



# BOPHELO

*Advancing life*



CELEBRATING  
**50**  
YEARS

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# CELEBRATING 50 YEARS



*A great deal has been achieved over the past few decades and the organisation is now one of world's leaders in conducting and funding health research.*



On 1 July 2019, the South African Medical Research Council celebrated its 50th Anniversary of improving the health and quality of life of South Africans through research, development and technology transfer.

A great deal has been achieved over the past few decades and the organisation is now one of world's leaders in conducting and funding health research and innovation.

To mark this important milestone, we collaborated with the South African Medical Journal (SAMJ) to publish fifteen peer reviewed articles. The articles highlight the groundbreaking research and innovation by our researchers and the impact of their work,

both nationally and globally. This special publication also provides a glimpse of the great depth and diversity of our activities which includes basic laboratory investigations, clinical research and public health studies.

In the same year, we launched Africa's first whole genome sequencing institute in partnership with the Belgium Genomics Institute (BGI). The SAMRC Genomics Center will serve as a resource to both South Africa and the African continent. We have also established seven new extramural research units – six 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-edge to science.



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# FOREWORD BY OUR PRESIDENT & CEO



PROFESSOR GLENDA E GRAY

## *A vibrant organisation making impact in Africa and beyond*

The South African Medical Research Council (SAMRC) strategy is underpinned by our mission and mandate to conduct and fund health research, innovation, development and research translation. As pioneers in health research, we have ensured that our research is relevant, responsive and has impact.

To administer health research effectively and efficiently, during the 2018/19 reporting period, we have maintained the SAMRC's administrative budget below the 20% target. Following National Treasury's tighter regulations on government spending, the SAMRC Executive ensured that the organisation complies and that budget is prioritised for health research.

Apart from successfully operating within a legislative and compliance framework, we have achieved impact across a range of research outputs and policy guidelines, such as the WHO Roadmap for Zoonotic Tuberculosis, a multisectoral guide for addressing zoonotic tuberculosis in people and bovine tuberculosis in animals. Beyond our borders, our research also influenced policy in the Democratic Republic of Congo on faith engagement, gender norms and violence against women and girls in conflict-affected communities further, showing our impact across the continent.

To be able to show this level of impact, we have focused on transformation in research, specifically looking at funding previously under resourced universities, and addressing racial diversity in funding and gender parity. Through the competitive Self-Initiated Research (SIR) grants programme, more than 40% of funding was allocated to African people in 2018/19, with the bulk of awards in these priority areas: addressing the diabetes burden, innovative approaches to improve health, and understanding mental health. In addition, 54% of SIR grants were allocated to females and 46% to males in the reporting period.

In 2019, we look forward to the launch of Africa's first whole genome sequencing institute, established by the SAMRC as both a resource to South Africa and the African continent. We are also proud to have established six new extramural units led by recognised and emerging science leaders.

Our partnership with the Beijing Genomics Institute sets the course to develop personalised medicine for African populations, who offer the greatest genetic diversity and opportunities to address Africa's disease burden.

I am pleased that in this 50th Year of the SAMRC's existence, we can show our impact in health research and how we influence policy and practice. It is an exciting time in the SAMRC's calendar, as we remain committed to advancing science for health. The SAMRC is taking the lead in capacity development and building a pipe line of young scientists that are as diverse as the country we live in.

As a key institution in the health sector, we were privileged to be part of the Presidential Health Summit in November 2018, which brought together key stakeholders from a wide range of constituencies, to agentively participate and propose solutions for addressing the challenges facing the South African health system.

We are committed to partnering with international research organisations to strengthen medical science in South Africa. Our partnering with the U.S. NIH on a joint programme for biomedical research for a second round of funding,

strengthens scientific collaborations between South African and U.S. scientists. SAMRC in partnership with the Department of Science and Technology collaborated with the United Kingdom Government and signed a Newton Fund Memorandum of Understanding in Parliament, Cape Town. The four main objectives were to 1) develop human capital, 2) engage with the private sector, 3) engage with other African countries and 4) build South African and United Kingdom research partnerships. SAMRC was responsible for establishing a health programme under this Newton Fund Partnership and to engage with the UK-based Newton Fund research partners.

In our 50th year there is a lot to celebrate: seven SAMRC scientists were rated by the National Research Foundation (NRF) in 2018. NRF rating has become a valuable tool for benchmarking the quality of our researchers against the best in the world.

More achievements to celebrate include Professor Salim Abdool Karim's esteemed international Lifetime Achievement Award by the Institute for Human Virology. Professor Karim is the Director of the SAMRC/CAPRISA/UKZN HIV-TB Pathogenesis and Treatment Research Unit. Professor Kelly Chibale was also named Fortune magazine's 50 World's Greatest Leaders for 2018, Professor Chibale is Director of the SAMRC/UCT Drug Discovery and Development Research Unit; Professor Gita Ramjee, Director of the HIV Prevention Research Unit, was awarded the Outstanding Female Scientist Award by the European Development Clinical Trials Partnerships (EDCTP) and Professor Keertan Dheda, Director of the SAMRC/UCT CAMRA, received a Health Excellence Award at the event hosted by the Clinix Health Group and the South African Clinician Scientists Society in 2018.

The SAMRC has shown to be a truly vibrant and responsive research organisation making impact in Africa and beyond. None of which would be possible, without the Executive, our Scientists and our entire SAMRC staff. I would like to express my gratitude to all of you and also the people of South Africa who make the work we do possible.

Sincerely



**PROFESSOR GLENDA E. GRAY**

President & CEO: South African Medical Research Council

## IsiZulu

# INHLANGANO ENOMDLANDLA EBAMBA IQHAZA E-AFRIKA NASEMHLABENI JIKELELE

Inhlangano enomdlandla ebamba iqhaza e-Afrika nasemhlabeni jikelele

Icebo loMkhandlu Wokucwaninga Ngezokwelapha WaseNingizimu Afrika, phecelezi i-South African Medical Research Council (SAMRC), lisekelwe umgomo kanye negunya esilinikeziwe lokwenza nokuxhasa ucwaningo lwezempilo, ukuqamba nokukhiqiza izindlela ezintsha kanye nokudlulisa ulwazilocwaningo. Njengabaholi kwezocwaningo lwezempilo, siqikelele ukuthi ucwaningo lwethu luvumelana nezikhathi, luyaphendula futhi lunendima oluyifezayo.

Ukuze kwenziwe ucwaningo lwezempilo ngempumelelo ngendlela efanale, ngenkathi yokubika kuka-2018/19, sigcine izimali ze-SAMRC zokuqondisa umsebenzi zingaphansi kuka-20% ebesizibekele wona. Ngemva kokuba uMgcinimafa kazwelonke ebeke imingcele endleleni imali kahulumeni esetshenziswa ngayo, abaphathibe-SAMRC baqikelele ukuthi inhlangano ihambisane naleyo mingcele nokuthi izimali zisetshenziswe ngokukhethekile ocwangweni lwezempilo.

Ngaphandle kokusebenza ngokuphumelelayo ngokuvumelana nezomthetho nokuthobela indlela yokusebenza ebekiwe, siye sabamba iqhaza ocwangweni oluhlukahlukene nasekwenziweni kwemihlahlandlela eyinqubo mgomo, njenge-WHO Roadmap for Zoonotic Tuberculosis, okuwumhlahlandlela othinta imikhakha ehluhlukene ukuze kwelashwe isifo sofuba esisakazwa amagciwane kubantu kanye nesifo sofuba esihlasela izilwane. Ucwaningo lwethu luye lwathonya nenqubomgomo yase-Democratic Republic of Congo emayelana nezokholo, indlela okubhekwa ngayo abantu bobulili obuhlukile kanye nokuphathwa ngodlame kwabesifazane nezingane ezindaweni ezinemibango, okubonisa iqhaza esinalo ezwekazine lethu.

Ukuze sibambe iqhaza ngale ndlela, siye sagxila ekushitsheni ucwaningo, ikakhulukazi ngokwesekangezimali amayunivesithi angenawo amathuluzi anele, kanye nokubhekana nomehluko wokwesekwa ngokwezimali kwezinhlanga ezihlukahlukene

kanye nokuphatha abantu bobulili obuhlukahlukene ngendlela efanayo. Ngohlelo lokusiza ngezimali ucwaning olusuka kumcwaningi, i-Self-Initiated Research (SIR), imali engaphezu kuka-40% yokweseka iye yanikwa abantu bomdabu base-Afrika ngo-2018/19, eningi yayo yafakwa kulezi zingxenye ezibaluleke kakhulu: ukubhekana nenkinga yisifo sikashukela, ukuthola izindlela ezintsha zokuthuthukisa ezempilo kanye nokuqonda ukugula kwengqondo. Ngaphezu kwalokho, u-54%wezimali zokweseka ze-SIR zanikwa abesifazane kwathi u-46% wanikwa abesilisa kulenkathi yokubika.

Ngo-2019, sibheke phambili ekwethulweni kwesikhungo sokuqala e-Afrika se-whole genome sequencing, esisungulwe yi-SAMRC ukuze sibe usizo eNingizimu Afrika nakwizwekazi lonke lase-Afrika. Siyaziqhenya nangokusungula izikhungo eziseceleni eziyisithupha eziholwa abaholi abawosaziwayo nabasafufusa kwezesayensi.

Ukubambisana kwethu ne-Beijing Genomics Institute kucaba indlela yokukhiqiza imithi eyenzelwe efanele izakhamuzi zase-Afrika, okutholakala kuzo izakhi zofuzo ezihlukahlukene kanye namathuba okulwa nomthwalo wezifo ezikhungethe i-Afrika. Kuyangijabulisa ukuthi kulo nyaka wamashumi amahlanu (50)yi-SAMRC ikhona, singakwazi ukubonisa iqhaza esinalo ocwaningweni lwezempilo nendlela esinomthelelangayo kwinqubo mgomo kanye nendlela yokusebenza. Kuyisikhathi esimnandi ngempela ekhalendeni le-SAMRC, njengoba siqhubeka sizibophezele ekuthuthukiseni isayensi yezempilo. I-SAMRC iyahola ekwandiseni isibalo sokuthuthukisa nokukhiqizaososayensi abasebasha abavela ezizindeni ezihlukahlukene njengezwe esiphila kulo.

