

**SOUTH AFRICAN MEDICAL
RESEARCH COUNCIL**
ANNUAL PERFORMANCE PLAN
2024/25

DATE OF TABLING - MARCH 2024

SAMRC HISTORY AND HEALTH STATEMENT

The SAMRC 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

The SAMRC 2024/25 Annual Performance Plan (APP) is drawn from the 2020/21 – 2024/25 Strategic Plan. This APP takes into account all the relevant policies, legislation and other mandates for which the SAMRC is responsible.

The APP accurately reflects the strategic goals and objectives that the SAMRC will endeavour to achieve over the period 2024/2025.

I hereby endorse this SAMRC Annual Performance Plan (APP) developed by the Executive Management Committee of the SAMRC under the guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board, and the Professor Glenda Gray, SAMRC's President and CEO.



Dr. MJ Phaahla (MP)
Minister of Health

ACCOUNTING

AUTHORITY STATEMENT

This South African Medical Research Council's (SAMRC) Annual Performance Plan (APP) 2024/25 straddles the end of the sixth Government Administration and its Medium-Term Strategic Framework (2019 to 2024), entry of the seventh Government Administration and its Medium-Term Strategic Framework (2024 to 2029), the remainder of the SAMRC's strategic planning cycle (2020 to 2025) and preparations for the new planning cycle (2026 to 2030).

For our strategic plan 2026 to 2030, we will embark on consultations with key stakeholders such as the National Department of Health (NDoH), medical researchers and health scientists both within the intramural programme and externally at Universities, Science Councils, Research Institutes and other entities that are involved in health, medical or public health research or those involved in the delivery of health. Our strategic plan will employ the National Department of Health priorities, the national health research priorities framework developed by the National Health Research Committee and other relevant national and international legislation and policies.

The SAMRC has been steadfast on delivering on its mandate of improving the health and quality of life of South Africans, through research, capacity development, innovation and technology transfer. From the beginning of the COVID-19 pandemic and up to a point where it was classified by the World Health Organisation in May 2023 to no longer constitute a public health emergency, the SAMRC played a pivotal role in the response to the pandemic, such as systematic reviews to inform Public Health Guidance on COVID-19, COVID-19 in Children: Prevalence and Clinical Characteristics, Impact of COVID-19 on Health, Food Security, access to Health and Social Services, Health Economic Analyses to guide Investments in

Health Systems for COVID-19, COVID-19 research translation, COVID-19 Wastewater Surveillance and research programme, COVID-19 Network for Genomic Surveillance in South Africa, supporting COVID-19 Surveillance Through Innovative Tools and access to vaccines through the Sisonke Phase 3B study. Notwithstanding that COVID-19 caused havoc throughout the world, lessons learnt from this pandemic is that we should remain alert and be prepared to detect, contain, treat and mitigate/curb the spread of potentially dangerous emerging infectious diseases. Therefore, it is important that the resources invested, teamwork and solidarity that came into play during the height of the pandemic should continue as we embark on research and innovation for the new or improved diagnostics, therapeutics, vaccines and medical devices. It is for this reason that the SAMRC is involved in and funding projects such as localising the production of new vaccines, drugs devices and diagnostics, to improve the health and lives of South Africans.

The SAMRC is committed to high standard of corporate governance and recognises its accountability to Parliament, National Department of Health, public, funders and other relevant stakeholders, and the standards and expectations for the SAMRC to act lawfully, responsibility, ethically and with integrity. The SAMRC continues to be outstanding in its fiscal discipline, effective corporate governance as evidenced by multi-year clean audits, directing more financial resources towards research, aligning research effort and activities to the health priorities and needs of the country, communicating and translating its research and innovation, transforming and capacity development in medical science research investing in the development of PhD, post-doctoral fellows, early and mid-career scientists, and operating with a lean corporate support function. These accomplishments were all in line with SAMRC 2020/21 – 2024/25 Strategic Plan and were realised without compromising the high standard of locally impactful and globally competitive research conducted and supported by the SAMRC.

The SAMRC Board delegates day-to-day management and implementation of strategy of the Council to the SAMRC President and CEO, Professor Glenda Gray, assisted by the Executive Management Committee. Prof Gray and her team are instrumental in executing strategic objectives, desired culture underpinned by our values, managing performance and risks, leading the staff, good corporate governance, transforming grant funding initiatives that have greatly improved support for young scientists, black African scientists, and women, as well as the establishment of vital collaborations and partnerships that will advance scientific research.

In the financial year 2024/25 there will be a change in the office of the SAMRC President and CEO. Professor Gray has expressed her desire to transition into a full-time science role within the SAMRC in 2024. During her tenure as the SAMRC President and the CEO, Professor Gray has been instrumental in resource mobilisation, initiation and maintenance of collaborative research, and her commitment to addressing transformation in medical science through various programmes. With this remarkable track record, the SAMRC is poised to fulfil its mandate of enhancing South Africa's health and quality of life through rigorous health research. In her forthcoming full-time science role, Professor Gray will leverage her extensive experience to deliver impactful scientific outcomes. She reassures her unwavering commitment to the SAMRC and the medical research community. On behalf of the Board, Senior Executive team, and the entire SAMRC community, collective appreciation is extended to Professor Gray for her diligent service

to the SAMRC, South Africa, Africa and the World.

One of the biggest challenges that this SAMRC's APP 2024/25 will face is the worsening South African economic outlook which is expected to lead to baseline budgets reductions to governments departments and public entities. As a public entity, the SAMRC will in 2024/25 focus on budget savings and efficiencies, with the aim of limiting negative impact of budget reductions on the SAMRC's operations, performance and strategic outcomes. The budget situation is the key principle for setting up indicators' targets for this APP 2024/25 to ensure that estimation do not exceed budget reality, resulting in underperformance. The SAMRC is determined to implement and deliver on this APP 2024/25 amidst this current budget situation.

As the Chairperson of the SAMRC Board, I am confident that the SAMRC's 2024/25 Annual Performance Plan will support the SAMRC's agenda to lead relevant and responsive health research in South Africa and to fund research and innovation that has an impact in the current and emerging infectious and non-communicable diseases affecting people in South Africa, Africa and globally.



Professor Johnny Ndoni Mahlangu

Board Chairperson:

South African Medical Research Council

STATEMENT BY THE PRESIDENT OF THE SAMRC

The SAMRC President and CEO and the Executive Management Committee (EMC) are accountable to the Board for the performance of the SAMRC in accordance with the delegated authority. Although each EMC member oversees and leads specific area of the organisation, they work as a collective with the President and CEO to realise organisational strategy and performance.

This SAMRC APP 2024-25 emanates from the SAMRC's Board approved strategic plan and marks the end of the strategic planning period 2020/21 to 2024/25.

The SAMRC has made significant progress in line with its performance indicators and targets for the planning period, including multi-years consecutive clean audits, attracted external funding, conducted and funded impactful research, generated new knowledge, built capacity in health research, continued with existing- and initiated new-collaborations, and translated some research into policy and practice.

In 2024/25 SAMRC will explore continuation of the leveraged collaborative programme with the United States of America National Institutes of Health (Phase 3), together with new collaborations with United Kingdom' Medical Research Council and SAMRC/ANRS-MIE collaborative programme. Our recent award from USAID for "HIV-VISTA" that will fund a consortium of African scientists to develop and test HIV vaccines, is the first time there has been direct funding of an African partner for HIV vaccine discovery. These partnerships are important for fostering and expanding basic, translational, behavioural and applied research, advancing scientific discoveries, innovation in important health priority areas in South Africa and conducting TB research in the identified priority gap areas. These collaborations add to our vision for the SAMRC of

the future on what could the organisation continue to do to influence science and policy, making an impact and supporting the National Department of Health in its endeavour of creating a healthier and better quality of lives for all South Africans.

As we look back, COVID-19 has taught us the need for agility, rapid response, and to urgently establish capacity for local manufacturing of diagnostics, vaccines, protective personal equipment and other medical devices. We have realised the importance of new ways of working which must be harnessed and perpetuated to capitalise on the gains made and to prepare us for future pandemics, and not lose focus on the existing colliding epidemics. As we stated in our 2022/23 annual report, looking into the future, one of the key areas of focus for the SAMRC is the localisation of research and development (R&D) and the impact it has on scaling up innovation. We believe that localisation of R&D is critical to developing innovative solutions that are relevant and effective in addressing the health challenges faced by South Africans. This includes investing in local talent, building partnerships with local institutions, and conducting research that is relevant to the South African context. We also support the development of local capacity in research and innovation through training and mentorship programmes.

The SAMRC will begin 2024/25 financial year under difficult conditions due to the severe financial pressure and the likelihood of budgets cuts in the 2024 medium term expenditure framework. In line with our discussions with the National Department of Health (NDoH) we have started looking at ways of containing costs and performing budget reduction scenarios, determine where it is feasible or not and work to attract external funding. We are concerned that reduction in baseline funding will impact on our programmatic priorities, ability to conduct and fund impactful health research, building next generation of research cadres, developing pioneers in medical innovations and the support we provided to the NDoH to create a healthier and improved quality of life of people in South Africa. Notwithstanding

these fiscal challenges, the SAMRC remains poised to effectively and efficiently continue delivering impactful science guided by the Public Finance and Management Act, to achieve targets set out in this APP 2024/25 and to support research to decrease the disease burden in South Africa, since the country's health is a significant part of economic development: healthy populations live longer; and are more productive.

Considering the looming budget cuts, establishment of an SAMRC Foundation is one of the models that can create an endowment for the South African Medical Research Council and provide an on-going source of revenue for SAMRC activities. This funding would be valuable as it would be discretionary in nature and would provide stability and diversification in funding streams. The Foundation would pursue funding from high-net-worth individuals, corporates' CSI fund, philanthropic donations and received bequests from estates. The Foundation would exist solely for the purpose of funding the SAMRC and would not interfere in any way with the operations or governance of the SAMRC.

Our pursuit for transforming the organisation, science and science leadership, remains an integral part of our strategy. A ten-year review of Transformation at the SAMRC is showing major demographic shifts toward equity across a range of intramural and extramural measures. Within the organisation, representation of Black and Black African people has increased significantly within the SAMRC Board, the Executive Management Committee and across our entire body of employees. There have also been significant increases in the proportion of Black and Black African recipients of scholarships, research grant funding and Extramural Research Unit designations. Our transformation plan for 2024 addresses employment equity, personal and interpersonal development, professional development programme, broad based black economic empowerment and interinstitutional development, and we are confident that these pillars will help the SAMRC to flourish in this current and increasingly uncertain environment for the benefit of all our people.

The end of the 2023/24 financial year marks the final term of my Presidency and CEO of the



SAMRC. As discussed with the SAMRC Board and communicated to the SAMRC and broader communities I will transition into full time research in the SAMRC. The focus of my research will primarily be on HIV vaccines and other areas of vaccinology to develop new vaccines that address pressing health challenges on the African continent. I intend to continue fostering partnerships with both local and international collaborators to advance medical science and research in South Africa. I am humbled and grateful for the opportunity given to me to lead this great and respected organisation for 10 years and serve the country, scientific community and the public at large. My sincere and deepest appreciation goes to the National Minister of Health, Board, Executive Management Committee and staff of the SAMRC, and all stakeholders for the support afforded to me during my journey as the SAMRC President and CEO. I wish the incoming President and CEO everything of the best.

Our organisation performance will be guided by this APP 2024/25, which is aligned to the 5-year strategic plan approved by the Board. We are mindful of the prevailing fiscal challenges in the country which poses a risk to the organisation; however, we remain focused and committed to achieve the targets set out in this APP.

A handwritten signature in black ink, appearing to be 'G. Gray', written over a faint circular stamp or watermark.

Professor Glenda E. Gray
President and CEO: SAMRC

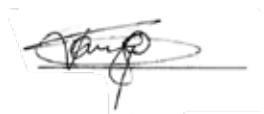
OFFICIAL SIGN OFF

It is hereby certified that the SAMRC Annual Performance Plan was developed by the management of the SAMRC under the guidance of Professor Johnny Mahlangu, Chairperson of the SAMRC Board and President and CEO, Professor Glenda Gray.

The Annual Performance Plan takes into account all the relevant policies, legislation and other mandates for which the SAMRC is responsible.

The document accurately reflects the Impact, Outcomes and Outputs which the SAMRC will endeavour to achieve over the period 2024/2025.

Programme 1 – Administration



Mr Sivuyile Ngqongwa
Chief Financial Officer

Programme 3 – Innovation and Technology



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

Programme 2 – Core Research



Prof Glenda Gray
President and Chief Executive Officer



Dr Mongezi Mdhuli
Chief Research Operations Officer

Programme 4 – Capacity Development



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

Programme 5 – Research Translation



Prof Glenda Gray
President and Chief Executive Officer



Dr Mongezi Mdhluli
Chief Research Operations Officer



Mr Sivuyile Ngqongwa
Chief Financial Officer



Prof Johnny Mahlangu
Chairperson of the Board

Approved



Dr. MJ Phaahla (MP)
Minister of Health





PART A:
SAMRC MANDATE

PART A: SAMRC MANDATE

1 SAMRC Mandate

The mandate of the South African Medical Research Council is legislated in terms of the SAMRC Act 58, 1991 (hereafter "SAMRC Act"), which states '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 may be assigned to the SAMRC by or under this Act'.

In line with this mandate, the SAMRC's Vision is to build a healthy nation through research, innovation and transformation, and the Mission is 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.

2 Legislative and Other Policy Mandates

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 9: Equality

All the rights contained in this equality section

Section 10: Human Dignity

"Everyone has inherent dignity and the right to have their dignity respected and protected"

Section 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"

Section 14(a): Privacy

"Everyone has the right to privacy, which includes the right not to have the privacy of their communications infringed"

Section 16(1)(d): Freedom of Expression

"Everyone has the right to freedom of expression, which includes academic freedom and freedom of scientific research"

Section 23: Labour Relations

All the rights contained in this labour relations section

Section 24(a): Environment

"Everyone has the right to an environment that is not harmful to their health or wellbeing"

Section 27: Healthcare, food, water and social security

Everyone has a right 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

Section 28(2): Children

"A child's best interests are of paramount importance in every matter concerning the child"

Section 32: Access to Information

"Everyone has the right of access to any information held by the state"

Section 33(1): Just administrative action

"Everyone has the right to administrative action that is lawful, reasonable and procedurally fair"

Section 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, taking into account all relevant factors....."

2.1.2 Chapter 10: Public Administration

Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution, including the following principles:

- (a) A high standard of professional ethics must be promoted and maintained.
- (b) Efficient, economical and effective use of resources must be promoted.

- (c) Services must be provided impartially, fairly, equitably and without bias.
- (d) People's needs must be responded to, and the public must be encouraged to participate in policymaking.
- (e) Public administration must be accountable.
- (f) Transparency must be fostered by providing the public with timely, accessible and accurate information.
- (g) Good human-resource management and career-development practices, to maximize human potential, must be cultivated.

2.1.3 Chapter 13: Finance

Section 217: Procurement

- (1) 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.
- (2) Subsection (1) does not prevent the organs of state or institutions referred to in that subsection from implementing a procurement policy providing for—
 - categories of preference in the allocation of contracts; and
 - the protection or advancement of persons, or categories of persons, disadvantaged by unfair discrimination.
- (3) National legislation must prescribe a framework within which the policy referred to in subsection (2) must be implemented.

2.2 Legislative mandate

2.2.1 The National Health Act, No 61 of 2003

The SAMRC is guided by this mandate to prioritise its research programmes and through the SAMRC Board interact with the NHRC and the NDoH and give effect to the mandate.

2.2.2 The SAMRC Act

The South African Medical Research Council was established in 1969 by section 2 of the South African Medical Research Council Act, No. 19 of 1969. The latter was repealed and replaced by the South African Medical Research Council Act, No. 58 of 1991. The SAMRC is a Schedule 3A Public Entity to the Public Finance Management Act, No. 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, No. (61 of 2003) and the SAMRC Act, 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.

2.2.3 Intellectual Property, Rights from Publicly Financed Research and Development Act, 2008

The SAMRC is guided by this mandate of which its aim is 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.

