

# **SOUTH AFRICAN MEDICAL RESEARCH COUNCIL**

STRATEGIC PLAN  
2025/26 - 2029/30

**DATE OF TABLING - MARCH 2025**



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA





# **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.

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# EXECUTIVE AUTHORITY STATEMENT

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

This SAMRC 2025/26-2029/30 Strategic Plan considers all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible and accountable for.

It also accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2025/26-2029/30.



**Dr. Pakishe Aaron Motsoaledi, MP**  
*Minister of Health*

# ACCOUNTING

## OFFICER STATEMENT

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The strategic direction of the South African Medical Research Council (SAMRC) is guided by the SAMRC Act No. 58 of 1991 (SAMRC Act), which gives a mandate to the SAMRC to through research, development and technology transfer, promote the improvement of the health and the quality of life of the population of the Republic and to perform other such functions as may be assigned to the SAMRC by or under this Act. The Act further sets out the functions, powers and duties of the SAMRC.

The year 2024 marked the last year of the SAMRC strategic planning period 2020/21– 2024/25 and coincided with 30 years since the historic and democratic election of 27 April 1994. The SAMRC has played a significant role in addressing many of the key strategic issues in medical research, research ethics, research integrity and corporate governance over the past 30 years, particularly within the context of South Africa and the African continent, and within the context of the SAMRC Act. SAMRC has been involved in various research initiatives, collaborations, and studies related to these strategic issues. Some of those strategic issues include: (a) conduct research on South Africa's quadruple burden of disease: maternal, newborn and child health, HIV/AIDS and TB, non-communicable diseases, and interpersonal violence, (b) Research into the South African mortality rate which leads to the production of an annual Rapid Mortality Surveillance Report, (c) fostering conduct of research within the legal and ethical framework and with integrity, (d) conduct of research and promoting research integrity, (e) building the next generation of scientists, (f) transformation in research and organisational personnel, (g) translation of research into policy and practice, and (h) excellence in its fiscal discipline and effective corporate governance characterised by multiyear clean audits. These strategic issues have been critical in advancing medical research, healthcare and research management in the region.

The critical role that SAMRC played from the beginning of the COVID-19 pandemic and up to a

point where it was classified by the World Health Organization in May 2023 to no longer constitute a public health emergency cannot be overlooked. For this strategic plan 2025/26 -2029/30, the SAMRC has taken stock of the lessons learned from the COVID-19 pandemic, to remain alert and be prepared to respond to the spread of potentially dangerous emerging infectious diseases. The resources invested, teamwork and solidarity that came into play during the height of the pandemic should continue and will be key to future pandemic preparedness and response.

The immediate past SAMRC President and CEO, Professor Glenda Gray, has been instrumental in the implementation of our 2015/16-2019/20 and 2020/21 – 2024/25 strategic plans. Fast tracking transformation in the organization, science and science leadership, remained integral parts of the SAMRC's strategies under Prof. Gray's leadership tenure. A ten-year review of Transformation at the SAMRC is showing major demographic shifts toward equity across a range of intramural and extramural measures. The term of Prof. Gray as the SAMRC President and CEO ended on 30 June 2024, and we thanked her for the sterling work that she performed during her ten years as the leader of the SAMRC.

Professor Ntobeko 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. Prof. Ntusi will be responsible for implementing the

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strategic plan 2025/26 -2029/30 and at the top of his 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 SAMRC strategic plan 2025/26 -2029/30 builds on the successes of the past and considers the lessons learnt from the previous strategic plans and 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 and prevention tools, especially vaccines, as well as improved diagnostic tools, while localizing the development and production of new drugs and devices, to improve the health and lives of the South Africans. This strategic plan demonstrates a pledge for change 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 improved health and quality of life of the population of the Republic.

As we implement this strategic plan over the next five years, we invite all our stakeholders to join hands with us in this journey and point out areas of possible improvements, collaborations, and partnerships. Mother Teresa once said, "I can do things you

cannot, you can do things I cannot; together we can do great things". The African Proverb about the value of the community says, "if you want to go fast go alone, if you want to go far go together". It is with these words that we value your partnerships that will enable us to successfully execute our strategic plan 2025/26 -2029/30.

As the Sustainable Development Goals and the National Development Plan 2030 enters their last five years of existence, the SAMRC Board acknowledges that this strategic plan is aligned to these two important documents. Therefore, as the SAMRC Board, we fully support this strategic plan, and we are confident that it will support the SAMRC's agenda to lead relevant and responsive medical research in South Africa and to fund research that has impact on diseases affecting people in Africa and globally.



**Professor Johnny Ndoni Mahlangu**

*Board Chairperson:*

*South African Medical Research Council*

# STATEMENT BY THE PRESIDENT OF THE SAMRC

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

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

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

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

The Strategic Plan 2025/26–2029/30 also confirms our focus to fund research based on local development priorities and disease burden, while ensuring that our research is globally relevant. Through Self-Initiated Research grants, the largest set of grant awards, where approximately 45 new three-year awards are made annually, we aim to develop scientific capacity and transformation of the pipeline of researchers. Through the Mid-Career Scientist Programme, we aim to create a new generation of science leaders.

Transformation in science remains an integral part of our strategy, we have over the past five years increased the number of Masters' and Doctoral students supported through our programmes, while developing a cohort of interns and clinicians, which includes the Bongani Mayosi National Health Scholars Programme (NHSP), an ambitious public-private partnership. The Bongani Mayosi NHSP is a flagship PhD development programme and a national initiative to advance the next generation of African health and clinical scientists. The Programme is funded by the NDOH and the Public Health Enhancement Fund (PHEF), the PHEF is a non-profit entity to leverage and contribute to strengthening the health sector, which will lead to a stronger relationship between public and private sectors to the benefit of all our people. The Bongani Mayosi NHSP has already produced 47 graduates (87% of which are PhDs) in various health professions.

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

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

Partnerships across frontiers, North-South, South-East, South-South, remain critical in furthering our

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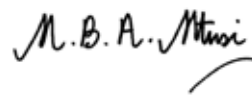
mission as we rollout the Strategic Plan. Among key collaborations is the first Genomics Sequencing Facility on African soil. Part of our agreement with the Beijing Genomics Institute is to create a national asset to contribute to the better understanding of genetics and disease and enabling the SAMRC to harness the science of genomics for personalised medicine.

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

This strategic plan describes how the SAMRC intends to work with our stakeholders to deliver on our mandate. The Strategic Plan is grounded in SAMRC's continued commitment to promote the improvement of the health and quality of life of the population of the Republic. The strategic plan envisions bold programmes and indicators to meet the SAMRC mandate and make a difference to millions of lives. The plan encompasses the combination of our vast national experience and our rich regional, continental and global networks.

As South Africa celebrates 30 years of democracy, the 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, access, inclusivity, social justice, 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 this South African Medical Research Council Strategic Plan was developed by the executive of the South African Medical Research Council with the support and guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board, and Professor Ntobeko Ntusi, SAMRC President and Chief Executive Officer.

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

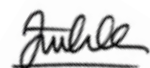
The document accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2025/26 – 2029/30.

## Programme 1 – Administration



**Mr Sivuyile Ngqongwa**  
Chief Financial Officer

## Programme 2 – Core Research



**Prof Liesl Zühlke**  
Vice President: Extramural Research  
and Internal Portfolio

## Programme 3 – Innovation and Technology



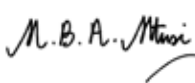
**Dr Michelle Mulder**  
Executive Director:  
Grants, Innovation and Product Development

## Programme 4 – Capacity Development



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

## Programme 5 – Research Translation



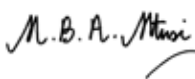
**Prof Ntobeko Ntusi**  
SAMRC President & Chief Executive Officer



**Mr Sivuyile Ngqongwa**  
Chief Financial Officer



**Dr Mongezi Mdhuli**  
Head Official Responsible for  
Strategy and Planning



**Prof Ntobeko Ntusi**  
President and Chief Executive Officer



**Prof Johnny Mahlangu**  
Chairperson of the Board

## Approved by



**Dr. Pakishe Aaron Motsoaledi, MP**  
Executive Authority



**PART A:**  
SAMRC MANDATE

## 1. SAMRC Act's 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. Constitutional mandate

### 2.1 Constitutional mandate

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

#### 2.1.1 Chapter 2: Bill of Rights

SECTION	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

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

### 2.1.3 Chapter 13: Finance

SECTION	HEADING	DESCRIPTION
217	Procurement	<p>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.</p> <p>Subsection (1) does not prevent the organs of state or institutions referred to in that subsection from implementing a procurement policy providing for–</p> <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> <p>National legislation must prescribe a framework within which the policy referred to in subsection (2) must be implemented.</p>

## 3. Legislative mandate

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

The SAMRC is guided by this mandate to prioritise 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 five 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, 2008

The SAMRC is subjected to this Act which aims to provide for more effective utilisation 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

LEGISLATION	PURPOSE/AIM
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, 1995 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, 1998 (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 trade marks 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

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## 4. Policy mandates

### 4.1 National Development Plan-2030

The South African National Development Plan 2030 (NDP 2030), under the theme “Our future-make it work”, is a broad strategic framework to guide key choices and actions, and common focus for actions across all sectors and sections of the South African society. This plan promotes unity among South Africans and unleashing of energies by its citizens to grow an inclusive economy, building capabilities, and enhancing the capability of the state and leaders to work together to solve complex problems.

