



# **SOUTH AFRICAN MEDICAL RESEARCH COUNCIL**

## ANNUAL PERFORMANCE PLAN

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FOR YEARS 2016/2017

## // FOREWORD

The South African Medical Research Council (SAMRC)'s strategic planning is guided by the country's health priorities. South Africa is facing significant health development challenges, in particular, the quadruple burden of disease, mainly Human immunodeficiency virus (HIV) and Acquired immune deficiency syndrome (AIDS) and tuberculosis (TB), Maternal and Child Mortality, Non-communicable Diseases (NCDs) and Violence and Injuries. The global economic recession and socio-political situation have also contributed to the deteriorating quality of life attributed to current significant levels of unemployment, poverty and disease burden in South Africa.



With this Annual Performance Plan 2016/17, the SAMRC continues to cooperate and strengthen relationships with the National Department of Health (NDoH) and health sector partners to facilitate and support the implementation and achievement of Millennium Development Goals (MDGs), National Service Delivery Agreement (NSDA) outcomes and outputs, the National Development Plan (NDP) as well as the NDoH's 10 Point Plan. The SAMRC also continues to play a critical role in engaging and providing technical support to the NDoH in the area of National Health Insurance (NHI) Policy.

The Annual Performance Plan takes into account the recent institutional SAMRC review undertaken in 2014. It is in this context that the SAMRC, together with the support from line Ministry in the NDoH, the Department of Science and Technology (DST), national, regional and international partners and collaborators, will guide and support growth in medical research and technology.

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a series of loops and a long horizontal stroke extending to the right.

**Dr Aaron Motsoaledi**  
Minister of Health

# // OFFICIAL SIGN-OFF

It is hereby certified that this South African Medical Research Council's Annual Performance Plan:

- Was developed by the management of the South African Medical Research Council under the guidance of Professor Glenda Gray and approved by the Board under the guidance of Professor Mike Sathekge, the Chairman of the Board.
- Takes into account all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible.
- Accurately reflects the strategic outcome oriented objectives and performance targets which the South African Medical Research Council will endeavour to achieve over the period 2016-17 as a result of implementing its Strategic Plan 2015/16 – 2019/20.



**PROF GLENDA GRAY**  
President



**MR NICK BUICK**  
Chief Financial Officer



**PROF MIKE SATHEKGE**  
Chairman: SAMRC Board



Approved by:  
**DR AARON MOTSOLEDI, MP**

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## 1. SITUATIONAL ANALYSIS

### 1.1 RESEARCH AND PERFORMANCE AT SAMRC

The research mandate of the SAMRC is guided by the SAMRC Act, the country's health needs and priorities. The SAMRC's research aims to promote the improvement of the health and quality of life of all who live in South Africa. The SAMRC both conducts and funds research that may lead to drug or vaccine discovery, affordable diagnostics and devices that will improve the wellbeing of South Africans. To achieve this, the SAMRC works with the NDoH, the DST, Science Councils, Medical Schools, Universities, Research Institutes and international collaborators.

Coordination and alignment of the SAMRC's research priority areas occurs in the context of the National Burden of Disease. The SAMRC researchers serve on strategic national, regional and international advisory boards, committees and work groups thereby providing input that influences policy changes in areas affecting the health and quality of life of South African citizens. This participation may culminate in the development of service delivery platforms, tools, drugs, vaccines and guidelines for practice which will enable health workers to deliver improved care at all levels of the health system.

Over the years the SAMRC has conducted clinical trials, epidemiological research and surveys that provide vital information that is used by the NDoH and government in general for health planning and assessing progress towards realising government's objectives. Some of these studies are conducted at regular intervals as they form part of internationally accepted surveillance systems such as the demographic and health surveys and include:

- The Burden of Disease Survey (BoD),
- The Comparative Risk Assessment (CRA),
- The Perinatal Problem Identification Programme (PPIP),
- The South African Community Epidemiology Network on Drug Use (SACENDU).

#### THE BOD SURVEY

The BoD Research Unit conducts national BoD studies for South Africa following the Global BoD methodology

to estimate the burden due to premature mortality (years of life lost). The top 20 causes of death and premature mortality were ranked and those contributing the greatest burden can be prioritised for seeking cost effective health interventions.

#### THE CRA

A CRA is a systematic evaluation of the changes in population health which would result from modifying the population distribution of exposure to a particular risk factor or group of risk factors. The SAMRC's BoD research unit details a select group of 17 major risk factors that increase an individual's chances of developing a disease or disability. The South African Comparative Risk Assessment (SACRA) study follows the first South African National Burden of Disease (SA NBoD) study and identifies the underlying causes of premature mortality and morbidity in South Africa. Data from the SA NBoD study infer that the loss of health, and subsequent untimely death, in South Africa is dominated by sexually transmitted infections (STIs) due to unsafe sex and highlighted the urgency of finding ways to prevent the spread of HIV and treatment, care and support to people living with AIDS.

#### THE PPIP

The PPIP is a tool to facilitate perinatal and maternal death audits. Once basic data are entered, extensive data analyses are generated as graphs and print reports. Births, stillbirths and early neonatal deaths are recorded on the national PPIP database from 588 PPIP sites. All levels of care namely, Community Health Centres, District Hospitals, Regional Hospitals, Provincial Tertiary Hospitals and National Central Hospitals are represented. All districts are represented.

#### THE SACENDU

The SACENDU was established in 1996 by the SAMRC and the Department of Psychology, the University of Durban-Westville with funding from the World Health Organization (WHO). SACENDU is a network of South African researchers, practitioners and policy makers. SACENDU members meet every six months to provide community level public health surveillance of alcohol, tobacco and other drug (ATOD) use trends and associated consequences through the presentation and discussion

of quantitative and qualitative research data. Through this initiative, SACENDU provides descriptive information on the nature and pattern of ATOD use, emerging trends, risk factors associated with ATOD use, characteristics of

vulnerable populations, and consequences of ATOD use in South Africa.

This research enables the Department of Health to plan programmes. Findings from these surveillance platforms and results from our clinical and epidemiological research has the potential to be translated into policy and practice.

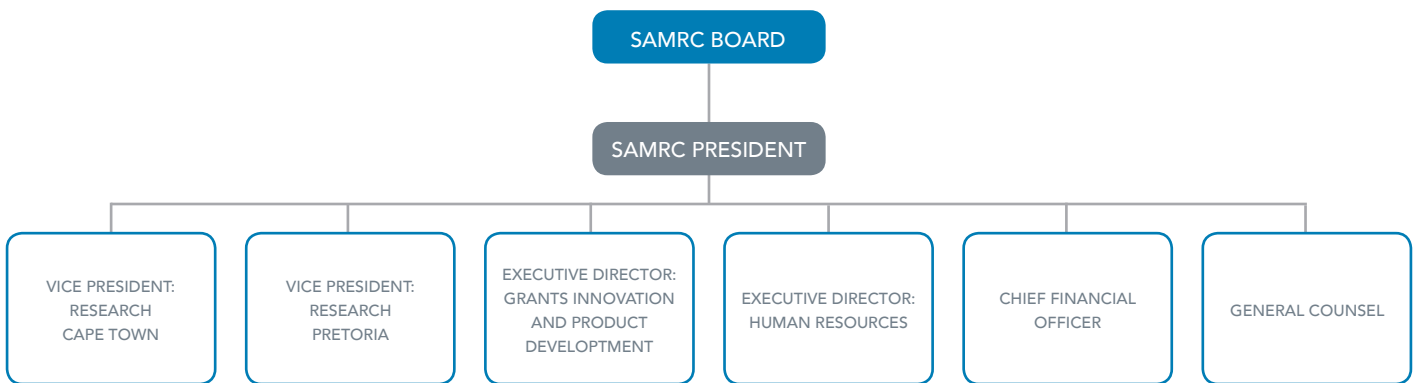
## 1.2 ORGANISATIONAL ENVIRONMENT

### 1.2.1. ORGANISATIONAL STRUCTURE

The SAMRC's President, Professor Glenda Gray, a paediatrician and medical scientist leading the SAMRC for a five year period (2014-2019), is the first woman president of the SAMRC since its inception in 1969. She is a NRF A-rated scientist, of international acclaim who brings vast knowledge and expertise in the field of HIV (mother-to-child transmission, HIV vaccines and microbicides). This is evident by her being awarded the Nelson Mandela Health and Human Rights Award for pioneering work in the field

of mother-to-child transmission of HIV-1. She received an honorary doctorate from Simon Fraser University in 2012. In 2013 she received the country's highest honour, the Order of Mapungubwe, granted by the President of South Africa for achievements in the international arena which have served South Africa's interest as well as the European and Developing Countries Clinical Trials Partnership (EDCTP) recognition award for Outstanding African Scientist. Her leadership will take the organisation to greater heights and sustain the gains made through revitalisation.

**Diagram 1:** The SAMRC organisational structure



### 1.2.2. ORGANISATIONAL FUNCTIONING

Since its inception in 1969, the SAMRC has had numerous laudable achievements and the research conducted or funded by the SAMRC has had a significant impact on public health in South Africa. A review of the organisation by an independent panel of national and international experts in 1997 (the Science, Engineering and Technology Institution (SETI) review) revealed that the SAMRC was a national asset, which is being successfully transformed to discharge its responsibilities and functions.

After the SETI review conducted in 2010, the review panel recommended a significant revamp of the organisation, to position itself to be globally relevant. The SAMRC engaged in a period of revitalisation from 2011-2013. The organisation is now poised to meet its objective of custodian of health research in South Africa. It is also positioned to enhance the stature of South African medical research through world class science that may impact policy and practice aimed to improve



the health of the nation. The SAMRC's Strategic Plan and Annual Performance Plan remain aligned to the new mandate of the reformed health sector and the changing research needs within South Africa, placing the SAMRC in a pivotal position to respond to the MDGs, the NDP 2030 vision and the Medium Term Strategic Framework (MTSF) 2014 – 2019; as well as the NDoH's 10-point plan and NSDA. The recently approved strategic plan encompasses 4 goals with a central feature being high impact world class medical research.

