



**South African Medical Research Council  
(SAMRC)**

**ANNUAL PERFORMANCE PLAN**

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**For 2018/2019**

**Date of Tabling:**

**March 2018**

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## FOREWORD

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The Annual Performance Plan (APP) of the South African Medical Research Council (SAMRC) for the financial year 2018/19 is aligned to the new mandate of the reformed health sector and South Africa's changing health research needs and further positions the SAMRC to respond to the Sustainable Development Goals (SDGs), the National Development Plan (NDP): Vision 2030 and the Medium Term Strategic Framework (MTSF) (2014 – 2019).

I am encouraged by the SAMRC's commitment to ensuring that the entity remains positioned as the premier medical research organisation through this plan and the 5-year Strategic Plan. The research agenda addresses the quadruple burden of disease, linked to both social determinants

of health and the structural issues in health systems, by conducting, funding and promoting innovative and cutting-edge medical science that encompasses research and development, public health (epidemiology and health economics) and healthcare ethics.

The SAMRC continues to contribute and influence the NDoH's healthcare strategy and remains committed to extend its role in engaging and providing technical support to the NDoH for the implementation of the National Health Insurance (NHI) Policy.

I thank the Board, the President and staff of the SAMRC for the development of this APP and wish them success in the execution of this plan.

**Dr Aaron Motsoaledi, MP**  
**Executive Authority, Minister of Health**

## OFFICIAL SIGN OFF

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It is hereby certified that this South African Medical Research Council's 2018/19 Annual Performance Plan:

- was developed by the management of the South African Medical Research Council under the guidance of its President, Professor Glenda Gray and approved by members of the SAMRC Board under the guidance of its Chairman, Professor Mike Sathekge.
- considers all the relevant policies, legislation, and other mandates for which the South African Medical Research Council is responsible and accountable.
- accurately reflects the 2018/19 strategic outcome oriented objectives and performance targets which the South African Medical Research Council will endeavour to achieve over the period 2018-19 by implementing its 5-year Strategic Plan 2015/16 – 2019/20.



**Mr Nick Buick**  
Chief Financial Officer (CFO)

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**Signature**



**Prof Glenda Gray**  
President

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**Signature**



**Prof Machaba (Mike) Sathekge**  
Board Chairperson

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**Signature**



**Approved by: Dr Aaron Motsoaledi, MP  
Executive Authority**

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**Signature**

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PART A  
**STRATEGIC OVERVIEW**



# PART A: STRATEGIC OVERVIEW

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## I. Situational Analysis

### I.1 The SAMRC's Research and Performance

The SAMRC's strategy is guided by the amended SAMRC Act (No. 58 of 1991) and the country's health priorities defined by the quadruple burden of disease and top ten causes of mortality and encompasses the social determinants of health and structural issues embedded in health systems.

The SAMRC continues to cooperate, collaborate and strengthen relationships with the NDoH to formulate facilitate, implement and support a research agenda that leads to the successful achievement of the SDGs and the NDP. The SAMRC is thus committed to continue playing a critical role in engaging and providing scientific and technical support to the NDoH in its endeavour to attain universal health coverage and be responsive to the health needs of South Africans.

The SAMRC's nine strategic objectives (derived from the four goals) inform the research agenda and action plans of the council until 2019/20. The implementation of its research agenda will be realised through relevant research projects conducted by both intra- and extramural research units, centres and offices of the SAMRC, as well as through funding of self-initiated projects, Request for Applications (RFAs) and capacity development initiatives.

The SAMRC's research aims, as outlined in this APP, are thus to promote the improvement of the health and quality of life of all who live in South Africa. To fulfil the mandate as defined by the SAMRC Act, the SAMRC both conducts and funds health research that may lead to new health policies or interventions, drug or vaccine discovery, affordable diagnostics and devices that will improve the wellbeing of South Africans. To achieve this, the SAMRC works closely with strategic health partners including the NDoH, the Department of Science and Technology (DST), science councils, medical schools, universities, research institutes and international collaborators.