Promotion of health is one of the key enablers of the NDP 2030. The plan 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 plan is to build a strong and adequate capacity of health care workers and that they be deployed where they are most needed. The plan recognises 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 reduce prevalence of noncommunicable diseases

In addition to health enablers, SAMRC will continue to contribute to the following enablers of the plan

- a) Combating corruption: evidence by the sustained good governance and clean audit outcomes over the past strategic planning period and beyond
- b) Improving education, training and innovation: dedicated innovation and capacity development performance programmes in the SAMRC Strategic Plan 2025 to 2030 and the corresponding Annual Performance Plans.
- c) Transforming society: SAMRC has put transformation at the top of the agenda by appointing an Executive Director responsible for transformation

### 4.2 Medium-Term Development Plan 2024 - 2029

In 2024, South Africa celebrated 30 years of democracy and introduction of the 7th government administration. The draft Medium-Term Development Plan (MTDP)<sup>1</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:

<sup>1</sup> Final MTDP was not published at the time of submission of the Strategic Plan 2025-2030

## PART A: SAMRC MANDATE

continued

PRIORITY	DESCRIPTION
1.	Economy, employment and infrastructure
2.	Transitioning to a low carbon economy
3.	Urbanisation and positioning cities as engines of shared growth and prosperity
4.	Inclusive rural development, agriculture and food security
5.	Spatial transformation, community development, sustainable human settlements, and basic services
6.	Realising the rights of women, youth, persons with disabilities, and children
7.	Education and training
8.	Advancing science, innovation and technology
9.	Health and wellbeing
10.	Social protection
11.	Safer communities
12.	Building a capable and developmental state
13.	Transforming society and uniting the country
14.	Better Africa, better world

The SAMRC Strategic Plan 2025/26 to 2029/30 and its operations will contribute to the realisation of the MTDP for the following priorities:

PRIORITY	SAMRC CONTRIBUTION
1.	<ul style="list-style-type: none"> <li>• Internships and creating job opportunities</li> </ul>
2.	<ul style="list-style-type: none"> <li>• Transitioning to use of hybrid vehicles and renewable energy</li> <li>• Sustainability monitoring and evaluation</li> </ul>
6.	<ul style="list-style-type: none"> <li>• Dedicated research unit on gender and health</li> </ul>
7.	<ul style="list-style-type: none"> <li>• Programme 4 of the Strategic Plan and Annual Performance Plans</li> <li>• GEN-S Programme as a Career Planning programme in support of learners making informed career decisions</li> </ul>
8.	<ul style="list-style-type: none"> <li>• Programmes 2 and 3 of the Strategic Plan and Annual Performance Plans</li> </ul>
9.	<ul style="list-style-type: none"> <li>• Embedded in the SAMRC mandate</li> </ul>
11.	<ul style="list-style-type: none"> <li>• Research on interpersonal violence and injury</li> </ul>
12.	<ul style="list-style-type: none"> <li>• Excellent corporate governance</li> <li>• Zero tolerance to corruption</li> <li>• Promoting ethical behaviours</li> <li>• Efficient and effective systems and operations</li> <li>• Achieving/exceeding targets in the Strategic Plan and Annual Performance Plans</li> </ul>
13.	<ul style="list-style-type: none"> <li>• Partnerships with all forms of media platforms</li> <li>• Partnerships with community-based organisations, community advisory board, etc</li> <li>• Representation of community members in the research ethics committees</li> </ul>
14.	<ul style="list-style-type: none"> <li>• Collaboration with African counterparts and beyond</li> </ul>

### 4.3 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).



The SAMRC Strategic Plan and Annual Performance Plans align to many 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.

The 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.

#### 4.4. 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 submit to the National Health Research Committee (NHRC). 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.

#### 4.5. Government to Government Collaborations

The 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.

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#### **4.6. South Africa - SADC and the Rest of Africa**

South Africa is signatory to a number of conventions within the Southern African Development Community (SADC), African Union (AU) and WHO. Through these institutions, the 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.

#### **4.7. 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.

#### **4.8. 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.

### **5. SAMRC policy and strategies over five-year planning period**

- 5.1. Policies and strategies governing research
- 5.2. Research Integrity Guidelines
- 5.3. Health, Safety and Environmental policies
- 5.4. Supply Chain Management policies
- 5.5. Human Resources policies
- 5.6. Code of Business Conduct Framework
- 5.7. Enterprise Risk Management policies and frameworks
- 5.8. Project and Management Accounting policies
- 5.9. Finance Management policies
- 5.10. Corporate and Marketing Communications policies
- 5.11. Facilities Management policies
- 5.12. Information Technology Services policies
- 5.13. Legal and Compliance Services policies
- 5.14. Knowledge and Information Management Services standard operating procedures

### **6. Relevant Court Rulings**

None



**PART B:**  
SAMRC STRATEGIC FOCUS

## 7. Vision

Building a healthy nation through research, innovation and transformation.

## 8. 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. Values

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

VALUES	DEFINITION
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, optimise 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.

## 10. Situational analysis

### 10.1. General background

The SAMRC reports to the National Department of Health (NDOH) and is the largest local funder of health research. The SAMRC funds discovery research as well as R&D aimed at developing new or improved medical diagnostics, medical devices, treatment regimens, vaccines and therapeutics. Given this background and the functions imposed on the SAMRC by and under the SAMRC Act (namely to undertake the investigations or research which the Minister may assign to it; advise the Minister on the determination of policy and national priorities regarding research; and on development, promotion, implementation and coordination of research on a national basis), the SAMRC is well positioned to facilitate and support the 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 NDOH through appropriate health research, public health and technology innovation is indispensable and contributes towards improving the health status of South Africans.

### 10.2. Key strategic outcomes for the 30-year period

As the nation celebrated 30 years of democracy in 2024, it was fitting to reflect on the SAMRC strategic outcomes over the past 30 years. The SAMRC research was focused on the top ten causes of morbidity and mortality, disability and associated risk factors in the South African population. The SAMRC has been involved in various research initiatives, collaborations, and studies critical in advancing medical research and healthcare in the region. Some key strategic issues that the organisation undertook include:

## PART B: SAMRC STRATEGIC FOCUS

continued

- (a) Research on South Africa's quadruple burden of disease: maternal, newborn and child health; HIV/AIDS and tuberculosis; noncommunicable diseases; and interpersonal violence including GBV.
- (b) Research into the South African burden of disease and mortality rate(s) which leads to the production of an annual Rapid Mortality Surveillance Report.
- (c) Research is conducted within legal and ethical frameworks, and with integrity. It contributes to knowledge generation, the development of new technologies, building the next generation of researchers, and research translation and shaping of health policies.
- (d) Transformation, which to date remains an integral part of building sustainable health research capacity in South Africa. The demographics of the Board and Executive Management Committee (EMC) have, over the years, changed to be inclusive of different races in the country.
- (e) The separation of duties between the Board and the EMC is in line with the principles of good corporate governance as described in the Kings' Reports.
- (f) The commitment to Corporate Governance remains unwavering in ensuring efficient internal controls and upholding good governance. This is demonstrated by the consistent attainment of clean audit results from the Auditor-General over multiple years.
- (g) Building the next generation of health researchers, where one of the five strategic programmes of the SAMRC is research capacity development (RCD) with the aim of building and transforming the next generation of health researchers. The SAMRC's RCD platform now offers 11 programmes, spanning the pipeline from Masters's degrees to support for mid-career researchers, and supports more than 170 individuals per annum to conduct research towards higher degrees or to develop their research careers. The Bongani Mayosi National Health Scholars Programme is contributing to the national aim of increasing the number of PhDs in the health sciences, including clinicians. Notable in these programmes is the focus on black and female beneficiaries. By 2023, more than 80% of the scholarship and career award beneficiaries were black and more than 70% female.
- (h) Growing and responsibly managing funding for health research and innovation - Another of the SAMRC's strategic priorities is funding high-quality and impactful health research and innovation in the country. This is achieved through SAMRC grant programmes, strategic funding partnerships and bilateral and multilateral funding partnerships with a variety of countries, including those in the BRICS network and from the Global North. Health innovation towards the development of new products and services to ensure health impact is supported through grants, hands-on support and broader ecosystem development. The SAMRC's baseline grant from the NDOH has been effectively used to support high-quality projects across the value chain, spanning different types of research and key priority areas. It has also been used successfully to leverage substantial additional funding flows into the country for health research and innovation through strategic funding partnerships with national governments, and philanthropic and other national health research funders.
- (i) Building the health innovation ecosystem in South Africa - Funding individual projects advance science in key priority areas and builds capacity in research teams; however, the SAMRC recognises the need to build the broader health innovation ecosystem to enhance efficiencies and ensure that research impacts the health of the nation. The organisation supports a number of initiatives towards this aim, including the research and development programme of the mRNA technology transfer hub (led by the WHO and Medicines Patent Pool), which is supporting the full vaccine development pipeline from surveillance of emerging pathogens to vaccine candidate development and testing and manufacturing process development; capacity development for vaccine manufacture through the Chan Soon-Shiong Family Foundation-SAMRC programme; the Technology Innovation Agency (TIA)-funded Medical Device and Diagnostic Innovation Cluster (MeDDIC) and SAMRC-TIA Seed Fund, aimed at increasing local innovation

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in the medical devices and diagnostics sector and increasing the size and competitiveness of the local manufacturing industry; and investments in the “omics”, including the SAMRC Genomics Platform and precision medicine initiatives.

- (j) In 2017, the SAMRC partnered with other researchers to embark on a new proof-of-concept study called Imbokodo, which enrolled 2,600 HIV-uninfected women aged 18 to 35 years in sub-Saharan Africa and was implemented at clinical trial sites through the National Institute of Allergy and Infectious Diseases (NIAID) also funded by the HIV Vaccine Trials Network (HVTN).
- (k) Tuberculosis is among the top ten causes of death in South Africa and the SAMRC is compelled to conduct responsive research to decrease this disease burden. SAMRC has through the internal and external research units managed to put tuberculosis under the spotlight by identifying gaps in the prevention and management of the epidemic.
- (l) In 2019, the SAMRC launched Africa’s first whole genome sequencing institute in partnership with the Beijing Genomics Institute (BGI). The SAMRC Genomics Platform serves as a resource to both South Africa and the rest of the African continent.
- (m) Establishment of 14 new extramural research units (EMU) in the past 5 years (total 28 EMUs) – seven of which are led by recognised and emerging women science leaders. This is in line with our Transformation Agenda and commitment to bringing a gender parity to science.
- (n) The SAMRC was instrumental in the fight against COVID-19 including designing and implementing Sisonke study which provided early access to vaccines to healthcare workers. The SAMRC launched a new SARS-CoV-2 Wastewater Surveillance Programme and Dashboard. The Dashboard is part of a wastewater-based early warning system for COVID-19 and other pathogens on which information about levels of SARS-CoV-2 RNA are shared with the public and public health decision-makers, based on data from more than 70 wastewater treatment plants across four provinces in the country.