Njengesikhungo esiyinhloko emkhakheni wezempilo,saba nenhlanhlayokuba yingxenye ye-Presidential Health Summit eyayingo-November 2018, eyahlanganisa abaholi abavelele abavela ezinhlanganweni ezihlukahlukene, ukuba babambe iqhaza futhi beze namacebo okuxazulula izinselele ezikhungethe ezempilo eNingizimu Afrika.

Sizimisele ukubambisana nezinhlangano ezenza ucwaningo zasemazweni ahlukahlukene ukuze siqinise isayensi yezokwelapha eNingizimu Afrika. Ukubambisana kwethu ne-U.S. NIH ohlelweni locwaningo lwe-biomedicinelokweseka ngezimali umzuliswano wesibili, kuqinisa ukubambisana kwezesayensi phakathi kososayensi baseNingizimu Afrika nabase-U.S. I-SAMRC kanye noMnyango Wezesayensi Nobuchwepheshe yabambisana noHulumeni wase-United Kingdom futhi yasayina i-Newton Fund Memorandum of Understanding ePhalamende, e-Cape Town. Izinhloso ezine

ezinkulu yilezi, 1) ukufundisa abantu, 2) ukuxoxa nezinkampani ezizimele, 3) ukuxoxa namanye amazwe ase-Afrika 4) nokwakha ukubambisana kwezocwaningo phakathi kweNingizimu Afrika ne-United Kingdom. I-SAMRC yasungula uhlelo lwezempilo ngaphansi kwalokhu kubambisana ne-Newton Fund futhi yaxoxisananabacwaningi base-UK ababambisene nabo kwi-Newton Fund.

Kulo nyaka wethu wama-50 kuningi okumelwe sikuhlalisele: ososayensi abayisikhombisa be-SAMRC baye balinganiselwe ngeqophelo yi-National Research Foundation (NRF) ngo-2018. Ukulinganiselwa ngeqophelo yi-NRF sekube yithuluzi elibalulekile lokukala izinga labacwaningi bethu lapho beqhathaniswa nabacwaningi abaphambili emhlabeni.

Okunye ukuphumelela okumele sikuhlalisele kuhlanganisa ukuthola kukaProfesa Salim Abdool Karim i-international Lifetime Achievement Award eyinikezwa yi-Institute for Human Virology. UProfesa Karim unguMqondisi we-SAMRC/CAPRISA/UKZN HIV-TB Pathogenesis and Treatment Research Unit. UProfesa Kelly Chibale naye wabalwa yi-Fortune magazine phakathi kwabaholi abangu-50 abaqavile emhlabeni ngo-2018, uProfesa Chibale unguMqondisi we-SAMRC/UCT Drug Discovery and Development Research Unit; uProfesa Gita Ramjee, onguMqondisi we-HIV Prevention Research Unit, waklonyeliswa nge-Outstanding Female Scientist Award yi-European Development Clinical Trials Partnerships (EDCTP) kanti uProfesa Keertan Dheda, onguMqondisi we-SAMRC/UCT CAMRA , yena wanikezwa i-Health Excellence Award emcimbeni owawuhlelwe yi-Clinix Health Group kanye ne-South African Clinician Scientists Society ngo-2018.

I-SAMRC izibonise ukuthi inomdlandla ngempela futhi yenza ucwaningo olunomthelela e-Afrika nasemhlabeni jikelele. Konke lokhu bekungeke kwenzeka ngaphandle kwabaHoli, oSosayensi bethu kanye nabo bonke abasebenzi be-SAMRC. Ngithanda ukunibonga nonke kanye nabo bonke abantu baseNingizimu Afrika abenza ukuthi lomsebenzi wenzeke.



**PHROFESA GLENDA E. GRAY**

UMongameliNe-CEO: South African Medical Research Council

## TSEBIŠO GO TŠWA GO MOPRESIDENTE LE CEO

Mokgatlo wa mafolofolo woo o dirago khuetšo ka Afrika le ka ntle ga yona

Mokgwa wa Khansela ya Dinyakišišo tša Kalafo ya Afrika Borwa (South African Medical Research Council (SAMRC)) o thekgwa ke maikemišetšo a rena le taolelo ya rena go dira le go thekga ka ditšhelete dinyakišišo tša maphelo, tšweletšopele, tšhabollo le phetolelo ya dinyakišišo. Bjalo ka ditsebi ka dinyakišišong tša maphelo, re netefaditše gore dinyakišišo tša rena ke tša maleba, di a arabela le go ba le khuetšo.

Go laola dinyakišišo tša maphelo gabotse le ka mo go atlegilego, nakong ya 2018/19 ya go bega, re kgonne go boloka sekhwama sa tšhelete ya taolo ya SAMRC ka tlase ga 20%. Go latela melawana ye e thatafaditšwego ya Kgoro ya Matlotlo a Setšhaba malebana le tšhomišo ya tšhelete ya mmušo, Taolophethiši ya Kgoro ya Matlotlo a Setšhaba e netefaditše gore mokgatlo o phethagatša melawana le gore tekanyetšo e dirisetšwa dinyakišišo tša maphelo pele.

Ntle le go šoma ka katlego go ya ka molao le tlhako ya phethagatšo ya molao, re fihleletše khuetšo go phatlalala le mohlwaela wa dipoelo tša dinyakišišo le ditlahli tša pholisi, go swana le Leano la World Health Organization (WHO) la Bolwetši bja Mafahla bja di Phoofolo, tlhahli ya makala a mantši ya go šogana le bolwetši bja mafahla bja bovine mo diphoofolong. Ka ntle ga mellwane ya rena, dinyakišišo tša rena gape di hueditše gore go be le pholisi kua Democratic Republic of Congo go tša tumelo, maitshwara a bong le dikgaruru kgahlanong le basadi le bana mo ditšhabeng tšeo di angwago ke dithulano tše bjalo, e le go bontšha khuetšo ya rena go phatlalala le kontinente.

Gore o kgone go bona legato le la khuetšo, re nepišitše phetogo ya dinyakišišo, kudu go lebeletšwe go thekga diyunibesithi tšeo di bego di se na methopo kgale, le go šogana le phapano ya morafe mo go thekgeng go se lekalekane ga bong. Ka lenaneo la thekgo la Dinyakišišo tšeo Motho a lthometšego (SIR), go abilwe thekgo ya go feta 40% go batho ba Bathobaso ka 2018/19, le difoka tše dintši mo dikarolong tše tše bohlokwa: go šoganwa le mathata a bolwetši bja swikiri, mekgwa ya tšwelotšopele ya go kaonafatša maphelo, le go kwešiša malwetši a monagano. Go oketša moo, 54% ya dithekggo tšhelete ya mphiwafeela ya SIR e abetšwe basadi gomme 46% e abetšwe banna mo nakong ya go bega.

Ka 2019, re lebeletše thakgolo ya institute ya mathomo ya Africa's whole genome sequencing, yeo e hlamilwego ke SAMRC ka ge e le mothopo bobedi go Afrika Borwa le kontinente ya Afrika. Re a ikgantšha gape ka ge re thomile makala a tlaleletšo a mafsa a tshela ao a etilwego pele ke baetapele ba saense bao ba tsebegago bao ba tšwelago pele.

Tirišano ya rena le Beijing Genomics Institute go butše sebaka sa go hlama dihlare bakeng sa badudi ba Afrika, tšeo di dirago phapano ye kgolo ya leabela le go bula dibaka tša go šogana le bothata bja bolwetši bja Afrika.

Ke thabile ka gore mo ngwageng wo wa bo 50th wa go ba gona ga SAMRC, re ka bontšha khuetšo ya rena mo dinyakišišong tša maphelo le ka moo re huetšago pholisi le tirišo. Ke nako

ya lethabo mo tšhupamabakeng ya SAMRC, ka ge re dula re ikgafile go kaonafatša saense ya maphelo. SAMRC e etile pele ka go hlabolla bokgoni le go aga bokamoso bja borasaense ba bafsa bao ba fapanego bjalo ka naga yeo re dulago go yona.

Bjalo ka institušene ya lekala la maphelo, re bile mahlatse go ba karolo ya Samiti ya Maphelo ya Mopresidente ka November 2018, yeo e kopantšego bakgathatema ba motheo go tšwa mohlwaeleng wa batho, go kgatha tema ye kgolo le go šišinya ditharollo tša go šogana le ditlhollo tšeo di lebanego le mokgwa wa maphelo wa Afrika Borwa.

Re ikgafile go dirišana le mekgatlo ya dinyakišišo ya lefase go matlafatša saense ya kalafo ka Afrika Borwa. Go dirišana ga rena le U.S. NIH ka lenaneo leo le kopanetšwego la dinyakišišo tša kalafo ya diphedi mo tikologong ya bobedi ya thekgo, e matlafatša tirišano ya saense gare ga borasaense ba Afrika Borwa le U.S. SAMRC ka tirišano le Kgoro ya Saense le Theknolotši e šomišana le Mmušo wa United Kingdom gomme e saenne Memorantamo wa Kwešišano wa Newton Fund ka Palamenteng, Motsekapa. Dintlha tše nne tša bohlokwa e be e le 1) go hlabolla letlotlo la batho, 2) go boledišana le lekala la praebete, 3) go boledišana le dinaga tše dingwe tša Afrika le 4) le go aga tirišano ya dinyakišišo ya Afrika Borwa le United Kingdom. SAMRC e be e na le maikarabelo a go thoma lenaneo la maphelo ka fase ga Tirišano ye ya Newton Fund le go boledišana le badirišani ba dinyakišišo ba Newton Fund bao ba lego UK.