The SAMRC has undertaken several new initiatives during this year:

- The prioritisation and focus of the intramural research will create a new ethos of high quality science and health impact,
- The restructuring process of the intramural units ensures that the focus is on the 10 most common causes of mortality in South Africa,
- The establishment of the Scientific Advisory Committee for strategic oversight,
- Improved funding of intramural units,
- Investigating paediatric mental health,
- The role of traditional healers and western medicine,
- Childhood obesity collaborations with the Canadian Institutes of Health Research (CIHR).

The SAMRC has revamped extramurally funded research in the following ways:

1. Through a Memorandum of Understanding between the National Institutes for Health (NIH) in the United States of America (USA) and the SAMRC, we created a mechanism to foster biomedical research. This joint venture has led to the creation of the USA-South Africa Programme for Collaborative Biomedical Research, funded at approximately \$40m. The intent of this funding agreement is to foster, stimulate, and/or expand basic,

translational, behavioural and applied research that will advance scientific discovery and engage USA and South African researchers working collaboratively in the areas of TB, HIV/AIDS, biomedical and behavioural science, and HIV-related co-morbidities, including malignancies.

2. Funding for extramural research has increased significantly with R45m allocated to 12 South African university flagship projects in 2013/14. This aims to enhance science at our South African universities.
3. New funding streams have been created for technology and research through a new innovation entity: Strategic Health Innovation Partnerships (SHIP). SHIP was created in April 2013 as a funding and project management mechanism based at the SAMRC. Substantial funding of over R480m has been secured for SHIP from various sources including the DST, South African AIDS Vaccine Initiative (SAAVI)/NDoH, the Bill and Melinda Gates Foundation and Anglo-American. SHIP is currently funding the largest malaria and TB drug discovery projects in Africa linking 7 academic institutions on one research project to address Africa's needs. The lead programme is in clinical trials in South Africa. SHIP is also funding a large range of medical device projects focusing on the disease burden of Africa with particular emphasis on maternal and child health interventions, TB point-of-care diagnostics and a diagnostic for early onset of diabetes. SHIP is funding the investigation of vaccine development for both TB and HIV. South Africa is the only African country to design a HIV vaccine which was tested humans in two trials both in South Africa and the USA – this was enabled through SAAVI funding. In addition, SHIP supports trial site development in rural communities.

### **SAMRC Lead Research Platforms**

**The Primate Unit and Delft Animal Centre** is unique in Africa and has been conducting research and pre-clinical toxicology for nearly 30 years. This highly experienced group conducts world class research. The Primate Research Unit and Delft Animal Centre has established a rhesus macaque facility that will be vital in the next few years as SAAVI revives the HIV vaccine candidate development programme for South Africa.

**The Biomedical Research and Innovation Platform** was previously known as the Diabetes Discovery Platform. Apart from focusing on diabetes, this platform conducts research in obesity, cardiovascular disease and cancer. Innovation is fostered to drive new solutions for the prevention, early detection and development of alternative treatment products responding to South Africa's health needs.

**The Malaria Research Office** focuses on malaria transmission and epidemiology and is closely aligned to the drug discovery programmes of the SAMRC. Although malaria is not a major health burden in South Africa, it remains one of the main diseases in Africa accounting for more than 700,000 deaths per year, mostly in children.

Today the SAMRC is in a far better position than it was two years ago. The SAMRC is richer, more focused, and efficient and is better placed to deliver 'a healthy nation through research'. Substantial funds have been allocated by the SAMRC for a variety of existing and new funding mechanisms for health research and development in the country. These funds are being awarded and distributed through various requests for applications (RFAs) during the current and next two years.

**COLLABORATION WITH BRAZIL, RUSSIA, INDIA, CHINA AND SOUTH AFRICA (BRICS) COUNTRIES**

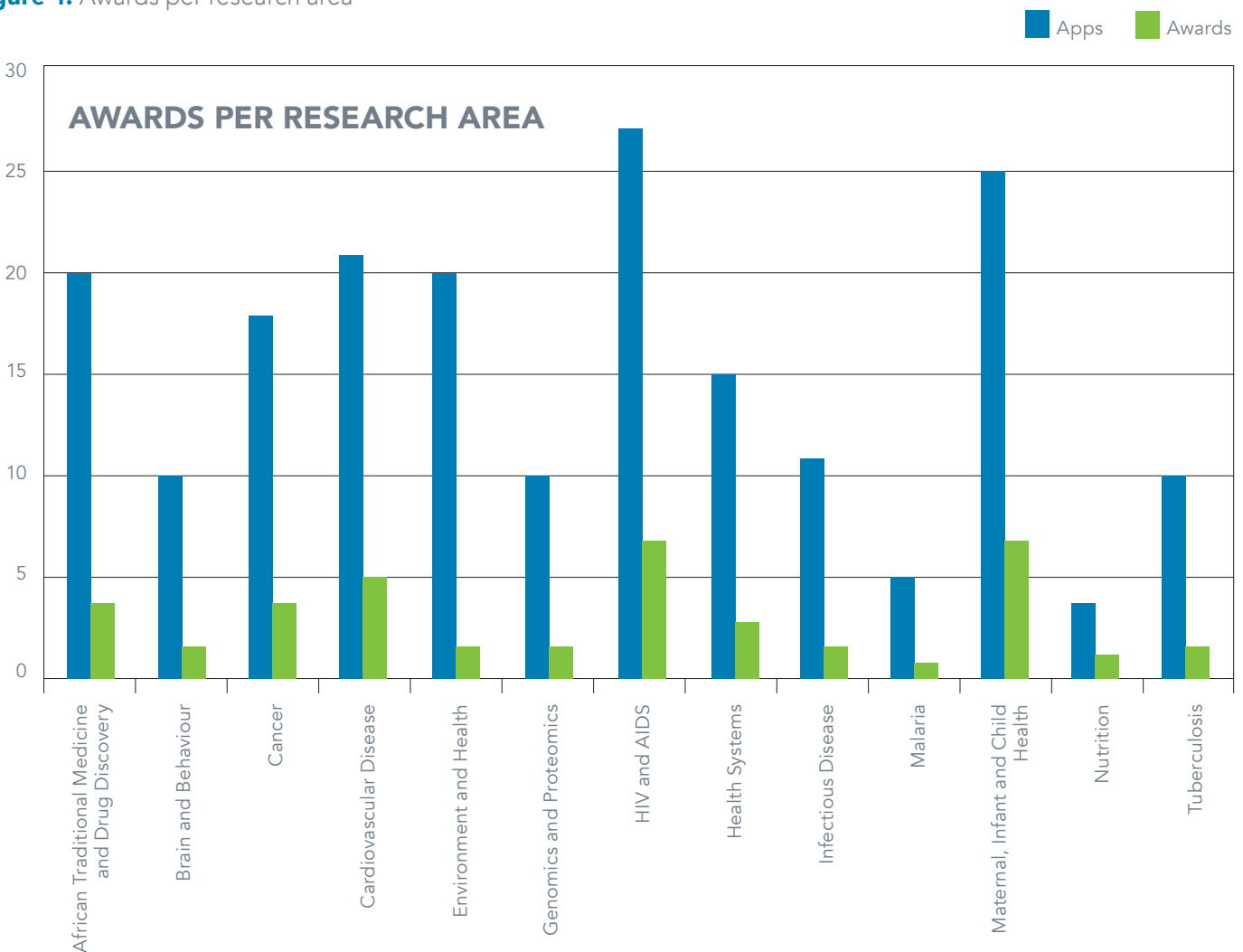
The SAMRC has negotiated, through the CIHR, to develop regional cohorts in childhood obesity along with other BRICS nations. This long-term initiative is co-ordinated by the WHO and aims to build capacity that leads to interventions to reduce childhood obesity regionally and globally. This funding opportunity is part of the Healthy Life Trajectories Initiative (HeLTI), a priority-driven initiative funded through the CIHR's Roadmap Accelerator Fund. The SAMRC is partnering with the CIHR to facilitate South Africa's participation in HeLTI with funding received from the NDoH.

A Cohort Leadership Team from South Africa will evaluate interventions along the continuum of care from pre-conception to pregnancy, infancy and childhood, to reduce the prevalence of obesity, adiposity and metabolic markers indicating risk of future cardiovascular disease, diabetes and other NCDs. Interventions addressing other risk factors for NCDs will be considered in addition to obesity, adiposity and metabolic markers.

**SELF-INITIATED RESEARCH (SIR) GRANTS**

This category of research support by the SAMRC caters for health research applications that propose novel studies initiated by a researcher at a recognised research institution. Awardees qualify for funding amounting to R200,000 per annum for a maximum of 3 years. In 2014/15, R7.5m for 42 new projects and R17.6m for 115 continuation projects were allocated. Researchers from twenty (20) Higher Education Institutions and Research Organisations in South Africa were awarded grants in 2014. Figure 1 depicts the disease areas to which grants were awarded.

**Figure 1:** Awards per research area





## SAMRC EXTRAMURAL RESEARCH UNITS

SAMRC extramural research units are established within research institutions (mainly universities) in South Africa with the primary goal of generating new knowledge (Table 1). 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 fifteen (15) years.