### 10.3. Outlook for the next five years

Notwithstanding the current tough economic climate and a worrying economic outlook, the SAMRC is committed to ensuring proper allocation of core funding from the National Treasury through NDOH, grants and contracts from the Department of Science and Innovation and other government departments and entities, and other income/funding generated to improve the health of people in South Africa, through research, innovation, development, and technology transfer.

The SAMRC will continue to support programmes to address the top 10 causes of mortality in South Africa; invest in efforts to reduce morbidity and improve health outcomes; support health innovation and technology development, build a sustainable health research capacity and ensure translation of research into policy and practice that improves health.

The SAMRC will, further, take lessons from COVID-19 to ensure adequate preparation for the next pandemic. Pandemic preparedness is, in some circles, defined as a national security issue. Therefore, during “peace” there is a need for ministries such as Finance and Health to have a deeper understanding of the potential for pandemics to devastate the Nation. Political commitment is urgently needed. At this stage, it can no longer be asked whether there will be another pandemic. The question to be asked is whether we will be ready when the next pandemic hits. The SAMRC will continue to form part of and/or spearhead the processes for pandemic preparedness. We cannot wait for the next crisis to act; time to act is now. On the collaboration and partnership aspect, SAMRC will continue to strengthen its relationships with local regional and international universities and institutions.

### 10.4. Environmental analysis

The SAMRC recognises the importance of considering environmental changes and trends for threats and opportunities to assist in the development of its strategies. We realise the necessity for paying attention to both external and internal environments for the organisation to remain relevant, responsive and competitive. The SAMRC has identified critical stakeholders and research areas, that will inform the entity’s priorities and decision making over the five-year strategic planning period.

#### 10.4.1. External environmental analysis

##### 10.4.1.1. National Department of Health

The National Health Act (2003) set the mandate for the National Department of Health and provides a framework for a structured and uniform health system for South Africa. Among other responsibilities, the National Health Act (NHA) requires the Minister to determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population. In line with the aforementioned requirements in the NHA, the SAMRC Act, provides for the establishment of the SAMRC and its role in relation to health research, including undertaking the investigations or research which the Minister may assign to it, advising the Minister on the determination of policy and national priorities regarding research and development, promotion, implementation and coordination of research on a national basis.

Over the years the SAMRC has conducted several studies and surveys that provide information that was used by the Department and government in general for planning and assessing progress towards realising government's objectives. In the next planning period, the SAMRC will assist the 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, focused 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 the provision of timely information about the health of the nation and for monitoring and evaluation. Throughout 30 years of democracy, South Africa has conducted three DHS (1998, 2003 and 2016). The five-year cycle of the DHS is important for the provision of timely and up-to-date estimates and enables proper policy and decision making and ultimately leads to better strategies for improving service delivery and health of the nation. The thirteen-year gap between the

SADHS 2003 and 2016 means service delivery and health programmes implemented then were with outdated information.

The 2016 SADHS was conducted through partnership between SAMRC and Statistics South Africa (Stats SA) under the leadership of the NDOH. The primary objective of the SADHS 2016 was to provide estimates of basic demographic and health indicators. Information collected in 2016 included fertility levels; marriage status; sexual activity; fertility preferences; awareness and use of contraceptives; breastfeeding practices; nutrition; childhood and maternal mortality; maternal health, including antenatal and postnatal care; key aspects of child health, including immunisation coverage and prevalence and treatment of acute respiratory infection (ARI), fever, and diarrhoea; potential exposure to the risk of HIV infection; coverage of HIV counselling and testing (HCT); and physical and sexual violence against women.

In preparation for the fourth SADHS, which is expected to be conducted in 2025, the NDOH with support from the 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 the NDOH, the 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.

It is estimated that the fourth SADHS process, from start to release of the final report, will take twenty-

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eight months. 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 South African Human Rights Commission (SAHRC) conducted an investigative hearing into the status of mental health care in South Africa and released a report titled "Report of The National Investigative Hearing into The Status of Mental Health Care In South Africa". One of the key findings from this report was that child and adolescent mental services are lacking in South Africa. It was recommended in the report that the NDOH should assess the public mental health system's ability to cater for the needs of children and adolescents with psychosocial disabilities. The SAHRC recommends that this assessment should involve two components, namely (i) national representative prevalence survey, with sampling from communities/schools and (ii) survey of the current/adolescent mental health services to assess current service availability and utilisation. The NDoH has requested SAMRC to assist it with component (i) and we included this project in the 2024/25 annual performance plan, subject to funding allocation by NDOH.

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 SA. 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 preliminary work which covers the following tasks:

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) 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 Center for Child and Adolescent Mental Health at the Child Mind Institute, who are working to promote the mental health young people in LMICs 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 and Leadership	Holding all sectors of the society, including government, the private sector, workplace, 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: 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 Gender Based Violence (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?

**10.4.1.2. National Health Research Committee**

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

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an integrated national strategy for health research; to coordinate the research activities of public health authorities; and to identify and advise the Minister on health research priorities.

The NHRC hosted a National Health Research Summit in 2022 with the aim of reviewing the country's National Health Research System (NHRS); evaluating lessons learned from COVID-19; as well as assessing 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 the following recommendations:

- (a) Ongoing advances in research for health should incorporate and embrace advances in technology, digital health and the fourth industrial revolution (4IR).
- (b) The implementation of UHC and NHI as its funding mechanism should be informed and underpinned by research in implementation science, epidemiological trends as well as social and structural determinants of health.
- (c) Investments in basic science research, innovation, manufacturing of diagnostics, therapeutics and vaccines – including capacity development and discovery research to drive them are critical going forward.
- (d) Investments in national genomic and epidemiological surveillance systems and scientific modelling, are necessary in the planning, management, and resource allocation for current infectious and non-infectious threats, as well as future pandemics.
- (e) The pandemic highlighted the necessity to strengthen collaborative partnerships at national and global level-including the WHO, local and international funders, universities and HEIs, PPPs, mobile companies, civil society, and research communities – all should be strengthened to advance research for health.
- (f) The direct and indirect effects of COVID-19, amongst others, compounded the burden of NCDs, contributed to loss of gains made in reduction of maternal mortality, exacerbated GBV and expanded the depth of mental ill-health. Hence research on both the direct biological effects of infectious agents and their indirect impact on health systems requires emphasis, within and beyond pandemics.
- (g) In addition to research on health system resilience, strengthening and preparedness for current and future pandemics (infectious and non-communicable), research aimed at discerning the extent of the human toll in a pandemic, social drivers and human behavior contributing to ill-health as well as underlying psychosocial drivers for vaccine hesitancy remains lacking.
- (h) Research related to infectious, respiratory, nutritional conditions as well as SIDS and injury should be prioritised to reduce under five-year childhood mortality, whereas research on mental conditions and substance abuse should be areas of additional focus for older children.
- (i) There is a need to reinforce research on the behavioral science and psychosocial aspects underlying the abuse of alcohol, drugs, and other intoxicating substances as they contribute to the burden of violence and injury – including homicide, road traffic accidents and GBV - to inform and fortify policies for prevention of morbidity and mortality related to violence and injuries.
- (j) Research to inform implementation of the NHI, the funding model for attainment of UHC, should include amongst others, revenue collection for the NHI Fund, enumeration of PHC personal care cost and exploration of funding models for Contracting Unit for Primary Services (CUPS). Strengthening district and subdistrict level research and governance should include formalisation of district and sub-district learning partnerships (e.g. between researchers, HEIs and policy makers) as well as implementing DHS 'literacy' and capacity development. Further, addressing community engagement, social and

structural determinants health, strengthening governance and leadership, transparency, inclusivity and accountability, and allocation of adequate resources remain fundamental.

- (k) As part of PHC reengineering and reform, integration and coordination of key healthcare system policies, guidelines, and practices, such as those pertaining to HIV and AIDS, tuberculosis, metabolic syndrome, maternal child health and cancer, remains paramount.
- (l) PPPs should be further strengthened as additional opportunities for research, research funding, innovation and to support capacity building for research.
- (m) Research and mapping exercises to track funding resources for research for health should be prioritised, further, strategic, and legislative frameworks should be explored to ensure alignment of government investment in research for health with commitments made internationally to finance health research (such as the Mexico and Bamako Declarations). Given that funding sources and agencies for health research are predominantly international, initiatives (such as the SAMRC's Funders Fora) aimed at aligning external funding with research on health priorities for the country should be strongly supported and sustained. New financial partnerships uncovered by the pandemic should be further strengthened and explored to support research for health. The establishment of a National Research for Health Priority Fund, to fund health research priorities, supported by international and novel sources of funding (including the private sector), should be a foremost priority for implementation.
- (n) The optimisation, implementation of, and user compliance with research monitoring tools, such as NHRD should be supported and finalised, to inform whether the nature of research is aligned with national health research priorities, and further, to assist with capacity development by identifying the caliber of research, institutional eminence (historically advantaged versus disadvantaged), geographic locations and ilk of researchers.
- (o) The institutional research ethical review processes, encompassing those relating to academic health complexes and health facilities

within communities, and particularly during public health crises (including but not restricted to pandemics), should be capacitated to embrace agility and flexibility (including consideration for REC reciprocity within institutions and research sites). This will allow for rapid generation of new knowledge, and facilitate its utility to inform policy, guidance and practice.

- (p) There should be a coordinated effort towards the realisation of a National Research for Health Translation Hub – to facilitate the translation and implementation of historically generated and novel information, findings and data into impactful evidence-based policy, guidance, and practice.”

