personal protective equipment, thereby hampering their response capabilities.

That the lack of solidarity during the COVID-19 pandemic, where developed countries secured two to three times the vaccine doses required for their populations, left less developed countries facing severe access challenges.

That appropriate and affordable vaccines, medications and diagnostics and are critical for public health and disease outbreaks. However, large segments of the global population, particularly in less developed countries, either lack access to these essential health tools or have limited access.

That the COVID-19 pandemic underscored the strategic importance of health technologies availability, including vaccines, diagnostics, therapeutics and other health products, during a pandemic emergency and revealed the limited production capacity in several regions. The COVID-19 pandemic demonstrated that market-driven mechanisms often override public health needs, as wealthier

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<sup>5</sup> [rio\\_de\\_janeiro\\_declaration\\_final\\_version\\_com\\_logos.pdf \(fiocruz.br\)](#). Accessed 4 September 2024

countries secured vast quantities of vaccines early on, while the global Covax-WHO mechanism lacked sufficient funding to ensure equitable access, resulting in significant cases and deaths and disruption of health systems in Global South countries.

That, considering the COVID-19 pandemic, we have witnessed the high degree of dependency of Global South countries on imports of active ingredients or pharmaceutical products, as well as various medical supplies and equipment, underscoring the need to learn lessons to avoid repeating these issues in Public Health Emergencies of International Concern.

That a key lesson from the COVID-19 pandemic is that we will not achieve equity in access to vaccines, treatments, diagnostics, and other strategic health tools and supplies, nor meet the needs of our populations, if we rely solely on the research and development, and production capabilities of Global North countries.

That continued investment in building and strengthening the science, technology, and innovation systems, and the regional and local end-to-end production capacity of Global South countries, is crucial for greater autonomy and stability in developing health technologies, promoting the generation and absorption of knowledge and technologies, and ensuring equitable access.

That the advancing climate crisis and natural disasters alters patterns of infectious diseases including zoonotic, neglected, and vector-borne diseases, and increases the likelihood of epidemics and new pandemics due to the spread, reemergence and/or emergence of pathogens, with developing countries being more vulnerable geographically, macroeconomically and in terms of access to necessary products and technologies.

That global efforts for the prevention of, preparedness for, and response to existing epidemics and Public Health Emergencies of International Concern will only be viable if we promote:

- Equitable and geographically diverse distribution of production capacity;
- Robust and sustainable investments in research and development, innovation, and production and supply processes in Global South countries, and
- Fair, transparent, and equitable mechanisms for pricing, licensing, and technology transfer that prioritize south/south, co-developed approaches to cooperation between north and South and equitable access.

**Therefore,**

**We urge:**

**First:** Allies and strategic partners to learn from the COVID-19 experience, to work together to overcome disparities in access between and within Global North and Global South countries, and to join forces, collaborate, engage in dialogue, and prioritize common issues and challenges, with the aim of enhancing international cooperation in science and technology, accelerating local and regional research and development, technology transfer, and innovation processes for the production of vaccines, treatments, diagnostics, and other health technologies to counter existing epidemic and pandemic threats in less developed countries.

**Second:** Funders, regional and multilateral organizations, cooperation agencies, public, private and not for-profit research organizations, civil society and other international community stakeholders to prioritize the development of cooperation projects and equitable access policies and funding conditions that focus on end-to-end research and development, transparency, knowledge-sharing, and technology transfer, and using and increasing production capacity for vaccines, treatments, diagnostics, and other strategic supplies in Global South countries to prevent inequities in access during a Public Health Emergency of International Concern.

**Third:** Funders, regional and multilateral organizations, cooperation agencies civil society, and international community stakeholders to support the establishment of the Alliance for Regional and Local Production, Innovation, and Access, as discussed within the G20 framework, which aims to reduce health inequalities for neglected and socially determined diseases, health emergencies and

pandemics, including disparities in access to vaccines, medications, diagnostics, and other health technologies, especially for vulnerable populations.

**Fourth:** Academic and research institutions in developing countries and the Global South to mobilize efforts to increase their contribution to research, development, innovation, and the generation of necessary knowledge and technology, forging strategic alliances, to develop appropriate policies to address current socio economic, socio-epidemiological, environmental, and health challenges.

**Fifth:** Regulatory Agencies to collaborate and build capacities in existing and emerging technologies, aiming for regulatory cooperation, convergence and harmonization, without creating barriers for countries still developing their capacities, recognizing the challenge of intellectual property and technology transfer.