**Table 1:** SAMRC extramural research units

SAMRC research sub-programmes	SAMRC research units	Unit Director	Institution
<b>Health promotion and disease prevention</b>  NSDA 1: Increasing life expectancy	Anxiety and Stress Disorders Research Unit	Prof D Stein	University of Stellenbosch (US)
	Rural Public Health and Health Transition Research Unit	Prof S Tollman	University of the Witwatersrand (Wits)
	Hypertension and Cardiovascular Disease Research Unit	Prof A Schutte	North-West University (NWU)
	Microbial Water Quality Monitoring Research Unit	Prof A Okoh	University of Fort Hare (UFH)
<b>Maternal, child and women's health</b>  NSDA 2: Decreasing maternal and child mortality	Development Pathways Research Unit	Prof S Norris	Wits
	Maternal and Infant Health Care Strategies Research Unit	Prof R Pattinson	University of Pretoria (UP)
	Child and Adolescent Lung Health	Prof H Zar	University of Cape Town (UCT)
<b>HIV, AIDS, TB and other communicable diseases</b>  NSDA 3: Combating HIV and AIDS and decreasing the burden of disease from tuberculosis	Diarrhoeal Pathogens Research Unit	Prof J Mphahlele Prof D Steele	Sefako Makgatho Health Sciences University (SMU)
	Molecular Mycobacteriology Research Unit	Prof V Mizrahi	UCT
	Respiratory and Meningeal Pathogens Research Unit	Prof S Madhi	Chris Hani Baragwanath Hospital
<b>Health systems strengthening</b>  NSDA 4: Strengthening health system effectiveness	Health Policy Research Unit	Prof L Rispel	Wits
	HIV-TB Pathogenesis and Treatment Research Unit	Prof S Abdool-Karim	Centre for the AIDS Programme of Research in South Africa (CAPRISA)
	Health Services to Systems Research Unit	Prof H Schneider	University of the Western Cape (UWC)
<b>Public health innovation</b>	Drug Discovery and Development Research Unit	Prof K Chibale	UCT
	Medical Imaging Research Unit	Prof T Douglas	UCT
	Herbal Drugs Research Unit	Prof A Viljoen	Tshwane University of Technology (TUT)
<b>Biomedical research</b>	Bioinformatics Capacity Development Research Unit	Prof A Christoffels	UWC
	Human Genetics Research Unit	Prof R Ramesar	UCT
	Immunology of Infectious Diseases Research Unit	Prof F Brombacher	UCT
	Inter-University Cape Heart Research Unit	Prof P Zilla	UCT
	Receptor Biology Research Unit	Prof A Katz	UCT
	Stem Cell Research and Therapy Unit	Prof M Pepper	UP
	Antiviral Gene Therapy Research Unit	Prof P Arbuthnot	Wits

## BURSARIES, FELLOWSHIPS AND SCHOLARSHIPS

The SAMRC supports the next generation scientists by engaging in partnerships. These partnerships resulted in the launch of the National Health Scholars Programme which aims to develop young scientists and is proving responsive to national targets of health researcher development, a pivotal and urgent mandate for clinician PhD development (MD/PhDs). In addition to administering the Clinician Researcher Programme for PhD development, the SAMRC is concurrently forging ahead with the Public Health Enhancement Fund to further accelerate the development of MD/PhDs and PhDs in health and allied professions.

The SAMRC also has a robust in-house researcher development programme through its internship programme, creating opportunities for skills transfer and masters and doctoral enrolment in our core research.

The SAMRC understands the importance of growing science and scientists in South Africa demonstrated by the SAMRC President's 2015 initiative of Research Strengthening and Capacity Development Opportunity at Selected South African Universities. In this initiative, the SAMRC is supporting emerging researchers at selected universities who have immense potential, but are resource constrained to enable these scientists to reach their full potential. Further, this initiative will narrow the gap between the selected universities

and established, research intensive universities.

The SAMRC's strategy is aligned to the outputs of the NSDA which are increasing life expectancy; decreasing maternal and child mortality; combating HIV and AIDS and decreasing the burden of diseases from TB; and strengthening health system effectiveness. Funding to masters and doctoral candidates are allocated across these national health priorities.

### 1.2.3. HUMAN RESOURCE MANAGEMENT AND TRANSFORMATION

Appropriate strategic human resource management including training and development are important areas of focus for the SAMRC over the next five years. We aim to undertake meaningful transformation and equitable representation to specifically target management of research units. The SAMRC is concentrating on addressing transformation challenges from Chief Specialist Scientist level up to Unit Director level in relation to the demographic representation. Currently 10% of the employees (57/571) are at Senior Management level. This is constituted as follows: 15.8% (9/57) African; 14% (8/57) Indian; 15.8% (9/57) Coloureds; and 54.4% (31/57) Whites; of which 49.1% (28/57) are male and 50.9% (29/57) female (Table 2). Targets for addressing senior management succession planning will be established after assessment by the Transformation Forum that was formed 2015.

**Table 2:** Senior management demographics

African		Indian		Coloured		White	
9		8		9		31	
15.8%		14.0%		15.8%		54.4%	
Male	Female	Male	Female	Male	Female	Male	Female
6	3	3	5	4	5	15	16
10.5%	5.3%	5.3%	8.7%	7.0%	8.8%	26.3%	28.1%

The SAMRC has a staff complement of 571 of which 40.3% (230/571) are African; 20.5% (117/571) are Indian; 24.5% (139/571) are Coloured; 14.9% (85/571) are White; 71.3% (407/571) are female and 28.7% (164/571) male (Table 3).

**Table 3:** SAMRC employees

Race	Gender	Top Management	Senior Management	Professionally qualified and specialists	Skilled technical and academically qualified	Semi-skilled and discretion decision	Unskilled and defined decision making	Total by gender	Total by race
AFRICAN	MALE	1	6	11	12	20	21	71	230
	FEMALE		3	31	80	38	7	159	
INDIAN	MALE		3	7	12	1	4	27	117
	FEMALE		5	36	42	7		90	
COLOURED	MALE		4	8	19	7	6	44	139
	FEMALE		5	27	46	11	6	95	
WHITE	MALE		15	4	2		1	22	85
	FEMALE	2	16	30	13	2		63	
TOTAL BY LEVEL		3	57	154	226	86	45	571	571

The SAMRC is focusing on transformation including but not limited to race, gender, disability and age. We are developing a transformation plan that shifts the SAMRC from its current state of being under represented by designated groups in key occupational levels to a SAMRC that will be representative of the country's demographics. The process has started with conversations with Unit Directors to agree on transformation (Employment Equity) objectives that will be presented to the Board through its sub-committee for approval. The SAMRC is committed to retaining its designated talent and attracting more scientists from the designated groups through a talent management strategy. By the next reporting cycle, we will demonstrate progress on the SAMRC's transformation.

Succession planning will be applied to achieve continuity and sustainability of the organisation and will be supported by the Accelerated Development Programme which aims to develop scientists, in particular black (general), and African scientists from the Senior Specialist Scientist level to prepare them for future managerial responsibilities. For this programme to be effective, it needs to be coupled to a robust and clearly defined succession plan. Through effective talent management, the SAMRC aims to attract, develop and retain skills to ensure a high level of research productivity to meet its objectives.

The SAMRC Board, through the executive management team, aims to lead and facilitate the implementation of the Human Resource Management Strategy and Plan which will guide the development of skills and competencies in identified areas needed for the alignment and achievement of the NDoH's mandate.

## 2. REVISIONS TO LEGISLATIVE AND OTHER MANDATES

There have been no significant changes to the South African Medical Research Council's legislative and other mandates.

### 2.1 POLICIES AND GOVERNANCE

The SAMRC will engage in a consultation process to review the current SAMRC Act. Proposed amendments will be submitted to the NDoH for further consideration and processing. The strategic focus of the review aims to address significant deficiencies/gaps with respect to governance, management, research funding and other technical areas.

The SAMRC has established a Scientific Advisory Committee of seven international researchers serving a term from 2016 to 2019. The Scientific Advisory Committee will provide scientific strategic input, advise on unit performance management and funding decisions, and review strategic research initiatives.

## 3. OVERVIEW OF 2014/15 BUDGET AND MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) ESTIMATES

### 3.1 FINANCIAL RESOURCE GROWTH, ALLOCATION AND MANAGEMENT (BUDGET ALLOCATION TO PRIORITY AREAS)

The SAMRC's total budget consists of the annual baseline grant and donor funding. Over the period 2012/13 to 2015/16, the total budget of the SAMRC grew at an average rate of 22.6% per annum from R576m to R1,067m. This is an increase of 85.2%.

Over the MTEF period, (2016/17 to 2018/19) the SAMRC's annual budget is projected to contract at an average rate of -3.5% annually. This is a budget decrease of R108m from 2015/16 to 2018/19. The SAMRC's budget will decrease by 3.6% from 2015/16 to 2016/17 due to the reduction in research contract funding in 2016/17. In 2017/18, the SAMRC's annual baseline budget will decrease by 5.2% due to the cut of R50m in the Economic Competitiveness Support Package (ECSP) and in 2018/19 the baseline allocation decreases further by 4.8% mainly due to the cut of R100m in the ECSP.

Over the MTEF, the SAMRC will not receive additional funding, but the budget will decrease by R107m due to the termination of the ECSP in 2017/18 and 2018/19. Throughout the MTEF period, the aim of the SAMRC will be to contain the expenditure of Administration through the implementation of efficiency processes. The budget savings from these efficiency processes will be re-allocated to Innovation and Technology and Capacity Development to increase the investment and outputs in these areas which complement the core business, Core Research.

The budget allocation across strategic objectives is listed in Table 4.

- **Administration** grew at an average rate of 7.9% and the average ratio of Administration versus total expenses is 22.8% over the period 2012/13 to 2015/16.

In 2015/16, it is anticipated that Administration will constitute 18.4% of the total SAMRC expenses. As part of the revitalisation process, the SAMRC started to review processes of Support and Administration with the intention to improve its efficiency and effectiveness. This process is still ongoing and the anticipated outcomes of this review will ensure that Administration will contract at an average rate of -2.5% over the MTEF period whereas the Total Expenses will contract at an average rate of -3.5%. This negative growth will bring down the ratio of Administration versus Total Expenses from 22.8% to 18.5%. This anticipated lower than inflation growth in Administration will allow the SAMRC to allocate more funding resources to the core business (Core Research).

- **Core Research** grew at an average rate of 14.7% over the period 2012/13 to 2015/16 and the average ratio of Core Research versus Total Expenses is 62.9%. Over the MTEF period, these rates will change to -2.6% and 59.2%. The negative growth rate is due to the

termination of the ECSP in 2018/19.

