

SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	A/Prof
Name & Surname	Tracey Naledi
Name of Primary Employer or Self-Employed	UCT Faculty of Health Sciences
Position Held	Deputy Dean: Social Accountability & Health Systems

I hereby certify that the following information is complete and correct to the best of my knowledge and I hereby declare to have the following interests:

Please provide details of any potential conflicts of interests arising out of the following:		
(1) Boa	ard Directorships (Please provide the full name of the organisation/institution/entity)	
1.	UCT SHAWCO:2020 - Feb 2026	
2.	Colleges of Medicine Board of Directors. 2023 - current	
3.	Tekano (Founding Board Chairperson): 2016 – November 2026	
4.	Children's Institute Advisory board: 2020 – current	
5.	Health Justice Initiative – Reference Advisory Group March 2023 - current	
6.		
7.		
8.		
9.		
10.		
(2) Research Funding (funding you/ your Institution/Organisation is receiving from the SAMRC)		
I am personally not funded by SAMRC but UCT is one of the academic collaborators with SAMRC and there are colleagues at UCT funded by SAMRC		
	(3) Shareholding/Financial Interests	
Only declare interests in companies that provide goods or services to the SAMRC		
Nil		

(4) Major academic collaborators [national and international]
Please declare all significant collaborations outside your primary institution or organisation
I am currently the lead for UCT in a collaboration called African Higher Education Health Collaborative
with University of Toronto, Addis Ababa University (AAU), Ethiopia, Amref International University (Part
of Amref NGO), The African Institute for Mathematical Sciences (AIMS) SA, African Leadership University (Rwanda), Ashesi University (Ghana) Moi University, Kenya, Kwame Nkrumah University of
Science and Technology , Ghana
(5) Interests of Close Family Members:
Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family members associated with or employed by an institution/organisation/company that receives funding from the SAMRC or provides goods and services to the SAMRC.
None
(6) Sponsorships, Gifts and Hospitality from a source other than a family member
Please include name of entity, description of gift/sponsorship and value
None
None
(7) Any other interests you wish to declare:
None

Signature: NTD Nalsdi

Date: 17/11/2025