Mo ngwageng wa rena wa bo 50 go na le tše dintši tšeo re ka di ketekago: borasaense ba šupa ba SAMRC ba retilwe ke Motheo wa Dinyakišišo wa Setšhaba (National Research Foundation (NRF)) ka 2018. Tekanyetšo ya NRF e bile sedirišwa se bohlokwa sa go lekola boleng bja dinyakišiši ba rena kgahlanong le ba bakaone go feta ka moka lefaseng.

Dikatlego tše dintši tša go keteka di akaretša Sefoka sa Katlego sa Bophelo ka moka sa lefase sa tlhompho sa Profesa Salim Abdool ke Institute for Human Virology. Profesa Karim ke Molaodimogolo wa Lekala la Dinyakišišo la Kalafo le Phathogenesis la SAMRC/CAPRISA/UKZN (SAMRC/CAPRISA/UKZN HIV-TB Treatment and Pathogenesis Research Unit). Profesa Kelly Chibale le yena o tsebišitšwe bjalo ka Baetepete ba Bakaone go feta ka moka ba Lefase ba bo 50 ba Fortune magazine. Profesa Chibale ke Molaodimogolo wa Lekala la Dinyakišišo tša Tšweletšopele le Kutollo ya Diokobatši ya SAMRC/UCT (SAMRC/UCT Drug Development Research Unit); Profesa Gita Ramjee, Molaodimogolo wa Dinyakišišo tša Thibelo ya HIV, o abetšwe Sefoka sa Rasaense wa Mosadi wa Bokgoni ke Tirišano ya Diteko tša Kalafo ya Tšweletšopele ya Yuropa (EDCTP) le Profesa Keertan Dheda, Molaodimogolo wa SAMRC/UCT CAMrA, o amogetše Sefoka sa Bokgoni bja Maphelo mo tiragalong yeo e beakantšwego ke Sehlopha sa Maphelo sa Clinix le Mokgatlo wa Borasaense ba Dingaka wa Afrika Borwa ka 2018.

SAMRC e bontšhitše go ba mokgatlo wa dinyakišišo wa mafolofolo le go arabela woo o dirago khuetšo ka Afrika le ka ntle. Tše ka moka nkabe di se a kgonagala, ntle le Taolophethiši, Borasaense ba rena le badirišani ba rena ka moka ba SAMRC. Ke rata go le leboga ka moka ga lena le gape batho ba Afrika Borwa bao ba dirago gore mošomo wo re o dirago o kgonege.

Ka boikokobetšo



**PROFESSOR GLEND E GRAY**

Mopresidente le CEO: Khansela ya Dinyakišišo tša Kalafo ya Afrika Borwa



# WHY WE EXIST

The mandate of the South African Medical Research Council (SAMRC), in terms of the MRC Act 58, 1991 (as amended), is to improve the health and quality of life of South Africans. This needs to be realised through research, development and technology transfer.

## IN BRIEF

The SAMRC was established in 1969 to conduct and fund health research and medical innovation. We focus on the top ten causes of death and disability and associated risk factors.

We acquire the most accurate health information and provide policy makers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people in South Africa.

## OUR VISION

Building a healthy nation through research and innovation.

## OUR MISSION

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

## Umsebenzi Wethu

Umsebenzi Womkhandlu Wocwaningo Lwezokwelapha eNingizimu Afrika (SAMRC), ngokuvumelana ne-MRC uMthetho 58, 1991 (othuthukisiwe), ukuphucula impilo nezinga lokuphila kwabantu baseNingizimu Afrika. Lokhu kudingeka kwenzeke ngocwaningo, ukudluliselwa kwemikhiqizo nezobuchwepheshe.

### Ngamafuphi

I-SAMRC yasungulwa ngo-1969 ukuba yenze futhi ixhase ucwaningo lwezokwelapha nokuthola izindlela ezintsha zokwelapha. Sigxila ezizathwini eziphezulu eziyishumi zokufa nokukhubazeka kanye nobungozi obuhlobene nalokho. Sithola imininingwane enembile yezempilo, zinikeze abenzi bemithetho amathuluzi angabasiza benze izinqumo ezimayelana nemithetho yempilo benolwazi ukuze kuphuculwe izinga lokuphila kwabantu baseNingizimu Afrika.

### Umbono Wethu

Ukwakha isizwe esinempilo ngokucwaninga nokuthola izindlela ezintsha

### Umgomo Wethu

Ukuthuthukisa izinga lempilo lesizwe nokuphila kwaso ngokwenza nokuxhasa ucwaningo lwezokwelapha oluyimfuneko nolufanele, ukuthola okusha nokuhunyushwa kocwaningo

## Molao Wa Rena

Molao wa Khansele ya Dinyakišišo tša Booki mo Afrika Borwa (SAMRC), go ya ka molao wa MRC Act 58, 1991 (ka ge o fetošitšwe), ke go kaonefattša maphelo le boleng bja maphelo bja Maafrika Borwa. Se se hloka gore go dirwe nyakišišo, go kaonefatšwa le go fetola thekinolotši.

### **Ka bokopana**

SAMRC e hlamilwe ka 1969 go hlama nyakišišo ya go hwetša tšhelete ya tša maphelo le go fetola tša kalafo. Šedi ya rena e go dilo tše lesome tšeo di bakago malwetši a mantši le bogole le dikotsi tšeo di sepedišanago le tšona. Re hwetša tsebišo e kaonekaone ya tša maphelo, ra nea dipholisi ka tholosi go dira phetho e kaone ya tša maphelo go koanefatša boelng bja tša maphelo go Maafrika Borwa.

### **Pono ya rena**

Go bopa setšhaba se phetšego gabotse ka nyakišišo le diphetogo

### **Maikemišetšo a rena**

Go kaonefatša bophelo bja setšhaba ka go dira nyakišišo e thekgwago ka ditšhelete le e bohlokwa ya tša maphelo, go kaonefatša, go fetola le go toloka nyakišišo

# OUR RESEARCH

## *Responding to the top ten causes of death in South Africa*

The South African Medical Research Council is a health research organisation focusing on the top ten causes, disability and associated risk factors in the South African population. Since 1969 the SAMRC has been at the cutting edge of leading medical research, innovations, development and has strengthened its research translation efforts. The scope of the SAMRC's research includes basic laboratory investigations, clinical research and public health studies.

The Burden of Disease Research Unit shared statistics of how South Africa is doing in addressing the leading causes of death in the country.

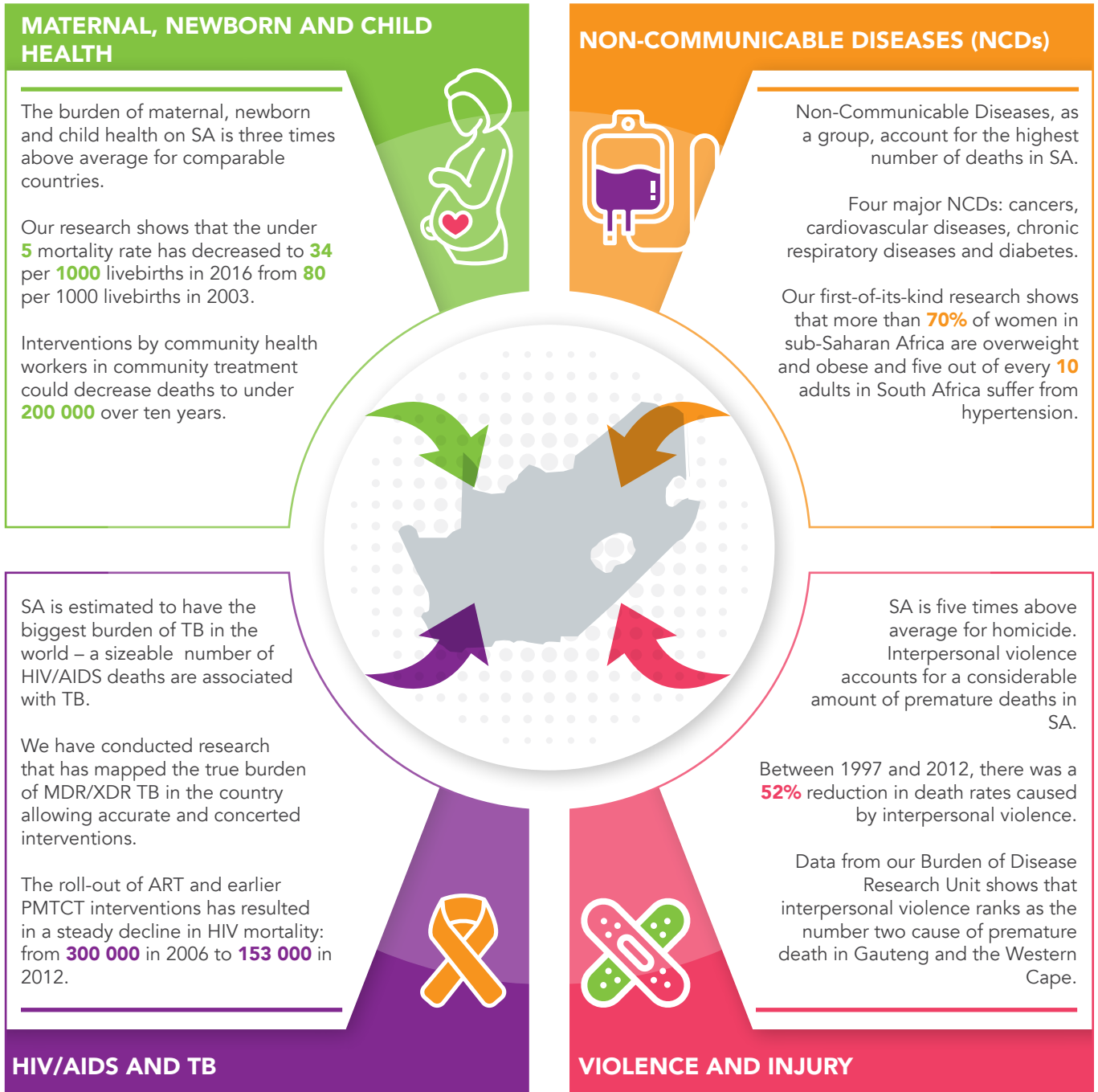
## *Leading causes of death in South Africa*