The SAMRC funds Intramural and Extramural Research Units, Research Centres: HIV/TB, Cancer, and Malaria; and is the major African funder of research and innovation. All SAMRC Extramural Research Units are founded on scientific excellence and leadership by an internationally recognised researcher and a research team that is mandated to contribute towards National System of Innovation (NSI) indicators and developing the next generation of research leaders. The units are established within research institutions which are primarily South African universities and their goal is to generate new knowledge in strategic areas that are pertinent for the South African context. For the SAMRC Extramural Research Units, our financial support is approved in rolling 5-year cycles, based on satisfactory scientific productivity and other performance indicators, usually up to fifteen (15) years.

The SAMRC's strength is its truly comprehensive, integrated and national health research approach; borne of decades of experience in conducting (intramural) and supporting (extramural) health research focused on South Africa's 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 prevention and policy research, in which the SAMRC plays a unique and crucial national role as the champion and custodian of South African medical and health research.

Notably, the coordination and alignment of the SAMRC's research priority areas occurs in the context of the National Burden of Disease. SAMRC representatives serve on strategic national, regional and international advisory boards, committees and work groups thereby providing inputs that influences policy changes in areas affecting the health and quality of life of South African citizens and beyond. This participation may culminate in the development of service delivery platforms, tools, drugs, vaccines, prevention interventions 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 and funded clinical trials, epidemiological research and surveys that provide vital information that is used by the NDoH and government in general for introducing highly efficacious health interventions such as rotavirus and pneumococcal vaccines for children to impact on child morbidity and mortality, health planning and assessing progress towards realising government's objectives. Some of these studies are conducted frequently as they form part of internationally accepted surveillance systems such as the demographic and health surveys and include the:

- South African Demographic and Health Surveys;
- Evaluation of health information systems for National Health Insurance;
- The implementation of a national TB prevalence survey in 2017;
- Rural Cancer Registry;
- Support of the National Cancer Registry,
- Second National Survey of Female and Child Homicide.

### 2016 South Africa Demographic and Health Survey (SADHS)

SADHS 2016, which was conducted by the SAMRC, together with the National Department of Health (NDoH) and Statistics South Africa (STATS SA) in 2016, focussed, on maternal and child health care, reproductive health services, gender based violence as well as establish the burden of NCDs in RSA.

This National household survey targeted 15,000 randomly selected households in 750 clusters across all provinces. Face-to face interviews were held with adults who live in the selected households (CAPI using tablets). Half the households - trained biomarkers (nurses) measured height, weight and waste circumference and blood pressure, tested for anaemia and collected dry blood spots to test HIV and HbA1c from adults whereas in the other half of the households only women were interviewed and salt collected from a subset to test for iodine content.

The SADHS 2016 essentially also included questions on respondents' sexual partners during the 12 months preceding the survey and during their lifetime. Information was also collected on use of condoms at respondents' last sexual intercourse. Among adults age 15-49 years, 17% of men and 5% of women reported having two or more sexual partners in the past 12



months. Inadequate condom use was reported during high-risk sex: 58% of women and 65% of men who had multiple partners in the past year report that they used a condom during their last sexual intercourse. In terms of the national effort to promote HIV testing, 59% of women and 45% of men age 15-49 report that they were tested for HIV and received their result in the past 12 months, indicating gaps in the coverage of this important initiative.

In terms of adult health, high rates of smoking and alcohol use were observed among South African men. Thirty percent of men smoke tobacco daily, and risky drinking, involving drinking 5 or more standard measures of alcohol on a single occasion within the last 30 days, was reported by 28% of men. The prevalence of hypertension, overweight, and obesity appears to have increased since 1998. Based on the body mass index (BMI) score, 68% of women and 31% of men are overweight or obese. Of major concern is the high prevalence of severe obesity among South Africa women; one in five women has a BMI  $\geq 35.0$ , placing her in the severely obese category. Forty-six percent of women and 44% of men are hypertensive based on their systolic blood pressure being above 140mmHg, their diastolic blood pressure being above 90 mmHg or taking antihypertensive medication. Population wide interventions such as the sugar tax, salt regulations and limiting hours of selling alcohol are important approaches to reduce these risk factors as well as strengthening primary health care with community based outreach.