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

#### 10.4.1.3. South African Ethics in Health Research Guidelines

The South African National Health Research Council (NHREC), under the auspices of the NDOH, issued the South African Ethics in Health Research: Principles, Processes and Structures', 3rd edition (NDOH 2024), which replaced the Ethics in Health Research Principles, Processes and Structures, 2nd edition. According to the then Minister of Health, Dr Phaahla, "they are the national guide to ensure that research is conducted in accordance with the highest ethical norms and standards for conducting research responsibly and ethically, as measured against these revised, updated, and tailored guidelines appropriate to the needs of South Africa".

#### 10.4.1.4. National Health Insurance Act of 2023

The 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>2</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.

#### 10.4.1.5. 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.

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 Nurse Initiated Management of Anti-Retroviral Therapy (NIMART), and better drugs</li> <li>• However, national cascades of care for HIV and tuberculosis</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>

A 2019 consensus report of South African Lancet National Commission, titled “Confronting the right to ethical and accountable quality health care in South Africa” highlighted the following key

diagnostic findings and proposed four overarching recommendations for which their implementation require investment, responsibility and accountability on the part of all health system leaders<sup>3</sup>:

<sup>2</sup> Act\_20\_of\_2023\_National\_Health\_Insurance.pdf (parliament.gov.za). Accessed 13 September 2024

<sup>3</sup> South African Lancet National Commission. Confronting the right to ethical and accountable quality health care in South Africa: A consensus report. Pretoria: National Department of Health, 2019

PART B: SAMRC STRATEGIC FOCUS

continued

FINDINGS	CAUSES OR DRIVERS OR SYMPTOMS	RECOMMENDATIONS
1. Gaps in ethical leadership, management and governance contribute to poor quality of care	<ul style="list-style-type: none"> <li>Gaps are exacerbated by evidence of mismanagement, inefficiencies and incompetence at various levels of the health system.</li> <li>Corruption and fraud are major threats to equitable access to quality health care</li> </ul>	A. Enhance governance and leadership for quality and equity. <ul style="list-style-type: none"> <li>(a) Prevent fraud and corruption</li> <li>(b) Strengthen community health structures</li> <li>(c) Invest in, and increase the capacity of, the Office of Health Standards Compliance</li> <li>(d) Enhance the capacity and effectiveness of the Council for Medical Schemes</li> <li>(e) Strengthen governance, effectiveness and efficiency of the various health professions councils</li> </ul>
2. Poor quality of care costs lives	Inadequate management of neonatal deaths, hypertension, diabetes and mental health	
3. Malpractice cases and medical litigation are threats to the realisation of the right to health care in South Africa	Contingent liabilities for medical malpractice place a huge burden on the distressed health system and reduce financial resources available for health service provision	B. Revolutionise quality of care <ul style="list-style-type: none"> <li>(a) Revitalise the provision of responsive, high-quality clinical care that responds to the burden of disease</li> <li>(b) Prevent medical malpractice and litigation</li> <li>(c) Embark on a national campaign to educate patients and communities about their health rights and responsibilities</li> <li>(d) Design an integrated, quality improvement Programme of Action</li> </ul>
4. The human resources for health (HRH) crisis will undermine the achievement of high-quality universal health coverage	Staff shortages, inequities and maldistribution between urban and rural areas and between the public and private health sectors; unprofessional behaviour and poor staff motivation and performance.	C. Invest in, and transform, human resources for health in support of a high quality health system <ul style="list-style-type: none"> <li>(a) Develop a transformative HRH plan</li> <li>(b) Strengthen or include a compulsory module on quality of care in both pre-service training and continuing professional development programmes of health professionals</li> </ul>
5. Health information system gaps constrain the country's ability to measure or monitor quality and its improvements	Existing health measurement platforms that provide information on health system inputs, processes, service delivery, outcomes and impacts do not provide sufficient and appropriate information on health outcomes and impacts, nor are they sufficiently person-centred	D. Measure, monitor and evaluate to ensure a high-quality health system <ul style="list-style-type: none"> <li>(a) Develop and enforce an integrated national health system performance dashboard</li> </ul>
6. Fragmentation and limited impact of quality of care initiatives.	Impact of the quality improvement initiatives in South Africa is limited because of fragmentation across health conditions, levels of care and between the public and private health sectors	

SAMRC has an important role to play 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.

#### **10.4.1.6. Public Health Emergencies of International Concern (PHEIC)**

The International Health Regulations of 2005 define PHEIC as, “an extraordinary event which is determined to constitute a public health risk to other states through the international spread of disease and to potentially require a coordinated international response”<sup>4</sup>. The World Health Organization is responsible for declaring PHEIC.

The South African NDOH recently issued a statement 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 to prevent further spread of this infectious, but treatable disease, and the loss of lives”<sup>5</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.

#### **10.4.1.7. Artificial Intelligence (AI)**

According to the Assembly of the WHO, “the transfer of technology and knowledge on mutually agreed terms, as well as technical cooperation, aligned with SDG 17 (Strengthen the means of implementation and revitalise the global partnership for sustainable development), are important in promoting digital health”<sup>3</sup>. Among other things, the assembly urged member states to (1) assess their use of digital technologies for health, (2) consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, (3) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial.

Emerging technologies, such as 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 SAMRC President & CEO, Professor Ntobeko Ntusi, said that “the digital age of healthcare has already arrived – and AI has a clear role to play. To realise the potential of AI to improve health and well-being worldwide, we need to equip and support local innovators – who understand how best to

<sup>4</sup> International Health Regulation (2005) (who.int). Accessed 19 August 2024

<sup>5</sup> Health calls for calm as WHO declares Mpox a public health emergency of international concern | South African Government (www.gov.za). Accessed 19 August 2024

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.

#### 10.4.1.8. Research Alignment and Impact

It is important that research conducted is aligned to the South African, regional and continental needs and priorities to deliver a combination of relevant discoveries, translational and applied research. The research agenda should be informed by wider community and stakeholder engagement processes.

According to the University College of Dublin research impact toolkit, impact of research can be academic (demonstrable contribution that excellent research makes to academic advances, across and within disciplines, including significant advances in understanding, method, theory and application) or societal (demonstrable contribution that excellent research makes to society and the economy, of benefit to individuals, organisations and nations) . This toolkit demonstrates that research is timebound and stretches between five different stages on the pathway to impact (Figure 1) and that projects can have impact in areas described in Figure 2 on the following page.

Section 16(1)(d) of the Constitution of the Republic of South Africa, 2006 guarantees that "everyone has the right to freedom of expression, which includes academic freedom and freedom of scientific research". In line with this constitutional right and through this SAMRC Strategic Plan 2025/26 to 2029/30, the SAMRC will promote freedom of scientific research which seeks to achieve both academic and societal impacts as depicted in Figure 2 above. SAMRC will collaborate with many stakeholders to identifying challenges, gaps and opportunities with the aim of delivering relevant, timely and impactful research outcomes that advances generation of new knowledge, leads to innovation, builds the next generation of researchers, informs policy and practice, leads to improvement in health systems and addresses inequalities.

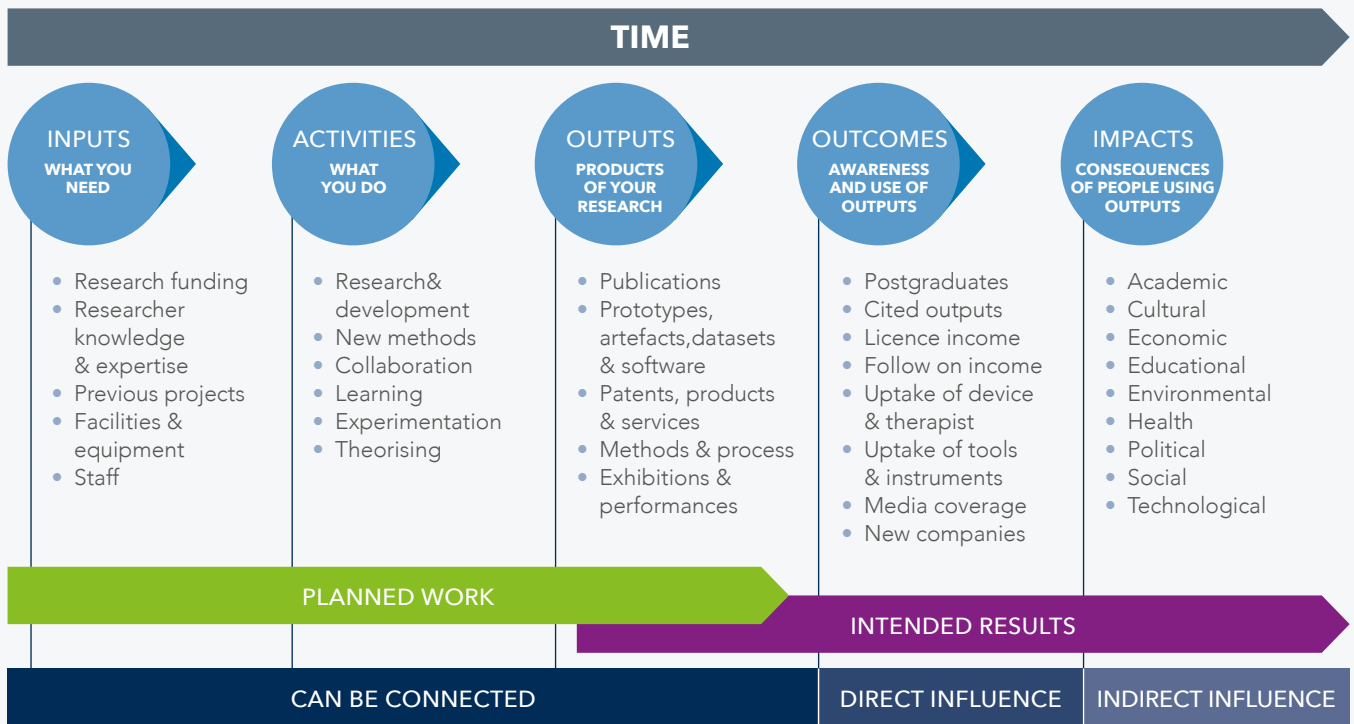


Figure 1. The impact journey<sup>6</sup>

ACADEMIC IMPACT	<b>ACADEMIC</b> Contribution to advances across and within disciplines, including significant advances in understanding, method, theory and application.	<b>CULTURAL</b> Contribution to people's understanding of ideas and reality, values and beliefs.	<b>ECONOMIC</b> Contribution to a company's revenues and profits (micro level), and economic returns through increased productivity or economic growth (macro level).	SOCIETAL AND ECONOMIC IMPACT
	<b>EDUCATIONAL</b> Contribution to education, training and capacity-building, including through curricula, educational tools, and qualifications.	<b>ENVIRONMENTAL</b> Contribution to managing the environment, such as protecting natural resources, reducing environmental pollution, improving weather forecasting, and tackling the climate crisis.	<b>HEALTH</b> Contribution to public health, life expectancy, health-related quality of life, prevention of illness, and reduced health inequality.	
	<b>POLITICAL</b> Contribution to how policymakers act, to how policies are constructed, and to political stability.	<b>SOCIAL</b> Contribution to community welfare and quality of life, and to behaviours, practices, and activities of people and groups.	<b>TECHNOLOGICAL</b> Contribution to the creation or improvement of products, processes and services.	