- The **Rapid Mortality Surveillance Report 2017** derives estimates of key health status indicators primarily from data obtained from the National Population Register.
- Although **life expectancy at birth**, has continued to increase, reaching 64 years in 2017, the pace of improvement has slowed down in recent years.
- Infant and under-five mortality rates have declined to 23 and 32 per 1 000 live births in 2017, respectively. However, the neonatal mortality continues to show no improvement remaining at 12 per 1 000 live births.
- Mortality of children aged 5-15 improved over a period of five years from 11 per 1000 deaths to 6 deaths per 1000 deaths. Children between the ages: 15-24 showed an improvement from 24 deaths to 21 per 1000 children during the same period. These improvements are likely associated with the roll-out of ARTs.
- The maternal mortality ratio peaked in 2009 and has declined to 134 per 100 000 live births in 2016.
- **Life expectancy at age 60 years**, an indicator of mortality experienced at older ages has remained constant at about 17 years, indicating little improvement in health care in recent years.
- Estimates of premature mortality between the ages of 30 and 70 years due to selected non-communicable diseases (NCDs) including cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. The probability of a 30-year old man dying from these non-communicable diseases before the age of 70 years is 34% while the probability of a 30-year old woman dying from these diseases is 24%. The rates have shown no change between 2011 and 2016. Primary health care services need to be more vigilant with diagnosing and managing these diseases and their risk factors. Health promotion efforts to reduce the prevalence of tobacco and alcohol use, increase physical activity and healthy nutrition are essential to reduce the burden of non-communicable diseases.



# OUR RESEARCH PROFILE

South Africa faces a quadruple of evolving major epidemics: Maternal, new-born and child health, HIV/AIDS and TB, Non-communicable diseases, and violence and injury.



# OUR FUNDING

## GRANTS, INNOVATION & PRODUCT DEVELOPMENT

The Grants, Innovation and Product Development (GIPD) division of the SAMRC is the custodian of grant funding (including innovation funding), IP management and commercialisation. There are a number of programs that fall under GIPD, many of which involve strategic partnerships with organizations that include the Department of Science and Technology (DST), the Newton Fund, the Bill and Melinda Gates Foundation (BMGF), PATH and Anglo American Platinum (AAP).

TOTAL VALUE OF FUNDING ALLOCATED TO RESEARCH & INNOVATION DURING THE 2018/19 REPORTING PERIOD

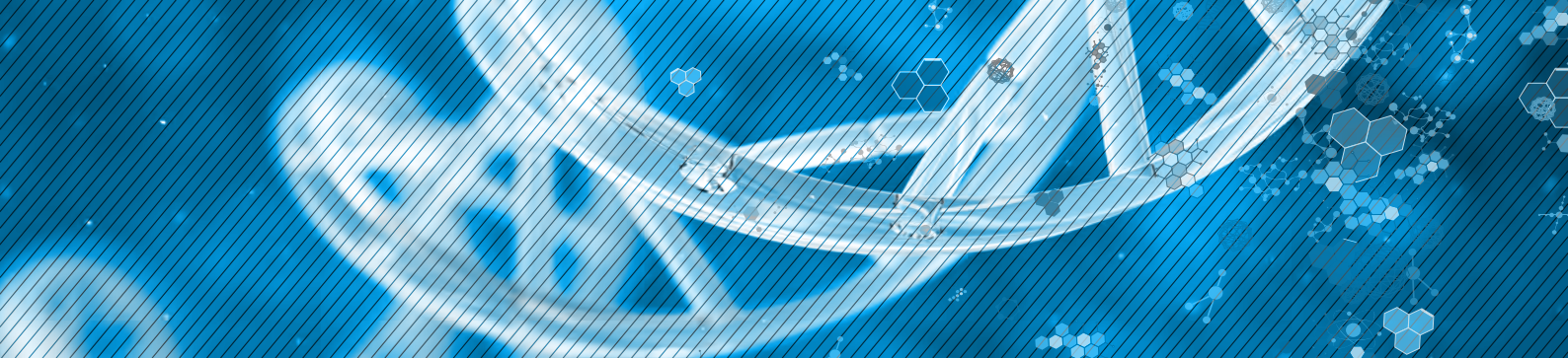
**R211 253 793.33**

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

SELF INITIATED RESEARCH (SIR)

**R23 662 535**

Focus areas: For more than a decade, the SAMRC has awarded funding and supported competitive investigator-initiated research projects. These awards are targeted at early stage investigators and mid-career investigators who are offered the opportunity to establish their careers while conducting relevant science.



## INVESTING IN DEVELOPMENT OF NEW KNOWLEDGE

The SAMRC receives funding from the South African National Treasury to strengthen research and capacity development in the field of medical health sciences in South Africa. The SAMRC through its Division of Research Capacity Development (RCD) aims to build health research capacity by providing and administering scholarships to South African citizens studying towards their Masters and Doctoral (PhD) degrees in Medical and Health Sciences. Additionally, RCD provides and administers research grants to early career investigators, mid-career investigators and researchers with evidence of potential of excellence if supported financially and otherwise.

### SAMRC FUNDED MASTERS AND PhDs IN 2018/19

AMOUNT FUNDED

**R1 356 204.00**

8 MSCs

AMOUNT FUNDED

**R27 478 645.20**

45 PhDs

### MSCs AND PhDs JOINTLY FUNDED BY THE SAMRC IN 2018/19

AMOUNT FUNDED

**R1 550 000.00**

6 MSCs

AMOUNT FUNDED

**R1 660 000.00**

4 PhDs

# OUR IMPACT



## Honouring the late Bongani Mayosi, for his contributions to health transformation

To preserve the lasting legacy of his immense contributions towards health transformation, Professor Bongani Mayosi was honoured by renaming the National Health Scholars Programme (NHSP) to the “Bongani Mayosi National Health Scholars Programme”.

The unveiling took place at a gala event in Johannesburg in April last year, where the South African Medical Research Council (SAMRC) together with the Public Health Enhancement Fund (PHEF) and the National Department of Health (NDoH) celebrated their joint efforts in building new human capacity for healthcare. The NHSP is a national asset and a flagship PhD programme for advancing the next generation of African health and clinical scientists and was chaired by the late Prof Mayosi.

The Programme is a great consequence following a social compact between the NDoH and 22 Healthcare Companies signed in November 2012, to improve the delivery of healthcare, address diseases and improve accessibility to medical schools for disadvantaged communities. Administered by the SAMRC, the Programme has since its inception produced 107 post-graduates in various health professions (60 Masters and 47 PhDs). They are expected to contribute to the overall research and innovation capacity of the country, and to service constrained communities - a success story of the transformation of the healthcare system.

This, according to the then Minister of Health, Dr Aaron Motsoaledi shows the importance of this public-private partnership.

Although he is late, Mayosi, a passionate health expert and leading South African cardiologist, remains hailed for his vision to develop the capacity of the next generation of South African scientists and leaders through the NHSP. He wanted to train clinical and health PhDs who will have significant impact in clinical and health sciences in South Africa and the rest of Africa.







## A centre in Africa to decode genes

SAMRC has launched a state-of-the-art research facility that will refine the science of genomics for personalised medicine to unlock Africa's diverse gene pool. This progressive initiative was first cemented through the signing of a formal collaboration agreement, between the Beijing Genomics Institute (BGI) and the SAMRC in 2018. BGI is leading the global scientific progress on genetic science and DNA sequencing.

Individual genome sequencing has become a crucial part of understanding and responding to disease as it creates the possibility to identify mutations, which are specific to each person. One of the advantages of genome sequencing is that it helps in recognising the cause or stage of a disease and predicts the likely benefits or side-effects of a particular medication. Having been exposed to medicines that were developed outside of Africa and researched on a different gene pool, South Africans will now benefit from genome sequencing as their unique gene pool will be taken into consideration. In turn, this will result in the development of more effective medicines that are unique to South Africans.

"The Centre is a national asset that will contribute to the better understanding of factors that impact on the health of South Africans and inform strategies to improve their response to diseases," says SAMRC President and CEO, Prof Glenda Gray.

"This initiative gives us an opportunity to enter into a new era of medical research as we are now a part of a small group of forward-thinking countries that are pioneering this type of much-needed innovation and skills to increase our capacity to sequence whole human genomes, analyse and store data", says Rizwana Mia, leader of the precision medicine programme.

She added that "Designing a state-of-the-art clean room facility means we can house any high through-put sequencing technology. We have further invested in data storage infrastructure and hence allowing us to confidently create a large-scale population genome programme to unlock our genetic diversity."





## Can climate change have an impact on National Health Insurance (NHI)?

Following the introduction of the National Health Insurance (NHI) Bill to parliament in August last year, a group of scientists from the South African Medical Research Council (SAMRC) have also weighed in on the discussion, focusing on what may not have been stated on the Bill but needed to be known.

In a paper recently published in the South African Journal of Science, Dr. Caradee Wright and Profs Matthew Chersich and Angela Mathee focus on possible direct and indirect impacts of climate change on NHI. In the paper, the team of researchers from the SAMRC's Environment and Health Research Unit (EHRU) describe how climate change will present substantial challenges to the Bill, especially to the vulnerable communities who are expected to benefit the most from it.

According to the paper, potential direct climate change impacts on NHI and primary healthcare include extreme weather events on health service infrastructure such as heat waves affecting the functionality of medical equipment, changes to cold chain requirement for transporting medicine and vaccines, thermal comfort in hospitals, and working conditions, productivity and staff well-being.