2.2.4 Other legislations, without limitation, 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 in order 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, 2003 (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, 2000 (Act No. 2 of 2000)	Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
Promotion of Administrative Justice Act, 2000 (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, 2000 (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 trade marks; 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.

2.3 Policy Mandates

2.3.1 National Development Plan-2030

The South African Government adopted the National Development Plan 2030 (NDP-2030) in September 2012. It provides a broad strategic framework to guide key choices and actions, and common focus for actions across all sectors and sections of South African society. The plan presents a long term strategy, where in some instances policy(ies) changes may be necessary and other instances just getting basics right, holding people accountable for their actions and finding innovative solutions to complex challenges such as providing affordable access to quality health care while promoting health and wellbeing, and introduction of national health insurance with a focus on upgrading public health facilities, producing more health professionals and reducing relative cost of (private) health care. The plan has identified and adopted the following set of objectives and actions, some of which the SAMRC plays a vital role in them:

- (a) Policy making in a complex environment;
- (b) Demographic trends;
- (c) Economy and employment;
- (d) Economy infrastructure;
- (e) Environmental sustainability;
- (f) Integrated and inclusive rural economy;
- (g) Positioning South Africa in the world;
- (h) Transforming human settlements;
- (i) Improving education, training and innovation;
- (j) Promoting health;
- (k) Social protection;
- (l) Building safer communities;
- (m) Building a capable developmental state;

- (n) Fighting corruption; and
- (o) Transforming society and uniting the country.

2.3.2 National Health Insurance Policy of 2017 and National Health Insurance Bill of 2019

In 2017, the Minister of Health signed a policy document, a white paper on national health insurance. This policy lays the foundation for moving South Africa towards Universal Health Coverage (UHC) through the implementation of National Health Insurance (NHI) and establishment of a unified health system. The move towards Universal Health Coverage (UHC) through implementation of NHI is derived from the Reconstruction and Development Programme; the Constitutional mandate based on the Section 27 of the Constitution; the 1997 White Paper for the Transformation of the Health System; Vision 2030 of the National Development Plan Vision 2030; Goal 3 of the Sustainable Development Goal and the World Health Organisation frameworks on moving towards UHC with health equity and the six pillars of the WHO's health systems strengthening framework.

The aims of the National Health Insurance Bill of 2019 are 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 (NHIF) and to set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the NHIF on behalf of users; to create mechanisms for the equitable, effective and efficient utilisation of the resources of the NHIF to meet the health needs of the population; to preclude or limit undesirable, unethical and unlawful practices in relation to the NHIF and its users; and to provide for matters connected herewith.

2.3.3 Sustainable Development Goals

The Sustainable Development Goals (SDGs) is a plan created in 2015 after leaders of about 193 countries met and agreed to a common understanding that there is enough food to feed the world, but that was not getting shared; that there were medicines for HIV and other diseases, but they cost a lot; that

earthquakes and floods were inevitable, but that the high death tolls were not; and that billions of people worldwide share their hope for a better future. The SDGs build upon the work started under the eight Millennium Development Goals, and is an ambitious plan with a set of 17 goals aiming to address poverty and hunger, and effects of climate change by the year 2030. These SDGs are set out in table 1 below:

The work that the SAMRC undertakes respond to most of these goals as reflected in Part B of this APP.



2.3.4 Alignment to Medium-Term Strategic Framework (MTSF) 2019-2024

According to the South African President, Matamela Cyril Ramaphosa, “the MTSF 2019-2024 is built on three foundational pillars: a strong and inclusive economy, capable South Africans and a capable developmental state”. President Ramaphosa further states that “all state-owned enterprises, development finance institutions and other public entities need to align their work with the MTSF so that all the necessary public resources are harnessed and

available for driving service provision. Government will work through social compacts with the private sector, labour and civil society to create an enabling environment for growth and job creation. To protect our resources, we must intensify the fight against corruption and create the foundations of a strong and inclusive economy”. In line with President Ramaphosa’s statement above, the SAMRC has aligned its Strategic Plan and Annual Performance Plan to six out of seven MTSF 2019-2024 priorities as in the table 2 below:

Table 2. Alignment of the SAMRC SP and APP to the MTSF

MTSF PRIORITY	MTSF INTERVENTIONS	SAMRC OUTCOME	SAMRC STRATEGIC OBJECTIVE	SAMRC CONTRIBUTION TO MTSF PRIORITY
Priority 1: A capable, ethical and developmental state	Strengthen governance system of public entities	Good governance, effective and efficient administration and compliance with government regulations	Programme 1: Administration. Output indicator 1.1.1:	Adhere to the PFMA requirements relating to compliance, governance and reporting Clean Audit
	Measures taken to eliminate wasteful, fruitless and irregular expenditure in the public sector	Good governance, effective and efficient administration and compliance with government regulations	Programme 1: Administration. Output indicator 1.1.1:	Adhere to the PFMA requirements relating to compliance, governance. Reduction/ elimination of irregular, wasteful and fruitless expenditure. Clean audit
	Programme to prevent and fight corruption in government	Good governance, effective and efficient administration and compliance with government regulations	Programme 1: Administration. Output indicator 1.1.1:	Adhere to the PFMA requirements relating to compliance, governance and reporting. Address reported cases of corruption.
	Improve financial management capability in the public sector	Promote the organisation’s administrative efficiency to maximise the funds available for research	Programme 1: Administration. Output indicator 1.2.1:	Monitor expenditure, and strengthened supply chain management and procurement system

Table 2. Alignment of the SAMRC SP and APP to the MTSF continued

MTSF PRIORITY	MTSF INTERVENTIONS	SAMRC OUTCOME	SAMRC STRATEGIC OBJECTIVE	SAMRC CONTRIBUTION TO MTSF PRIORITY
Priority 2: Economic Transformation and Job Creation	Increased investment in gross expenditure on research and development	Promote the organisation's administrative efficiency to maximise the funds available for research	Programme 1: Administration. Output indicator 1.2.1:	80%/20% (research /administration) spend split of the government allocated SAMRC budget
		Provide funding for the conduct of health research	Program 2: Core Research Output indicators 2.3.1.	More expenditure on research
	Expand government spend on women, youth and persons with disabilities through preferential procurement	Good governance, effective and efficient administration and compliance with government regulations	Output indicator 1.1.1: A clean audit opinion on the SAMRC from the Auditor-General	Adherence to B-BBEE Act and Treasury Regulations, Practice Notes and Circulars
Priority 3: Education, skills and Health	Implement capacity building programmes and interventions at universities	Enhancing the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health researchers	Programme 4: Capacity Development. Output indicator 4.1.1.	Bursaries and/or scholarships and/or fellowships provided for MSc, PhD, Postdocs, Early and Mid Career Scientists
	Implement the New Generation of Academics Programme (nGAP)	Enhancing the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health researchers	Programme 4: Capacity Development. Output indicator 4.1.1.	Bursaries and/or scholarships and/or fellowships provided for MSc, PhD, Postdocs Early and Mid Career Scientists
				<ul style="list-style-type: none"> Scientific excellence promoted to protect the reputation of South African health research; Leadership in the generation of new knowledge in health provided; Sustainability of health research in South Africa enhanced by funding and supervising the next generation of health researchers

Table 2. Alignment of the SAMRC SP and APP to the MTSF continued

MTSF PRIORITY	MTSF INTERVENTIONS	SAMRC OUTCOME	SAMRC STRATEGIC OBJECTIVE	SAMRC CONTRIBUTION TO MTSF PRIORITY
Priority 4: Consolidating the social wage through reliable and quality basic services				
Priority 5: Spatial integration, human settlements and local government	Profile and support enterprise development in townships through financial incentives and other non-financial forms of support	Nonspecific, but embedded in Programme 1	Nonspecific, but embedded in Programme 1	Adherence to B-BBEE Act and Treasury Regulations, Practice Notes and Circulars
	Training staff on diversity (gender, race and disability)	Nonspecific, but embedded in our HR practices	Nonspecific, but embedded in our HR practices	Diversity and Transformation training
Priority 6: Social cohesion and safe communities	Improve representation of the designated groups across occupational levels.	Nonspecific, but embedded in our HR practices	Nonspecific, but embedded in our HR practices	<ul style="list-style-type: none"> • Compliance to labour legislations • Implementation of relevant HR policies and procedures • Transformation practices • Employment Equity reporting as required
Priority 7: A better Africa and world	Source investment (FDI) for the identified sectors in the South African economy	Support the development of new or improved innovations aimed at improving health and targeting priority health areas	Programme 3: Innovation and Technology	Leveraged funding for research and investment in technology development and innovation

2.3.5 White Paper on Science, Technology and Innovation and the Decadal Plan

The White Paper Science, Technology and Innovation (WPSTI) was informed, developed and shaped by the National Development Plan (NDP) and was approved by the Cabinet in March 2019. The WPSTI identifies science, technology, and innovation as critical for the creation of a competitive and sustainable economy and for addressing societal challenges such as education and health, and advocates for a strong, coordinated, coherent and effective Capitalise Science Technology and Innovation (STI) system that enables networks

and partnerships between different stakeholders in the public and private sectors. Furthermore, the WPSTI aims for the expansion of STI outputs through increased government and private sector expenditure on research and development.

The WPSTI is to be implemented through decadal plans. The Decadal Plan 2021 to 2031 emphasises multi-disciplinary societal grand challenges, including climate change and sustainability, future-proofing education and skills; re-industrialising the modern economy; and future of society. For the National System of Innovation to contribute towards

achieving South Africa's national development agenda, the Decadal Plan aims to implement interventions to achieve goals of the NSI, namely an inclusive and coherent NSI, an enabling innovation environment, increased and transformed human capabilities, an expanded and transformed research system, and significantly increased funding for STI. The critical enablers that the Decadal Plan should focus on include increased funding, joint programming and coordination, high-level and technical skills for the economy, transdisciplinary knowledge creation, increased linkages between government and business, and improved monitoring and evaluation.

This SAMRC APP 2024/25 aims to deliver on the WPSTI and its Decadal Plan through the five programmes outlined in the SAMRC Strategic Plan 2020 to 2025 and collaborations/engagements with different stakeholders.

2.3.6 Government to Government Collaborations

The National Department of Health (NDoH) has bilateral agreements with a number of countries forming South-South and North-South relations. This opportunity will be fully exploited by the SAMRC in order to strategically deliver on the SAMRC strategic plan by leveraging on these partners' core competencies and resources.

2.3.7 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, NDoH has certain obligations to fulfil, some of them involved in health research. The SAMRC is best placed to be government's implementing arm and following 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.

2.3.8 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 area of TB, HIV, Child Obesity, NCDs, Genomic research and now COVID-19. The SAMRC has developed collaborations across BRICS, Africa, Europe and the USA.

2.3.9 Communities of Funders

To fulfil its mandate and increase access to health research funding, the SAMRC has developed partnerships with local and international funders, including the NRF, NIH, EDCTP, BMGF, Newton Fund, UK-MRC, the Solidarity Fund, ELMA Philanthropies, Michael and Susan Dell Foundation, and many more. The SAMRC is also represented on the global research funders coalition, Global Research Collaboration for Infectious Disease Preparedness (GloPID-R). SAMRC hosted the launch of the GloPID-R Africa Hub and is hosting its secretariat. The Africa Hub secretariat will expand GloPID-R's strategic focus on research preparedness and response on the African continent and will map the infectious disease research funding landscape and survey funders to increase regional engagement and membership.

2.3.10 Other interventions

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

2.4 Planned policy initiatives

Policies and Governance

- (a) Guidelines on Gene Editing
- (b) Open Access Policy

2.5 Relevant Court Rulings

None



PART B:
SAMRC STRATEGIC FOCUS

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3 Situational Analysis

3.1 Introduction

The SAMRC's Strategic Plan (SP) 2020–2025 details the strategic direction of the organisation during the medium term. No changes have been made to the SP since it was deemed to be still relevant and valid. Therefore, the SAMRC's mandate, vision, mission, values, strategic programmes, impact statements, outcome indicators and targets remained as originally defined in the approved SP. Despite interruptions of COVID-19, SAMRC's exemplary performance and good governance led to the organisation achieving four consecutive clean audits during the strategic planning period (SPP) 2020 to 2025. It is the organisation intention to continue on the same path with this APP 2024/25 which marks the remaining period of the SPP 2020 to 2025.

The mandate of the South African Medical Research Council is legislated in terms of Act 58,1991 (as amended), and 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 may be assigned to the SAMRC by or under this Act. As guided by the mandate, the strategic focus of this SAMRC APP 2024/25 is aimed at continuing to facilitate and support the NDoH in implementing evidenced-based policies and programmes, and informing policymakers, health service providers and the public to make informed decisions about healthcare and contributing to the priorities of the government in general, including the National System of Innovation. 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 set goals. Of great significance is the work undertaken by the SAMRC's Burden of Disease Research Unit (BODRU) that has supported the understanding of morbidity and mortality in South Africa. This work has been of relevance during the COVID-19 pandemic in quantifying excess deaths that are suggestive of a larger disease burden than suggested by confirmed

COVID-19 cases. BODRU continues to track and report on weekly number of deaths in near to real time in South Africa.

The SAMRC receives its core funding from the National Treasury through the NDoH. According to the Medium Term Expenditure Framework Technical Guidelines 2024, the 2023 economic outlook has worsened, fiscal revenues are weaker than expected, and the financing of the government borrowing requirement is under renewed pressure and fiscal consolidation has necessitated the need to review all baseline allocations in a different manner from what was done over the past decade. SAMRC is thus required to do baseline assessments to achieve efficiency gains that can be used to fund key government priorities.

Despite the bleak economic conditions in South Africa, the SAMRC is prepared to carry on its responsibilities of conducting and funding relevant and responsive health research in South Africa. We will continue to position ourselves to set the medical research agenda for the country, embody medical research excellence, grow the next generation of medical research scientists and remain the most significant funder of medical research in South Africa. The SAMRC is grateful for the funding received from the Department of Science and Innovation in the area of product development, diagnostics and vaccine development.

South Africa still faces societal grand challenges of the quadruple burden of diseases, namely: communicable diseases, non-communicable diseases, maternal and child health, and violence and injury. Chief amongst the communicable diseases is the epidemic of HIV, which is the largest in the world. The SAMRC is pleased to have received funding from U.S. Agency for International Development (USAID) to test and develop novel HIV vaccines in Africa.

The SAMRC will continue to strengthen relationships and collaborations with universities and institutions such as the National Research Foundation, Human Sciences Research Council, Council for Scientific and Industrial Research, Technology Innovation Agency, Government Departments, National and international agencies, civil society and others.

3.2 External Environmental Analysis

3.2.1 National Health Research Committee

The NDoH established the National Health Research Committee (NHRC) in terms of section 69(1) of the National Health Act, No. 61 of 2003 (hereafter “the NHA”). The functions and powers of the NHRC, as stated in the NHA 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 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 must have regard to the following:

- Burden of disease;
- The cost-effectiveness of interventions aimed at reducing the burden of disease;
- The availability of human and institutional resources for implementation of an intervention at the level closest to the affected communities;
- The health needs of vulnerable groups such as women, older persons, children and people with disabilities; and
- The health needs of the communities.

Following its Summit in 2018, the NHRC developed a framework for national health research priorities for South Africa 2021 to 2024, which covers broad areas of challenges, including burden of diseases, health systems (strengthening), universal health coverage, digital health and the fourth industrial revolution and global, planetary and national drivers of health.

The NHRC hosted the latest Summit on 22 to 23 November 2022 under the theme “Research for Health towards Universal Health Coverage. Rationale for this summit was to draft a strategy on how the health system responds to future pandemic(s) by assessing:

- Lessons learned from COVID-19 pandemic.
- Impact of COVID-19 on the health care system.
- Impact of COVID-19 on the quadruple burden of disease, especially non-communicable diseases.
- Innovation in Health Research – COVID-19.

- Best practices in the management of future pandemics.

The objective of the 2022 Summit was to develop a collaborative research culture to rapidly achieve the goals of the NDP and the MTSF 2018 – 2024; (1) implementation of research in the development of vaccines and medicines for communicable diseases and non-communicable diseases, (2) identification of research that can contribute towards the achievement of a health care system that eliminates avoidable and preventable deaths, promoting wellness, preventing and managing illness and transforming health systems, (3) strengthening of health research system to achieve a health care system that is less vulnerable to epidemics/pandemics and (4) strengthening of health research system towards UHC.