**Sixth:** All stakeholders to work collaboratively, sharing data, information and knowledge, pooling cooperation efforts based on the principles of solidarity, addressing the interests of the Global South with shared responsibilities; equity, striving to overcome unnecessary and avoidable differences, through equitable benefit sharing; excellence, adopting an inclusive approach in preparedness, law, regulations aiming to achieve the highest quality in our endeavors for our populations; and respect, acknowledging the sovereignty and differences of each country with the aim to improve the health and well-being of populations in the Global South.

Rio de Janeiro, July 29-30, 2024



## Annexure B: Consolidated Indicators

Outcome	Outputs	Output Indicator	2025/26 Annual Target
<b>Programme 1: Administer health research effectively and efficiently, and in accordance with good corporate governance practices</b>			
1.1. To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa	Clean Audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation	Efficient expenditure of government allocated budget	1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	20%
<b>Programme 2: Lead the generation of new knowledge and funding of research</b>			
2.1. To produce and promote scientific excellence and the reputation of South African health research	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	1000
	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders	2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant- holders with acknowledgement of the SAMRC support	220
2.2 To provide leadership in the generation of new knowledge in health	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books	2.2.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC	650
2.3 To provide funding for the conduct of health research	Research grants awarded	2.3.1 Number of research grants funded by the SAMRC	210
<b>Programme 3: Supporting health innovation and technology development through funding to improve health</b>			
3.1 To support the development of innovations and technologies aimed at improving health	Innovation projects and technology funded by the SAMRC	3.1.1 Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	38
3.2 To develop innovations and technologies aimed at improving health	Innovation disclosures made by the SAMRC employees and students	3.2.1 Number of innovation disclosures made by the SAMRC employees and students	1



Programme 4: Building sustainable health research human capacity in South Africa				
4.1	To enhance the long-term sustainability of health research in South Africa by providing funding and supervision support for career development and/or institutional research capacity development	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	110
		Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to female recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	80
		Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to Black South African citizens and permanent resident recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	90
		Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists from historically disadvantaged and under-resourced institutions	4.1.4 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under-resourced institutions	35
		Masters' and PhD students graduated or completed	4.1.5 Number of Masters' and PhD students graduated or completed	50
Programme 5: Research translation into policy and practice to improve health				
5.1	To facilitate the translation of health research	Policies, reports and guidelines that reference SAMRC research	5.1.1. Number of policies, reports and guidelines that reference SAMRC research	50
		Reports and guidelines (co)produced by SAMRC intramural researchers	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	35
		SAMRC researchers and research support employees serving on national and international bodies/committees	5.1.3. Number of national or international bodies/committees that SAMRC researchers and research support employees serve on	140

	SAMRC supported conferences, seminar, webinars and Continuing Development Points (CPD) workshops	5.1.4. Number of conferences, seminars webinars and continuing development points workshops supported by the SAMRC	50
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## Annexure C: SAMRC's Materiality and Significance Framework 2025/26

The proposed Materiality and Significance Framework for the SAMRC, in terms of the Treasury Regulation 28.3.1 and the National Treasury Practice Note on Applications under of Section 54 of the Public Finance Management Act (PFMA), is as follows –

### **Section 50: Fiduciary duties of accounting authorities:**

- 1) The accounting authority for a public entity must –

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
(c) On request, disclose to the executive authority responsible for that public entity or the legislature to which the public entity is accountable, all material facts, including those reasonably discoverable, which in any way may influence the decisions or action of the executive authority or that legislature;	Disclose all material facts.	The Board will disclose to the National Department of Health all material facts as requested and all material facts not requested, including those reasonably discoverable, which in any way may influence the decisions or action of the National Department of Health, at the discretion of the Board.

### **Section 51: General responsibilities of accounting authorities:**

- 1) An accounting authority for a public entity –

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
(g) Must promptly inform the National Treasury on any new entity which that public entity intends to establish or in the establishment of which it takes the initiative, and allow the National Treasury a reasonable time to submit its decision prior to formal establishment; and	Disclose all material facts timeously.	Full particulars to be disclosed to the Minister of Health for approval after which it is to be presented to Treasury.