The SADHS included questions about domestic violence against women 18 years and older and found that South Africa still has a long way to go to eradicate violence against women. Twenty-one percent of ever-partnered women reported that they had ever experienced physical violence by a partner, while 8% reported that they experienced physical violence in the past 12 months. Furthermore, 6% of ever-partnered women reported that they ever experienced sexual violence by a partner, and 2% experienced sexual violence in the past 12 months. These data will be investigated further for the full report.

This research enables the Department of Health to plan relevant or responsive initiatives. Findings from these surveillance platforms and results from this clinical and epidemiological research has the potential to be translated into policy and practice.

Since 2016/17 the SAMRC) has committed to reviving an HIV Vaccine Research Unit at the Nelson Mandela Academic Clinic Research Unit affiliated to the Walter Sisulu University (WSU) together with the NIH funded HIV Vaccine Trials Network (HVTN) to support the development of clinical trial capacity in rural areas. This investment is aimed at improving clinical research capacity and will see the new unit (Nelson Mandela Academic Clinic Research Unit) at the Nelson Mandela University (NMU) join the (HVTN) in conducting HIV vaccine trials in the Eastern Cape.

The SAMRC has committed a total of R14.5m in funds for capacity development at WSU, R5.6m of which is directed to HIV research, while R2.6m will be allocated to the re-development of an HIV vaccine trial site in Mthatha and R3m to be directed to determining HIV incidence in trauma units in hospitals and clinics in the Eastern Cape.

The SAMRC is strategically involved in the execution of critical phase 2b/3 HIV vaccine trials that will address different strategies to find an effective HIV vaccine. The SAMRC president, Glenda Gray, will lead two of these critical studies namely HVTN 702 and HVTN 705.

## 1.2 Organisational Environment

### 1.2.1 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 SAMRC is legislated in terms of the amended South African Medical Research Council Act No. 58 of 1991 which stipulates that: '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'.

#### Organisational values

The SAMRC's three values are:

- PIONEERING – we push the boundaries between the known and the unknown to further our knowledge of human existence.
- COLLABORATIVE – we celebrate the capacity of collective minds toward achieving a common goal.
- EXCELLENCE – we strive for distinction in everything we do.

### 1.2.2 Our Strategic Outcome Oriented Goals

The SAMRC has 4 strategic goals that are aligned with the SAMRC's four budget programmes, Sustainable Development Goals (SDG), National Development Plan (NDP) 2030 (Tables 1 - 4) and contributes to the strategic objectives of the National Department of Health.

Table 1: Goal 1

Goal 01	Administer health research effectively and efficiently in South Africa
Goal Statement	Strengthening of financial processes towards a clean audit opinion from the Auditor General
Indicator	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 2018/19 SAMRC total budget spent on salaries and operations of all corporate administrative functions

**Table 2: Goal 2**

Goal 02	Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health
Goal Statement	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through research
Indicator	<p>2.1 Number of published journal articles, book chapters and books by SAMRC researchers within intramural, extramural research units and collaborating centres at the SAMRC (Malaria, TB, HIV and Cancer), Self-Initiated Research, SHIP and Flagship projects</p> <p>2.2 Number of journal articles published by SAMRC grant-holders with acknowledgement of SAMRC support during the reporting period</p> <p>2.3 Number of published indexed impact factor journal articles with a SAMRC affiliated author</p> <p>2.4 Number of journal articles where the first and/or last author is affiliated to the SAMRC during the reporting period</p> <p>2.5 Number of policies and guidelines that reference SAMRC research during the reporting period</p> <p>2.6 Number of research grants (new and renewals) awarded by the SAMRC during the reporting period</p>