Coordination and alignment of SAMRC research priority areas in the context of the NHRC is an instrumental area where the SAMRC can improve and capitalise on some of its Units’ contributions and support to the NDoH. 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 all living in South Africa. 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 in training at all levels of the health system.

3.2.2 National Department of Health

The SAMRC’s research mandate is guided by the SAMRC Act to conduct research that improves health systems, status, processes and health systems performance in terms of effectiveness, efficiency, equity, appropriateness and adequacy of health services. SAMRC health research aims to promote the improvement of the health and quality of life of all living in South Africa.

Over the years, the SAMRC has conducted a number of studies and surveys that provide information that were used by the Department and Government in general for planning and assessing progress towards realising Government’s objectives. Some of these studies have to be conducted at regular intervals

as they form part of internationally accepted surveillance systems such as the demographic and health survey. These surveys include:

- Burden of Disease (BOD).
- National Injury & Mortality Surveillance (NIMS).
- Comparative Risk Assessment (CRA).
- the Perinatal Problem Identification Programme (PPIP).
- the Child Healthcare Problem Identification Programme (Child PIP).
- the South African Community Epidemiology Network on Drug Use (SACENDU).
- the South African Demographic Health Survey (SADHS).
- The TB Prevalence Survey.
- HIV seroprevalence surveys.

The SADHS allows for comparative analysis of health systems by the World Health Organisation (WHO) and other multilateral agencies. Most importantly, it provides information that feeds into the National Planning Commission and similar entities. The need to implement a Demographic and Health Survey (DHS) is identified by the National Department of Health (NDoH) so as to obtain population-based data as a means of informing policy and management of strategic programmes. The survey was conducted as a collaboration between Statistics South Africa and the SAMRC and the report is published by the NDoH. Inconsistent funding has resulted in South Africa not being able to conduct the SADHS with consequent inability to monitor trends in priority areas and interventions such as smoking rates, and obesity rates amongst others.

The PPIP and the Child Healthcare Problem Identification Programme are at the core of the Negotiated Service Delivery Agreement (NSDA) and relate directly to decreasing child mortality and increasing life expectancy. The district clinical specialist teams that are being deployed have to, among other things, contribute towards the reduction of neonatal, infant and child mortality. This intervention amongst others is a great investment for the health sector.

With the emergence of the COVID-19 pandemic, the SAMRC has led the research and innovation

response, working closely with the NDoH to identify research and innovation priority areas and to provide the necessary information and tools to respond on all fronts, including surveillance, epidemiology, diagnosis, treatment and prevention.

The SAMRC's 2020/21–2024/25 Strategic Plan is aligned to support the NDoH and South Africa's changing health research needs. This will position the SAMRC to respond to the Sustainable Development Goals (SDGs), the National Development Plan (NDP): Vision 2030. The SAMRC aims to conduct research and implement initiatives into the following SDGs:

- (a) SDG 2, by conducting research into the nutritional needs of pregnant women, infants and children;
- (b) SDG 3 by conducting research:

- that reduces:
 - Maternal deaths and preventable deaths of newborns and children under 5,
 - HIV, TB and other communicable diseases,
 - Non-communicable diseases like hypertension, cardiovascular disease and stroke,
 - Alcohol and other drug abuse,
 - Violence and injury, and
 - Sexual and reproductive health issues,
- in the area of:
 - Universal health coverage,
 - Environmental health,
 - Vaccine and affordable medicine for non-communicable and communicable diseases,
 - Capacity development, and
 - Climate change

- (c) SDGs 4 and 10 by addressing the SAMRC's fourth goal of developing capacity in health research;

- (d) SDG 5 by focusing on research into gender-based violence and developing interventions to address violence against women and children;

- (e) SDG 6 through collaboration with our extramural unit at the University of Fort Hare on water quality;

- (f) SDG 7, 11 and 13 through ongoing research done by our intramural unit that looks at environmental research;

- (g) SDG 8 and 9 by focusing on Goal 3 which is to conduct research into innovation and product development; and
- (h) SDG 17 through research done by our intramural units and in collaboration with global research partners.

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 (1) a national representative prevalence survey, with sampling from communities/schools and (2) a 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 1 and for the organisation to include this project in the 2024/25 annual performance plan. SAMRC is available to assist the department subject to allocation of funding.

3.2.3 4th Industrial Revolution

"The Fourth Industrial Revolution (4IR) has been defined as technological developments that blur the lines between the physical, digital and biological spheres. It integrates cyber-physical systems and the Internet of Things, big data and cloud computing, robotics, artificial intelligence (AI)-based systems and additive manufacturing. Compared to previous industrial revolutions, this one is evolving at an exponential rather than a linear pace, with potentially significant impacts on work, services, education and leisure"¹.

According to the Assembly of the World Health Organisation, "the transfer of technology and

knowledge on mutually agreed terms, as well as technical cooperation, aligned with Sustainable Development Goal 17 (Strengthen the means of implementation and revitalise the global partnership for sustainable development), are important in promoting digital health"². Among other things, the Assembly urged member states to (1) assess their use of digital technologies for health, including in health information systems at the national and subnational levels, in order to identify areas of improvement, and to prioritise, as appropriate, the development, evaluation, implementation, scale-up and greater utilisation of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health; (2) consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimising existing platforms and services, for the promotion of people-centred health and disease prevention and in order to reduce the burden on health systems; and (3) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including, but not limited to, gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools.

"South Africa has fully embraced the potential of digital health technologies to improve the quality and coverage of healthcare, increase access to services and skills, and promote positive changes in health behaviours to prevent the onset of acute and chronic diseases. The proliferation of mobile devices allows us to communicate with one another and with computers in new and ever accelerating ways. This, combined with emerging technological advances sets the scene for digital health to have a larger contribution to our health and well-being

¹ Department of Science and Technology 2019. White Paper on Science, Technology and Innovation – March 2019. Available at https://www.dst.gov.za/images/2019/White_paper_web_copyv1.pdf. Accessed 3 September 2019

² The Seventy-first World Health Assembly, 26 May 2018. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf. Accessed 11 July 2019

more than ever before. The development of the National Digital Health Strategy for South Africa, 2019-2024 takes place at an opportune time of the massive reorganisation of the healthcare system required for the National Health Insurance (NHI) implementation. These developments, alongside a rapidly changing technology landscape within the context of the fourth industrial revolution present great opportunities for innovation³. The South African National Department of Health developed a National Digital Health Strategy for South Africa 2019 to 2024. This strategy proposes nine strategic interventions to be achieved in 2024, including:

- (a) Develop leadership capacity for digital health innovation and adaptive management
- (b) Undertake appropriate multi-stakeholder engagement for shared opportunities and successful digital health implementation
- (c) Develop sustainable interventions and appropriate investment and funding mechanisms for digital health implementation
- (d) Review and strengthen governance structures and oversight mechanisms for the implementation of the strategy
- (e) Establish an integrated information architecture for interoperability and effective, safe sharing of health information across health systems and services
- (f) Develop appropriate digital applications and services that improve health services for patients and health workers
- (g) Establish a robust physical and network infrastructure and broadband connectivity for priority digital health applications and services
- (h) Formulate national legislative, policy and regulatory framework for digital health
- (i) Develop enhanced digital health technical capacity and skilled workforce for digital technology support and implementation

³ Dr PA Motsoaledi, MP Minister of Health 15 May 2019

3.2.4 Medical Devices Landscape

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

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

3.2.5 mRNA Technology Transfer Hub

In April 2021, the WHO announced a Call for Applications for entities to host mRNA-based vaccine training and manufacture centres in Africa as the first step to establish several regional hubs to which technologies will be transferred and subsequently passed on to neighbouring countries. This was to build on the successful influenza programme where these vaccines are now manufactured in Senegal at the Pasteur Institute in Dakar.

The call was focused on private companies linking with academia and contained a significant training component for scientists from across Africa. The same WHO team involved in the Influenza programme were leading the programme with the support of the Medicines Patent Pool (MPP) who would conduct the due diligence and overall budget oversight. The Boston Consulting Group have been enlisted to develop the working plan.

PART B: SAMRC STRATEGIC FOCUS

continued

Afrigen, Biovac and the SAMRC, with the approval of the Department of Science and Innovation (DSI), submitted a proposal to the WHO for this call. It had 3 components:

Objective	Outputs
1	Afrigen – Technology Transfer of an mRNA technology Platform to Afrigen and the development of GMP clinical trial batches – ideally within 12 months: This Objective is also to start a training programme for Africa. It includes regulatory training as well since this will be the first mRNA SAHPRA approved facility in (South) Africa.
2	BIOVAC – Transfer of the mRNA platform from Afrigen to Biovac for scaling manufacture of vaccine candidates. mRNA manufacture is modular, so once established, it is a case of duplicating the footprint.
3	SAMRC – The national research consortium to leverage off the SAMRC's current COVID research programmes (Tulio de Oliveira, Penny Moore, Patrick Arbuthnot etc) national research expertise to develop a portfolio of vaccine candidates by Africa for Africa. The lead will be the SAMRC who are also positioned to lead the clinical development.

More than 50 applications were received and included groups seeking to host the Hubs in Africa as well as pharma/biotech companies willing to tech transfer their mRNA-based platforms to Africa. The South African bid was the successful application. Afrigen, Biovac and the SAMRC were awarded the hosting of the first mRNA hub on the on 21st of June 2021 in a televised event with the DG of the WHO, Dr Tedros Adhanom Ghebreyesus, the South African and French Presidents. The WHO will be supporting the South African consortium by providing technical and regulatory support to South Africa by establishing expert panels and hiring industry experts. The first meeting between all parties was held on 19 July 2021. After the announcement, a Letter of Intent (LOI) was signed on 30 July 2021 between all parties of the hub followed by a televised announcement by Dr Ghebreyesus and a formal Press Release.

3.2.6 COVID-19 and Cancer Vaccine Initiative

In 2021, Dr. Patrick Soon-Shiong and NANTAFRICA announced the launch of COVID-19 and Cancer vaccine initiative in South Africa in partnership with the SAMRC and Council for Scientific and Industrial Research (CSIR). The aim of this collaboration agreement is to initiate the transfer of biologic manufacturing technology for COVID-19 and

cancer vaccines and next-generation cell-based immunotherapies. Professor Glenda E. Gray, President and Chief Executive Officer of SAMRC said, "The SAMRC's mission is to fund and conduct research that impacts on the lives of South Africans. SAMRC has partnered with Dr. Soon-Shiong in launching COVID-19 clinical trials in South Africa and look forward to the development of next-generation vaccines and centres of excellence for patients with infectious diseases and cancer. This collaboration will increase resources and opportunities to do just that. Cancer and Infectious Disease contribute substantially to the burden of disease in our country. Finding innovative ways to curb mortality is critical to the health of our nation".

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

The Chan Soon-Shiong Family Foundation (CSSFF) and the South African Medical Research Council (SAMRC) have announced a five-year collaboration to initiate a skills development programme that aims to train a cohort of young African candidates to build a skilled workforce to manufacture vaccines on the African continent. Two cohorts of students of the CSSFF-SAMRC Studentship Programme received

their certificate after completing the introductory training course in biopharmaceutical manufacturing. The CSSFF-SAMRC capacity development programme aims to grow the next generation of biopharmaceutical manufacturing professionals, researchers, and technical experts needed to establish an industry in South Africa. Training for the third cohort is now underway.

3.2.8 USAID grant to develop and test novel HIV vaccines in Africa

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

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

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

- Partner with civil society advocates, affected communities including those affected by and people living with HIV/AIDS, policymakers, and communicators to advance sub-Saharan African-led HIV vaccine science
- Design and implement early-stage clinical trials of HIV vaccine immunogens,
- Conduct laboratory analyses on samples from trials and epidemiological studies,

- Test innovative preclinical HIV vaccine concepts, advancing the most promising candidates toward clinical trials,
- Strengthen systems of collaborations for HIV vaccine research in SSA and increase opportunities to advance the careers of promising sub-Saharan African scientists.

3.2.9 USAID-funded CASPR sub-award

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

3.3 Internal Environmental Analysis

3.3.1 Introduction

Since its inception in 1969, the South African Medical Research Council (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”.

The SETI Report further reveal 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. Even so, we are nowhere close to where South Africa should be in terms of these key priorities.”⁴

SHIP is a partnership between the SAMRC and the Department of Science and Innovation (DSI) to facilitate and support health innovation to address national disease priorities and enable the national system of innovation more broadly. This programme supports a portfolio of over 50 projects spanning TB, HIV, maternal and child health, malaria, antimicrobial resistance, COVID-19 and non-communicable diseases. There were 18 female-led projects in the SHIP portfolio in 2022/23 and over 50 postgraduate students were supported.

GIPD incorporates a number of additional SAMRC-specific and strategic partnership grant programmes. The former includes the Self-initiated Research grants and a selection of SAMRC-funded strategic projects, while the latter includes Grand Challenges South Africa, a number of joint funding programmes with the Newton Fund and the Healthy Life Trajectories Initiatives, a partnership with the CIHR and leading funding agencies in China and India. In 2020, the SAMRC established a substantial COVID-19 research and innovation programme funded both from the

SAMRC and the DSI and managed by GIPD and Strategic Research Initiatives. GIPD is also responsible for the management and facilitation of innovation at the SAMRC and beyond. This includes some of the above-mentioned grant programmes which fund new preventions, diagnostics, therapies and devices for priority diseases/health problems, such as HIV, TB, Malaria, and Non-communicable diseases as well as the SAMRC Technology Transfer Office, the Global Health Innovation Accelerator, the Medical Devices and Diagnostics Innovation Cluster Programme, and the SAMRC-Jembi Collaborating Centre for Digital Health Innovation. SAMRC Offices for HIV, TB and Malaria research have been established to stimulate extramural research in these three areas.

3.3.2 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 results⁵.

SAMRC supports resolutions in the draft national declaration on open access, which states that the Universities and Science Councils resolve to:

1. 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;
2. Actively strengthen existing and develop new affordable open access models that bolster the quality of scholarly publishing and the research enterprise in South Africa;
3. Take into account 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;

⁴ SAMRC SETI Report 2017

⁵ Department of Science and Technology 2019. White Paper on Science, Technology and Innovation – March 2019. Available at https://www.dst.gov.za/images/2019/White_paper_web_copyv1.pdf. Accessed 3 September 2019

4. Insist that the ownership of copyright remain with the authors and not be transferred to the publishing houses;
5. 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; and
6. Engage with high quality South African journal publishers to develop open access business models that will allow them to remain viable.

SAMRC 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 Plan S and 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 encourages that research data and other research outputs should be immediately made open.

3.3.3 Communication

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

3.3.4 Research Integrity and Ethical Conduct

The SAMRC is committed to foster research integrity at all levels and firmly supports research practices that reflect core values of respect, equity,

transparency, scientific merit and integrity, justice, beneficence and nonmaleficence. To maintain the high standards of research practice, the SAMRC upholds and adheres to the minimum national benchmark of norms and standards for conducting responsible and ethical research set by the National Health Research Ethics Council (NHREC) and other applicable laws, regulations, policies, and practices. The SAMRC further recognises the importance of the Promotion of Access to Information Act (PAIA) and the Protection of Personal Information Act (POPIA). Any information pertaining to natural persons is processed in line with the eight (8) conditions of lawful processing of personal information as outlined in POPIA. Through its Bioethics Advisory Panel (BAP), the SAMRC established a working group or sub-committee to develop the guidelines on ethico-legal issues relating to the conduct of and use of knowledge derived from human genome research and gene editing. Presently, there is no uniform guidance on what provisions should be incorporated into genome research that includes both legal and ethical safeguards for research participants when such research is conducted.

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

SAMRC will, in the reporting period, embed the research integrity and ethics culture by increasing the offering of applied ethics training workshops, awareness sessions, amending and/or introducing policies and procedures on research ethics and integrity. SAMRC will continue producing ethically acceptable, sustainable, and socially desirable

research and innovations outcomes which are responsive to a wide range of stakeholders and societal grand challenges, and be sensitive to the values, needs and expectations of South Africans.