### **Section 54: Information to be submitted by accounting authorities:**

- 2) Before a Public Entity concludes any of the following transactions, the Accounting Authority for the Public Entity must promptly and in writing inform the relevant Treasury of the transaction and submit relevant particulars of the transaction to its Executive Authority for approval of the transaction:

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
a) Establishment of a company;	Any proposed establishment of a legal entity.	Full particulars to be disclosed to the Minister of Health for approval and National Treasury for noting
b) Participation in a <b>significant</b> partnership, trust, unincorporated joint venture or similar arrangement;	Qualifying transactions exceeds R15Mil (based on 1% - 2% guidance of total average	

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
	SAMRC assets, as at 31 March 2024).	
	This includes research collaborative arrangements	
c) Acquisition or disposal of a <b>significant</b> shareholding in a company;	Greater than 20% of shareholding.	
d) Acquisition or disposal of a <b>significant</b> asset;	Qualifying transactions exceeds R15Mil (based on 1% - 2% guidance of total average SAMRC assets, as at 31 March 2024).  Including Financial Leases	Any asset that would increase or decrease the overall operational functions of the SAMRC, outside of the approved strategic plan and budget.
e) Commencement or cessation of a <b>significant</b> business activity; and	Any activity not covered by the mandate / core business of the SAMRC and that exceeds the R15Mil transaction value (based on 1% - 2% guidance of total average SAMRC assets, as at 31 March 2024).	Full particulars to be disclosed to the Minister of Health and Minister of Finance (National Treasury) for approval (simultaneous submission).
f) A significant change in the nature or extent of its interest in a significant partnership, trust, unincorporated joint venture or similar arrangement.	Qualifying transactions exceeds R15Mil (based on 1% - 2% guidance of total SAMRC assets, as at 31 March 2024)	

### **Section 55: Annual report and financial statements**

- 2) The annual report and financial statements referred to in subsection (1) (d) ("financial statements") must -
- a) fairly present the state of affairs of the Public Entity, its business, its financial results, its performance against predetermined objectives and its financial position as at the end of the financial year concerned;
  - b) include particulars of—

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
(i) Any material losses through criminal conduct and any irregular expenditure and fruitless and wasteful expenditure that occurred during the financial year:	All instances	<ul style="list-style-type: none"> <li>• Report quarterly to the Minister of Health.</li> <li>• Report annually in the Annual Financial Statements</li> </ul>
(ii) Any criminal or disciplinary steps taken as a consequence of such losses or irregular expenditure or		

fruitless and wasteful expenditure;		
(iii) Any losses recovered or written off;		
(iv) Any financial assistance received from the state and commitments made by the state on its behalf; and		
(v) Any other matters that may be prescribed.	All instances, as prescribed	

**Section 56: Assignment of powers and duties by accounting authorities**

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
<p>1) The accounting authority for a public entity may—</p> <p>(a) In writing delegate any of the powers entrusted or delegated to the accounting authority in terms of this Act, to an official in that public entity</p> <p>(b) Instruct an official in that public entity to perform any of the duties assigned to the accounting authority in terms of this Act.</p>	Values excluded from the Delegation of Authority Framework Policy.	Instances that are excluded from the Delegation of Authority Framework Policy.
<p>2) A delegation or instruction to an official in terms of subsection (1)—</p> <p>(c) Is subject to any limitations and conditions the accounting authority may impose;</p> <p>(d) May either be to a specific individual or to the holder of a specific post in the relevant public entity; and</p> <p>(e) Does not divest the accounting authority of the responsibility concerning the exercise of the delegated power or the performance of the assigned duty.</p>	Values excluded from the Delegation of Authority Framework Policy.	Instances that are excluded from the Delegation of Authority Framework Policy.

### ***Treasury Circulars and Guidelines related to Supply Chain Management***

- 1) National Department of Health and National Treasury are to be notified of procurement transactions exceeding R15 Million;
- 2) Notify National Treasury of variation amounts in excess of:
  - a. 20% or R20 Million (including applicable taxes) for construction related orders; and
  - b. 15% or R15 Million (including applicable taxes) for goods / service related orders

The materiality level mentioned above was calculated using the guidance practice note of the National Treasury. Using these guidance parameters below, the SAMRC materiality level calculation outcomes are as follows:

<b>Element range</b>	<b>% to be applied against R value</b>	<b>Audited Value at 31 March 2023</b>	<b>Calculated Materiality &amp; Significance Value</b>
Total Assets (1%-2%)	1.49%	R1 009 310 825	R15 000 000

The SAMRC materiality and significance value will be R15 Million based on the percentage range of the total asset element and the significant fluctuations in the month-to-month total asset value. This is the most stable element, given the performance statement outcomes associated with the current economic climate challenges.