Also, the hotter conditions may constrain health workers' outreach work, which often involves walking long distances for home visits. Flooding may interrupt water and power supplies, impede the ability of staff to get to work, affect the safety of staff and patients at health centres, and also jeopardise access to, or integrity of, systems for maintaining patient records.

The paper concludes that by making climate change an integral consideration in planning and development, it is possible to deliver an NHI that contributes more effectively to reducing inequalities that are likely to stem from evolving environmental hazards to health associated with climate change





## An Evaluation of the Health System costs of Mental Health Services and Programmes in South Africa

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The SAMRC together with the Alan J Flisher Centre for Public Mental Health (CPMH) released the full technical report of the Evaluation of the Health System Costs of Mental Health Services and Programmes in South Africa.

Responding to some of SA's challenges in relation to the mental health system, for the first time, this study offers a nationally representative reflection of the state of mental health spending and elucidates inefficiencies and constraints emanating from existing mental health investments in South Africa, achieving one of the highest sample sizes of any costing study conducted for mental health in Low-Middle Income Countries (LMICs).

Following the completion of this first phase of work, technical support has been requested to develop a mental health investment case. We are now in a position to explore the mechanisms by which our country and provinces can accelerate our progress towards the achievement.

According to the authors, while there are still information gaps related to the mental health system, South Africa has, over the last two decades, taken steps towards strengthening its mental health care. These include reforming the Mental Health Care Act 2002 and developing a National Mental Health Policy Framework and Strategic Plan 2013–2020.



## Together taking a stand against Gender-Based Violence

As rates of violence against women and children reach epidemic proportions in South Africa, the South African Medical Research Council continues to play its part in addressing the problem.

This, not only through conducting relevant research but also funding initiatives seeking to produce knowledge about how to prevent Violence Against Women (VAW) and Violence Against Children (VAC). Through its Gender and Health Research Unit (GHRU), the SAMRC continues to contribute to science in the country and our knowledge economy in the area of GBV.

One of the main objectives of GHRU, through generated knowledge, is the prevention of gender-based violence and its impact on the lives and health of women by helping the

public and policy decision-makers understand current issues, including the role of gender inequality and its impact on women's lives.

The SAMRC has, to date, conducted two national femicide studies – one of which found that three women were killed by an intimate partner on a daily basis. The Council also reported, at that time, that 10% of women were killed by non-partners for example Uyenene Mrwetyana who was killed by a stranger and that 20% of women were killed by an unidentified perpetrator for example, 14-year-old Janika Mallo whose body was found in her grandmothers' backyard. Uyenene and Janika are some of the many victims of resurfacing GBV who made headlines across the length and breadth of the country. The results of the third Femicide study which is currently underway and funded by the SAMRC and the Ford Foundation, will be published in 2021. Alongside this study, the SAMRC will also repeat the National Child Homicide Study given the strong links between violence against women and violence against children.







## The SVRI Forum

The SAMRC also made a grant fund towards a successful Sexual Violence Research Initiative (SVRI) Forum held in Cape Town in October 2019. The SVRI Forum is the world's leading research conference on all forms of violence driven by gender inequality in low and middle income countries.

The SVRI provides a space where policy makers, researchers, activists, donors and practitioners aiming to achieve a world free of VAW and VAC connect with one another, share and promote their research, work and influence policies and practice.

Last year's themes for discussion included the role of new technologies, the rise of social movements, the relationship between Violence against Women and Girls (VAWG) and Violence Against Children (VAC) and more. Of the more than 750 participants at this global annual gathering were scientists from the SAMRC including its President and CEO, Prof Glenda Gray. Prof Gray was a panelist on one of the sessions that sought to explore new forms of feminist activism and theories that are emerging.



## Solidarity march...

In addition, staff at the SAMRC's Headquarters in Cape Town, marched in solidarity with victims of the alarming state of violence against women and children. This was in response to the #IAmNotNext Movement which called upon every citizen to take a stand against this.



# OTHER HIGHLIGHTS

## FOR 2018/19 REPORTING PERIOD

### SCIENCE AND INNOVATION



Scientists from the South African Medical Research Council's Biomedical Research and Innovation Platform (BRIP), in collaboration with Stellenbosch University have revealed a number of cases in which alternative treatments have altered the effects of prescription medication, either by diluting it, making it more potent or causing dangerous side effects.



Collaborated with the Agricultural Research Council (ARC) and local wellness product development company Afriplex to produce Afriplex GRTTM, an ingredient rich in aspalathin, one of the key actives in rooibos. The Afriplex GRTTM will be formulated into products aimed at managing conditions linked to cholesterol, blood glucose and insulin resistance.



Established the Centre for the Study of Antimicrobial Resistance (CAMRA) at the University of Cape Town in response to the emerging antimicrobial resistance (AMR) crisis.

### CAPACITY DEVELOPMENT



SAMRC Received a R10 million boost to assist young South African scientists who are studying towards their PhDs in clinical and health research for the National Health Scholars Programme from the Public Health Enhancement Fund.



National Research Foundation (NRF) recognised SAMRC Mid-Career scientist beneficiary. Social and Behavioural Scientist, Professor Kebogile Mokwena was awarded the sponsorship of the South African Research Chairs Initiative (SARChI) for Substance Abuse and Population Mental Health by the NRF. This significant grant will enable her to conduct further research into the various public health and clinical aspects of the South African street drug, Nyaope.



SAMRC established seven new extramural units with women heading six of these units.

## CROSS CUTTING PROGRAMMES & PARTNERSHIPS



A project by the South African Medical Research Council (SAMRC) compiled evidence on the type of violence, risk factors and potential solutions to reduce violence against women and girls with disabilities. The collaborative project between the SAMRC, the Botswana Council for the Disabled (BCD) and the Institute of Development Management is titled ALIGHT Botswana and is the first project that has enabled women with disabilities to co-lead research concerning them.



Launched SAPRIN, a research node of the Department of Science and Innovation South African Research Infrastructure Roadmap, offering the largest network of Health and Demographic Surveillance centres to monitor the health and socio-economic wellbeing of the people in South Africa.



Partnership with the HIV Vaccine Trials Network to conduct HIV vaccine trials across sub-Saharan Africa.



The results of a large, international systematic review published in the journal PLOS Medicine show that tuberculosis treatment is successful in children with multidrug-resistant tuberculosis (MDR-TB). The study was used to inform the World Health Organization guidelines on treatment of MDR-TB in children.