3.3.5 SAMRC BOARD

The SAMRC Act No. 58 of 1991, states "the affairs of the SAMRC shall be managed and controlled by a Board, which shall, subject to the provisions of this Act, determine the policy and objectives of the SAMRC and exercise control generally over the performance of its functions, the exercise of its powers and the execution of its duties" (sections 6(1)), and "the Board shall consist of- (a) (i) a chairman; (ii) not less than 12 but not more than 14 other members who have distinguished themselves in any branch of the medical or related science; and (iii) not more than two other members, appointed by the Minister; and (b) the president, who shall serve on the Board by virtue of his office" (section 6(2)).

The SAMRC's new Board term of office started on 1st November 2022 and will end on 31st October 2025. The Board is committed to ensuring that the organisation executes its mandate through its 5-year Strategic Plan and the related Annual Performance Plans. In the reporting period of this Annual Performance Plan, the agenda of the SAMRC will be to address the quadruple burden of diseases in terms of promoting innovative and cutting-edge science that addresses basic science, clinical research, public health research and ethics in health care research.

3.3.6 SAMRC PRESIDENT

The Board appointed Professor Glenda Gray as the first female President and CEO of the SAMRC in 2014. During her two terms in the office, Professor Gray led the organisation to great strengths in scientific achievements, research translation, strong organisational governance and capacity development to build the next generation of scientists in Africa, including the following:

- (a) Excellence in scientific output through an increase in National Research Foundation-rated scientists in the intramural units.
- (b) SAMRC partnering with HIV Vaccine Trials Network (HVTN) to conduct vaccine trials in sub-Saharan Africa.

- (c) Funding the procurement of the national license for Cochrane Library, making South Africa the first licensed country on the continent that has allowed 60 000 people to access these publications.
- (d) Developed key collaborations leading to the first Genomics institute in Africa, Cochrane African Network and the BRICS TB Research Network.
- (e) Pushed the transformation agenda and invested in increasing the number of masters and doctoral students supported through SAMRC programmes.
- (f) Transformed grant funding initiatives that significantly improved funding for young scientists, black African scientists and women.
- (g) Adhered to strict corporate governance strategies in administering scientific research and received many consecutive clean audits.

As indicated in the Accounting Authority's statement, 2023/24 marks the end of Professor Gray's tenure as the SAMRC President and the CEO. The process to find Prof Gray's replacement has started and we trust that the new SAMRC President and the CEO will continue on the great work that Prof Gray has achieved and will also take the SAMRC to greater heights.

3.3.7 THE EXECUTIVE MANAGEMENT COMMITTEE

The SAMRC Act No. 58 of 1991, section 7, states that "the Board shall designate an Executive Management Committee, which shall consist of the President and other members, who shall be employees of the SAMRC, as the Board may deem necessary, and who shall, subject to the directives and control of the Board, be responsible for the management of the affairs of the SAMRC in accordance with the objects and policy of the SAMRC". The current designated members of the Executive Management Committee (EMC) are indicated in the "SAMRC Leadership Structure" section below. As contemplated in the Act, the composition of the EMC may change from time-to-time as deemed necessary by the Board.

3.3.8 SAMRC Leadership Structure

Below is the current high level SAMRC leadership structure, including the Board as appointed by the National Minister of Health in terms of the SAMRC Act No. 58 of 1991, section 6(2), and the Executive Management Committee as designated/appointed by the SAMRC Board in terms of the SAMRC Act No. 58 of 1991, sections 7 and 9(1).



Figure 1. High Level SAMRC Leadership

3.3.9 Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Table 3: SWOT Analysis

Strengths
Solid corporate governance and strong financial management
Partnership programmes with different stakeholders
Proven ability to raise and manage substantial funding for health Research & Innovation
Professional staff and high competency (NRF ratings, Publications, Supervision, International meetings/conferences)
Ability to attract external funding
Respect for academic freedom/freedom of research
Strong research outputs
Capacity development
Collaborations
Excellent working relationship between the Board and EMC, NDoH and Portfolio Committee on Health

Weaknesses
Diversity Management
Slow pace of transformation at senior levels
Lack of Biostatisticians
Lack of synergy between intramural researchers
Bureaucratic environment hampers progress
Lack of knowledge sharing
Aging cohort of senior managers

Opportunities
Set targets for new transformation strategy
Continued support to NDoH and other relevant stakeholders/partners to meet their objectives
Implement strategies to grow funding
Grow numbers of African and women-led Extramural Research Units
Grow numbers of PhDs in the organisation
Implement the re-orientation of the intramural research units and platforms
Collaboration with national entities to enhance health research
Expand organisational move towards open access publishing
Strengthen Research Translation
Install renewable energy supply

Threats
Increased levels of corruption and crime in the country
Diminishing funding for research
Research classified as low priority on the political agenda
Growing trends of predatory journals
Data Security
Scientific misconduct
Cyber security
Overlap in funders of health research - delineation of mandates needed
Ensuring compliance to POPIA
Declining energy availability (loadshedding)

3.3.10 B-BBEE Compliance Performance Information

In terms of Section 13G of the B-BBEE Act No 53 of 2003, read with regulation 12 of the B-BBEE Regulations, all spheres of government, public entities and organs of state must report on their compliance with broad-based black economic empowerment in their audited annual financial statements and annual reports

As contained in the annual report guide for Schedule 3A and 3C public entities, the SAMRC applies the relevant code of Good Practice in the manner described in the table below, and the same was included in the audited SAMRC annual report of 2022/23:

Table 4: SAMRC's B-BBEE Compliance Code of Good Practice

CRITERIA	RESPONSE (YES/NO)	DISCUSSION
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	No	Not applicable
Developing and implementing a preferential procurement policy?	Yes	SAMRC complies with the Preferential Procurement Regulations of 2017
Determining qualification criteria for the sale of state-owned enterprises?	No	Not applicable
Developing criteria for entering into partnerships with the private sector?	No	Any public private partnerships (PPP) that SAMRC may enter into will be in line with the Treasury Regulations. However, SAMRC receives some funding from the private sector, and these funds do not constitute PPP
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	However, two of the indicators of Programme address the issue of capacitating black/historically disadvantaged individuals

The SAMRC is committed to comply with the B-BBEE Act and transformational agenda. During the financial year 2022/23, SAMRC set aside funding to improve the organisation scorecard, and has since moved from non-compliance to Level 5.

For the year-ended 31 March 2023, the SAMRC submitted its B-BBEE compliance report to the B-BBEE Commission, as prescribed by section 13G of the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003) as amended by Act 46 of 2013 ("the B-BBEE Act").

4 Human Resource Management

On 31 March 2023, the SAMRC had 718 employees, with the spread according to the following race and gender profiles:

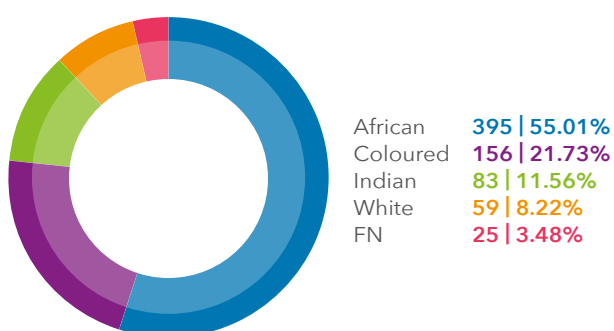


Figure 2.
Employees profile by race

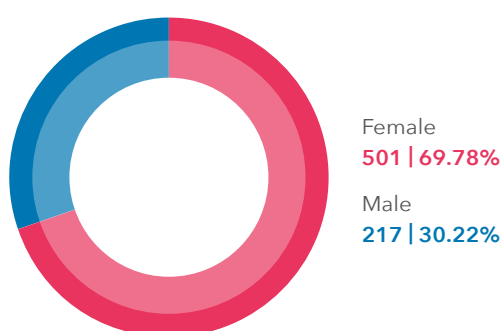


Figure 3.
Employees profile by gender

The numbers above exclude postdocs, interns, post retirement contracts and EDCTP on the main payroll.

Table 5: SAMRC Employees

RACE	GENDER	MARCH 2021 TOP MANAGEMENT	MARCH 2023 TOP MANAGEMENT	MARCH 2021 SENIOR MANAGEMENT	MARCH 2023 SENIOR MANAGEMENT	MARCH 2021 PROFESSIONALLY QUALIFIED & SPECIALISTS	MARCH 2023 PROFESSIONALLY QUALIFIED & SPECIALISTS	MARCH 2021 SKILLED TECHNICAL & ACADEMICALLY QUALIFIED	
African	Male	3	2	1	3	15	20	26	
	Female	0	1	2	5	40	56	110	
Foreign Nationals	Male	0	0	3	2	6	6	0	
	Female	0	0	0	0	6	8	2	
Indian	Male	0	0	4	3	5	7	12	
	Female	0	0	4	6	25	27	28	
Foreign Nationals	Male	0	0	0	0	0	0	0	
	Female	0	0	0	0	0	1	0	
Coloured	Male	0	0	4	6	8	11	25	
	Female	0	2	6	5	26	38	45	
Foreign Nationals	Male	0	0	0	0	0	0	0	
	Female	0	0	0	0	1	2	0	
White	Male	1	1	11	9	3	3	3	
	Female	2	2	11	10	27	26	6	
Foreign Nationals	Male	0	0	1	1	0	0	0	
	Female	0	0	2	2	2	2	0	
TOTAL BY LEVEL		6	8	49	52	164	207	257	

	MARCH 2023 SKILLED TECHNICAL & ACADEMICALLY QUALIFIED	MARCH 2021 SEMI-SKILLED & DISCRETION DECISION MAKING	MARCH 2023 SEMI-SKILLED & DISCRETION DECISION MAKING	MARCH 2021 UNSKILLED AND DEFINED DECISION MAKING	MARCH 2023 UNSKILLED AND DEFINED DECISION MAKING	MARCH 2021 TOTAL BY GENDER	MARCH 2023 TOTAL BY GENDER	MARCH 2021 TOTAL BY RACE	MARCH 2023 TOTAL BY RACE
	45	39	43	10	9	94	122	310	395
	135	47	60	17	16	216	273		
	1	1	0	0	0	10	9	18	17
	0	0	0	0	0	8	8		
	10	2	1	0	0	23	21	82	83
	27	2	2	0	0	59	62		
	0	0	0	0	0	0	0	0	1
	0	0	0	0	0	0	1		
	21	5	10	3	1	45	49	140	156
	43	8	9	10	10	95	107		
	0	0	0	0	0	0	0	1	2
	0	0	0	0	0	1	2		
	2	2	0	0	0	20	15	68	59
	5	2	1	0	0	48	44		
	0	0	0	0	0	1	1	5	5
	0	0	0	0	0	4	4		
	289	108	126	40	36	624	718	624	718

PART B: SAMRC STRATEGIC FOCUS

continued

As of 31 March 2023, there were 8 EMC members who constituted Top Management, and were spread according to the following race and gender profiles

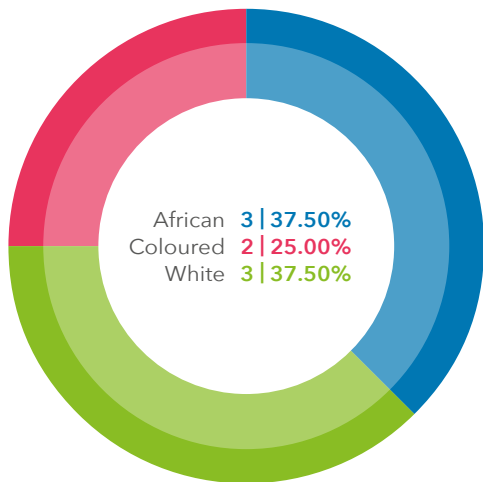


Figure 4. Top Management profile by race

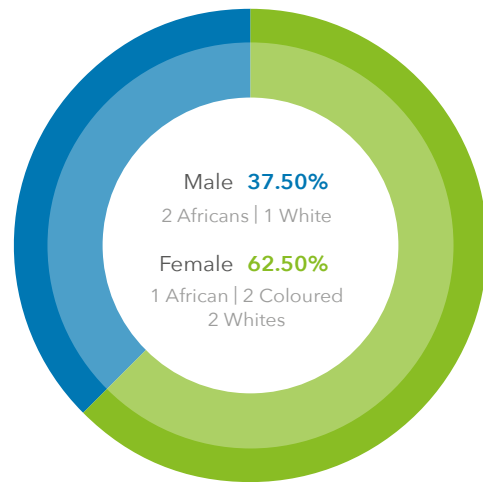


Figure 5. Top Management profile by gender

On 31 March 2023, Senior Management level, excluding the 8 EMC members who constitute Top Management, was 7.24% (52/718) of the total number of employees. The 52 members of Senior Management were spread according to the following race and gender profiles:

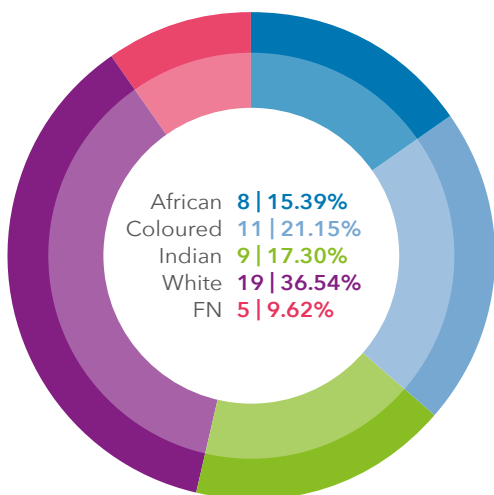


Figure 6. Senior Management profile by race

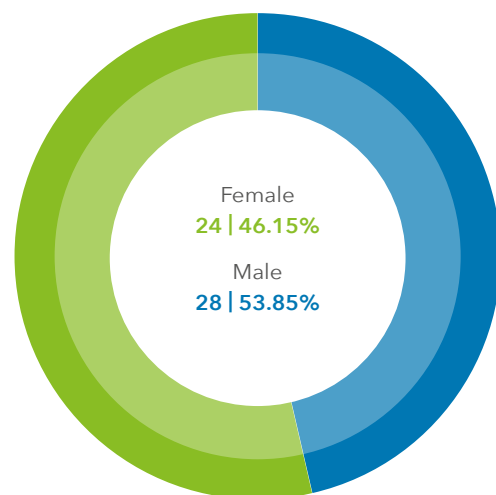


Figure 7. Senior Management profile by gender

Table 6: Senior Management Demographics

2021	African	3	6.12%	Male	1	2.04%
				Female	2	4.08%
2023	African	8	15.39%	Male	3	5.77%
				Female	5	9.62%
2021	Indian	8	16.33%	Male	4	8.16%
				Female	4	8.16%
2023	Indian	9	17.30%	Male	3	5.77%
				Female	6	11.53%
2021	Coloured	10	20.41%	Male	4	8.16%
				Female	6	12.24%
2023	Coloured	11	21.15%	Male	6	11.53%
				Female	5	9.62%
2021	White	22	44.90%	Male	11	22.45%
				Female	11	22.45%
2023	White	19	36.54%	Male	9	17.31%
				Female	10	19.23%
2021	Foreign National	6	12.24%	Male	4	8.16%
				Female	2	4.08%
2023	Foreign National	5	9.62%	Male	3	5.77%
				Female	2	3.85%

The table above excludes Top Management

The SAMRC strives towards an inclusive culture that will make all employees, managers, visitors, associates and stakeholders feel welcome, irrespective of origin, ethnicity, language, gender, religious and political conviction, disability or sexual orientation.

Transformation remains an integral part of progressing towards a more inclusive and economically vibrant society. The SAMRC will continue to pursue transformation and development initiatives in order to change the demographics of the organisation, particularly at the Senior Management

and Executive levels. One of the organisation's strategic goals is the transformation in science. This initiative will be achieved by supporting diversity in our new generation of a scientific cadre, particularly at the Specialist Scientist level and above.

The development of management and leadership skills will be prioritised as the SAMRC develops the pipeline of the next generation of Black Scientists. This will be achieved through the continuation of the Deputy Director programme, Accelerated Development Programmes, post-doctoral and studentships, amongst others.