- **Innovation and Technology** grew at an average rate of 203.6% over the period 2012/13 to 2015/16 and the average ratio of Innovation and Technology versus Total Expenses is 11.2%
- Over the MTEF period, these rates will change to -7.8% and 18.2%. The negative growth is due to the termination of the ECSP. The increase in the ratio of Innovation and Technology versus Total Expenses is due to the leverage funding the SAMRC we will receive through baseline investment.
- **Capacity Development** grew at an average rate of 83.2% over the period 2012/13 to 2015/16 and the average ratio of Capacity Development versus Total Expenses is 3.2%. Over the MTEF period these rates will change to -0.3% and 4.1%. The ratio of Capacity Development versus Total Expenses increase over the MTEF to 4.1% due to an increase in investment in research projects at Historically Disadvantaged Institutions (HDIs) and the training of clinical researchers

**Table 4:** Budget allocation across strategic objectives

	Audited Outcome	Audited Outcome	Preliminary Outcome	Revised estimate	Average growth rate (%)	Expenditure/total: Average w(%)	Medium-term estimate			Average growthrate (%)	Expenditure/total: Average (%)
R thousand	2012/13	2013/14	2014/15	2014/15	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
<b>Administration</b>	156,463	175,327	161,011	196,354	7.9%	22.8%	189,680	185,243	181,799	-2.5%	18.5%
<b>Core research</b>	406,011	471,099	444,501	612,782	14.7%	62.9%	618,613	604,879	566,938	-2.6%	59.2%
<b>Innovation and technology</b>	7,752	59,015	112,058	216,896	203.6%	11.2%	181,202	172,364	170,224	-7.8%	18.2%
<b>Capacity and development</b>	6,726	22,311	34,229	41,340	83.2%	3.2%	40,099	44,833	40,980	-0.3%	4.1%
-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expense</b>	<b>576,952</b>	<b>727,752</b>	<b>751,799</b>	<b>1,067,372</b>	<b>22.8%</b>	<b>100.0%</b>	<b>1,029,594</b>	<b>1,007,319</b>	<b>959,941</b>	<b>-3.5%</b>	<b>100.0%</b>

### 3.2 ECSP

The SAMRC received funding from the ECSP as reflected in the Table 5.

**Table 5:** ECSP funding

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
R90m	R100m	R150m	R158m	R100m	R0m
				(reduced by R50m)	(reduced by R100m)

This funding is currently utilised to fund Flagship projects at an annual cost of R74m and leverage funding agreements with institutions in the USA and the United Kingdom (UK).

### **SAMRC FLAGSHIP PROJECTS**

The SAMRC established a new high profile funding opportunity for universities and SAMRC intramural research units to undertake Flagship Projects aimed at addressing South Africa's key health problems. A Flagship Project is an institution's highest impact and most prestigious research project. They are "big ideas, big science for big impact". The launch of Flagship Projects at public universities and SAMRC intramural research units was initiated in April 2012 through RFAs. Six (6) Category 1 Flagship Projects i.e. budgets of R5m, R5.5 and R6m per annum over 3 years, six (6) Category 2 Flagship Projects i.e. budgets of R2.5m, R2.7m and R3m per annum over 3 years were approved for funding at universities. In total, twelve (12) universities were awarded Flagship Projects. Five (5) Category 2 Flagship Projects were approved for SAMRC intramural units. Flagship Project funds may be used for research equipment, infrastructure, students and scientific staff. The research programme areas of these Flagship Projects cover a wide range of diseases including HIV, TB, malaria, BoD, cardiovascular and metabolic disease, alcohol and drug abuse, and women's health; areas of health that present major challenges for South Africa. All projects are currently in progress.

### **LEVERAGE FUNDING AGREEMENTS**

The GPID unit of the SAMRC has entered several leverage funding partnerships:

- The SAMRC has formed the SAMRC/NIH collaboration agreement with R46m per annum (\$4m). With the SAMRC/NIH collaboration agreement, the SAMRC is leveraging \$4m annually from the NIH funding which will provide a total annual funding pool of approximately R92m (\$8m). The initial agreement with the NIH is for 3 years (ending 2016/17) with a possible 2 year extension until 2017/18.
- The Newton Fund Partnership – Non-communicable Diseases is an agreement between the SAMRC, UKMRC and GlaxoSmithKline. The SAMRC will contribute R30m over 3 years whereas the UK partners will contribute approximately R60m. The agreement is for 3 years (ending 2017/18) with the possibility of an extension.

- The Newton Fund Partnership – TB Implementation Science is an agreement between the SAMRC and the UKMRC. The SAMRC will contribute R30m over 3 years whereas the UKMRC will contribute approximately R40m. The agreement is for 3 years (ending 2017/18) with the possibility of an extension.
- The Gates Foundation Vaccine Partnership is an agreement between the SAMRC and the Gates Foundation. The SAMRC will contribute approximately R90m over 3 years whereas the Gates Foundation will contribute approximately R120m. The agreement is for 3 years (ending 2016/17) with the possibility of an extension. For this funding initiative, the SAMRC funding is supplied by the DST.
- The Gates Foundation – SA Grand Challenges is an agreement between the SAMRC and the Gates Foundation that focuses on maternal and child health interventions. The SAMRC will contribute a maximum of R30m over 3 years whereas the Gates Foundation will contribute approximately \$3m. The agreement is for 3 years (ending 2017/18) with the possibility of an extension.

For the SAMRC to sustain these projects and to ensure that projects are completed and results submitted, the SAMRC will require an annual budget allocation of R150m up to and including 2017/18. It is therefore critical that the SAMRC's ECSP funding level is maintained up to and including 2017/18 to at least R150m.

Over the ECSP funding period, several projects will be funded with potentially important and critical outputs. To support these projects, the SAMRC requires additional funding to be made available in 2018/19. At this stage we anticipate a budget allocation of approximately R45m above our annual baseline allocation to sustain world class projects over this 5 year funding initiative.

### 3.3 EXPENDITURE ESTIMATES

**Table 6:** Budget allocation across strategic objectives

Statement of financial performance	2012/13		2013/14		2014/15		2015/16		2012/13-2015/16		2016/17			2017/18			2018/19			2015/16 – 2018/19		
	Budget	Audited Outcome	Budget	Audited Outcome	Budget	Audited Outcome	Budget estimate	Revised estimate	Outcome/Budget Average %	Average growth rate (%)	Expenditure/total: Average (%)	Medium-term estimate	2016/17	2017/18	2018/19	Average growth rate (%)	Expenditure/total: Average (%)	2016/17	2017/18	2018/19	Average growth rate (%)	Expenditure/total: Average (%)
<b>Revenue</b>																						
<b>Tax revenue</b>																						
<b>Non-tax revenue</b>	<b>331,750</b>	<b>282,754</b>	<b>349,135</b>	<b>315,825</b>	<b>308,056</b>	<b>301,701</b>	<b>396,181</b>	<b>413,480</b>	<b>44.7%</b>	<b>13.5%</b>	<b>44.1%</b>	<b>381,154</b>	<b>393,029</b>	<b>415,822</b>		<b>0.2%</b>	<b>39.8%</b>					
Sale of goods and services other than capital assets	305,000	257,569	321,885	287,804	283,006	278,812	356,980	359,221	40.9%	11.7%	39.9%	322,954	330,309	349,469		-0.9%	33.8%					
of which:																						
Administrative fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sales by market establishment	305,000	257,569	321,885	287,804	283,006	278,812	356,980	359,221	40.9%	11.7%	39.9%	322,954	330,309	349,469		-0.9%	33.8%					
Other sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-tax revenue	26,750	25,185	27,250	28,021	25,050	22,889	39,201	54,259	3.8%	29.2%	4.2%	58,200	62,720	66,353		6.9%	6.0%					
<b>INTEREST, DIVIDENDS AND RENT ON LAND</b>	<b>21,550</b>	<b>17,259</b>	<b>22,050</b>	<b>20,262</b>	<b>22,050</b>	<b>19,137</b>	<b>27,300</b>	<b>20,300</b>	<b>3.0%</b>	<b>5.6%</b>	<b>2.6%</b>	<b>22,300</b>	<b>24,300</b>	<b>25,700</b>		<b>8.2%</b>	<b>2.3%</b>					
Transfers received	279,690	249,003	416,460	416,460	460,638	446,331	623,892	623,892	55.3%	35.8%	55.9%	648,440	614,290	544,119		-4.5%	60.2%					
Total revenue	611,440	531,757	765,595	732,285	768,694	748,032	1,020,073	1,037,372	100.0%	25.0%	100.0%	1,029,594	1,007,319	959,941		-2.6%	100.0%					
Expenses																						
Current expenses	634,511	576,952	767,406	676,608	808,694	696,987	958,658	990,754	98.2%	19.7%	94.6%	948,837	931,799	959,941		-1.0%	94.4%					
Compensation of employees	312,087	316,120	330,722	298,099	235,811	277,270	320,148	312,162	38.1%	-0.4%	40.5%	334,638	357,394	378,124		6.6%	34.2%					
Goods and services	309,573	244,503	417,483	356,021	553,358	400,325	619,510	658,192	57.9%	39.1%	51.6%	593,699	553,405	559,599		-5.3%	58.1%					
Depreciation	12,750	16,176	19,100	16,556	19,500	18,022	19,000	20,400	2.2%	8.0%	2.3%	20,500	21,000	22,218		2.9%	2.1%					
Interest, dividends and rent on land	101	153	101	5,932	25	1,370	-	-	0.0%	-100.0%	0.3%	-	-	-		-	-					
<b>INTEREST</b>	<b>101</b>	<b>153</b>	<b>101</b>	<b>5,932</b>	<b>25</b>	<b>1,370</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>	<b>-100.0%</b>	<b>0.3%</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>	<b>-</b>					
Transfers and subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-					
<b>TAX PAYMENT</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,144</b>	<b>-</b>	<b>54,812</b>	<b>75,623</b>	<b>76,618</b>	<b>1.8%</b>	<b>-</b>	<b>5.4%</b>	<b>80,757</b>	<b>75,520</b>	<b>-</b>		<b>-100.0%</b>	<b>5.6%</b>					
Total expenses	634,511	576,952	767,406	727,752	808,694	751,799	1,034,281	1,067,372	100.0%	22.8%	100.0%	1,029,594	1,007,319	959,941		-3.5%	100.0%					
Surplus/(Deficit)	(23,071)	(45,195)	(1,811)	4,533	(40,000)	(3,677)	(14,208)	(30,000)		-12.8%		-	-	-		-100.0%						



### 3.4 RELATING EXPENDITURE TRENDS TO STRATEGIC OUTCOME ORIENTED GOALS

Over the period 2012/13 to 2015/16, the SAMRC's income grew by 95.3% (R506m). This growth is mainly due to our baseline funding increase of 150.2% (R374m) over the same period. Over the MTEF period 2016/17 to 2018/19, the SAMRC's estimated funding will contract by -6.8% (-R70m). This projected negative growth is due to the termination of the ECSP as reflected in the Transfers Received row (Table 6), reduced from R648m in 2016/17 to R544m in 2018/19.