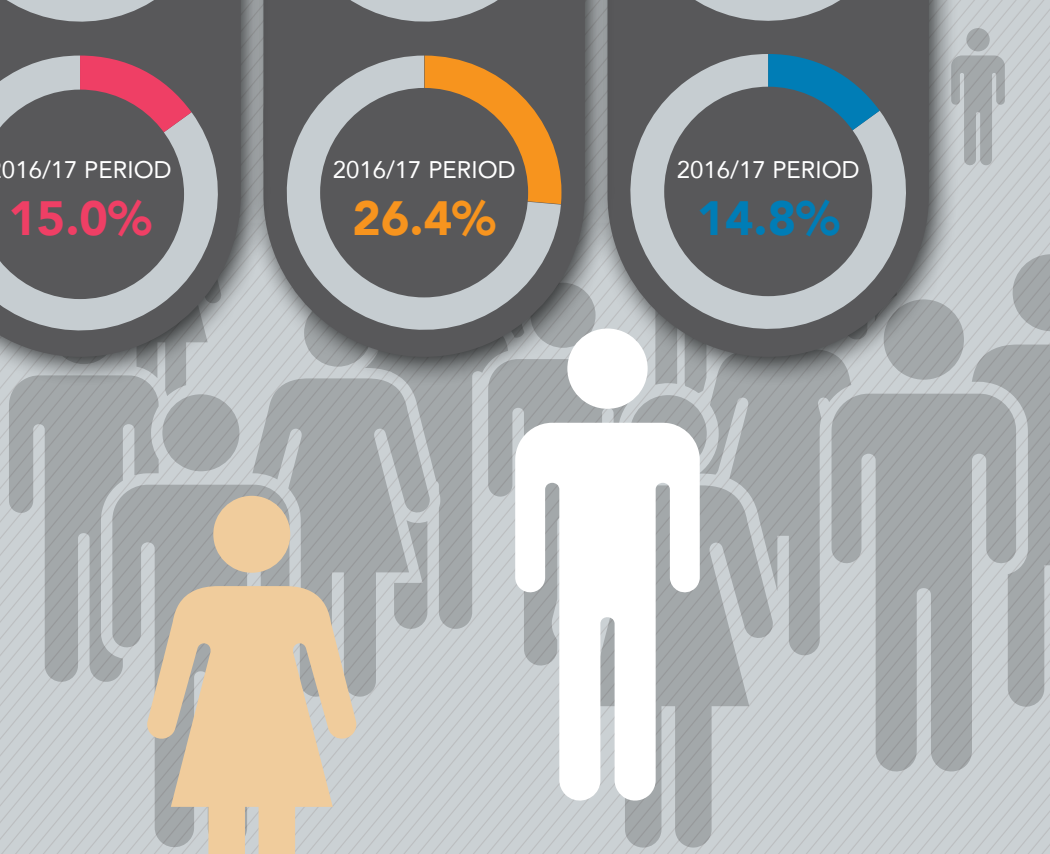
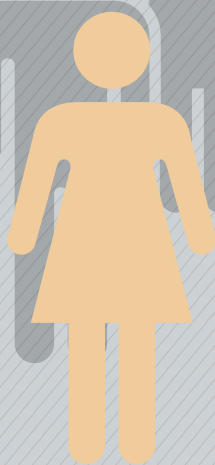
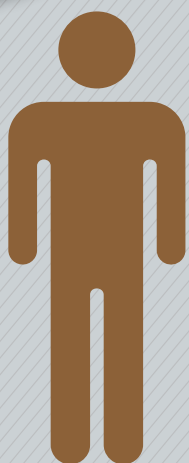
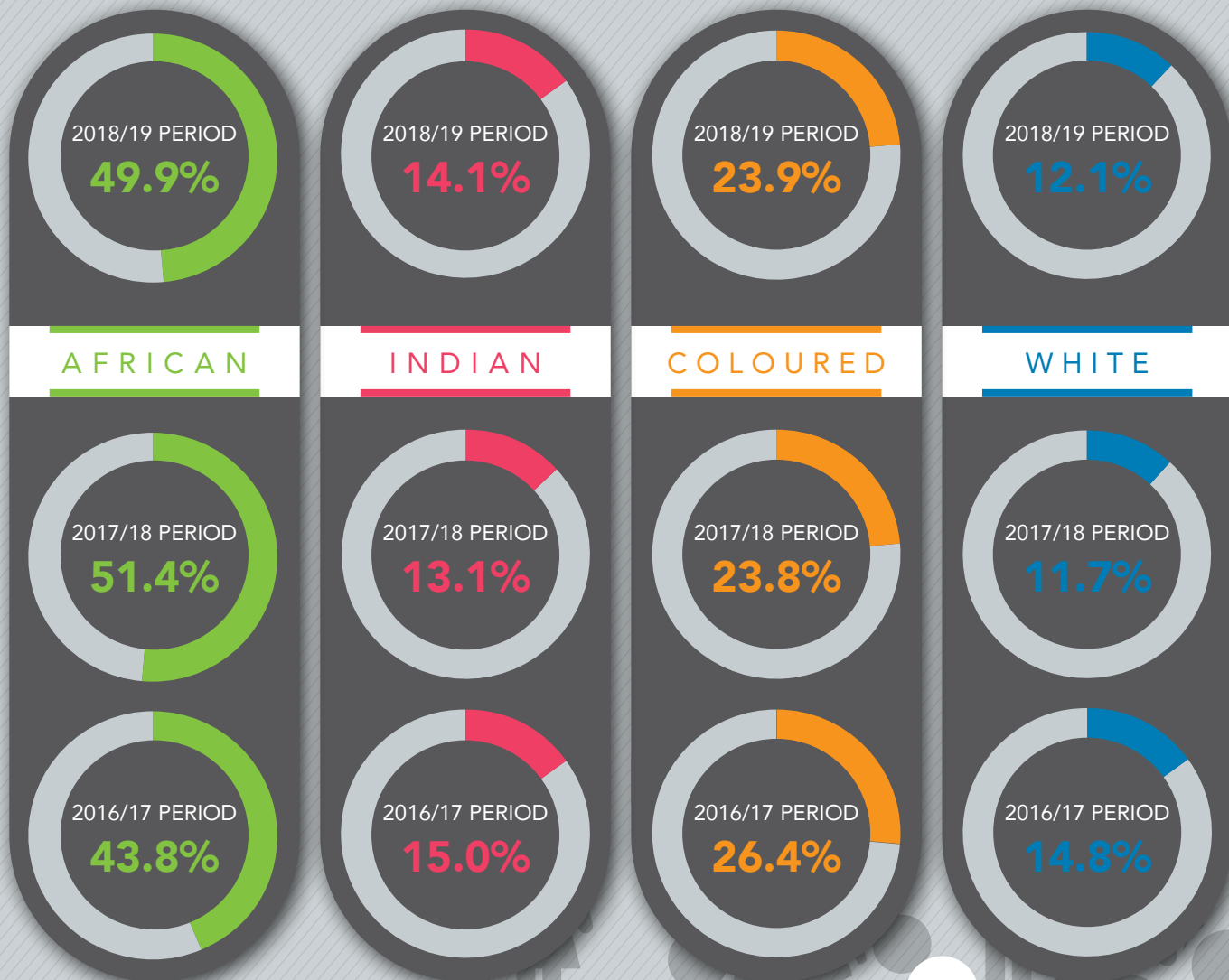
The South African Medical Research Council is part of the Brazil, Russia, India, China and South Africa (BRICS) TB Research Network to accelerate research and innovation through collaboration across the BRICS countries.



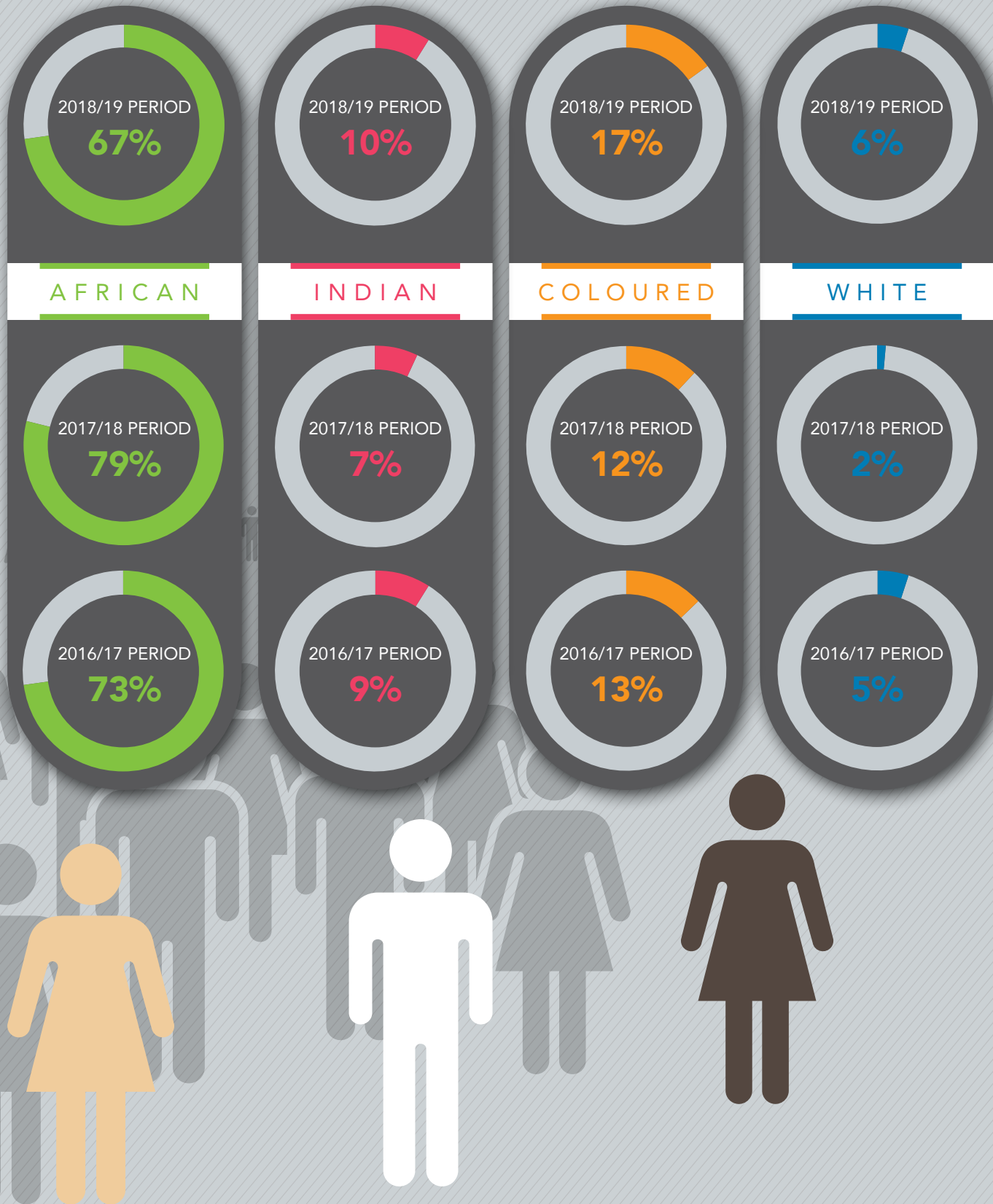
New agreement with the Foundation for Innovative New Diagnostics (FIND) to support diagnostic innovation for childhood tuberculosis (TB) in South Africa. The project is part of a global effort to improve childhood TB diagnosis, guide paediatric treatment, and reduce suffering, disease transmission and deaths from TB in babies and children.