The promotion of diversity is an important aspect of transformation at the SAMRC, but transformation also extends far deeper and wider than the demographics of the SAMRC community. Digital transformation has become prominent since the advent of COVID-19 pandemic. Transformation in gender equality and leadership development will continue to be an important focus area of the transformation plan. Diversity workshops and leadership training and coaching will continue during the next five years to change attitudes and embrace diversity in the workplace and ensure understanding of the value of diversity to create an inclusive, non-racist and gender sensitive organisational culture.

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

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

Programme". Between 2013 and 2023, the BM-NHSP issued 162 awards and produced 89 graduates (75 PhDs and 12 MSc) in various health professions.

More recently, the focus of the BM-NSHP programme has been on HDIs. We believe that developing health and clinical research capacity in HDIs will broaden and deepen involvement of health and clinical researchers in rural communities, ensure equitable access to quality health care services and consequently improve healthcare delivery and outcomes. Moreover, the programme will assist in developing the next generation of academic and research leaders in HDIs.

6 SAMRC Intramural and Extramural research units, and Platforms

SAMRC intramural units are largely based at SAMRC campuses and comprise scientists directly employed by the organisation. The scope of these intramural research unit projects includes tuberculosis, HIV/AIDS, cardiovascular and non-communicable diseases, gender and health, and alcohol and other drug abuse. SAMRC extramural research units are established within research institutions (mainly universities in South Africa) with the primary goal of generating new knowledge but also to build research capacity in the discipline of health sciences. The extramural units are built on scientific excellence and leadership of an internationally recognised researcher and his/her research team and must contribute to developing the next generation of research leaders for the country. The funding for SAMRC extramural research units represents a secure, discretionary, financial incentive which is approved in 5-year cycles up to a maximum of 15 years. Research Centres comprise scientists based at tertiary institutions who primarily conduct research on behalf of the SAMRC.

Table 7: SAMRC Health Priorities

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

Table 8: SAMRC intramural and extramural research units to the research programmes

SAMRC RESEARCH SUB- PROGRAMMES	SAMRC RESEARCH UNITS/PLATFORMS/ OFFICES/CENTRES	UNIT/PLATFORM/ OFFICE/CENTRE DIRECTOR	INSTITUTION
Health promotion and disease prevention	Mental Health, Alcohol, Substance Use and Tobacco	C Parry	Intramural Research Unit
	Non-Communicable Diseases Research Unit	A Kengne	Intramural Research Unit
	Environment and Health Research Unit	R Street (Interim)	Intramural Research Unit
	Rural Public Health and Health Transition Research Unit	S Tollman	University of Witwatersrand
	Masculinity and Health Research Unit (formerly Violence, Injury and Peace Research Unit)	A van Niekerk (Interim)	University of South Africa
	Hypertension and Cardiovascular Disease Research Unit	M Pieters	Northwest University
	Microbial Water Quality Monitoring Research Unit	A Okoh	University of Fort Hare
	Risk and Resilience in Mental Disorders Research Unit	D Stein	University of Cape Town
	Centre for Health Economics and Decision Science - PRICELESS SA	K Hofman	University of the Witwatersrand
	Antimicrobial Resistance and Global Health Research	P Bessong	University of Venda
Maternal, child and women's health	Gender and Health Research Unit	N Abrahams	Intramural Research Unit
	Maternal and Infant Health Care Strategies Research Unit	U Feucht	University of Pretoria
	Development Pathways for Health Research Unit	S Norris	University of the Witwatersrand
	Child and Adolescent Lung Health Unit	H Zar	University of Cape Town

Table 8: SAMRC intramural and extramural research units to the research programmes continued

SAMRC RESEARCH SUB- PROGRAMMES	SAMRC RESEARCH UNITS/PLATFORMS/ OFFICES/CENTRES	UNIT/PLATFORM/ OFFICE/CENTRE DIRECTOR	INSTITUTION
HIV, AIDS, TB and other communicable diseases	Centre for the Study of Antimicrobial Resistance Research Unit	K Dheda	University of Cape Town
	Centre for Tuberculosis Research Unit	R Warren	Intramural Research Unit
	HIV and other infectious Diseases	E Spooner (interim)	Intramural Research Unit
	HIV-TB Pathogenesis and Treatment Research Unit	S Abdool-Karim	Centre for the AIDS Programme of Research in South Africa (CAPRISA)
	Vaccine and Infectious Diseases Analytics Research Unit	S Madhi	University of Witwatersrand
	Office of AIDS & TB Research	F Abdullah	Intramural Office
	Office of Malaria Research	R Maharaj	Intramural Platform
	TB Platform	M van der Walt	Intramural Platform
	Antibody Immunity Research Unit	P Moore	National Institute of Communicable Diseases
	Intersection of Communicable Disease and Infectious Disease Research	N Ntusi	University of Cape Town
	Molecular Mycobacteriology Research	V Mizrahi	University of Cape Town
Health systems strengthening	Biostatistics Research Unit	T Reddy	Intramural Research Unit
	Burden of Disease Research Unit	R Matzopoulos	Intramural Research Unit
	Health Services to Systems Research Unit	H Schneider	University of the Western Cape
	Health Systems Research Unit	T Kredo	Intramural Research Unit
	South African Cochrane Centre	D Ndwandwe and M Engel (interim)	Intramural Research Unit

Table 8: SAMRC intramural and extramural research units to the research programmes continued

SAMRC RESEARCH SUB- PROGRAMMES	SAMRC RESEARCH UNITS/PLATFORMS/ OFFICES/CENTRES	UNIT/PLATFORM/ OFFICE/CENTRE DIRECTOR	INSTITUTION
Public health innovation	Drug Discovery and Development Research Unit	K Chibale	University of Cape Town
	Herbal Drugs Research Unit	A Viljoen	Tshwane University of Technology
	Primate Unit and Delft Animal Centre Platform	C Chauke	Intramural Platform
	The Biomedical Research and Innovation Platform	R Johson and C Pheiffer (Interim)	Intramural Platform
	Pan African Centre for Epidemics Research	R Phaswana-Mafuya	University of Johannesburg
	Genomics Platform	C Kinnear	Intramural Platform
Biomedical research	Antiviral Gene Therapy Research Unit	P Arbutnot	University of the Witwatersrand
	Bioinformatics Capacity Development Research Unit	A Christoffels	University of Western Cape
	Precision and Genomic Medicine Research Unit	R Ramesar	University of Cape Town
	Stem Cell Research and Therapy Research Unit	M Pepper	University of Pretoria
	Wound and Keloid Scarring Translational Research Unit	N Khumalo	University of Cape Town
	Genomics of Brain Disorders Research Unit	S Seedat	Stellenbosch University
	Precision Oncology Research Unit	Z Dlamini	University of Pretoria
	Cardiometabolic Health Research Unit	T Matsha	Cape Peninsula University of Technology
	Platform for Pharmacogenomics Research and Translation Research Unit	C Dandara	University of Cape Town

Table 9: SAMRC intramural research units' purpose

INTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Biostatistics	To advance the health of the nation through the application, development and promotion of statistical methods in the clinical and health research conducted by the SAMRC and its stakeholders.
Burden of Disease	To assess and monitor the country's health status and determinants of disease as well as to project the future burden of disease, in order to provide planning information to improve the health of the nation and to evaluate health information systems.
Centre for TB Research	To run a portfolio of world class TB research ranging from basic to applied where projects are either laboratory and/or clinic based, using selected individuals or local populations as a source of data. In collaboration with national and international collaborators, areas of interest include bacteriology, immunology, genetics, bioinformatics, and clinical trials.
Cochrane South Africa	To prepare and maintain Cochrane Reviews of the effects of healthcare interventions, and to promote access to and the use of best evidence in healthcare decision making within Africa.
Environment and Health	To conduct population-based research on environmental risks to health, with special emphasis on those living in poverty.
Gender and Health	To improve the health status and quality of life of women through high quality scientific research on gender and health that informs the development of policy, health services and health promotion.
Health Systems	To conduct health systems research to develop health systems, improve the organisation, efficiency, effectiveness of health systems, and increase the impact of health systems on population health and well-being. It is also to understand and evaluate how health systems function and how they can be strengthened, including how to develop and implement policies and programmes in ways that strengthen rather than undermine health systems.
HIV and other infectious Diseases	To address the challenges of the South African HIV epidemic and associated co-morbidities through a combination of biomedical, epidemiological and behavioural prevention, therapeutic and implementation science research agenda.
Mental Health, Alcohol, Substance Use and Tobacco	To generate knowledge and propose policy and other interventions that will lead to a reduction in alcohol, tobacco and other drug use and the associated burden experienced by individuals and society.
Non-communicable Diseases	To formulate and apply an integrated programme of research and capacity development to improve the prevention, understanding, detection and management of NCDs, with a major focus on cardiovascular disease and metabolic disorders in South Africa.

Table 10: SAMRC Platform and specialist scientific services purpose

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

Table 11. SAMRC extramural research units' purpose

EXTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Antibody Immunity	To conduct research on the development of new vaccines and new approaches to controlling infectious diseases. The Unit's research seeks to establish a deeper understanding of antibody responses to infection in order to design better vaccines for the African region which bears the largest burden of infectious disease. Key focus areas are identifying antibody correlates of vaccine protection, uncovering the genetic diversity in the African antibody repertoire and isolating and engineering antibodies for passive immunity.
Antimicrobial Resistance and Global Health Research	To conduct research on microbial, human, and environmental determinants of the acquisition and transmission of antimicrobial resistance. The Unit collaborates with community and policy makers to enhance our understanding of the dynamics of antimicrobial resistance for improved antimicrobial resistance stewardship.
Antiviral Gene Therapy	To challenge the emergence of viral infections that cause serious health problems in Sub-Saharan Africa. The long-term objectives of the unit are to advance gene therapy for treatment of viral infections, develop human capacity in the field through the training of young scientists, and to translate the unit's technologies into products.
Bioinformatics Capacity Development	To build bioinformatics capacity in South Africa and across the African continent through research and innovation.
Cardiometabolic Health	To provide a platform from which a team of researchers collaborate to provide an integrated research programme focusing on cardiometabolic traits (obesity, diabetes, hypertension, metabolic syndrome, and chronic kidney diseases); all with respect to inflammation, genetics, epigenetics, microbiome and oxidative mechanisms. The aim of the unit is to employ a holistic approach to investigate the context specific factors associated with diabetes and related cardiometabolic traits.
Centre for Health Economics and Decision Science	To undertake rigorous and comprehensive analytical work in order to provide evidence to guide priority setting for health in South Africa. By applying innovative priority setting approaches, the Unit aims to support evidence-based resource allocation decisions in a fair and equitable way under the proposed National Health Insurance (NHI).
Centre for the Study of Antimicrobial Resistance	To address specific aspects of bacterial multi-drug resistant pathogens, including tuberculosis. The unit's key focus areas are to better understand the pathogenesis of drug resistance by studying pharmacokinetic mismatches, conduct preliminary studies to determine the levels and efficacy of adjunct inhaled antibiotics at the disease site in TB and MDR bacterial pneumonia, and to develop and test inhaled formulations for future animal and human studies.
Child and Adolescent Lung Health	To focus on key health concerns affecting children and adolescents in South Africa and in Africa. The Unit's primary focus is on child lung health and the intersection of infection with emergence of chronic non-communicable diseases, addressing lung health from birth through adolescence. Studies focus on the epidemiology, aetiology and risk factors for acute and chronic lung disease and the impact of acute disease on child health and on development of chronic disease.
Developmental Pathways for Health	To investigate genetic, physiological, psychosocial and lifestyle determinants of growth and development, risk of disease, and healthy ageing across the life course.

Table 11. SAMRC extramural research units' purpose continued

EXTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Drug Discovery and Development	To establish a scientific infrastructure as well as capacity for drug discovery and development in the broad sense. Develop infrastructural and operational systems for new drug discovery and development. Attract young South African and African scientists thereby contributing to transformation and capacity building. Provide career development opportunities for independent academic and/or research careers.
Genomics of Brain Disorders Research Unit	To identify genomic biomarkers, using a systems biology approach, for a host of brain disorders (e.g., posttraumatic stress disorder, HIV associated neurocognitive disorders, foetal alcohol spectrum disorders, schizophrenia and psychosis spectrum disorders, and Parkinson's Disease) across the lifespans.
Health Services to Systems	To focus on the mechanisms and processes through which health interventions become integrated into routine institutional environment ("real world settings") and achieve sustainable coverage and impacts at scale.
Herbal Drugs	To conduct technologically advanced scientific research, and to make basic knowledge readily available to stakeholders, in order to promote the quality, safety and efficacy (QSE) of herbal medicines.
HIV/TB Pathogenesis and Treatment	To undertake research to reduce morbidity and mortality from HIV-TB co-infection. This Unit addresses the leading cause of death in HIV infected patients, in a setting where HIV infection is the largest single contributor to South Africa's mortality burden.
Hypertension and Cardiovascular Disease	To contribute to new clinical and epidemiological knowledge within the field of hypertension development in black populations, in order to facilitate more effective awareness, treatment and prevention programs in the future
Intersection of Non-communicable Disease and Infectious Diseases	To enhance the understanding and management of the interaction between endemic infections (SARS-CoV-2, HIV, tuberculosis) and NCDs (heart failure, hypertension, diabetes mellitus, obesity, cancer, mental health).
Masculinity and Health Research Unit	Cognisant of the gender asymmetries in health, with a historical interest in the disproportionate involvement of men in injury and violence, the SAMRC Masculinity and Health Research Unit (MaHRU) undertakes, hosts and supports evidence-based research on men, boys, masculinity and health. In addition to research, community-mobilising interventions, research-based advocacy, and public dissemination will form a strong triangulated core of the work of MaHRU
Maternal and Infant Health Care Strategies	To develop health strategies to improve the quality of care at primary and secondary care levels for mothers and infants by seeking saleable and sustainable solutions; thereby reducing maternal, perinatal and infant deaths
Microbial Water Quality Monitoring	To address the myriad of challenges in the Eastern Cape Province water sector within the overarching aim that seeks to evaluate some of the key emerging challenges in microbial water quality and safety, as a vehicle for skills and capacity development in water science especially amongst the previously disadvantaged demographic groups in the Eastern Cape Province

Table 11. SAMRC extramural research units' purpose continued

EXTRAMURAL RESEARCH UNITS	
Unit	Strategic Focus
Pan African Centre for Epidemics	To improve the understanding of current pandemics through cutting-edge Pan African and global research epidemiological, and public health studies among marginalised populations in diverse low-resource settings in South Africa, Sub-Saharan Africa and globally.
Platform for Pharmacogenomics Research and Translation	To identify inherited genetic variations, epigenetic changes and microbial profiles that are associated with interindividual differences in the ways patients respond to therapeutic treatment including herbal medicine, a field commonly referred to as Pharmacogenomics.
Precision and Genomic Medicine	To use the exciting developments in the field of genomic sciences to investigate human biodiversity, and to contribute to a more proactive and preventive approach to health. Tied closely to this quest is the expansion of research to cover genome-wide investigations pertaining to the burden of disease in Southern Africa and to assess the impact of genomic variants on the health of the indigenous populations of Africa.
Precision Oncology Research Unit	To map the landscape of cervical and oesophageal cancer in order to understand the underlying causes of these cancers and to discover targets for the development of novel and more effective targeted therapeutics. Key focus areas are to identify and comprehensively characterise the potential common and country-specific risk factors underlying high cervical and oesophageal cancer incidences and mortality rates in South Africa, Tanzania and BRICS countries.
Risk and Resilience in Mental Disorders	To undertake research that encompasses the promotion of clinical research and the translation of basic science into clinical research, to improve diagnosis, prevention and management of mental disorders in South Africa with a focus on risk and resilience factors as they apply to key conditions in the local context, as well as the translation of clinical evidence into population-level interventions to improve mental health through primary health care and community initiatives that can be applied in diverse settings across the country and the continent, with a focus on priority illnesses given the local burden of disease.
Rural Public Health and Health Transitions	To better understand the dynamics of health, population and social transitions in rural South Africa and southern Africa to mount a more effective public health, public sector and social response.
Stem Cell Research and Therapy	To better understand hematopoietic stem cells (HSCs) and mesenchymal stem cells as a means to lowering the South African infection rate of both communicable and non-communicable diseases, and to use this project to initiate a gene therapy platform, from which gene therapy projects for other diseases will follow.
Vaccine and Infectious Diseases Analytics (formerly Respiratory and Meningeal Pathogens Research Unit)	To study the causes, management and prevention of pneumonia and meningitis infections with expanded initial focus on pneumococcal disease, to other common bacterial and viral causes of childhood morbidity and mortality (Group B streptococcus (GBS), rotavirus, Respiratory Syncytial Virus (RSV), pertussis, and influenza virus) as well as to integrate clinical, epidemiological and basic science research to improve the health of Africans through vaccines.
Wound and Keloid Scarring Translational	To optimise tissue culture models for dermal wound healing after injury with particular focus to skin scarring and dermal fibrosis.