Over the period 2012/13 to 2015/16, the expenditure of the SAMRC increased by 85.2% (R491m). Salaries, one of the SAMRC's greatest expenditure items, reflected a negative average annual growth of -0.4%. This was due to the revitalisation process where non-relevant research units were closed and affected staff transferred to other

institutions. Over the same period, goods and services grew on average at 39.1% annually mainly due to increased funding in collaborative research through the Flagship Project funding and other major collaborations.

Over the MTEF period 2016/17 to 2018/19, the SAMRC's budget expenditure is estimated to decrease by about -6.8% (R70m). Salary expenditure will be the second greatest expense item and will grow at an average annual rate of 6.6% to constitute approximately 34.2% of the average total expenditure over the MTEF. Goods and services, the main expense item, will contract at an average negative annual rate of -5.3% to constitute approximately 58.1% of the average total expenditure over the MTEF. The negative growth is due to the termination of the ECSP programme in 2018/19. The SAMRC plans to have zero deficit budgets over the MTEF period.

## // PART B: PROGRAMME AND SUB-PROGRAMME PLANS

The SAMRC's strategic objectives (n = 9) informs the research agenda and action plans of the organisation for the next 3 years. Implementation will be through the relevant research projects conducted by both intra- and extramural research entities of the SAMRC, as well as through funding of self-initiated projects and capacity development initiatives. The performance plans to achieve the strategic objectives are presented in the next section

clustered into the following two broad programmes:

- Research Programmes,
- Support Programmes.

Table 7 summarises the strategic goals and objectives presented in the SAMRC 2015/16 – 2019/20 Strategic Plan.

**Table 7:** SAMRC's strategic goals and objectives

REVISED GOALS, OBJECTIVES AND INDICATORS	
STRATEGIC GOALS	OBJECTIVES
1. Administer health research effectively and efficiently in South Africa	1.1. To ensure good governance, effective administration and compliance with government regulations
	1.2 To promote the organisation's administrative efficiency to maximise the funds available for research
2. Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health	2.1 To produce and disseminate new scientific findings and knowledge on health
	2.2 To promote scientific excellence and the reputation of South African health research
	2.3 To provide leadership in the generation of new knowledge in health
	2.4 To facilitate the translation of SAMRC research findings into health policies and practices
	2.5 To provide funding for the conduct of health research
3. Support innovation and technology development to improve health	3. To provide funding for health research innovation and technology development
4. Build capacity for the long-term sustainability of the country's health research	4. To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers

A strength of the SAMRC lies in its truly comprehensive, integrated and national health research approach; borne of many years of experience in conducting (intramural) and supporting (extramural) medical research focused on national health priorities. The SAMRC's activities uniquely straddle issues of health, including population health (with specific social science expertise), disease and disease mechanisms (with specific biomedical science expertise) and health systems, settings and policy research, in which the SAMRC plays a unique national role.

### **SUPPORT PROGRAMMES**

The support programmes provide operational services to the organisation and are listed as follows:

### **OFFICE OF THE PRESIDENT**

To lead the development and implementation of the SAMRC's strategy as delegated by the SAMRC Board through providing strategic leadership by organising and mobilising internal resources to achieve the mission of the SAMRC. The following offices operate through the Office of the President:

- Chief of Staff,
- Legal and Compliance Services,
- EMC Secretariat,
- Stakeholder Affairs.

### **RESEARCH DIRECTORATE**

To provide research support by administering, managing and awarding various research grants and bursaries and research internships targeting different levels of researchers within the SAMRC and South African Higher Education Institutions (HEIs). To actively pursue strategic research initiatives to ensure that the organisation's growth meets the needs of the changing health research environment through various initiatives, e.g. the Flagship Projects.

### **FINANCE DIRECTORATE**

To provide an efficient and cost effective financial and operational management support service that ensures that all goods and services are procured within the accountability framework of the Public Finance Management Act (PFMA). The sub-programme services the SAMRC intra- and extramural community, the SAMRC Board and external clients such as funders, HEIs and service providers.

### **HUMAN RESOURCES DEPARTMENT**

To create an enabling environment to attract, recruit, motivate and retain talented individuals in a positive, diverse, healthy and safe work environment.

### **GRANTS, INNOVATION AND PRODUCT DEVELOPMENT (GIPD)**

GIPD co-ordinates the grant funding activities of the SAMRC. These include the SHIP, Newton, Flagship Projects, SIR and Grand Challenges grant funds, through multi-disciplinary and multi-institutional partnerships, the development of new or improved drugs, diagnostics, vaccines, devices, prevention strategies and treatments that address South Africa's major health problems.

## STRATEGIC GOALS IN LINE WITH THE NSDA

The SAMRC has 4 strategic goals that are aligned with the 4 outputs of the health sector NSDA (Tables 8 and 9) which contributes to outcome 2 “A long and healthy life for all South Africans”. The SAMRC’s mandate will be reviewed occasionally and goals will be aligned accordingly.

**Table 8:** Strategic goals in line with the NSDA

<b>STRATEGIC GOAL 01</b>	<b>Administer health research effectively and efficiently in South Africa</b>
<b>GOAL STATEMENT</b>	Strengthening of financial processes towards an unqualified audit opinion from the Auditor General
<b>STRATEGIC OBJECTIVES</b>	1.1 To ensure good governance, effective administration and compliance with government regulations 1.2 To promote the organisation’s administrative efficiency to maximise the funds available for research
<b>OBJECTIVE STATEMENT</b>	To strengthen financial management, monitoring and evaluation
<b>BASELINE (2015-16)</b>	Improved financial management at all levels within the SAMRC and an Unqualified Audit
<b>INDICATOR/S</b>	1.1. Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC 1.2. Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions

<b>STRATEGIC GOAL 02</b>	<b>Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health</b>
<b>GOAL STATEMENT</b>	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through research
<b>STRATEGIC OBJECTIVES</b>	2.1 To produce and disseminate new scientific findings and knowledge on health 2.2 To promote scientific excellence and the reputation of South African health research 2.3 To provide leadership in the generation of new knowledge in health 2.4 To facilitate the translation of SAMRC research findings into health policies and practices 2.5 To provide funding for the conduct of health research
<b>OBJECTIVE STATEMENT</b>	Number of high impact journal articles published during the year to create new quality knowledge through research with expert endorsement from specialists in the field
<b>BASELINE (2015-16)</b>	2.1 450 2.2 115 2.3* 12 2.4 165 2.5 4 2.6 110
<b>INDICATOR/S</b>	2.1 Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period 2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period 2.3 Number of published indexed high impact factor journal articles with a SAMRC affiliated author 2.4 Number of ISI journal articles where the first author is affiliated to the SAMRC during the reporting period 2.5 Number of new policies and guidelines that reference SAMRC research during the reporting period 2.6 Number of research grants awarded by the SAMRC during the reporting period

\* Refer to Annexure A

<b>STRATEGIC GOAL 03</b>	<b>Support innovation and technology development to improve health</b>
<b>GOAL STATEMENT</b>	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through innovation, technology development and transfer
<b>STRATEGIC OBJECTIVES</b>	3. To provide funding for health research innovation and technology development
<b>OBJECTIVE STATEMENT</b>	Number of innovations to promote the improvement of health and quality of life in the country through innovation, technology development and transfer (innovation projects supported, invention disclosures, patents filed and licences concluded) developed in the year
<b>BASELINE (2015-16)</b>	3.1 Thirty (30) innovation and technology developments 3.2 New indicator
<b>INDICATOR/S</b>	3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics 3.2 Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period

<b>STRATEGIC GOAL 04</b>	<b>Build capacity for the long-term sustainability of the country's health research</b>
<b>GOAL STATEMENT</b>	To provide research support in the broad field of health research, describing original research initiated by a researcher at a recognised research institution and creating and maintaining collaborative research initiatives in collaboration with Research programmes. The guiding elements for each initiative/project are: Long-term and sustainable; Focused; Strong corrective action; Private – public arrangements; Africa centric perspective; Innovation; Operationally – best business practices; Technology infrastructure
<b>STRATEGIC OBJECTIVES</b>	4. To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers
<b>OBJECTIVE STATEMENT</b>	Study bursaries/scholarships/fellowships are awarded to students towards a postgraduate degree in health research
<b>BASELINE (2015-16)</b>	4.1 Sixty five (65) bursaries/scholarships/fellowships 4.2 New indicator
<b>INDICATOR/S</b>	4.1 Number of SAMRC bursaries, scholarships and fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels 4.2 Number of masters and doctoral students graduated during the reporting period

**Table 9:** Strategic objectives annual targets for 2015/16 – 2019/20

No	Strategic objective	Performance indicator	Sp target 2015/16 – 2019/20	Actual performance 2015/2016	Estimated performance 2016/2017	Medium-term targets			
						2017/2018	2018/2019	2019/2020	2020/2021
1	To ensure good governance, effective administration and compliance with government regulations	1.1 Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit
		1.2 Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions	20%	25%	20%	20%	20%	20%	20%
		2.1 Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period	3150	450	500	600	650	700	
		2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period	825	115	130	145	160	175	180
2	To promote scientific excellence and the reputation of South African health research	2.3 Number of published indexed high impact factor journal articles with a SAMRC affiliated author	*90	12	14	16	18	20	22
		2.4 Number of ISI journal articles where the first author is affiliated to the SAMRC during the reporting period	1035	165	170	175	180	185	190
		2.5 Number of new policies and guidelines that reference SAMRC research	27	4	4	5	5	5	5
		2.6 Number of research grants awarded by the SAMRC	750	110	120	130	140	150	160
3	To provide funding for health research innovation and technology development	3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics	180	30	30	30	30	30	30
		3.2 Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period	NEW INDICATOR	NEW INDICATOR	2	2	2	2	
4	To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	4.1. Number of SAMRC bursaries, scholarships and fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels	435	65	70	75	80	85	90
		4.2. Number of masters and doctoral students graduated during the reporting period	NEW INDICATOR	NEW INDICATOR	50	55	60	65	70

\* Refer to Annexure A



## 1. PURPOSE

The purpose of the SAMRC is to perform relevant and responsive health research to build a healthy nation. In pursuing this, the organisation also enables capacity development to build a cadre of future researchers to ensure sustainability and research continuity in building a healthy nation.