Figure 2. Academic, societal and economic impacts<sup>6</sup>

<sup>6</sup> What is Impact? - Research Impact Toolkit (ucd.ie). accessed 28 August 2024



**10.4.1.9. Open Access**

The year 2003 brought publication of the Berlin Declaration on Open Access to Knowledge in the Sciences and Humanities which states that “The Internet has fundamentally changed the practical and economic realities of distributing scientific knowledge and cultural heritage. For the first time ever, the Internet now offers the chance to constitute a global and interactive representation of human knowledge, including cultural heritage and the guarantee of worldwide access”<sup>7</sup>. In 2015 the Open Access 2020 (OA2020) initiative was established “to propel open access forward by fostering and inciting the transformation of today’s scholarly journals from the current subscription (paywall) system to new open access publishing models that enable unrestricted use and re-use of scholarly outputs and assure transparency and sustainability of publishing costs”<sup>8</sup>.

The Universities South Africa (USAF), an umbrella body that represents 26 public universities in South Africa, resolved at the Higher Education conference in 2019 to issue the draft national declaration on open access, which states that the Universities and Science Councils resolve to<sup>9</sup>:

- (a) Work as a national collective involving government, universities, science councils and other knowledge-intensive institutions to achieve the development of open access as a default for all research produced with public funding.
- (b) Actively strengthen existing and develop new affordable open access models that bolster the quality of scholarly publishing and the research enterprise in South Africa.
- (c) Consider the importance of high quality, peer-reviewed journals and to work constructively with other university and science systems around the world to produce new approaches to open access to these journals, in the first instance through a ‘pay to publish model’ rather than a ‘pay to read’ model.
- (d) Insist that the ownership of copyright remain with the authors and not be transferred to the publishing houses.

- (e) Strengthen existing and if necessary, develop new fully accessible national open access platforms and repositories that will provide for all information and knowledge produced through South African public funding to be freely available.
- (f) Engage with high quality South African journal publishers to develop open access business models that will allow them to remain viable.

**10.4.1.10. Open Science**

Open science refers to an approach to research based on greater access to public research data enabled by information and communications technology tools (ICT) and platforms, broader collaboration in science – including the participation of non-scientists – and the use of alternative copyright tools for diffusing research results<sup>10</sup>. This document further states that open science:

- (a) approach is required to enable greater access to existing information
- (b) is one avenue to realise the benefits of collaborative, transdisciplinary approaches to knowledge development.
- (c) and open innovation represent significant opportunities for growing science Technology and Innovation output and impact.

**10.4.1.11. 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 National System of Innovation 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

<sup>7</sup> Berlin Declaration | Max Planck Open Access (mpg.de). Accessed 2 September 2024

<sup>8</sup> be informed – OA2020. Accessed 2 September 2024

<sup>9</sup> Prof-Ahmed-C-Bawa\_Open-Access.pptx (live.com). Accessed 2 September 2024

<sup>10</sup> [https://www.dst.gov.za/images/2019/White\\_paper\\_web\\_copyv1.pdf](https://www.dst.gov.za/images/2019/White_paper_web_copyv1.pdf). Accessed 3 September 2019

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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>11</sup>.

#### **10.4.1.12. Localisation of Research, Development and Innovation**

In 2002, the South Africa's National Research and Development Strategy stated that "adequate responses to new diseases and to old forms of new diseases, whether these diseases affect humans or animals, need to be informed by local research programmes. From a security perspective, even being a smart buyer of rapidly developing technology rather than a developer requires a critical mass of local scientists doing research in relevant areas. The S&T capacity of the country is running as fast as it can but is still losing ground"<sup>12</sup>.

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.

Further localisation initiatives led by the SAMRC include the TIA-funded Medical Device and Diagnostic Innovation Cluster Programme, which is

supporting the local development and manufacture of medical devices and diagnostics, and the USAID-funded BRILLIANT programme which is aimed at supporting HIV vaccine development and testing on the African continent.

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 2nd 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.

#### **10.4.1.13. 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.

#### **10.4.1.14. Exchange rate**

Exchange rate volatility is often a reflection of broader economic instability. This can create uncertainty in SAMRC's financial planning and make it challenging to budget effectively. Overall,

<sup>11</sup> STI Decadal .jpg (406×572) (dst.gov.za). Accessed 2 September 2024

<sup>12</sup> South Africa's National Research and Development Strategy (www.gov.za) accessed 3 September 2024

exchange rate challenges can pose financial risks and uncertainties for SAMRC, affecting its ability to conduct research and fulfil its mission.

The SAMRC collaborates with various international partners for research and funding. Fluctuations in exchange rates can affect the value of funds received or spent in foreign currencies, impacting research budgets and financial stability. The SAMRC may need to import medical equipment, supplies, or research materials from other countries, and this become very costly exercise due to exchange rate fluctuations.

**10.4.1.15. Corruption**

Funding research organisations in LMICs can have a significant positive effect on the economic and political development of these countries. However, donors considering providing financial support to such organisations will need to consider both integrity issues, such as the potential for conflict of interest or undue influence over research processes, as well as vulnerabilities to forms of corruption such as fraud and embezzlement<sup>13</sup>.

The SAMRC’s operations are funded from both government and external funders. The negative

perception of the country could lead to external funders directing their resources elsewhere. Therefore, it is important for the country to have good governance for the medical research system to function optimally.

**10.4.1.16. 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.

**10.4.2. Internal Environmental Analysis**

**10.4.2.1. Organisational Structure**

**National Minister of Health**

The Administration of the SAMRC Act has been assigned to the National Minister of Health who provides 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.

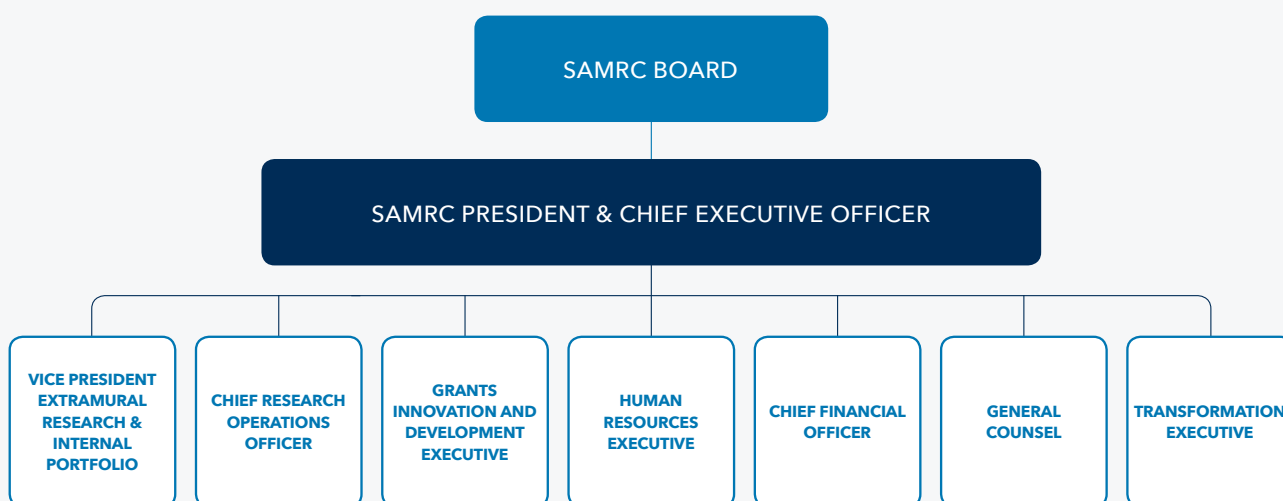


Figure 3. SAMRC Leadership Structure

<sup>13</sup> Query (transparency.org). accessed 19 August 2024

## SAMRC BOARD

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

The 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 and CEO serves on the Board by virtue of his/her office in the organisation.

The SAMRC Board has an established Charter of which its purpose is to set out the Board's role and responsibilities as well as the requirements for its composition and meeting procedures. The charter 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 has committees, comprising of mostly Board members plus other members appointed by the Board. The roles of these committees are to perform such functions of the Board as the Board may determine. However, the Board is not absolved from the performance of any function entrusted to any of these committees of the Board.

In terms of the PFMA, the SAMRC Board is the accounting authority, and its fiduciary duties are to:

(a) “Exercise the duty of utmost care” to ensure

reasonable protection of the assets and records of the public entity.

- (b) Act with fidelity, honesty, integrity and in the best interests of the public entity in managing the financial affairs of the public entity.
- (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 actions of the executive authority or that legislature.
- (d) Seek, within the sphere of influence of that accounting authority, to prevent any prejudice to the financial interests of the state”<sup>14</sup>.

The Board of the SAMRC is committed to ensuring that the organisation executes its mandate through its 5-year Strategic Plan.