7 SAMRC Research Centres


The SAMRC’s Research Centres, based at universities and institutions across the country, identify and gather information on leading health concerns in South Africa like Cancer, HIV, Tuberculosis (TB) and Malaria. Each Centre is staffed with experts in the same field as the projects they direct. Many of these

experts also work with external specialists on the research and funding of international projects. Over the years, the SAMRC’s research has provided vital information that is used by the Department of Health and Government for health planning and assessing progress towards realising Government’s objectives.

Table 12: SAMRC Research Centres

SAMRC RESEARCH CENTRES		
Centre	Strategic Focus	Unit
Cancer Centres	The explicit aim of CRCs will be to integrate cancer-related research programmes in fields such as basic laboratory and clinical sciences, prevention and control methodologies, and population-based studies, into a transdisciplinary cancer research centre that may straddle departmental and institutional boundaries	Common Epithelial Cancer Research Centre
		Gynaecological Cancer Research Centre
Digital Health Centre	The SAMRC established this Collaborating Centre to incorporate the important and emerging area of digital health in the SAMRC’s ambit. The centre’s role is to build capacity in digital health, to coordinate digital health efforts nationally, to develop and implement a national research agenda for digital health and to develop and implement new innovations in this arena in partnership with the NDoH for improved health service delivery.	Jembi Collaborating Centre for Digital Health Innovation





PART C:
MEASURING SAMRC
PERFORMANCE

PART C: MEASURING SAMRC PERFORMANCE

8 Institutional Programme Performance Information

8.1 Programme 1: Administration

Purpose: Administer health research effectively and efficiently

Table 13. Programme 1 – Outcomes, Outputs, Performance Indicators and Targets

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
			2020/21	2021/22	2022/23		2024/25	2025/26	2026/27
1.1. To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General	Clean Audit	Clean Audit	Clean Audit	Clean Audit	Clean Audit	N/A: outside SP period	N/A: outside SP period
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research	Efficient expenditure of government allocated budget	1.2.1 Percentage of the government allocated SAMRC budget spent on administration	16%	16%	17%	20%	20%	N/A: outside SP period	N/A: outside SP period

Table 14. Programme 1 – Indicators and Targets

OUTPUT INDICATORS	REPORTING FREQUENCY	ANNUAL TARGET (2024/25)	QUARTERLY TARGETS 2024/25			
			1 st	2 nd	3 rd	4 th
1.1.1 A clean audit opinion on the SAMRC from the Auditor-General	Annually	Clean Audit	N/A	N/A	N/A	Clean Audit
1.2.1 Percentage of the government allocated SAMRC budget spent on administration	Quarterly	20%	20%	20%	20%	20%

Programme Resource Considerations

Table 15. Budget Allocation for Programme 1 (R'000)

ECONOMIC CLASSIFICATION OF BUDGET	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	BUDGET ESTIMATES	BUDGET ESTIMATES	BUDGET ESTIMATES
Compensation of Employees	91 674	104 484	103 491	110 220	117 384	124 427	132 515
Goods and Services	105 623	183 974	121 440	124 507	148 889	154 464	154 962
Total	197 297	288 458	224 931	234 727	266 273	278 891	287 477

8.2 Programme 2: Core Research

Purpose: Lead the generation of new knowledge

Table 16. Programme 2 – Outcomes, Outputs, Performance Indicators and Targets

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
			2020/21	2021/22	2022/23		2024/25	2025/26	2026/27
2.1. To produce and promote scientific excellence and the reputation of South African health research	Published journal articles, book chapters and books	2.1.1 Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	1261	1169	1455	700	600	N/A: outside SP period	N/A: outside SP period
	Published journal articles by SAMRC grant-holders	2.1.2 Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC	281	265	445	180	170	N/A: outside SP period	N/A: outside SP period
2.2 To provide leadership in the generation of new knowledge in health	Published journal articles with the first or last author	2.2.1. Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	718	637	775	300	255	N/A: outside SP period	N/A: outside SP period
2.3 To provide funding for the conduct of health research	Research grants awarded	2.3.1 Number of research grants awarded by the SAMRC	190	152	174	160	170	N/A: outside SP period	N/A: outside SP period

Table 17. Programme 2 – Indicators and Quarterly Targets

OUTPUT INDICATORS	REPORTING FREQUENCY	ANNUAL TARGET (2024/25)	QUARTERLY TARGETS 2024/25			
			1 st	2 nd	3 rd	4 th
2.1.1 Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	Quarterly	600	120	158	146	176
2.1.2 Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC	Quarterly	170	43	51	34	42
2.2.1 Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	Quarterly	255	56	69	61	69
2.3.1 Number of research grants awarded by the SAMRC	Annually	170	N/A	N/A	N/A	170

Programme Resource Considerations

Table 18. Budget Allocation for Programme 2 (R'000)

ECONOMIC CLASSIFICATION OF BUDGET	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	BUDGET ESTIMATES	BUDGET ESTIMATES	BUDGET ESTIMATES
Compensation of Employees	244 944	281 347	276 525	294 550	313 696	332 518	354 132
Goods and Services	560 263	445 572	444 520	397 752	359 817	689 350	400 499
Total	805 207	726 919	721 045	692 302	673 513	721 868	754 631

8.3 Programme 3: Innovation and Technology

Purpose: Support, through funding and other mechanisms, technology development and implementation, and innovations in health and technology delivery to improve health

Table 19. Programme 3 – Outcomes, Outputs, Performance Indicators and Targets

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
			2020/21	2021/22	2022/23		2024/25	2025/26	2026/27
3.1 To support the development of new or improved innovations aimed at improving health and targeting priority health research areas of focus	Innovation projects and platforms funded by the SAMRC	3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	29	18	20	4	4	N/A: outside SP period	N/A: outside SP period
		3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	41	40	44	30	30	N/A: outside SP period	N/A: outside SP period
3.2 To develop new or improved innovations aimed at improving health priority areas of focus	Efficient expenditure of government allocated budget	3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation	1	3	1	1	1	N/A: outside SP period	N/A: outside SP period

Table 20. Programme 3 – Indicators and Quarterly Targets

OUTPUT INDICATORS	REPORTING FREQUENCY	ANNUAL TARGET (2024/25)	QUARTERLY TARGETS 2024/25			
			1 st	2 nd	3 rd	4 th
3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	Annually	4	N/A	N/A	N/A	4
3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	Annually	30	N/A	N/A	N/A	30
3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation	Annually	1	N/A	N/A	N/A	1

Programme Resource Considerations

Table 21. Budget Allocation for Programme 3 (R'000)

ECONOMIC CLASSIFICATION OF BUDGET	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	BUDGET ESTIMATES	BUDGET ESTIMATES	BUDGET ESTIMATES
Compensation of Employees	44 722	49 231	50 255	53 522	57 013	60 434	64 362
Goods and Services	124 854	277 442	255 937	261 773	274 024	297 366	294 601
Total	169 576	326 673	306 192	315 295	331 037	357 800	358 963

8.4 Programme 4: Capacity Development

Purpose: Build human capacity for the long-term sustainability of South African health research

Table 22. Programme 4 – Outcomes, Outputs, Performance Indicators and Targets

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
			2020/21	2021/22	2022/23		2024/25	2025/26	2026/27
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health researchers	SAMRC bursaries and/or scholarships and/or fellowships provided for MSc, PhD, Postdocs, and Early and Mid Career Scientists	4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs, and Early and Mid Career Scientists	144	167	171	150	130	N/A: outside SP period	N/A: outside SP period
	Female students and/or Early and Mid Career Scientists receiving SAMRC funding	4.1.2 Number of awards by the SAMRC to female MSc, PhD, Postdocs, and Early and Mid Career Scientists	106	122	120	110	108	N/A: outside SP period	N/A: outside SP period
	South African citizens and/or permanent residents students receiving SAMRC funding	4.1.3 Number of awards by the SAMRC to Black South African citizens and permanent residents MSc, PhD, Postdocs, and Early and Mid Career Scientists classified as African	86	108	118	110	90	N/A: outside SP period	N/A: outside SP period
	SAMRC scholarships/ fellowships provided for MSc, PhD, Postdocs and Early and Mid Career Scientists at HDIs	4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs, and Early and Mid Career Scientists from historically disadvantaged institutions (HDIs)	38	52	60	80	83	N/A: outside SP period	N/A: outside SP period
	MSc and PhD students graduated or completed	4.1.5 Number of MSc and PhD students graduated or completed	72	81	93	85	50	N/A: outside SP period	N/A: outside SP period

PART C: MEASURING SAMRC PERFORMANCE

continued

Table 23. Programme 4 – Indicators and Quarterly Targets

OUTPUT INDICATORS	REPORTING FREQUENCY	ANNUAL TARGET (2024/25)	QUARTERLY TARGETS 2024/25			
			1 st	2 nd	3 rd	4 th
4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs, and Early and Mid Career Scientists	Annually	130	N/A	N/A	N/A	130
4.1.2 Number of awards by the SAMRC to female MSc, PhD, Postdocs, and Early and Mid Career Scientists	Annually	108	N/A	N/A	N/A	108
4.1.3 Number of awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs, and Early and Mid Career Scientists classified as African	Annually	90	N/A	N/A	N/A	90
4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs, and Early and Mid Career Scientists from historically disadvantaged institutions (HDIs)	Annually	83	N/A	N/A	N/A	83
4.1.5 Number of MSc and PhD students graduated or completed	Annually	50	N/A	N/A	N/A	50

Programme Resource Considerations

Table 24. Budget Allocation for Programme 4 (R'000)

ECONOMIC CLASSIFICATION OF BUDGET	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	BUDGET ESTIMATES	BUDGET ESTIMATES	BUDGET ESTIMATES
Compensation of Employees	5 050	4 677	5 706	6 077	6 475	6 865	7 311
Goods and Services	62 535	70 685	82 440	87 127	88 705	91 606	90 647
Total	67 585	75 362	88 146	93 204	95 180	98 471	97 958

8.5 Programme 5: Research Translation

Purpose: Translate new knowledge into policies and practices to improve health

Table 25. Programme 5 – Outcomes, Outputs, Performance Indicators and Targets

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
			2020/21	2021/22	2022/23		2024/25	2025/26	2026/27
5.1 To facilitate the translation of health research	Local or international policies, reports and guidelines that reference SAMRC research	5.1.1 Number of local or international policies, reports and guidelines that reference SAMRC research	44	58	120	6	6	N/A: outside SP period	N/A: outside SP period
	Reports and guidelines produced by SAMRC intramural authors	5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers	58	64	68	7	9	N/A: outside SP period	N/A: outside SP period
	SAMRC researchers invited/serving on national and international bodies/committees	5.1.3 Number of national or international bodies/committees that SAMRC employees serve on	90	96	205	50	50	N/A: outside SP period	N/A: outside SP period
	SAMRC supported conferences, seminars and CPD workshops	5.1.4 Number of conferences, seminars and continuing development points workshops supported by the SAMRC	26	72	73	10	10	N/A: outside SP period	N/A: outside SP period

Table 26. Programme 5 – Indicators and Quarterly Targets

OUTPUT INDICATORS	REPORTING FREQUENCY	ANNUAL TARGET (2024/25)	QUARTERLY TARGETS 2024/25			
			1 st	2 nd	3 rd	4 th
5.1.1 Number of local or international policies, reports and guidelines that reference SAMRC research	Bi-annually	6	N/A	2	N/A	4
5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers	Bi-annually	9	N/A	4	N/A	5
5.1.3 Number of national or international bodies/committees that SAMRC employees serve on	Annually	50	N/A	N/A	N/A	50
5.1.4 Number of conferences, seminars and continuing development points workshops supported by the SAMRC	Annually	10	N/A	N/A	N/A	10

Programme Resource Considerations

Table 27. Budget Allocation for Programme 5 (R'000)

ECONOMIC CLASSIFICATION OF BUDGET	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	ACTUAL OUTCOME	BUDGET ESTIMATES	BUDGET ESTIMATES	BUDGET ESTIMATES
Compensation of Employees	-	-	-	-	-	-	-
Goods and Services	-	-	3 246	3 332	4 343	4 343	4 343
Total	-	-	3 246	3 332	4 343	4 343	4 343

9 Planned performance over the five-year planning period

9.1 Biomanufacturing capacity development

Capacity Development grant to build a skilled workforce for the biomanufacturing sector R100M from Chan Soon-Shiong Foundation over 3-5 years. Programme under implementation with various academic institutions and other organisations

- The goal of the programme is to upskill the African workforce, starting with South Africa and Botswana and expanding into Africa
- It is a stated goal that successful candidates from the programme will be absorbed by the industry.
- There is no direct link between the funding sourced and the successful candidates' future direction of employment.
- The estimated timescale for the programme will be four years with a goal of extending if successful.
- The goal is to promote and synergise programmes (such as the Pan African Vaccine Manufacturing forum of the African CDC, Kofi Annan Scholarship programme, World Health Organisation Academy etc) where possible and avoid duplication.
- There is an expressed desire to expand this programme to African based scholars and scientists.

9.2 Doctoral scholarships

Between 5-10 South Africans will be awarded scholarships to embark on their studies at Hasselt University. There are two possible alternatives: 1)

Sandwich or Joint PhDs with a local co-promoter and main promoter at Hasselt University: The scholarship will include a daily allowance and operational funds for a maximum period of twelve months in total (split over four years) in Hasselt University, Belgium. 2) Full time study at Hasselt University: The scholarship will cover living expenses, operational costs and tuition fees for a maximum period of four years in Belgium.

9.3 Extramural Research Units

The SAMRC has grown the diversity of the extramural research units (EMU). In the next five years, the SAMRC aims to increase numbers of EMUs, particularly black and female led EMUs.

9.4 Collaborating Centres for Cancer

Two collaborating centres for cancer have been funded for 3 years. Progress has been made and the 5-year strategic plan should take into account the value of further investment.

9.5 TB/HIV Collaborating Centres

These collaborating centres have been very productive and have formed the basis of the TB report programme and demonstrate the value to a clinical network around diseases. The centres have now been grouped into a TB Report Consortium.

9.6 Collaborating Centre for Digital Health Innovation

The digital health innovation collaborating centre completed its first for 3-year term in 2020. An assessment of the outputs and impact of the centre should be conducted and utilised to determine the merits of additional investment for a second term.

9.7 Request for Application (RFAs) for research priorities identified through the strategic planning process and National Priorities.

The SAMRC will continue to expand its portfolio of funded projects (both research and innovation grants) through the Request for Applications process, which allows for open competition for SAMRC grants. RFAs are designed based on identified research priorities and the availability of funding; and are often linked to partnership agreements signed with strategic funding partners. The RFA for Self-initiated Research grants is run annually for 3-year investigator-initiated projects in research priority areas that are determined annually. RFAs are also utilised, as necessary to identify additional extra-mural research units. The RFA process includes independent peer review and decision making based on scientific merit and other important imperatives such as transformation and equitable distribution of funding by priority area and institution.

9.8 Driving Transformation and Capacity Development.

Both the intramural domain and extramural domain drive processes for achieving this with NDoH and strategic partners like National Research Foundation (NRF), Public Health Enhancement Fund (PHEF), and Department of Higher Education (DHE).

9.9 Funding and Budget Related Issue in key areas of savings and reprioritisation

Support and Administration processes are consistently being reviewed to improve their efficiency and cost effectiveness. Annual operational increases for Support and Administration are also below inflation to ensure maximum funding is allocated to the core business, research. The main aim is to ensure that the SAMRC has divisions that can adequately render professional, cost effective, administrative support to the core business (research) of the SAMRC.