# SAMRC DEMOGRAPHIC PROFILE

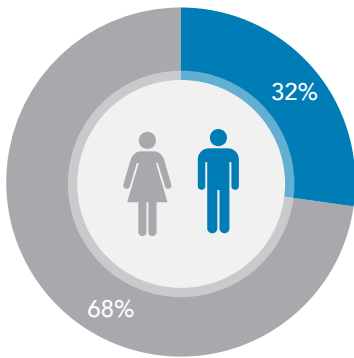


# APPOINTMENTS MADE BY RACE

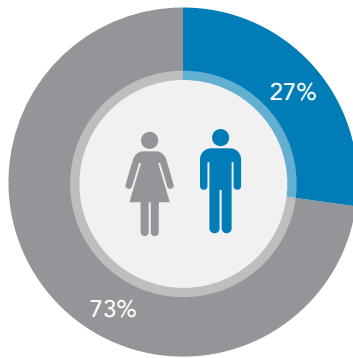




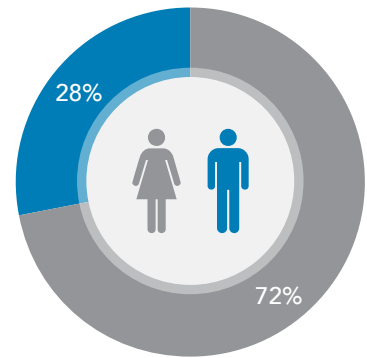
## APPOINTMENTS BY GENDER



2018/19 PERIOD

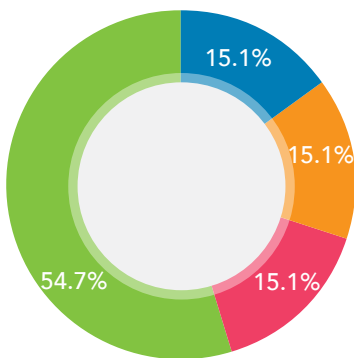


2017/18 PERIOD

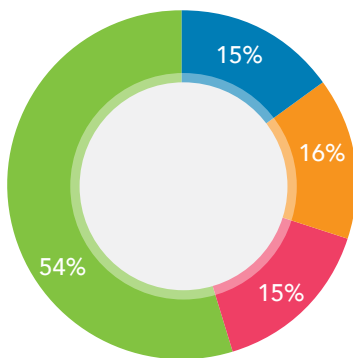


2016/17 PERIOD

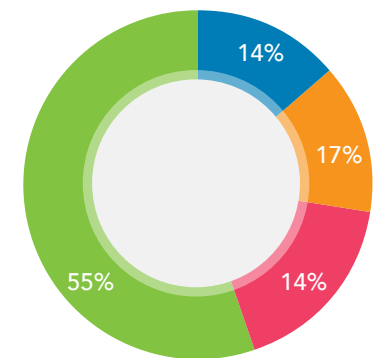
## SENIOR MANAGEMENT BY RACE



2018/19 PERIOD



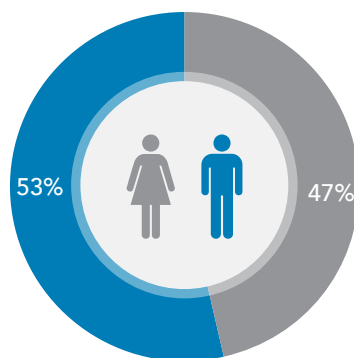
2017/18 PERIOD



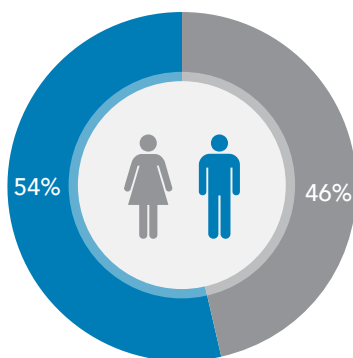
2016/17 PERIOD

● African ● Coloured ● Indian ● White

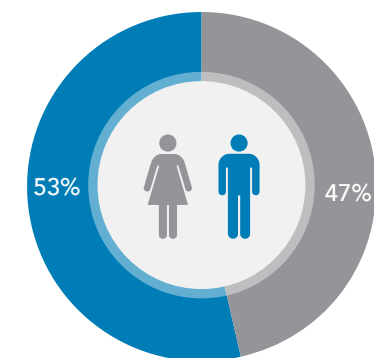
## SENIOR MANAGEMENT BY GENDER



2018/19 PERIOD



2017/18 PERIOD



2016/17 PERIOD

# GOVERNANCE

SAMRC is a section 3A entity accountable to Parliament for its performance and budget. In reporting to government, the Minister of the Department of Health is the executive authority for the SAMRC in all government and parliamentary matters. The Minister is also responsible for the appointment of Board Members.

Corporate governance embodies processes and systems by which public entities are directed, controlled and held to account. In addition to legislative requirements based on a public entity's legislation and Companies Act, corporate governance (with regard to public entities) is applied through the Public Finance Management Act and the principles contained within the King Report on Corporate Governance.

## OUR BOARD

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

### Responsibilities of the President & CEO include;

Implementation of the Board's mandate and  
Chairing the Executive management Committee, which is responsible for the day-to-day management of the SAMRC.

### Responsibilities of the Board include;

- Determining the policy and objectives of the SAMRC
- Monitoring performance of the various functions of the SAMRC
- Overseeing fiduciary and regulatory compliance
- Corporate governance



**Prof M Sathekge**  
Chair of the Board



**Prof Quarraisha Abdool Karim**  
Vice Chair of the Board



**Dr Patricia Hanekom**



**Prof William Rae**



**Prof Lindiwe Zungu**



**Ms Nafeesa Kawda**



**Dr Rachel Chikwamba**



**Prof Mark Cotton**



**Prof Johnny Mahlangu**



**Dr Zilungile Kwitshana**



**Prof Brandon Shaw**



**Prof Elizabeth Bukusi**



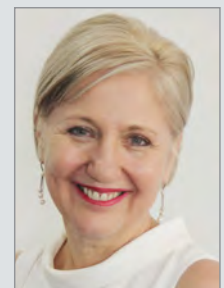
**Prof Sithembiso Velaphi**



**Prof Linda Skaal**



**Prof Tholene Sodi**



**Prof Glenda Gray**

# EXECUTIVE MANAGEMENT COMMITTEE

The Executive Management Committee includes the President and CEO and other senior members of the organisation. This Executive team is responsible for ensuring that the SAMRC is managed well and achieves its strategic goals.



Prof Glenda Gray  
President & CEO



Prof Jeffrey Mphahlele  
Vice President for Research



Prof Rachel Jewkes  
Executive Scientist: Research Strategy



Mr Nicholas Buick  
Chief Financial Officer



Prof Richard Gordon  
Executive Director: Grants, Innovation  
& Product Development



Mr Mzimhle Popo  
Legal Counsel



Dr Mongezi Mdhlu  
Chief Research Operations Officer

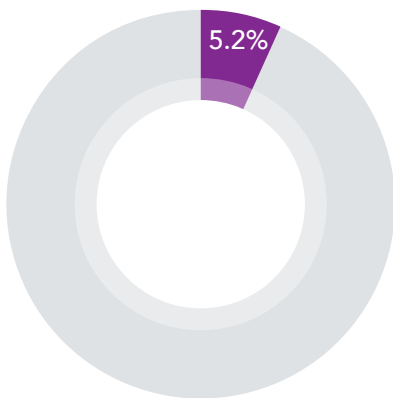


Mr Brinton Spies  
Executive Director: Human Resources

# FINANCE

## FINANCIAL PERFORMANCE FOR THE 2018/19 REPORTING PERIOD

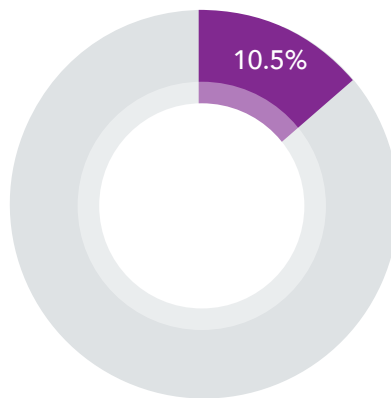
STRONG FINANCIAL PERFORMANCE FOR 2018/19 REPORTING PERIOD RESULTED IN



REVENUE

**5.2%**

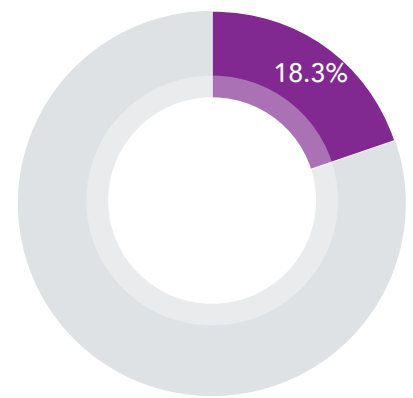
R 1 000 857 to R 1 053 401



CONTRACT INCOME

**10.5%**

R 461 418 to R 510 071

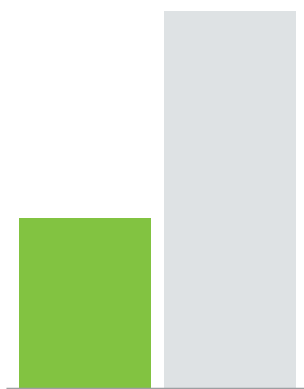


INVESTMENT INCOME

**18.3%**

R 42 270 to R 34 547

OPERATING DEFICIT

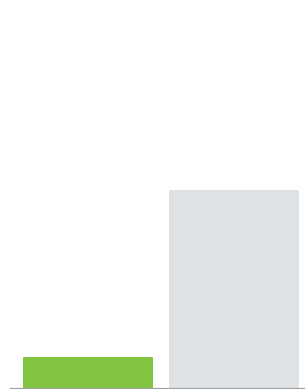


**R37 565**

OPERATING DEFICIT  
COMPARED TO

**R88 247** IN 2017/18

NETT DEFICIT



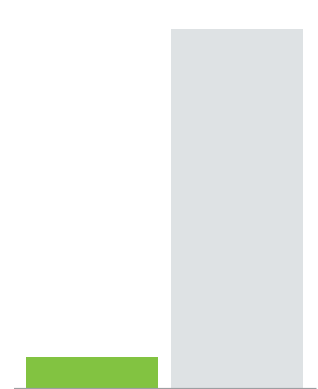
**R3 186**

VS

**R46 480**

DEFICIT OF IN 2017/18

FINAL DEFICIT

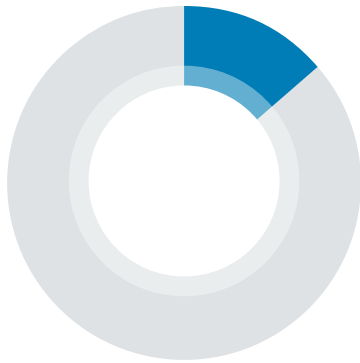


**R3 186**

VS APPROVED DEFICIT OF

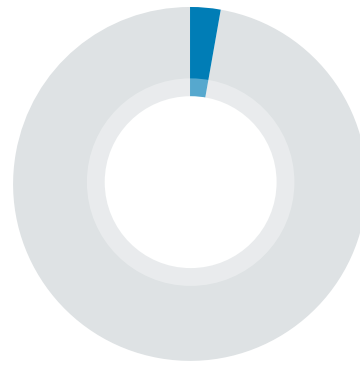
**R81 425**

## SAMRC FINANCIAL STABILITY IN 2018/19



### ACCUMULATED RESERVES

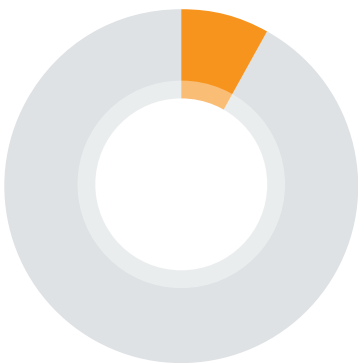
R286 569 compared to  
R289 755 in 2018/19