## 2. STRATEGIC OBJECTIVE ANNUAL TARGETS FOR 2016/17

Table 10 presents the projected performance information emanating from all the sub-programmes within the SAMRC.

## 3. QUARTERLY TARGETS FOR 2016/17

**Table 10:** Quarterly targets

No.	Programme performance indicator	Reporting period 2016/17	FREQUENCY	QUARTERLY TARGETS			
				1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>
1.1	Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC	Unqualified audit	Annual				Unqualified audit
1.2	Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions	20%	Annual				20%
2.1	Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period	500	Quarterly	140	150	90	120
2.2	Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period	130	Quarterly	35	35	25	35
2.3	Number of published indexed high impact factor journal articles with a SAMRC affiliated author	550	Quarterly	130	140	130	150
2.4	Number of ISI journal articles where the first author is affiliated to the SAMRC during the reporting period	170	Quarterly	50	55	30	35
2.5	Number of new policies and guidelines that reference SAMRC research	4	Bi-Annual		2		2
2.6	Number of research grants awarded by the SAMRC	120	Annual				120%
3.1	Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics	30	Annual				30
3.2	Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period	2	Annual				2
4.1	Number of SAMRC bursaries/ scholarships/fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels	70	Annual				70
4.2	Number of masters and doctoral students graduated during the reporting period	50	Annual				50

# // PART C: LINKS TO OTHER PLANS

## 4. LINKS TO LONG-TERM INFRASTRUCTURE AND OTHER CAPITAL PLANS

There are several infrastructural projects and recapitalisation programmes that were not previously highlighted (Table 11). These include but are not limited to safety, security, information technology, buildings,

plant and machinery. The SAMRC proposes to address these projects and programmes by funding through the SAMRC reserves.

**Table 11:** Quarterly targets

No.	Project	Programme	Project description / type of structure	Outputs	Estimated project cost	Project duration		Revised estimate	Medium-term expenditure estimate		
						Start	Finish		2014/15	2015/16	2016/17
<b>1. NEW AND REPLACEMENT ASSETS (R MILLIONS)</b>											
1.1	Voice over internet protocol (VOIP)	Operations/IT	Integration of voice and data into one platform	Using one IT platform	2.2	Apr 2015	Jan 2017	0	1.5	0.45	0.25
1.2	Close circuit camera television (CCTV)	Operations	Additional security measures	Recording of events for security purposes	7.5			0	7.5	-	-
1.3	Generators for regions	Operations	Back-up electricity supply	Continuous electricity supply in case of power failure	1.5	Jul 2015	Feb 2016	0	1.5	-	-
1.4	Fire detection system (particularly for laboratories)	Operations	Installation of fire and smoke detector system	Early warning system in case of fire	4.2	Oct 2014	Feb 2016	1.2	3.0	-	-
1.5	Replacement of air conditioning	Operations	Replace old air conditioners	Better working environment	2.7	Apr 2015	Mar 2016	0	2.7	-	-
1.6	Construct a boundary wall at Delft premises	Operations	Build a boundary wall around Delft premises	Secure environment	7.3	Jan 2016	Mar 2016		7.3		
1.7	Video conferencing	IT			1.9	Apr 2015	Jul 2018	0	0.9	0.5	0.5
1.8	Replace ESX servers	IT	Maintain relevant IT infrastructure	Relevant IT infrastructure to support research	2.4	Apr 2017	Mar 2018				2.4
1.9	Replace current PCs, laptops, printers and other IT related equipment	IT	Replace outdated IT equipment	New technology to support research	18.0	Apr 2015	Mar 2018		6.0	6.0	6.0
1.10	Purchase new laboratory equipment to replace existing equipment	Research Units	Replace outdated laboratory equipment to ensure research of the highest standards	Quality and reliable research outputs	7.9	Jul 2015	Mar 2016		7.9		
<b>Total</b>								<b>1.2</b>	<b>38.3</b>	<b>6.95</b>	<b>9.15</b>
<b>2. MAINTENANCE AND REPAIRS (R MILLIONS)</b>											
<b>Total</b>								-	-	-	

No.	Project	Programme	Project description / type of structure	Outputs	Estimated project cost	Project duration		Revised estimate	Medium-term expenditure estimate		
						Start	Finish		2014/15	2015/16	2016/17
<b>3. UPGRADES AND ADDITIONS (R MILLIONS)</b>											
3.1	Electrical compliance review and repair	Operations	Ensuring compliance of the electricity infrastructure	Electricity infrastructural adherence to regulations	4.0	Jul 2015	Jul 2016	0	3.0	-	
3.2	Renovation of reception areas	Operations	Interior design/ redecoration	Renovations	3.0	Sep 2015	Mar 2016	0	2.0	-	
3.3	Renovation of gate entrances (Medina, Pretoria and Ridge Road)	Operations	Install/ upgrade/ extend shelter and access gate	Restricted access and providing shelter for the security personnel, SAMRC staff and visitors	1.5	Sep 2015	Mar 2016	0	1.5	-	
3.4	Upgrade of electric fencing at various SAMRC buildings	Operations	Upgrade current electric fencing at SAMRC buildings	Secure environment	0.85	Sep 2015	Mar 2016		0.85		
3.5	Upgrade security access control system	IT	Upgrade current access control system	Secure environment	2.3M	Apr 2015	Mar 2016		2.3		
3.6	Replacement of core switches – Cape Town	IT	Maintain IT infrastructure	Reliable IT infrastructure	0.2	Apr 2015	Mar 2016	-	0.2	-	
3.7	General IT maintenance and replacements	IT	Maintain IT infrastructure	Reliable IT infrastructure	10.45	Apr 2015	Jul 2017	0	4.95	3.0	
									2.5		
<b>Total</b>								<b>0</b>	<b>14.8</b>	<b>3.0</b>	
<b>4. REHABILITATION, RENOVATIONS AND REFURBISHMENTS (R MILLIONS)</b>											
4.1	Re-roofing of buildings with existing asbestos roofs and general building maintenance and renovations	Operations	Remove asbestos roof sheets and replace with appropriate roof sheets	Adherence to environmental law related to asbestos	15.0	Apr 2015	Jul 2016	0	14.5	-	-
4.2	Refurbishment of elevators	Operations	Refurbishment of elevators	Safe working environment	3.0	Nov 2015	Mar 2016	0	3.0	-	-
4.3	Repairs, renovation and maintenance of plant and machinery	Operations	Repairs, renovation and maintenance of plant and machinery	Reliable operational equipment	3.5	Apr 2014	Jul 2016	1.0	1.5	1.0	-
<b>Total</b>								<b>1.0</b>	<b>19</b>	<b>1.5</b>	<b>-</b>
<b>GRAND TOTAL</b>								<b>2.2</b>	<b>72.1</b>	<b>12.95</b>	<b>12.15</b>

## ANNEXURE A: STRATEGIC OBJECTIVE ANNUAL TARGETS FOR 2015/16 – 2020/21

**Table 12:** Strategic objective annual targets for 2015/16 – 2020/21

No	Strategic objective	Performance indicator	Sp target 2015/16 – 2019/20	Actual performance 2015/2016	Estimated performance 2016/2017	Medium-term targets				
						2017/2018	2018/2019	2019/2020	2020/2021	
1	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	1.1 Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit
		1.2 Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions	20%	25%	20%	20%	20%	20%	20%	20%
		2.1 Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period	3150	450	500	550	600	650	700	
		2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period	825	115	130	145	160	175	180	
2	To promote scientific excellence and the reputation of South African health research  To provide leadership in the generation new knowledge in health  To facilitate the translation of SAMRC research findings into health policies and practices	2.3 Number of published indexed high impact factor journal articles with a SAMRC affiliated author	*90	12	14	16	18	20	22	
		2.4 Number of ISI journal articles where the first author is affiliated to the SAMRC during the reporting period	1035	165	170	175	180	185	190	
		2.5 Number of new policies and guidelines that reference SAMRC research	27	4	4	5	5	5	5	
		2.6 Number of research grants awarded by the SAMRC	750	110	120	130	140	150	160	
3	To provide funding for health research innovation and technology development	3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics	180	30	30	30	30	30	30	
		3.2 Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period	NEW INDICATOR	NEW INDICATOR	2	2	2	2		
		4.1 Number of SAMRC bursaries, scholarships and fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels	435	65	70	75	80	85	90	
4	To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	4.2 Number of masters and doctoral students graduated during the reporting period	New indicator	New indicator	50	55	60	65	70	