Some funding will be set aside to fund projects to generate leverage funding of at least the equivalent amount from collaboration partners and funders.

In early 2013, the SAMRC and National Institutes of Health, USA (NIH) entered into a Memorandum of Understanding (MOU) with the intent to:

- Establish or expand long-term relations between scientists from South Africa and the United States, in order to perform high-quality biomedical and behavioural health research;
- Build long-term collaborations in biomedical and behavioural health science between the NIH Institutes and South African universities and other institutions; and
- Explore and support consultation, collaboration and research projects and activities in specific fields of mutual interest.

This SAMRC-NIH collaboration continued until the financial year (FY) 2023/2024 and the SAMRC's contribution to this joint initiative for the FY 2023/2024 is equal to R45m. We are now in the final year and there is a plan to set aside R20m for the FY 2024/25 to continue this relationship

We plan to allocate funding to the following projects/areas

- South African Diabetes Prevention Programme
- Student consumables
- Intramural Flagship project(s)
- Information databases
- Self Initiated Research
- Global Forum on Bioethics in Research
- Contribution to International AIDS conference
- TB Report
- Clinical Cancer Centres
- Research Chairs Mental Health and Biostats
- Global Alliance on Chronic Diseases
- Grand Challenges
- Strategic leverage projects
- mRNA Vaccine Hub (leverage funding)
- TIA seed funding (leverage)
- 5 country study
- Strategic leverage programmes (MRC UK and ANRS)
- Possible collaboration with LifeArc (leverage)
- Study support
- Transformation
- Others, as they emerge

10 Programme Resource Considerations

Table 28. Resource consideration

STATEMENT OF FINANCIAL PERFORMANCE	AUDITED OUTCOME	AUDITED OUTCOME	AUDITED OUTCOME	APPROVED BUDGET	
R THOUSAND	2020/21	2021/22	2021/23	2021/24	
REVENUE					
Non-tax revenue	464 270	572 367	665 202	515 385	
Sale of goods and services other than capital assets	431 767	534 672	600 035	466 858	
Other non-tax revenue	32 503	37 695	65 167	48 527	
Transfers received	854 613	851 066	778 854	797 597	
Total revenue	1 318 883	1 423 433	1 444 056	1 312 982	
Expenses					
Current expenses	1 128 190	1 306 405	1 334 675	1 234 699	
Compensation of employees	386 390	436 775	484 064	464 369	
Goods and services	715 094	845 490	824 300	743 435	
Depreciation	26 583	23 936	26 087	26 895	
Interest, dividends and rent on land	123	204	224	-	
Transfers and subsidies	111 475	111 007	101 836	104 161	
TOTAL EXPENSES	1 239 665	1 417 412	1 436 511	1 338 860	
SURPLUS/(DEFICIT)	79 218	6 021	7 545	(25 878)	

The SAMRC has four major funding sources: (a) baseline funding from National Treasury through NDoH to fund the core business of the SAMRC in line with section 3, of the SAMRC Act No 58 of 1991. (b) funding from DSI for health innovation and technology development, in terms of Programme 3 of our SP and APP, (c) Internal (NDoH and DSI)

additional funding and externally leveraged (national and international funders) to supplement funding needed to address research priorities, and (d) external contract funding that SAMRC researchers secure from national and international funders for specific projects in line with the SAMRC mandate.

	AVERAGE GROWTH RATE (%)	EXPENDITURE/TOTAL: AVERAGE (%)	MEDIUM-TERM ESTIMATE			AVERAGE GROWTH RATE (%)	EXPENDITURE/TOTAL: AVERAGE (%)
	2020/21-2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
	3,5%	40,2%	536 857	590 544	592 647	4,8%	39,6%
	2,6%	36,9%	493 542	542 897	542 897	5,2%	36,2%
	14,3%	3,3%	43 315	47 647	49 750	0,8%	3,4%
	-2,3%	59,8%	833 489	870 829	910 725	4,5%	60,4%
	-0,1%	100,0%	1 370 346	1 461 373	1 503 372	4,6%	100,0%
	3,1%	100,0%	1 261 401	1 347 541	1 384 239	3,9%	92,1%
	6,3%	32,6%	494 568	524 244	558 320	6,3%	35,9%
	1,3%	57,6%	737 083	792 162	794 669	2,2%	54,1%
	0,4%	1,9%	29 750	31 135	31 250	5,1%	2,1%
	-100,0%	-	-	-	-	-	-
	-2,2%	7,9%	108 945	113 832	119 133	4,6%	7,9%
	2,6%	100,0%	1 370 346	1 461 373	1 503 372	3,9%	100,0%
	-168,9%		-	-	-	-100,0%	

11 Key Risks which may affect achievement of the outcomes

Table 29. Key risks on outcomes

KEY OUTCOME	KEY RISK CONTEXT	KEY MITIGATION MEASURES
Programme 1: Administer health research effectively and efficiently in South Africa		
<ul style="list-style-type: none"> To ensure good governance, effective administration and compliance with government regulations To promote the organisation's administrative efficiency to maximise the funds available for research 	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"> Policies, guidelines, and manual legislative compliance framework Dedicated legal compliance staff and appointed of Deputy Information Officers
	The risks of delayed support / slow response times by support functions to assist research units in executing the SAMRC mandate	<ul style="list-style-type: none"> Management oversight Online helpdesk services and technology Contracts for major procurement spends Policies, processes, SOPs
	Infrastructure and equipment management and revitalisation of Delft site to mitigate the deterioration and aging buildings and research assets	<ul style="list-style-type: none"> 50 Asset management and verification Capital project refurbishment Preventative maintenance plans Revamping office space
	Cyberthreats and loss of SAMRC research data / intellectual property	<ul style="list-style-type: none"> 10 Firewall protection Management monitoring and oversight Policies, processes, SOPs
Programme 2: Lead the generation of new knowledge		
<ul style="list-style-type: none"> To produce and promote scientific excellence and the reputation of South African health research To provide leadership in the generation of new knowledge in health To provide funding for the conduct of health research 	HSE exposures on premises and community-based research programmes, delays in programmes / project and adverse impact on future funding	<ul style="list-style-type: none"> Dedicated HSE team HSE Management System Emergency Preparedness and Response Procedure
	The risk involves application of inconsistent data management processes; inadequate structured mentorship and onerous new legislative requirements imposed	<ul style="list-style-type: none"> Establish Research Integrity Office Human and animal ethics committees Policies, guidelines and SOPs
	Progression of staff transformation across the organisation at senior research level impacted by various factors, including due to lack of staff turnover, limited budget and scarce skills shortage in medical science	<ul style="list-style-type: none"> EE Strategy and Plan Strengthened Transformation forum with inclusion of the EE and Skills development Committee Appointed designated Transformation Executive and Office Appointment of Intramural Unit Deputy Directors Diversity intervention initiatives and leadership programmes

Table 29. Key risks on outcomes continued

KEY OUTCOME	KEY RISK CONTEXT	KEY MITIGATION MEASURES
<ul style="list-style-type: none"> To produce and promote scientific excellence and the reputation of South African health research To provide leadership in the generation of new knowledge in health To provide funding for the conduct of health research 	Sustained leadership at EMC level	<ul style="list-style-type: none"> Development of defining strategies and continually enhanced to strengthen sustained leadership
	Focusing on current and new emerging / re-emerging epidemics and pandemics. Effect of climate change on health and increased prevalence of NCDs	<ul style="list-style-type: none"> Realigned research focus in place Increase capacity development funding aligned to the 20/21-24/25 Strategic Plan
	Inability to maintain and appropriately diversify incoming funding to generate future funding opportunities Enhance the extent to which the SAMRC can develop funding opportunities in the private sector	<ul style="list-style-type: none"> Dedicated on-going investigation for further local and international funding opportunities in both the private and public sector
Programme 3: Support, through funding and other mechanisms, technology development and implementation, and innovations in health and technology delivery to improve health		
<ul style="list-style-type: none"> To support the development of new or improved innovations aimed at improving health and targeting priority health research areas of focus 	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"> IP and Commercialisation Policy, Strategy and Procedures External partnering to pursue commercialisation opportunities
Programme 4: Build human capacity for the long-term sustainability of South African health research		
<ul style="list-style-type: none"> To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers 	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"> Capacity building strategy for supporting the development of HDI research scientists Scholarship and bursary programs Strategic relations with institutions for collaboration and accessing researchers to build clinical research capacity
	Risk of a poor oversight of the scientific review, i.e. project owners not understanding the science impacting on scientific excellence and innovation	<ul style="list-style-type: none"> Implemented a quality review process for all externally funded projects Scientific advisory committees established
Programme 5: Translate new knowledge into policies and practices to improve health		
<ul style="list-style-type: none"> To facilitate the translation of SAMRC research findings into public understanding, policy and practice 	The risk of funding invested in interventions not progressing into the next phase of development / translation leading to missed opportunity to impact nation's health / sub-optimally designed studies not meeting key stakeholder requirements	<ul style="list-style-type: none"> SAMRC strategic and business plans in place Oversight and leadership support by executive team Ongoing guidance and training on research translation

12 Public Entity Description

Table 30. Entity description

NAME OF THE PUBLIC ENTITY	MANDATE	OUTCOMES	CURRENT ANNUAL BUDGET
South African Medical Research Council	To improve the health of the country's population, through research, development and technology transfer	Refer to sections 7.1 to 7.5 of the strategic plan	R693 562 000 (excl. VAT)

13 Infra-structure Projects

Table 31. Infrastructure projects

NO	PROJECT NAME AND DESCRIPTION	PROGRAMME	OUTPUT	PROJECT START DATE	PROJECT COMPLETION DATE	REQUESTED BUDGET 2023/24
1	Replace air-conditioning in all regions including R1 Assets	Programme 1	Upgrading of airconditioning	Apr-23	Mar-24	1 500 000
2	General Building Refurbishment - Building C	Programme 1	Well maintained buildings	Apr-23	Mar-24	11 400 000
3	Internal renovations & Construction - Ridge Road 4th & 5th Floors	Programme 1	Well maintained buildings	Apr-23	Mar-24	10 000 000
4	New office furniture for renovated area	Programme 1	Well maintained buildings	Apr-23	Mar-24	500 000
5	Minor building works	Programme 1	Well maintained buildings	Apr-23	Mar-24	1 000 000
6	Replacement of R1 assets - Office Furniture	Programme 1	Well maintained buildings	Apr-23	Mar-24	500 000
7	Delft - New Generator	Programme 3	Well maintained buildings	Apr-23	Mar-24	2 250 000
8	Replacement of Fleet Vehicles	Programme 1	Well maintained equipment	Apr-23	Mar-24	1 600 000

Table 30. Entity description continued

NO	PROJECT NAME AND DESCRIPTION	PROGRAMME	OUTPUT	PROJECT START DATE	PROJECT COMPLETION DATE	REQUESTED BUDGET 2023/24
9	Pretoria Lab Refurbishment	Programme 2	Well maintained Laboratory	Apr-23	Mar-24	6 000 000
10	Video Conferencing	Programme 1	Well maintained IT systems	Apr-23	Mar-24	2 100 000
11	Computer Hardware	Programme 1	Well maintained IT systems	Apr-23	Mar-24	5 569 500
12	Datacentre Equipment	Programme 1	Well maintained IT systems	Apr-23	Mar-24	22 000 000

14 Public Private Partnerships

None



PART D:
TECHNICAL INDICATOR
DESCRIPTIONS

PART D: TECHNICAL INDICATOR DESCRIPTIONS

Table 32. Programme 1 – Administration

INDICATOR TITLE	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General
DEFINITION	Audit opinion expressed by auditor general
SOURCE OF DATA	Documented Evidence: Annual Report; Auditor General's Report
METHOD OF CALCULATION/ASSESSMENT	No calculation required
MEANS OF VERIFICATION	Final audit report determines the validity of the performance
ASSUMPTIONS	All records and evidence presented to the Auditors are reliable and valid
CALCULATION TYPE	Non-cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve a clean audit opinion from the Auditor General
INDICATOR RESPONSIBILITY	CFO

INDICATOR TITLE	1.2.1 Percentage of the government allocated SAMRC budget spent on administration
DEFINITION	Percentage of baseline (government) funding/allocated SAMRC budget that is spent on salaries and operations of all corporate administrative functions
SOURCE OF DATA	Documented Evidence: Financial Records
METHOD OF CALCULATION/ASSESSMENT	Count
MEANS OF VERIFICATION	Management reports received from Finance
ASSUMPTIONS	The financial records at the SAMRC are reliable and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Quarterly
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	CFO

Table 33. Programme 2 – Core Research

INDICATOR TITLE	2.1.1 Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded author(s)
DEFINITION	Total number of accredited publications in which one of the authors has a listed affiliation as the SAMRC, usually because the author is an SAMRC intra- or extramural unit, funded through baseline or contract funds. Publications are full length papers, short communications, letters, editorials and commentaries. Publications are regarded as accredited when they are published in ISI-indexed journals.
SOURCE OF DATA	Knowledge & Information Management Services (KIMS)
METHOD OF CALCULATION/ASSESSMENT	Count the number of published journal articles, book chapters and books with an author declaring employment by SAMRC, affiliation to the SAMRC, or funding support from the SAMRC.
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • Submissions received by the due date will be included in the relevant quarter. • Publications are allocated to the specific quarter of the reporting period based on their earliest publication dates. • Each publication shall only be counted once within each indicator but may still be counted in another indicator of this programme, where applicable”. • In cases where the article is published electronically, e.g. e-pub; published ahead of print, and there is a print version of the same article to follow, the earliest date of publication will be considered for counting. • In cases where the researcher is both the author/editor of the book but also published a chapter in a book, it can be counted either as a chapter or a book, and not both. However, the chapter authorship takes precedence
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Quarterly
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO
INDICATOR TITLE	2.1.2 Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC
DEFINITION	Total number of accredited publications that mention SAMRC funding. Publications are full length papers, short communications, letters, editorials and commentaries. Publications are regarded as accredited when they are published in ISI-indexed journals. These publications must mention the SAMRC by name in the acknowledgement section of the journal article. The authors may or may not be affiliated with the SAMRC
SOURCE OF DATA	Knowledge & Information Management Services (KIMS)
METHOD OF CALCULATION/ASSESSMENT	Count the number of published journal articles by SAMRC grant-holders during the reporting period, with an acknowledgement of the SAMRC

Table 33. Programme 2 – Core Research continued

MEANS OF VERIFICATION	<ul style="list-style-type: none"> • Submissions received by the due date will be included in the relevant quarter. • Publications are allocated to the specific quarter of the reporting period based on their earliest publication dates. • Each publication shall only be counted once within each indicator but may still be counted in another indicator of this programme, where applicable. • In cases where the article is published electronically, e.g. e-pub; published ahead of print, and there is a print version of the same article to follow, the earliest date of publication will be considered for counting. • In cases where the researcher is both the author/editor of the book but also published a chapter in a book, it can be counted either as a chapter or a book, and not both. However, the chapter authorship takes precedence
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Quarterly
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO
INDICATOR TITLE	2.2.1 Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC
DEFINITION	Total number of accredited publications. Publications are full length papers, short communications, letters, editorials and commentaries. The first and/or last author has a listed affiliation as the SAMRC, usually because the author is in an SAMRC intra or extramural research units/centres or collaborator, usually (but may not all the time) funded through baseline or contract funds.
SOURCE OF DATA	Knowledge & Information Management Services (KIMS)
METHOD OF CALCULATION/ASSESSMENT	Count the number of published journal articles with the first or last author declaring employment by the SAMRC, affiliation to the SAMRC, or funding support from the SAMRC.
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • Submissions received by the due date will be included in the relevant quarter. • Publications are allocated to the specific quarter of the reporting period based on their earliest publication dates. • Each publication shall only be counted once within each indicator but may still be counted in another indicator of this programme, where applicable”. • In cases where the article is published electronically, e.g. e-pub; published ahead of print, and there is a print version of the same article to follow, the earliest date of publication will be considered for counting. • In cases where the researcher is both the author/editor of the book but also published a chapter in a book, it can be counted either as a chapter or a book, and not both. However, the chapter authorship takes precedence