## SAMRC PRESIDENT & CHIEF EXECUTIVE OFFICER

In terms of the SAMRC Act, “the Board shall appoint a Chief Executive Officer for the SAMRC, who shall occupy the post of President of the SAMRC”. The President and CEO is the Chairperson of the Executive Management Committee (EMC) and is, together with other EMC members, responsible for the management of the affairs of the SAMRC, and reports on such affairs as may be required of him/her by the Board.

## EXECUTIVE MANAGEMENT COMMITTEE

The 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.

### 10.4.2.2. SAMRC Impact

Since its inception in 1969, the SAMRC has had many laudable achievements and has had a significant impact on public health in South Africa. A review of the organisation by an independent

<sup>14</sup> Public Finance Management Act (treasury.gov.za)

panel of local and international Since its inception in 1969, the SAMRC has had many laudable achievements and has had a significant impact on public health in South Africa. A review of the organisation by an independent panel of local and international experts in 2017 (the SETI 2017 review) stated that the "SAMRC deserves praise for the revitalisation effort that has been effective in many ways and is currently still underway. The history of the organisation, and its recent focus on scientific excellence and transformation, has assured its continuation as one of South Africa's most valuable national assets and, seen as a whole, a recognised global leader in health research, defined by competence and integrity, and trusted as a partner by some of the most demanding co-funding research organisations in the world. This resurgence of value is also due to the innovative nature of the modern SAMRC (clearly shown in the success of SHIP), the scientific productivity of the extramural research units and some of the intramural research units receiving enabling funding from the Council. The prestige of the organisation is also enhanced by its leadership, and by the directors and senior staff of the productive intramural units, which play important national (and often international) roles in the biomedical and behavioural research enterprise"<sup>15</sup>.

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

#### 10.4.2.3. 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 digitised 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 high quality 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.

The following graphic depicts the SAMRC's integrated Talent Management Framework:

<sup>15</sup> SAMRC SETI Report 2017

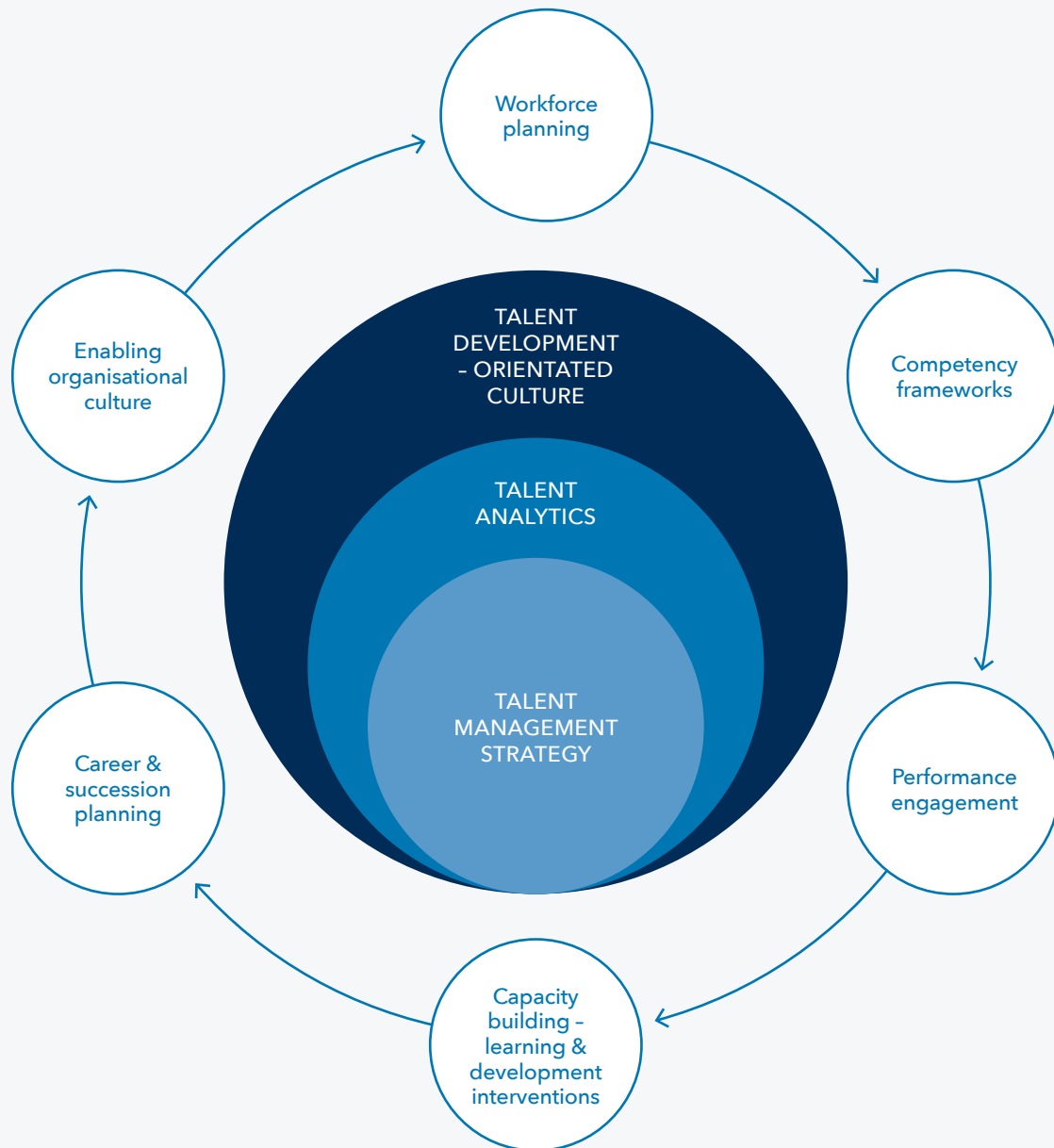


Figure 4. Integrated Talent Management Framework

#### 10.4.2.4. Transformation

The SAMRC's transformation strategy for the period adopts a broader definition of Transformation, that speaks to a multi-dimensional approach. This approach strengthens our drive for employment equity and places emphasis on the need to ensure that we are fit for purpose in a 21st century increasingly associated with volatility, uncertainty, complexity and ambiguity.

The SAMRC embarks on a programme of internal development, that seeks to build traits such as resilience, agility and creativity, and assist all employees in the identification of their strengths and areas of development to increase their personal and our institutional prospects of flourishing. It is expected that the strategy will increase organisational prospects of successfully competing for dwindling resources, expand the South African pool of health scientists, help deliver excellence in the health sciences and ensure that the SAMRC research leads to health benefits for South Africans.

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 directors.

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.

#### 10.4.2.5. Investing in Human Capital

##### Development and Capacity in Health Care: Bongani Mayosi National Health Scholars Programme

The NDOH and twenty-two 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 the SAMRC and is a flagship PhD development programme and a national asset to advance the next generation of African Health and clinical scientists.

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

#### 10.4.2.6. Research Ethics and Integrity

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

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

The SAMRC subscribes to the following principles on ethical research and scholarly publishing practices: (1) responsibility, (2) ethics and integrity, (3) methodology and data, (4) authorship, (5) acknowledgement of contributions, (6) peer review, (7) social awareness, (8) conflicts of interest, (9) editorial independence, (10) ethical research publishing environment, (11) avoidance of predatory journals and unethical editorial practices, and (12) quality over quantity.

#### **10.4.2.7. 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.

#### **10.4.2.8. 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.

#### **10.4.2.9. 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.



**10.4.2.10. 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 following summarised guiding principles:

PRINCIPLE	DESCRIPTION
Accountability	Compliance with POPIA to avoid potential to harm the organisation’s reputation or make the organisation vulnerable to lawsuits seeking compensation. Hence, safeguarding personal information is the duty of everyone.
Processing limitation	The employees and operators shall ensure that personal information under their control is processed in a fair, lawful, and non-excessive manner, and only with the informed consent of the data subject, and only for a specifically defined purpose.
Further processing limitation	Personal information shall not be processed for a secondary purpose unless that processing is compatible with the original purpose or additional consent obtained from the data subject.
Information quality	The employees shall take reasonable steps to ensure that all personal information collected is complete, accurate and not misleading.
Open communication	The employees shall take reasonable steps to ensure that data subjects are notified/ aware that their personal information is being collected including the purpose for which it is being collected and processed.
Security safeguards	The employees and operators shall manage the security of their filing/storage systems to ensure that personal information is adequately protected. To this end, security controls will be implemented to minimise the risk of loss, unauthorised access, disclosure, interference, modification, or destruction.
Data subject participation	A data subject may request the correction or deletion of his/her or its personal information held by the organisation (amongst other data rights).

**10.4.2.11. Communication**

Communication is integral to the effective functioning of the SAMRC. The SAMRC values open and transparent communication with all key stakeholders, including the public, media, government, universities, funders and other stakeholders.

systems of financial and risk management and internal control”.

**10.4.2.12. Risk Management**

The Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), Section 51(1)(a)(i) states “an accounting authority for a public entity must ensure that that public entity has and maintains effective, efficient and transparent

The authority and purpose for risk management is established in the PFMA and Treasury Regulations (TR), Section 27.2.1 states, inter alia: “the accounting authority must ensure that a risk assessment is conducted regularly to identify emerging risks of the public entity. A risk management strategy, which must include a fraud prevention plan, must be used to direct internal audit effort and priority and to determine the skills required of managers and staff to improve controls and to manage these risks.”

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Good governance practices such as the King Code of Corporate Governance for South Africa, 2016 (King IV) is also applicable – Risk Governance Principle 11, stating that the governing body should govern risk in a way that supports the organisation in setting and achieving its strategic objectives.

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) Realise “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 depends on its management being able to manage risks in a way that does not jeopardise 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 organisational 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.

#### **10.4.2.13. Internal Audit and Audit Committee**

The Internal Audit function is a key element of the organisation’s internal control. Its role is to provide

assurance that the SAMRC’s risk management and internal control systems are well designed and operate effectively and that any corrective action is taken in a timely manner. Its audits cover internal controls and risk management processes relating to the financial and operational, as well as IT and compliance activities of the SAMRC. The outsourced Internal Audit function reports functionally to the SAMRC Board Committee, Audit Risk and Information Technology Committee (ARIC), and is overseen by the Internal Audit Charter, which set out the purpose, scope and authority of the Internal Audit function and is reviewed annually. 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.