## ANNEXURE B: SAMRC INTRA- AND EXTRAMURAL RESEARCH UNITS' PURPOSE:

INTRAMURAL RESEARCH UNITS	
Unit	Purpose
Burden of Disease Research Unit	To assess and monitor the country's health status and determinants of disease; 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
Biostatistics Research Unit	To advance the health of the nation through the application, development and promotion of statistical methods in the clinical and health research conducted by the SAMRC
Violence, Injury and Peace Research Unit	To improve the population's health status and quality of life through research and advocacy, aimed at promoting safety and peacefulness through the prevention of death, disability and suffering arising from violence and injury
Environment and Health Research Unit	To conduct population-based research on environmental risks to health, with special emphasis on those living in poverty
Gender and Health Research Unit	To improve the health status and quality of life of women through high quality scientific research on gender and health that informs the development of policy, health services and health promotion
Alcohol, Tobacco and Other Drug Research Unit	To generate knowledge and propose policy and other interventions that will lead to a reduction in alcohol, tobacco and other drug use and the associated burden experienced by individuals and society
HIV Prevention Research Unit	To address the challenges of the South African HIV epidemic and associated co-morbidities through a combination of biomedical, epidemiological and behavioural prevention, therapeutic and implementation science research agenda
Centre for TB Research	To run a portfolio of world class TB research ranging from basic to applied which includes projects that are laboratory based, clinic based and involves either selected individuals or local populations. Areas of interest include bacteriology, immunology, genetics, bioinformatics, and clinical trials with national and international collaborators
Non-communicable Diseases Research Unit	To formulate and apply an integrated programme of research and capacity development to improve the prevention, understanding, detection and management of NCDs, with a major focus on cardiovascular disease and metabolic disorders in South Africa
Health Systems Research Unit	To conduct health systems research to develop health systems, improve the organisation, efficiency, effectiveness of health systems, and increase the impact of health systems on population health and well-being and 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
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
EXTRAMURAL RESEARCH UNITS	
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
Immunology of Infectious Disease Research Unit	To be a relevant and comprehensive multi-disciplinary team in a centre of excellence embracing basic and applied research, improving capacity, teaching and training in immunology of infectious diseases with a focus on TB and other important human infectious diseases
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, including 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
Bioinformatics Capacity Development Research Unit	Build bioinformatics capacity in South Africa and across the African continent through research and innovation
Diarrhoeal Pathogens Research Unit	Study viral and microbial agents associated with diarrhoea in infants and young children in southern Africa; Investigate the molecular epidemiology of rotavirus infection in southern Africa with a view to optimising the future implementation of a rotavirus vaccine strategy; Study the molecular pathogenesis of rotavirus infection, using the vast array of clinical material available, as well as detailed molecular analysis of the associated viruses; Support biotechnological developments in the field of anti-diarrhoeal vaccines, which could have a dramatic effect on our population; Promote a public understanding and awareness of diarrhoeal disease, and the importance of research in this area; Develop human capital capacity by training young researchers, equipping them to join the local scientific community
Drug Discovery Research Unit	Establishment of a scientific infrastructure as well as capacity for drug discovery and development in the broad sense; Development of infrastructural and operational systems for new drug discovery and development; Attracting young South African and African scientists thereby contributing to transformation and capacity building; Providing career development opportunities for independent academic and/or research careers
Molecular Mycobacteriology Research Unit	To investigate aspects of the physiology and metabolism of M. tuberculosis of relevance to TB drug discovery, drug resistance, mycobacterial persistence and TB transmission
Rural Public Health and Health Transitions Research Unit	To better understand the dynamics of health, population and social transitions in rural South Africa and southern Africa to mount a more effective public health, public sector and social response
Developmental Pathways for Health Research Unit	To investigate genetic, physiological, psychosocial and lifestyle determinants of growth and development, risk of disease, and healthy ageing across the life course

## ANNEXURE C: DETAILED SAMRC BUDGET

### PROGRAMMES/ACTIVITIES/OBJECTIVES

South African Medical Research Council of South Africa

	Audited Outcome	Audited Outcome	Preliminary Outcome	Revised estimate	Average growth rate (%)	Expenditure/ total: Average w(%)	Medium-term estimate			Average growthrate (%)	Expenditure/ total: Average (%)
R thousand	2012/13	2013/14	2014/15	2014/15	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
<b>Administration</b>	156,463	175,327	161,011	196,354	7.9%	22.8%	189,680	185,243	181,799	-2.5%	18.5%
<b>Core research</b>	406,011	471,099	444,501	612,782	14.7%	62.9%	618,613	604,879	566,938	-2.6%	59.2%
<b>Innovation and technology</b>	7,752	59,015	112,058	216,896	203.6%	11.2%	181,202	172,364	170,224	-7.8%	18.2%
<b>Capacity and development</b>	6,726	22,311	34,229	41,340	83.2%	3.2%	40,099	44,833	40,980	-0.3%	4.1%
-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expense</b>	<b>576,952</b>	<b>727,752</b>	<b>751,799</b>	<b>1,067,372</b>	<b>22.8%</b>	<b>100.0%</b>	<b>1,029,594</b>	<b>1,007,319</b>	<b>959,941</b>	<b>-3.5%</b>	<b>100.0%</b>



## ANNEXURE D: SAMRC's MATERIALITY AND SIGNIFICANCE FRAMEWORK: 2015/16

### SAMRC's MATERIALITY AND SIGNIFICANCE FRAMEWORK: 2015/2016

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]
© 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:

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 and Minister of Finance (National Treasury) for approval (simultaneous submission).
b) participation in a significant partnership, trust, unincorporated joint venture or similar arrangement;	Qualifying transactions exceeds R10m (based on 2% of total average SAMRC assets, as at 31 March 2015). 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 R10m (based on 2% of total average SAMRC assets, as at 31 March 2015) 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.

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
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 R10m transaction value (based on 2% of total average SAMRC assets, as at 31 March 2015).	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 R10m (based on 2% of total SAMRC assets, as at 31 March 2015)	

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:

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

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

National Department of Health and National Treasury are to:

1. be notified of procurement transactions exceeding R10m;
2. be informed of amounts in excess of
  - a. 20% or R20m (including applicable taxes) for construction related orders; and
  - b. 15% or R15m (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 parameters, the SAMRC materiality level calculation outcomes were as follows:

Element	Percentage (%) rand to be applied against R value	Unaudited value at 31 March 2015	Calculated Materiality and Significance Value
Total assets (1-2%)	2%	R471,715,579.00	R9,434,311.58

The SAMRC Materiality and Significant Value will be R10m based on the highest percentage 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 E: VISION, MISSION, VALUES AND STRATEGIC ORIENTED GOALS

## VISION

Building a healthy nation through research and innovation

## MISSION

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

## SAMRC MANDATE

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

## ORGANISATIONAL VALUES

The five key values of the SAMRC and the keywords relating to each value are:

- Excellence and innovation: high quality, original, scientific integrity, peer review
- Relevance: high impact, needs-driven
- Accountability: responsibility, teamwork, leadership, participation
- Respect and communication: dignity, honesty, fairness, integrity, transparency, freedom to challenge
- Capacity development: reward and recognition

## STRATEGIC OUTCOME ORIENTED GOALS IN LINE WITH NSDA

The SAMRC has 4 strategic goals linked to the 4 outputs of the health sector NSDA which contribute to outcome 2 "A long and healthy life for all South Africans". The SAMRC's mandate will be reviewed from time to time and goals will be aligned accordingly.

<b>STRATEGIC GOAL 01</b>	<b>Administer health research effectively and efficiently in South Africa</b>
<b>GOAL STATEMENT</b>	Strengthening of financial processes towards an unqualified audit opinion from the Auditor General
<b>STRATEGIC OBJECTIVES</b>	1.1 To ensure good governance, effective administration and compliance with government regulations 1.2 To promote the organisation's administrative efficiency to maximise the funds available for research
<b>OBJECTIVE STATEMENT</b>	To strengthen financial management, monitoring and evaluation
<b>BASELINE (2015-16)</b>	Improved financial management at all levels within the SAMRC and an Unqualified Audit
<b>INDICATOR/S</b>	1.1. Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC 1.2. Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions

<b>STRATEGIC GOAL 02</b>	<b>Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health</b>
<b>GOAL STATEMENT</b>	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through research
<b>STRATEGIC OBJECTIVES</b>	2.1 To produce and disseminate new scientific findings and knowledge on health 2.2 To promote scientific excellence and the reputation of South African health research 2.3 To provide leadership in the generation of new knowledge in health 2.4 To facilitate the translation of SAMRC research findings into health policies and practices 2.5 To provide funding for the conduct of health research
<b>OBJECTIVE STATEMENT</b>	Number of high impact journal articles published during the year to create new quality knowledge through research with expert endorsement from specialists in the field
<b>BASELINE (2015-16)</b>	2.1 450 2.2 115 2.3 12* 2.4 165 2.5 4 2.6 110
<b>INDICATOR/S</b>	2.1 Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period 2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period 2.3 Number of published indexed high impact factor journal articles with a SAMRC affiliated author 2.4 Number of ISI journal articles where the first author is affiliated to the SAMRC during the reporting period 2.5 Number of new policies and guidelines that reference SAMRC research during the reporting period 2.6 Number of research grants awarded by the SAMRC during the reporting period

<b>STRATEGIC GOAL 03</b>	<b>Support innovation and technology development to improve health</b>
<b>GOAL STATEMENT</b>	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through innovation, technology development and transfer
<b>STRATEGIC OBJECTIVES</b>	3. To provide funding for health research innovation and technology development
<b>OBJECTIVE STATEMENT</b>	Number of innovations to promote the improvement of health and quality of life in the country through innovation, technology development and transfer (innovation projects supported, invention disclosures, patents filed and licences concluded) developed in the year
<b>BASELINE (2015-16)</b>	3.1 Thirty (30) innovation and technology developments 3.2 New indicator
<b>INDICATOR/S</b>	3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics 3.2 Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period