Table 33. Programme 2 – Core Research continued

ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Quarterly
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO

INDICATOR TITLE	2.3.1 Number of research grants awarded by the SAMRC
DEFINITION	Total number of research grants awarded to academic and/or research institutions by the SAMRC
SOURCE OF DATA	Records from the relevant Directorate/Unit/Platform/Division
METHOD OF CALCULATION/ASSESSMENT	Count the number of research grants awarded by the SAMRC
MEANS OF VERIFICATION	EMC submission and approval; Letter/valid contract of renewal/new award and full information from SIR, GIPD, Office for AIDS, TB and Malaria Research, SAAVI, etc. Validate the source documents to check whether the new/renewal research grant falls within the reporting period
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD

Table 34. Programme 3 – Innovation and Technology

INDICATOR TITLE	3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
DEFINITION	Total number of new 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/additional scopes of work on existing or previously funded projects (i.e. project extensions and expansions).
SOURCE OF DATA	Records from the relevant Directorate/Unit/Platform/Division
METHOD OF CALCULATION/ASSESSMENT	Count the number of new and/or extension/expansion projects approved for funding and contracted that meet the above definition
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • EMC approval (sign off) to fund new and/or extension/expansion projects that meet the above definition during the reporting period • Signed funding agreements with effective dates within the reporting period

Table 34. Programme 3 – Innovation and Technology continued

ASSUMPTIONS	Evidence presented to AGSA is valid and reliable
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD
INDICATOR TITLE	3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
DEFINITION	Total number of projects funded by the SAMRC that are aimed at developing, testing and/or implementing new or improved health solutions that were still in progress within the reporting period. This includes projects that received a funding disbursement during the reporting period and those that did not receive a funding disbursement during the reporting period but continued to be executed using funding previously disbursed by the SAMRC for that purpose.
SOURCE OF DATA	Records from the relevant Directorate/Unit/Platform/Division
METHOD OF CALCULATION/ASSESSMENT	Count of the number of active projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • Active funding (valid) contracts in place • Project progress reports
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD
INDICATOR TITLE	3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation
DEFINITION	New disclosures made to the SAMRC Technology Transfer Office of possible new intellectual property with potential for social and/or economic impact
SOURCE OF DATA	Records from the relevant Directorate/Unit/Platform/Division
METHOD OF CALCULATION/ASSESSMENT	Count the number of invention disclosures forms submitted to the SAMRC TTO
MEANS OF VERIFICATION	New invention disclosures
ASSUMPTIONS	Evidence presented to AGSA is valid and reliable

Table 34. Programme 3 – Innovation and Technology continued

CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD

Table 35. Programme 4 – Capacity Development

INDICATOR TITLE	4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs, and Early and Mid Career Scientists
DEFINITION	Total number of full or partial scholarships/ fellowships and grants funded by the SAMRC for post-graduate study at masters, doctoral, post-doctoral, and Early and Mid Career levels
SOURCE OF DATA	RCD records
METHOD OF CALCULATION/ASSESSMENT	Count the number of scholarships/fellowships/grants funded by the SAMRC to enhance sustainability of health research in South Africa
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • EMC submission and approval (sign off) to indicate the number of scholars funded • Signed contracts and proof of payment • Refer to the RCD SOP
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD

INDICATOR TITLE	4.1.2 Number of awards by the SAMRC to female MSc, PhD, Postdocs and, Early and Mid Career Scientists
DEFINITION	Total number of full or partial awards by the SAMRC to female recipients for post-graduate study at masters, doctoral, post-doctoral, and Early and Mid Career levels
SOURCE OF DATA	RCD records
METHOD OF CALCULATION/ASSESSMENT	Count of the number of grants/scholarships/fellowships awarded to female recipients by the SAMRC
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • EMC submission and approval (sign off) to indicate the number of female scholars funded • Signed contracts and proof of payment • Refer to the RCD SOP
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative

Table 35. Programme 4 – Capacity Development continued

REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD
INDICATOR TITLE	4.1.3 Number of awards by the SAMRC to Black South African citizens and permanent residents MSc, PhD, Postdocs, and Early and Mid Career Scientists classified as African
DEFINITION	Awards by the SAMRC to Black South African citizens and permanent residents for post-graduate study at masters, doctoral, post-doctoral, and Early and Mid Career levels
SOURCE OF DATA	RCD records
METHOD OF CALCULATION/ASSESSMENT	Count of the number of awards to Black South African citizens and permanent resident students receiving SAMRC funding
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • EMC submission and approval (sign off) to indicate the number of scholars funded • Signed contracts and proof of payment • Refer to the RCD SOP
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD
INDICATOR TITLE	4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs, and Early and Mid Career Scientists from historically disadvantaged institutions (HDIs)
DEFINITION	Total number of scholarships/fellowships for students or SAMRC grant holders from previously historically disadvantaged institutions (HDIs) for post-graduate study at masters, doctoral, post-doctoral, and Early and Mid Career levels
SOURCE OF DATA	RCD records
METHOD OF CALCULATION/ASSESSMENT	Count of the number of scholarships/fellowships for students or SAMRC grant holders from previously historically disadvantaged institutions (HDIs)
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • EMC submission and approval (sign off) to indicate the number of scholars funded • Signed valid contracts and proof of payment • Refer to the RCD SOP
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative

Table 35. Programme 4 – Capacity Development continued

REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD
INDICATOR TITLE	4.1.5 Number of MSc and PhD students graduated or completed
DEFINITION	Develop human capital within the organisation to ensure excellence in all areas of operation
SOURCE OF DATA	RCD and Units records
METHOD OF CALCULATION/ASSESSMENT	Count the number of masters and doctoral students graduated or completed
MEANS OF VERIFICATION	Documentary evidence received from the relevant academic institution or copy of certificate from the graduate
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	Executive Director: GIPD

Table 36. Programme 5 – Research Translation

INDICATOR TITLE	5.1.1 Number of local or international policies, reports and guidelines that reference SAMRC research
DEFINITION	Total number of local/international policies, reports and guidelines that have been influenced by SAMRC research
SOURCE OF DATA	Unit records
METHOD OF CALCULATION/ASSESSMENT	Count the number of local/international policies and guidelines that reference SAMRC research
MEANS OF VERIFICATION	<ul style="list-style-type: none"> All outputs must be verifiable for audit purposes. This indicator has external interdependencies hence the KIMS team having to physically search for the outputs where the SAMRC is referenced.
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Bi-annual
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO

Table 36. Programme 5 – Research Translation continued

INDICATOR TITLE	5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers
DEFINITION	Total number of reports and guidelines produced by SAMRC intramural researchers
SOURCE OF DATA	Unit records/Internet search
METHOD OF CALCULATION/ASSESSMENT	Count the number of reports and guidelines produced by authors within the SAMRC intramural research units
MEANS OF VERIFICATION	<ul style="list-style-type: none"> • Publications sourced by the due date will be included in the relevant quarter. • Publications are allocated to the specific quarter of the reporting period based on their earliest publication dates
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Bi-annual
DESIRED PERFORMANCE	To achieve set targets for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO
INDICATOR TITLE	5.1.3 Number of national or international bodies/ committees SAMRC employees serve on
DEFINITION	Total number of SAMRC intramural researchers who have been invited or are serving on national or international bodies or committees
SOURCE OF DATA	Unit records
METHOD OF CALCULATION/ASSESSMENT	Count the number of SAMRC researchers contributing to understanding of research findings, guiding policy and service improvement processes, or influencing research funding, through serving as technical advisors, committee members, giving invited (non-conference) presentations at local, Provincial, National and global levels (UN bodies, including but not limited to WHO, UN Office on Drugs & Crime, and World Bank, major funders)
MEANS OF VERIFICATION	Evidence that the researcher serves on the committee.
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO

Table 36. Programme 5 – Research Translation continued

INDICATOR TITLE	5.1.4 Number of conferences, seminars and continuing development points workshops supported by the SAMRC
DEFINITION	Total number of conferences, seminars, webinars and CPD workshops supported by the SAMRC
SOURCE OF DATA	Unit records
METHOD OF CALCULATION/ASSESSMENT	Count the number of SAMRC seminars and CPD workshops which the SAMRC supported financially
MEANS OF VERIFICATION	Evidence of the conference, seminar, webinar and CPD workshop - can be a poster or announcement
ASSUMPTIONS	The evidence presented to the auditors is reliable, relevant and valid
CALCULATION TYPE	Cumulative
REPORTING CYCLE	Annual
DESIRED PERFORMANCE	To achieve set target for the reporting period
INDICATOR RESPONSIBILITY	President & CEO and CROO



ANNEXURES

Annexure A: Consolidated Indicators

OUTCOME	OUTPUTS	
1.1 To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research	Efficient expenditure of government allocated budget	
2.1 To produce and promote scientific excellence and the reputation of South African health research	Published journal articles, book chapters and books	
	Published journal articles by SAMRC grant-holders	
2.2 To provide leadership in the generation of new knowledge in health	Published journal articles with the first or last author	
2.3 To provide funding for the conduct of health research	Research grants awarded	
3.1 To support the development of new or improved innovations aimed at improving health and targeting priority health research areas of focus	Innovation projects and platforms funded by the SAMRC	
3.2 To develop new or improved innovations aimed at improving health priority research areas of focus	Innovation disclosures made by the SAMRC researchers	
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health researchers	SAMRC bursaries and/or scholarships and/or fellowships provided for MSc, PhD, Postdocs and Early and Mid Career Scientists	
	Female students and/or Early and Mid Career Scientists receiving SAMRC funding	
	African South African citizens and/or permanent residents students receiving SAMRC funding	
	SAMRC scholarships/ fellowships provided for MSc, PhD, Postdocs and Early and Mid Career Scientists at HDIs	
5.1 To facilitate the translation of health research	MSc and PhD students graduated or completed	
	Local or international policies, reports and guidelines that reference SAMRC research	
	Reports and guidelines produced by SAMRC intramural authors	
	SAMRC researchers invited/serving on national and international bodies/committees	
	SAMRC supported conferences, seminars and CPD workshops	

	OUTPUT INDICATOR	2024/25 ANNUAL TARGET
	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General	Clean Audit
	1.2.1 Percentage of the government allocated SAMRC budget spent on administration r-24	20%
	2.1.1 Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	600
	2.1.2 Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC	170
	2.2.1 Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	255
	2.3.1 Number of research grants awarded by the SAMRC	170
	3.1.1 Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	4
	3.1.2 Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	30
	3.2.1 Number of innovation disclosures made by the SAMRC intramural research and innovation	1
	4.1.1 Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early and Mid Career Scientists	130
	4.1.2 Number of awards by the SAMRC to female MSc, PhD, Postdocs and Early and Mid Career Scientists	108
	4.1.3 Number of awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early and Mid Career Scientists classified as African	90
	4.1.4 Number of awards by the SAMRC to MSc, PhD, Postdocs and Early and Mid Career Scientists from historically disadvantaged	83
	4.1.5 Number of MSc and PhD students graduated or completed	50
	5.1.1 Number of local or international policies, reports and guidelines that reference SAMRC research	6
	5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural	9
	5.1.3 Number of national or international bodies/committees SAMRC employees serve on	50
	5.1.4 Number of conferences, seminars and continuing development points workshops supported by the SAMRC	10

Annexure B – SAMRC's Materiality and Significance Framework 2024/25

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

Section 50: Fiduciary duties of accounting authorities:

1) The accounting authority for a public entity must –

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

Section 51: General responsibilities of accounting authorities:

1) An accounting authority for a public entity –

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

Section 54: Information to be submitted by accounting authorities:

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

PFMA SECTION	QUANTITATIVE [AMOUNT]	QUALITATIVE [NATURE]
a) Establishment of a company;	Any proposed establishment of a legal entity.	Full particulars to be disclosed to the Minister of Health for approval and National Treasury for noting
b) Participation in a significant partnership, trust, unincorporated joint venture or similar arrangement;	Qualifying transactions exceeds R15 Million (based on 1% - 2% guidance of total average SAMRC assets, as at 31 March 2023). This includes research collaborative arrangements	
c) Acquisition or disposal of a significant shareholding in a company;	Greater than 20% of shareholding.	
d) Acquisition or disposal of a significant asset;	Qualifying transactions exceeds R15 Million (based on 1% - 2% guidance of total average SAMRC assets, as at 31 March 2023). Including Financial Leases	Any asset that would increase or decrease the overall operational functions of the SAMRC, outside of the approved strategic plan and budget.
e) Commencement or cessation of a significant business activity; and	Any activity not covered by the mandate / core business of the SAMRC and that exceeds the R15 Million transaction value (based on 1% - 2% guidance of total average SAMRC assets, as at 31 March 2023).	Full particulars to be disclosed to the Minister of Health and Minister of Finance (National Treasury) for approval (simultaneous submission).
f) A significant change in the nature or extent of its interest in a significant partnership, trust, unincorporated joint venture or similar arrangement.	Qualifying transactions exceeds R15 Million (based on 1% - 2% guidance of total SAMRC assets, as at 31 March 2023)	

Section 55: Annual report and financial statements:

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

PFMA SECTION	QUANTITATIVE [AMOUNT]	QUALITATIVE [NATURE]
(i) Any material losses through criminal conduct and any irregular expenditure and fruitless and wasteful expenditure that occurred during the financial year:	All instances	<ul style="list-style-type: none"> • Report quarterly to the Minister of Health. • Report annually in the Annual Financial Statements
(ii) Any criminal or disciplinary steps taken as a consequence of such losses or irregular expenditure or fruitless and wasteful expenditure;		
(iii) Any losses recovered or written off;		
(iv) Any financial assistance received from the state and commitments made by the state on its behalf; and		
(v) Any other matters that may be prescribed.	All instances, as prescribed	

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

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

Treasury Circulars and Guidelines related to Supply Chain Management

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

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

ELEMENT RANGE	% TO BE APPLIED AGAINST R VALUE	AUDITED VALUE AT 31 MARCH 2023	CALCULATED MATERIALITY & SIGNIFICANCE VALUE
Total Assets (1%-2%)	1.28%	R1 171 836 882	R15 000 000

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

Annexure C: Acronyms

4IR	4th Industrial Revolution	NSDA	Negotiated Service Delivery Agreement
AIDS	Acquired Immuno Deficiency Syndrome	PhD	Doctor of Philosophy
AU	African Union	PFMA	Public Finance and Management Act
BOD	Burden of Disease	PHEF	Public Health Enhancement Fund
BRIC	Brazil, Russia, India and China	POPI	Protection of Proprietary Information
CANSA	Cancer Association of South Africa	PPIP	Perinatal Problem Identification Programme
CEO	Chief Executive Officer	Prof	Professor
CRA	Comparative Risk Assessment	RFA	Request for Application
CSIR	Council for Scientific and Industrial Research	SACENDU	South African Community Epidemiology Network on Drug Use
DHE	Department of Higher Education	SADC	Southern African Development Community
DR	Doctor	SADHS	South African Demographic Health Survey
EE	Employment Equity	SAMRC	South African Medical Research Council
EMU	Extramural Research Units	SDGs	Sustainable Developments Goals
HIV	Human Immunodeficiency Virus	SETI	Science, Engineering, & Technology Institution
HR	Human Resources	SHIP	Strategic Health Innovation Partnerships
HRMS	Human Resource Management System	SIR	Self-Initiated Research
HSRC	Human Sciences Research Council	SP	Strategic Plan
HVTN	HIV Vaccine Trials Network	TB	Tuberculosis
MDG	Millennium Development Goals	UKMRC	United Kingdom Medical Research Council
MOU	Memorandum of Understanding	UHC	Universal Health Care
Mr	Mister	UN	United Nations
MTEF	Medium Term Expenditure Framework	US	United States
MTSF	Medium-Term Strategic Framework	USA	United States of America
NCD	Non-Communicable Disease	VAT	Value Added Tax
NDoH	National Department of Health	WHO	World Health Organisation
NDP	National Development Plan		
NHI	National Health Insurance		
NHRC	National Health Research Committee		
NHSP	National Health Scholars Programme		
NIH	National Institutes of Health		
NIMS	National Injury & Mortality Surveillance		
NRF	National Research Foundation		



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