## Annexure D: Acronyms

<b>4IR</b>	Fourth Industrial Revolution
<b>AGSA</b>	Auditor-General of South Africa
<b>BGI</b>	Beijing Genomics Institute
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>NHSP</b>	Bongani Mayosi National Health Scholars Programme
<b>BRICS</b>	Brazil, Russia, India, China, South Africa
<b>BRICS+</b>	Intergovernmental organisation of ten countries (Brazil, Russia, India, China, South Africa, Egypt, Ethiopia, Indonesia, Iran and the United Arab Emirates)
<b>BRILLIANT</b>	Bringing Innovation to cLinical and Laboratory research to end HIV In Africa through New vaccine Technology
<b>CSSFF</b>	Chan Soon-Shiong Family Foundation
<b>CEO</b>	Chief Executive Officers
<b>CFO</b>	Chief Financial Officer
<b>CEPI</b>	Coalition for Epidemic Preparedness Innovations
<b>Code</b>	Code of Business Conduct Framework Policy
<b>CUPS</b>	Contracting Unit for Primary Services
<b>COVID-19</b>	Coronavirus disease
<b>CSIR</b>	Council of Scientific and Industrial Research
<b>DHS</b>	Demographic and Health Surveys
<b>DSI</b>	Department of Science and Innovation
<b>EMC</b>	Executive Management Committee
<b>EMU</b>	Extramural Research Units
<b>GC</b>	Grand Challenges
<b>GIPD</b>	Grants Innovation and Product Development Unit
<b>HEI</b>	Higher Education Institutions
<b>HCT</b>	HIV Counselling and Testing
<b>HVTN</b>	HIV Vaccine Trials Network
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRH</b>	Human Resources for Health
<b>HSRC</b>	Human Sciences Research Council
<b>ICT</b>	Information and Communications Technology
<b>ICF</b>	International Classification of Functioning, Disability and Health
<b>IPF</b>	Intimate Partner Femicide
<b>IPV</b>	Intimate Partner Violence
<b>IMU</b>	Intramural Research Units
<b>LLM</b>	Large Language Models
<b>LMICs</b>	Low- and Middle-Income Countries
<b>MeDDIC</b>	Medical Device and Diagnostic Innovation Cluster
<b>MTDP</b>	Medium-Term Development Plan
<b>MTSF</b>	Medium-Term Strategic Framework
<b>MASTRU</b>	Mental Health, Alcohol, Substance Use and Tobacco Research Unit
<b>NDOH</b>	National Department of Health
<b>NDP 2030</b>	National Development Plan 2030
<b>NHI</b>	National Health Insurance

<b>NHRC</b>	National Health Research Committee
<b>NHRD</b>	National Health Research Database
<b>NHRS</b>	National Health Research System
<b>NIAID</b>	National Institute of Allergy and Infectious Diseases
<b>NIMART</b>	Nurse Initiated Management of Antiretroviral Therapy
<b>NSI</b>	National System of Innovation
<b>NCDs</b>	Non-communicable diseases
<b>OA2020</b>	Open Access 2020
<b>PMAO</b>	Project and Management Accounting Office
<b>POPIA</b>	Protection of Personal Information Act
<b>PFMA</b>	Public Finance Management Act
<b>PHEIC</b>	Public Health Emergencies of International Concern
<b>PHEF</b>	Public Health Enhancement Fund
<b>PPP</b>	Public-Private Partnership
<b>R&amp;D</b>	Research and Development
<b>RCD</b>	Research Capacity Development
<b>RNA</b>	Ribonucleic acid
<b>S&amp;T</b>	Science and Technology
<b>SETI</b>	Science, Engineering and Technology Institution
<b>SARS-CoV-2</b>	Severe acute respiratory syndrome coronavirus 2
<b>SADHS</b>	South African Demographic Health Survey
<b>SAHRC</b>	South African Human Rights Commission
<b>SAMRC</b>	South African Medical Research Council
<b>NHREC</b>	South African National Health Research Council
<b>SAPRIN</b>	South African Population Research Infrastructure Network
<b>SADC</b>	Southern African Development Community
<b>SNF</b>	Stavros Niarchos Foundation
<b>SHIP</b>	Strategic Health Innovation Partnerships
<b>SDGs</b>	Sustainable Development Goals
<b>TID</b>	Technical Indicator Descriptor
<b>TIA</b>	Technology Innovation Agency
<b>TRIPS</b>	Trade-Related Aspects of Intellectual Property Rights
<b>TR</b>	Treasury Regulations
<b>TB</b>	Tuberculosis
<b>USAID</b>	U.S. Agency for International Development
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund
<b>UHC</b>	Universal Health Coverage
<b>UHC/NHI</b>	Universal Health Coverage/ National Health Insurance
<b>USAF</b>	Universities South Africa
<b>WHO</b>	World Health Organization
<b>WHO-AFRO</b>	World Health Organization African Region