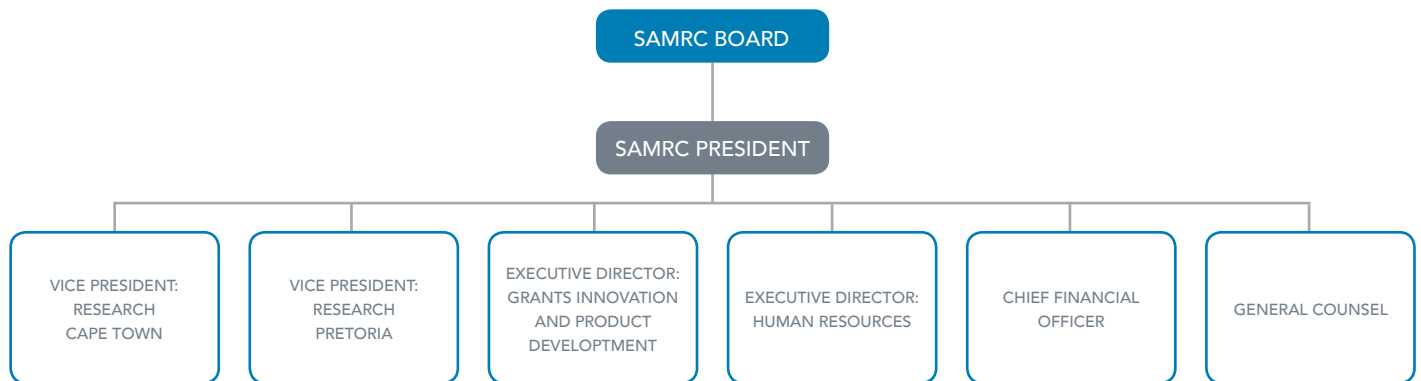
<b>STRATEGIC GOAL 04</b>	<b>Build capacity for the long-term sustainability of the country's health research</b>
<b>GOAL STATEMENT</b>	To provide research support in the broad field of health research, describing original research initiated by a researcher at a recognised research institution and creating and maintaining collaborative research initiatives in collaboration with Research programmes. The guiding elements for each initiative/project are: Long-term and sustainable; Focused; Strong corrective action; Private – public arrangements; Africa centric perspective; Innovation; Operationally – best business practices; Technology infrastructure
<b>STRATEGIC OBJECTIVES</b>	4. To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers
<b>OBJECTIVE STATEMENT</b>	Study bursaries/scholarships/fellowships are awarded to students towards a postgraduate degree in health research
<b>BASELINE (2015-16)</b>	4.1 Sixty five (65) bursaries/scholarships/fellowships 4.2 New indicator
<b>INDICATOR/S</b>	4.1 Number of SAMRC bursaries, scholarships and fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels 4.2 Number of masters and doctoral students graduated during the reporting period



## ANNEXURE F: ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired immune deficiency syndrome	<b>PhD</b>	Doctor of Philosophy
<b>ATOD</b>	Alcohol, Tobacco and Other Drug	<b>PPIP</b>	Perinatal Problem Identification Programme
<b>BoD</b>	Burden of Disease	<b>RFA</b>	Requests for applications
<b>BRICS</b>	Brazil, Russia, India, China and South Africa	<b>SAAVI</b>	South African AIDS Vaccine Initiative
<b>CAPRISA</b>	Centre for the AIDS Programme of Research in South Africa	<b>SACENDU</b>	South African Community Epidemiology Network on Drug Use
<b>CEO</b>	Chief Executive Officer	<b>SACRA</b>	South African Comparative Risk Assessment
<b>CFO</b>	Chief Financial Officer	<b>SAMRC</b>	South African Medical Research Council
<b>CIHR</b>	Canadian Institutes of Health Research	<b>SA NBoD</b>	South African National Burden of Disease
<b>CRA</b>	Comparative risk assessment	<b>SETI</b>	Science, Engineering and Technology Institution
<b>DST</b>	Department of Science and Technology	<b>SHIP</b>	Strategic Health Innovation Partnerships
<b>ECSP</b>	Economic Competitiveness Support Package	<b>SIR</b>	Self-Initiated Research
<b>EDCTP</b>	European and Developing Countries Clinical Trials Partnership	<b>SMU</b>	Sefako Makgatho Health Sciences University
<b>GPID</b>	Grants, Innovation and Product Development	<b>SP</b>	Strategic Plan
<b>HDI</b>	Historically Disadvantaged Institutions	<b>STIs</b>	Sexually Transmitted Infections
<b>HEI</b>	Higher Education Institutions	<b>TB</b>	Tuberculosis
<b>HeLTI</b>	Healthy Life Trajectories Initiative	<b>TUT</b>	Tshwane University of Technology
<b>HIV</b>	Human immunodeficiency virus	<b>UCT</b>	University of Cape Town
<b>MDGs</b>	Millennium Development Goal	<b>UFH</b>	University of Fort Hare
<b>MSTF</b>	Medium Term Strategic Framework	<b>UK</b>	United Kingdom
<b>MTEF</b>	Medium Term Expenditure Framework	<b>UKMRC</b>	United Kingdom Medical Research Council
<b>NCD</b>	Non-Communicable Disease	<b>UP</b>	University of Pretoria
<b>NDoH</b>	National Department of Health	<b>US</b>	University of Stellenbosch
<b>NDP</b>	National Development Plan	<b>USA</b>	United States of America
<b>NHI</b>	National Health Insurance	<b>UWC</b>	University of the Western Cape
<b>NIH</b>	National Institutes of Health	<b>WHO</b>	World Health Organization
<b>NSDA</b>	Negotiated Service Delivery Agreement	<b>WITS</b>	University of the Witwatersrand
<b>NWU</b>	North-West University		
<b>PFMA</b>	Public Finance Management Act		

## ADDENDUM 1 TO STRATEGIC PLAN THE SAMRC ORGANISATIONAL STRUCTURE



# ADDENDUM 2 TO STRATEGIC PLAN

## SAMRC EXPENDITURE ESTIMATES

Statement of financial performance	2012/13		2013/14		2014/15		2015/16		2012/13-2015/16		2016/17		2017/18		2018/19		2015/16 – 2018/19	
	Budget	Audited Outcome	Budget	Audited Outcome	Budget	Audited Outcome	Budget estimate	Revised estimate	Outcome/Budget Average %	Average growth rate (%)	Expenditure/total: Average (%)	Medium-term estimate	2016/17	2017/18	2018/19	Average growth rate (%)	Expenditure/total: Average (%)	
<b>Revenue</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Tax revenue</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-tax revenue</b>	<b>331,750</b>	<b>282,754</b>	<b>349,135</b>	<b>315,825</b>	<b>308,056</b>	<b>301,701</b>	<b>413,480</b>	<b>396,181</b>	<b>44.7%</b>	<b>13.5%</b>	<b>44.1%</b>	<b>381,154</b>	<b>393,029</b>	<b>415,822</b>	<b>0.2%</b>	<b>39.8%</b>		
Sale of goods and services other than capital assets	305,000	257,569	321,885	287,804	283,006	278,812	359,221	356,980	40.9%	11.7%	39.9%	322,954	330,309	349,469	-0.9%	33.8%		
of which:									-									
Administrative fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sales by market establishment	305,000	257,569	321,885	287,804	283,006	278,812	359,221	356,980	40.9%	11.7%	39.9%	322,954	330,309	349,469	-0.9%	33.8%		
Other sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other non-tax revenue	26,750	25,185	27,250	28,021	25,050	22,889	54,259	39,201	3.8%	29.2%	4.2%	58,200	62,720	66,353	6.9%	6.0%		
<b>INTEREST, DIVIDENDS AND RENT ON LAND</b>	<b>21,550</b>	<b>17,259</b>	<b>22,050</b>	<b>20,262</b>	<b>22,050</b>	<b>19,137</b>	<b>20,300</b>	<b>27,300</b>	<b>3.0%</b>	<b>5.6%</b>	<b>2.6%</b>	<b>22,300</b>	<b>24,300</b>	<b>25,700</b>	<b>8.2%</b>	<b>2.3%</b>		
Transfers received	279,690	249,003	416,460	416,460	460,638	446,331	623,892	623,892	55.3%	35.8%	55.9%	648,440	614,290	544,119	-4.5%	60.2%		
Total revenue	611,440	531,757	765,595	732,285	768,694	748,032	1,037,372	1,020,073	100.0%	25.0%	100.0%	1,029,594	1,007,319	959,941	-2.6%	100.0%		
Expenses																		
Current expenses	634,511	576,952	767,406	676,608	808,694	696,987	990,754	958,658	98.2%	19.7%	94.6%	948,837	931,799	959,941	-1.0%	94.4%		
Compensation of employees	312,087	316,120	330,722	298,099	235,811	277,270	312,162	320,148	38.1%	-0.4%	40.5%	334,638	357,394	378,124	6.6%	34.2%		
Goods and services	309,573	244,503	417,483	356,021	553,358	400,325	658,192	619,510	57.9%	39.1%	51.6%	593,699	553,405	559,599	-5.3%	58.1%		
Depreciation	12,750	16,176	19,100	16,556	19,500	18,022	20,400	19,000	2.2%	8.0%	2.3%	20,500	21,000	22,218	2.9%	2.1%		
Interest, dividends and rent on land	101	153	101	5,932	25	1,370	-	-	0.0%	-100.0%	0.3%	-	-	-	-	-	-	
<b>INTEREST</b>	<b>101</b>	<b>153</b>	<b>101</b>	<b>5,932</b>	<b>25</b>	<b>1,370</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>	<b>-100.0%</b>	<b>0.3%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Transfers and subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>TAX PAYMENT</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,144</b>	<b>-</b>	<b>54,812</b>	<b>76,618</b>	<b>75,623</b>	<b>1.8%</b>	<b>-</b>	<b>5.4%</b>	<b>80,757</b>	<b>75,520</b>	<b>-</b>	<b>-100.0%</b>	<b>5.6%</b>		
Total expenses	634,511	576,952	767,406	727,752	808,694	751,799	1,067,372	1,034,281	100.0%	22.8%	100.0%	1,029,594	1,007,319	959,941	-3.5%	100.0%		
Surplus/(Deficit)	(23,071)	(45,195)	(1,811)	4,533	(40,000)	(3,767)	(30,000)	(14,208)	-12.8%	-12.8%	-100.0%	-	-	-	-100.0%	-		

## **ADDENDUM 3: REFERENCES**

Academy of Science for South Africa (2009). Consensus report of revitalising clinical research in South Africa: A study on clinical research and related training in South Africa. Pretoria: Academy of Science for South Africa.

Lancet Series on Health in South Africa (2009).

Negotiated Delivery Agreement for Outcome 2: A long and healthy life for all South Africans.

National Treasury (2010). The framework for Strategic Plans and Annual Performance Plans. Pretoria: National Treasury

Revitalising the SAMRC – Current state of the organisation and a proposal for the way forward. July 2012

South Africa's Constitution (Act No.108 of 1996)

The SAMRC Act (No. 58 of 1991)

The National Health Act (No. 61 of 2003)

The Public Finance Management (Act No.1 of 1999) (as amended)

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