### TOTAL ASSETS

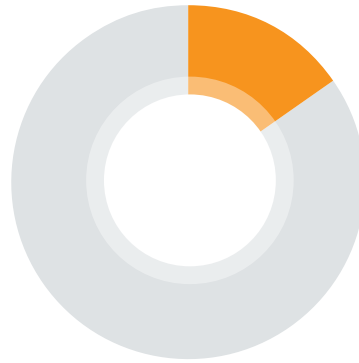
Increased from R730 297 to  
R770 853

## SPENDING TRENDS



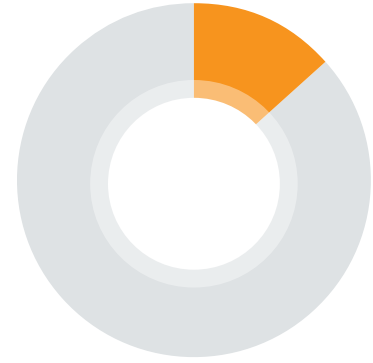
### COLLABORATIVE RESEARCH

increased from R513 099  
to R515 618



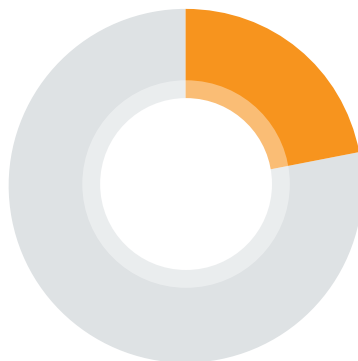
### EMPLOYEE-RELATED COSTS

increased from R356 570  
to R370 045



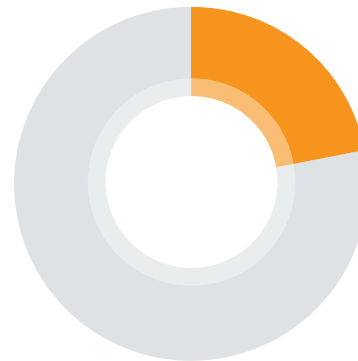
### OPERATING EXPENSES

increased from R1097 373  
to R1 110 909



### TEMPORARY STAFF COSTS

increased from R16 825  
to R23 085



### BASIC SALARY COSTS

increased from R194 736  
to R214 054



# REPORT OF THE AUDITOR GENERAL for the year ended 31 March 2019

## ACCOUNTING AUTHORITY'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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### PRESENTATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH:

- SA Standards of Generally Recognised Accounting Practice (SA Standards of GRAP)
- Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA)

## AUDITOR-GENERAL'S RESPONSIBILITY

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### TO EXPRESS AN OPINION ON THE AUDIT OF THE FINANCIAL STATEMENTS:

- Conducted in accordance with International Standards on Auditing
  - Complied with ethical requirements
  - Plan and perform audit to obtain reasonable assurance financial statements free from material misstatements
- 



### AN AUDIT INVOLVES PROCEDURES TO:

- Obtaining audit evidence about amounts/disclosures in financial statements
  - Ensures that procedures selected depend on the auditor's judgement
  - Evaluate the appropriateness of accounting policies used
  - Ensuring the reasonableness of accounting estimates made by management
  - Evaluate the overall presentation of the financial statements
- 



### IN MAKING THOSE RISK ASSESSMENTS, THE AUDITOR:

- Considers internal control relevant to the entity's preparation
- Ensures fair presentation of the financial statements
- Designs audit procedures that are appropriate in the circumstances
- Compliance with specific legislation

I BELIEVE THAT THE AUDIT EVIDENCE I HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR MY OPINION.

## OPINION



SAMRC received Clean Audit validation for the 2018/19 reporting period

SAMRC Annual Performance (pages 24 -27 of 2018/19 AR): Auditor General did not raise any material findings on the usefulness and reliability of the reported performance information for strategic goals 2, 3 and 4.

Report on the Audit of compliance with Legislation: The Auditor General did not raise any material findings as prescribed by the Public Audit Act.

Internal Control Deficiencies: The Auditor General did not identify any significant deficiencies in internal control.

### EVENTS AFTER REPORTING DATE:

**There were no significant events occurring after the balance sheet date.**



### SUPPLY CHAIN MANAGEMENT

No unsolicited bid proposals received during the year.



### AUDIT REPORT MATTERS

There were no matters to report.



### ECONOMIC VIABILITY

Funding allocations approved by government: R659 819

**Accumulated reserves: R286 569**

**RESULT:** SAMRC will continue to operate as a going concern.



### EVENTS AFTER THE REPORTING DATE

There were no significant events occurring after balance sheet date.

# STAKEHOLDER ENGAGEMENTS

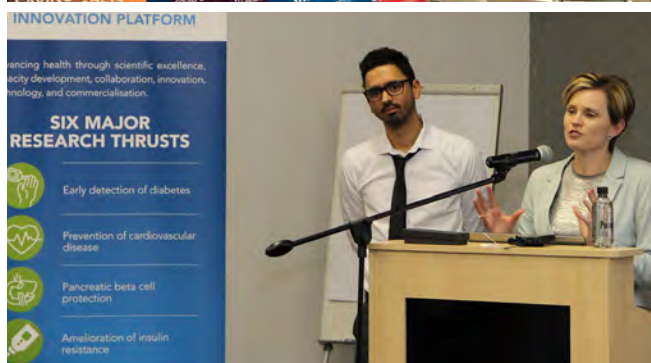
During the 2018/19 reporting period the SAMRC had a number of key communication and stakeholder engagements.

ENGAGEMENT	OBJECTIVE
<b>March for Science</b> <b>14 April 2018</b> <b>Durban</b>	<ul style="list-style-type: none"> <li>The SAMRC joined leading academics, scientists, researchers, students, civil society and the public in the 2018 Durban March for Science.</li> <li>South Africa and scientists from the SAMRC have made significant contributions in all spheres of science that has contributed to discoveries and improving lives in Africa and globally. The March was an opportunity for scientists, staff and people from all walks of life to highlight the impact that science has on societies.</li> </ul>
<b>Bio Convention</b> <b>4 -7 June 2018</b> <b>Boston, U.S.A</b>	<ul style="list-style-type: none"> <li>The SAMRC joined the SA pavilion at Bio 2018. The pavilion represented the SAMRC along with key stakeholders: AfricaBio, the Department of Science and Technology, Department of Trade and Industry, Technology Innovation Agency, and a group of entrepreneurs.</li> <li>Bio is the largest bio technology event providing access to global biotech and pharma leaders, about 18 000 delegates attended Bio 2018.</li> </ul>
<b>5th SA TB Conference</b> <b>12- 15 June 2018</b> <b>Durban</b>	<ul style="list-style-type: none"> <li>SAMRC exhibited at the 5th SA TB Conference, held under the theme: Step Up, Let's Embrace All to End TB!</li> <li>Through the exhibition and a series of video clips with TB experts across the country, the SAMRC engaged with audiences.</li> </ul>
<b>International AIDS Conference</b> <b>23 - 27 July 2018</b> <b>Amsterdam</b>	<ul style="list-style-type: none"> <li>The SAMRC collaborated with the South African National AIDS Council, the Department of Science and Technology, Human Sciences Research Council and CAPRISA to showcase HIV and TB funded projects through one exhibition.</li> <li>The SAMRC was also part of the 2018 HIV &amp; TB campaign launched at AIDS 2018 and distributed globally through key events and conferences, for several months. This was multimedia campaign with the UK Global Cause.</li> </ul>





ENGAGEMENT	OBJECTIVE
<b>Bio Africa</b> 27 - 29 August 2018 Durban	<ul style="list-style-type: none"> <li>The 2018 BIO Africa Convention provided a platform for global stakeholders to engage in dialogue about innovative strategies aimed at elevating biotechnology on the continent.</li> <li>The SAMRC was part of a joint exhibition with the Department of Science and Technology and GrainSA to showcase South Africa's BioEconomy SA (Strategy).</li> </ul>
<b>Nutrition Congress</b> 5-7 September 2018 Johannesburg	<ul style="list-style-type: none"> <li>SAMRC Corporate and SAFOODS exhibited at the 2018 Nutrition Congress hosted in Johannesburg.</li> <li>The local organising committee, Nutrition Society of South Africa (NSSA) and the Association for Dietetics in South Africa (ADSA) created a platform for nutrition professionals in South Africa to acknowledge achievements made as well as showcase nutrition-related activities, from science to implementation.</li> </ul>
<b>Evidence 2018</b> 25 -28 September CSIR, Pretoria	<ul style="list-style-type: none"> <li>The SAMRC showcased their evidence based projects at the 2018 Evidence Conference held at the CSIR International Convention Centre in Pretoria.</li> </ul>
<b>12th Annual Early Career Scientist Convention</b> 17-19 October 2018, Cape Town	<ul style="list-style-type: none"> <li>Taking science to the masses and building effective communication workshop presented by the Corporate Division with Cochrane South Africa.</li> <li>The Convention was led by the Research Capacity Development Division of the SAMRC.</li> </ul>
<b>FameLab</b> 7 – 8 February 2019 Cape Town	<ul style="list-style-type: none"> <li>The DST-NRF Centre of Excellence for Biomedical Research in Tuberculosis and the SAMRC Centre for Tuberculosis Research, with the support of the SAMRC Corporate &amp; Marketing Communications Division, presented the FameLab platform for young scientists at the SAMRC.</li> <li>FameLab is of great benefit to scientists and to the organisations in which they work. Scientists took part in a full day skills training workshop after which they gave three-minute presentations about their scientific concepts for a chance to participate in the national FameLab heats in Johannesburg.</li> </ul>







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