#### **10.4.2.14. 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.

The Code is available to all employees on SAMRC's in-house intranet and to external stakeholders on the SAMRC external website. In an event where an employee breaches the provisions of the policy, this will be addressed in terms of the SAMRC's Employment Relations Policy.

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.

#### 10.4.2.15. 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 stated that:

- (a) "The South African Medical Research Council has a strong control environment. This contributed to the outcome of the current year audit.
- (b) The audit outcome is a direct reflection of managements 'continuous pursuit to maintain and improve the South African Medical Research Council's control environment. This reflects the strong internal controls and effective management practices currently in place.
- (c) We commend the South African Medical Research Council for its dedication to maintaining high standards of performance and accountability. To continue this exemplary performance, we recommend ongoing vigilance and regular reviews to ensure that these standards are upheld and any potential areas for improvement are proactively addressed".
- (d) The leadership demonstrates a strong commitment to integrity and accountability.
- (e) Management and staff should be commended for their dedication to upholding the mission of the South African Medical Research Council".

#### 10.4.2.16. SAMRC Foundation

The SAMRC plays a critical role in building, supporting and participating in the national health research and innovation ecosystem. Although its reach and impact are extensive, funding constraints limit its ability to continue to expand the organisation's support for and participation in existing and new research and innovation initiatives. The Foundation offers an opportunity to attract additional and non-traditional funding into the health research and innovation domain and to support an expanded research and innovation agenda that both complements and expands the mandate covered by the SAMRC.

The planned SAMRC Foundation will serve as an endowment/funding source to support existing and new research areas, initiatives and capacity development in the national health research and innovation arena. The Foundation will independently pursue its objective that will complement, extend and expand the mission and impact of the South African Medical Research Council. The purpose of the SAMRC Foundation would be specifically to invest and grow donor funds and utilise these funds in support of health research, development and innovation. These activities would be similar to those supported by the SAMRC.

The Foundation will be free to pursue and support research and innovation activities in a more discretionary (i.e. non-project/programme-specific or donor-driven) manner, utilising existing and novel funding models with less limitations. The Foundation will also aim for diversification of funding streams, focusing on discretionary funding that provides greater flexibility and ability to strategically deploy funds, as opposed to highly restrictive, time-limited project specific funding. It will serve as an independent entity with a mandate that is aligned with that of the SAMRC and that benefits from the SAMRC's reputation and brand.

#### 10.4.2.17. 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> <li>• Neutral convening power</li> <li>• National footprint</li> <li>• International reputation and standing</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 localisation programmes</li> <li>• Conduct transformative and equity orientated research</li> <li>• Partnerships to increase innovation and scaling</li> <li>• Research aligned to country, regional and continental needs</li> <li>• Establish SAMRC Foundation</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 health research - delineation of mandates needed</li> <li>• New and re-emerging diseases</li> </ul>

#### 10.4.2.17. 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

## 11. SAMRC's Performance Information

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

#### Impact Statement

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.

#### 11.1.1. Programme 1: Measuring Outcomes

OUTCOME	OUTPUT INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/26 - 2029/30)
1.1. To ensure good governance, effective administration and compliance with government regulations	1.1.1. A clean audit opinion on the SAMRC from the Auditor-General South Africa	Clean audit	Clean Audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation	1.2.1. Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	20%	20%

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

#### Impact Statement

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

#### 11.2.1. Programme 2: Measuring Outcomes

OUTCOME	OUTPUT INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/26 - 2029/30)
2.1. To produce and promote scientific excellence and the reputation of South African health research	2.1.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	3550	4975
	2.1.1. 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	930	1320
2.2 To provide leadership in the generation of new knowledge in health	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	1925	2650
2.3 To provide funding for the conduct of health research	2.3.1. Number of research grants funded by the SAMRC	750	1050

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

#### Impact Statement

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

#### 11.3.1. Programme 3: Measuring Outcomes

OUTCOME	OUTPUT INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/26 - 2029/30)
3.1 To support the development of innovations and technologies aimed at improving health	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	20	190
3.2 To develop innovations and technologies aimed at improving health	3.2.1. Number of innovation disclosures made by the SAMRC employees and students	5	5

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

#### Impact Statement

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

#### 11.4.1. Programme 4: Measuring Outcomes

OUTCOME	OUTPUT INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/26 - 2029/30)
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	4.1.1. Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	660	660
	4.1.2. Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	488	488
	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	495	495
	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	368	215
	4.1.5. Number of Masters' and PhD students graduated or completed	360	250

## 11.5. Programme 5: Research translation into policy and practice to improve health Impact Statement

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.

### 11.5.1. Programme 5: Measuring Outcomes

OUTCOME	OUTPUT INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/26 - 2029/30)
5.1 To facilitate the translation of health research	5.1.1. Number of policies, reports and guidelines that reference SAMRC research	27	250
	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	25	175
	5.1.3. Number of national or international bodies/committees that SAMRC researchers and research support employees serve on	250	700
	5.1.4. Number of conferences, seminars, webinars and continuing development points workshops supported by the SAMRC	50	250

## 12. Explanation of Planned performance over five-year planning period

- 12.1. In line with the rationale for the Guidelines for the Implementation of the Revised Framework for Strategic and Annual Performance Plans issued by the Department of Planning, Monitoring and Evaluation in 2019, this Strategic Plan reflects the programmes and projects, which contribute to the achievement of the overall priorities of government, and the realisation of the mandate of the SAMRC. This Strategic Plan identifies the impact and outcomes against which SAMRC can be measured and evaluated by Parliament over the five-year planning period.
- 12.2. The programmes identified in section 11 of this Strategic Plan will enable the SAMRC to operate within its mandate as a trusted public

entity, which pursue its commitment to good corporate governance, and conducting and funding health research that has impact on the lives of South Africans. New targets have been determined for each indicator based on the baseline from the 2020/21 – 2024/25 Strategic Plan, unless it is a new indicator, and the details for each indicator will be read within the relevant Technical Indicator Descriptor (TID). The TIDs are defined in Part D of this document.

- 12.3. The aspirations set out in this plan demonstrate the SAMRC's readiness to function in a dynamic, and continuation of the organisation that is adaptable and responsive to change, as witnessed by playing important role in response to the COVID-19 pandemic. This adaptability and responsiveness will again be key for the pandemic preparedness and response.



### 13. Financial Performance: ENE Summary

STATEMENT OF FINANCIAL PERFORMANCE	AUDITED OUTCOME	AUDITED OUTCOME	AUDITED OUTCOME	APPROVED BUDGET	
R THOUSAND	2021/22	2022/23	2023/24	2024/25	
<b>REVENUE</b>					
<b>Non-tax revenue</b>	<b>572 367</b>	<b>663 950</b>	<b>770 497</b>	<b>670 486</b>	
Sale of goods and services other than capital assets	534 672	600 035	693 051	596 827	
<i>Other non-tax revenue</i>	37 695	63 915	77 446	73 659	
<b>Transfers received</b>	<b>851 066</b>	<b>778 854</b>	<b>746 554</b>	<b>859 833</b>	
<b>Total revenue</b>	<b>1 423 433</b>	<b>1 442 804</b>	<b>1 517 051</b>	<b>1 530 319</b>	
<b>Expenses</b>					
<b>Current expenses</b>	<b>1 306 405</b>	<b>1 333 669</b>	<b>1 452 277</b>	<b>1 417 938</b>	
Compensation of employees	436 775	484 064	551 948	495 270	
Goods and services	845 490	824 546	867 307	892 918	
Depreciation	23 936	24 835	32 650	29 750	
Interest, dividends and rent on land	204	224	372	-	
<b>Transfers and subsidies</b>	<b>111 007</b>	<b>101 590</b>	<b>86 141</b>	<b>112 381</b>	
<b>TOTAL EXPENSES</b>	<b>1 417 412</b>	<b>1 435 259</b>	<b>1 538 418</b>	<b>1 530 319</b>	
<b>SURPLUS/(DEFICIT)</b>	<b>6 021</b>	<b>7 545</b>	<b>(21 367)</b>	<b>-</b>	

	AVERAGE GROWTH RATE (%)	EXPENDITURE/TOTAL: AVERAGE (%)	MEDIUM-TERM ESTIMATE			AVERAGE GROWTH RATE (%)	EXPENDITURE/TOTAL: AVERAGE (%)
	2021/22 - 2024/25		2025/26	2026/27	2027/28	2024/25 - 2027/28	
	<b>5.4%</b>	<b>45.2%</b>	<b>1 091 113</b>	<b>1 167 491</b>	<b>1 249 215</b>	<b>23.1%</b>	<b>52.5%</b>
	3.7%	41.0%	1 010 269	1 080 988	1 156 657	24.7%	48.3%
	25.0%	4.2%	80 844	86 503	92 558	7.9%	4.3%
	<b>0.3%</b>	<b>54.8%</b>	<b>898 824</b>	<b>936 984</b>	<b>979 355</b>	<b>4.4%</b>	<b>47.5%</b>
	<b>2.4%</b>	<b>100.0%</b>	<b>1 989 937</b>	<b>2 104 475</b>	<b>2 228 570</b>	<b>13.3%</b>	<b>100.0%</b>
	<b>2.8%</b>	<b>100.0%</b>	<b>1 872 699</b>	<b>1 982 260</b>	<b>2 100 828</b>	<b>14.0%</b>	<b>93.8%</b>
	4.3%	33.2%	547 830	566 402	588 339	5.9%	28.3%
	1.8%	58.0%	1 287 869	1 377 863	1 473 982	18.2%	63.7%
	7.5%	1.9%	37 000	37 995	38 507	9.0%	1.8%
	-100.0%	-	-	-	-	-	-
	<b>0.4%</b>	<b>7.0%</b>	<b>117 238</b>	<b>122 215</b>	<b>127 742</b>	<b>4.4%</b>	<b>6.2%</b>
	<b>2.6%</b>	<b>100.0%</b>	<b>1 989 937</b>	<b>2 104 475</b>	<b>2 228 570</b>	<b>13.3%</b>	<b>100.0%</b>
	<b>-100.0%</b>		-	-	-		

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

KEY OUTCOME	KEY RISK CONTEXT	KEY MITIGATION MEASURES
<b>Programme 1: Administer health research effectively and efficiently, and in accordance with good corporate governance practices</b>		
<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: Lead the generation of new knowledge and funding of research</b>		
<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> <li>To provide funding for the conduct of health research</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>
	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: Supporting health innovation and technology development through funding to improve health</b>		
<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 commercialise or target market to implement the innovation	<ul style="list-style-type: none"> <li>IP and Commercialisation Policy, Strategy and Procedures</li> <li>External partnering to pursue commercialisation opportunities</li> </ul>

KEY OUTCOME	KEY RISK CONTEXT	KEY MITIGATION MEASURES
<b>Programme 4: Building sustainable health research human capacity in South Africa</b>		
<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>
<b>Programme 5: Research translation into policy and practice to improve health</b>		
<ul style="list-style-type: none"> <li>To facilitate the translation of SAMRC research</li> </ul>	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	<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

NAME OF THE PUBLIC ENTITY	MANDATE	OUTCOMES	CURRENT ANNUAL BUDGET (R THOUSAND)
South African Medical Research Council	To improve the health of the country's population, through research, development and technology transfer	Outlined in section 7 of this Strategic Plan document	747 680 (excluding VAT)

## 16. Strategic Planning Processes

The process of developing this Strategic Plan was informed by:

- Department of Planning, Monitoring and Evaluation Guidelines for the Development of the 2025-2030 Strategic Plans and 2025/26 Annual Performance Plans
- Department of Planning, Monitoring and Evaluation Revised Framework for Strategic Plans and Annual Performance Plans
- Department of Planning, Monitoring and Evaluation Guidelines for the Implementation of the Revised Framework for Strategic Plans and Annual Performance Plans
- Review and analysis of key strategic documents
- National Treasury Framework and Guidelines
- United Nations Sustainable Development Goals
- SETI Review
- National Development Plan 2030
- Department of Science and Innovation Policy Documents
- South African Demographic Health Survey Consultative Workshop
- Consultation with IMUs, EMUs, ARC, CSIR, HSRC and other various stakeholders



**PART D:**  
TECHNICAL INDICATOR  
DESCRIPTION

## 17. Programme 1 Technical Indicator Description

<b>INDICATOR TITLE</b>	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa
<b>DEFINITION</b>	Audit opinion expressed by the Auditor-General South Africa (AGSA)
<b>SOURCE OF DATA</b>	AGSA Management and Audit Reports
<b>METHOD OF CALCULATION/ASSESSMENT</b>	None
<b>ASSUMPTIONS</b>	All records and evidence presented to the AGSA are reliable, valid and compliant with legislation and regulations
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve a clean audit opinion from the AGSA
<b>INDICATOR RESPONSIBILITY</b>	President and CEO, and CFO

<b>INDICATOR TITLE</b>	1.2.1. Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage
<b>DEFINITION</b>	Percentage of parliamentary grant/baseline funding that is spent on administrative functions
<b>SOURCE OF DATA</b>	Project and Management Accounting Office (PMAO)
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Calculate expenditure on administration and express as a percentage
<b>ASSUMPTIONS</b>	Financial records are reliable and valid
<b>REPORTING CYCLE</b>	Quarterly
<b>DESIRED PERFORMANCE</b>	20%
<b>INDICATOR RESPONSIBILITY</b>	Chief Financial Officer

## 18. Programme 2 Technical Indicator Description

<b>INDICATOR TITLE</b>	2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors
<b>DEFINITION</b>	Research outputs in which at least one author listed is affiliated to the SAMRC and/or research outputs that received funding from the SAMRC
<b>SOURCE OF DATA</b>	Knowledge and Information Management Services
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of research outputs with an author affiliated to the SAMRC or employed by the SAMRC, or funding support from SAMRC
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Quarterly
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Vice President-Extramural Research and Internal Portfolio

<b>INDICATOR TITLE</b>	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
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	Knowledge and Information Management Services
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of research outputs by SAMRC grant-holders during the reporting period, with an acknowledgement of SAMRC
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Quarterly
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Vice President-Extramural Research and Internal Portfolio, and Executive Director: Grants Innovation and Product Development

<b>INDICATOR TITLE</b>	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
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	Knowledge and Information Management Services
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of research outputs with the first and/or last author listing an affiliation to the SAMRC

## Programme 2 Technical Indicator Description continued

<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Quarterly
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Vice President-Extramural Research and Internal Portfolio

<b>INDICATOR TITLE</b>	2.3.1. Number of research grants funded by the SAMRC
<b>DEFINITION</b>	Total number of research grants funded by the SAMRC. This includes new and ongoing grants that received funding during the reporting period
<b>SOURCE OF DATA</b>	GIPD/SHIP/RCD and other relevant internal departments
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of research grants funded by the SAMRC during the reporting period
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annually
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development

## 19. Programme 3 Technical Indicator Description

<b>INDICATOR TITLE</b>	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
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	Grants Innovation and Product Development
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of innovation and technology projects funded by the SAMRC during the reporting period
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development



*Programme 3 Technical Indicator Description continued*

<b>INDICATOR TITLE</b>	3.2.1. Number of innovation disclosures made by the SAMRC employees and students
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	Grants Innovation and Product Development
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of new disclosures submitted to the SAMRC Technology Transfer Office
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve the set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development

**20. Programme 4 Technical Indicator Description**

<b>INDICATOR TITLE</b>	4.1.1. Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	RCD
<b>METHOD OF CALCULATION/ASSESSMENT</b>	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
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve the set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development

*Programme 4 Technical Indicator Description continued*

<b>INDICATOR TITLE</b>	4.1.2. Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	Research Capacity Development (RCD)
<b>METHOD OF CALCULATION/ASSESSMENT</b>	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
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development

<b>INDICATOR TITLE</b>	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
<b>DEFINITION</b>	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, 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
<b>SOURCE OF DATA</b>	RCD
<b>METHOD OF CALCULATION/ASSESSMENT</b>	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
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve set target as per the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development

*Programme 4 Technical Indicator Description continued*

<b>INDICATOR TITLE</b>	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
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	RCD
<b>METHOD OF CALCULATION/ASSESSMENT</b>	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
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Executive Director: Grants Innovation and Product Development
<b>INDICATOR TITLE</b>	4.1.5. Number of Masters' and PhD students graduated or completed
<b>DEFINITION</b>	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
<b>SOURCE OF DATA</b>	RCD and Research Units
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of Masters' and PhD students graduated or completed or met the criteria for obtaining their degree
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve the set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	Vice President-Extramural Research and Internal Portfolio, and Executive Director: Grants Innovation and Product Development

## 21. Programme 5 Technical Indicator Description

<b>INDICATOR TITLE</b>	5.1.1. Number of policies, reports and guidelines that reference SAMRC research
<b>DEFINITION</b>	Total number of policies and guidelines that have been influenced by the SAMRC research
<b>SOURCE OF DATA</b>	Unit records/Internet searches
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of policies and guidelines that reference SAMRC research
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Bi-annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	President and Chief Executive Officer (CEO)

<b>INDICATOR TITLE</b>	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers
<b>DEFINITION</b>	Total number of reports and guidelines (co)produced by the SAMRC intramural researchers
<b>SOURCE OF DATA</b>	Unit records/Internet search
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of reports and guidelines (co)produced by authors within the SAMRC intramural research units
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Bi-annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	President and CEO

*Programme 5 Technical Indicator Description continued*

<b>INDICATOR TITLE</b>	5.1.3. Number of national or international bodies/ committees that SAMRC researchers and research support employees serve on
<b>DEFINITION</b>	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)
<b>SOURCE OF DATA</b>	Unit/HR records
<b>METHOD OF CALCULATION/ASSESSMENT</b>	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
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve the target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	President and CEO

<b>INDICATOR TITLE</b>	5.1.4. Number of SAMRC conferences, seminars, webinars and continuing development points (CPD) workshops supported by the SAMRC
<b>DEFINITION</b>	Total number of conferences, seminars, webinars and CPD workshops supported by the SAMRC
<b>SOURCE OF DATA</b>	Unit/HR records
<b>METHOD OF CALCULATION/ASSESSMENT</b>	Count the number of SAMRC seminars, webinars and CPD workshops which the SAMRC supported financially
<b>ASSUMPTIONS</b>	The evidence presented to the auditors is reliable, relevant and valid
<b>REPORTING CYCLE</b>	Annual
<b>DESIRED PERFORMANCE</b>	To achieve set target for the reporting period
<b>INDICATOR RESPONSIBILITY</b>	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>16</sup>

#### **We:**

The representatives of Organisations, gathered in Rio de Janeiro on July 29-30, 2024, at the *Global Pandemic Preparedness Summit 2024*, organised 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 utilisation 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 are critical for public health and disease outbreaks. However, large

<sup>16</sup> [rio\\_de\\_janeiro\\_declaration\\_final\\_version\\_com\\_logos.pdf \(fiocruz.br\)](#). Accessed 4 September 2024

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 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 prioritise 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 prioritise 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 organisations, civil society and other international community stakeholders to prioritise 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.

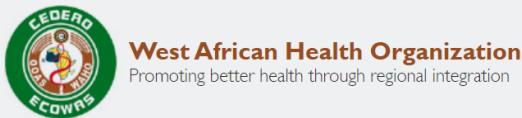
**Third:** Funders, regional and multilateral organisations, cooperation agencies civil society, and international community stakeholders to support the establishment of the Alliance for Regional and Local Production, Innovation, and Access, as discussed within the G20 framework, which aims to reduce 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 mobilise 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 harmonisation, 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: 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





## **SAMRC CONTACT DETAILS**

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