**Table 3: Goal 3**

Goal 03	Support innovation and technology development to improve health
Goal Statement	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
Indicator	<p>3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics</p> <p>3.2 Number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period</p>

**Table 4: Goal 4**

Goal 04	Build capacity for the long-term sustainability of the country's health research
Goal Statement	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 partnerships; Africa centric perspective; Innovation; Operationally - best business practices; Technology infrastructure
Indicator	<p>4.1 Number (new and renewals) of SAMRC bursaries, scholarships and fellowships funded for postgraduate study at masters, doctoral and postdoctoral levels</p> <p>4.2 Number of masters and doctoral students graduated during the reporting period</p>

### 1.2.3 Organisational Structure

Figure 1 shows the SAMRC's organisational structure. The SAMRC's President, Glenda Gray, a paediatrician and medical scientist is tasked with leading the SAMRC for a five-year period (2014-2019). She is an internationally acclaimed NRF A-rated scientist with vast knowledge and expertise in the field of HIV (including mother-to-child transmission, HIV vaccines and microbicides). The novelty and efficacious character of her work 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 also received an honorary doctorate from Simon Fraser University in 2012. In 2013, she received the country's highest honour, the Order of Mapungubwe, from the Office of the Presidency of South Africa for her outstanding 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 inspirational leadership will take the SAMRC to greater heights and sustain the gains made through revitalisation.

The Executive Management Committee (EMC) is comprised of medical scientists, and executives with expertise in finance, human resources, innovation and research operations ensure that the SAMRC maintains its role as the custodian of medical research in South Africa.

Figure 1: The SAMRC organisational structure



### 1.2.4 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 is a national asset, which is being successfully transformed to discharge its responsibilities and functions.

The recommendations of the 2010 SETI Review were subsequently implemented. The 2017 SETI review has been successfully completed and the SAMRC in conjunction with the NDoH will explore the findings and implement recommendations.

The SAMRC's Strategic Plan and APP are aligned to the new mandate of the reformed health sector and the changing health research needs within South Africa, placing the SAMRC in a pivotal position to respond to the SDGs, the NDP: Vision 2030 and the Medium Term Strategic Framework (MTSF) (2014 – 2019). The SAMRC 2015/2016 – 2019/2020 approved Strategic Plan encompasses the following four goals with the theme of delivering high impact world class medical research:

- Administer health research effectively and efficiently in South Africa;
- Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health;
- Support innovation and technology development to improve health;
- Build capacity for the long-term sustainability of the country's health research.

It is envisaged that the SAMRC will undertake several new initiatives during the 2018/19 period:

- The prioritisation and focus of the SAMRC's intramural research programme will create a strengthened ethos of high quality science and health impact;
- Strategic oversight of the SAMRC research by the Scientific Advisory Committee
- Improved funding of intramural units;
- Investigating paediatric and adolescent mental health;
- Revitalising the SAMRC's funding model by continuing the development of a responsive model to strengthen health research at Historically Disadvantaged Institutions (HDIs) thereby increasing the level of SAMRC funding to Previously Disadvantaged Individuals (PDIs) and Historically Disadvantaged Institutions (HDIs);
- Establish an Intramural Research Fund focussing on emerging and previously disadvantaged individuals;
- Implementation of collaborative projects jointly funded by Forte (Swedish Council for Health, Working Life and Welfare) and the SAMRC focussing on inequalities in health, health systems and health system policies;
- Expand our African footprint through collaborative projects with scientists in African countries, which compliments existing work in Rwanda, Ghana, Kenya, and Zambia;
- Continue our MoU with the University of Lausanne and the Swiss Vaccine Research Institute for collaboration on support and development of South Africa's next generation of scientists in Vaccinology to assist them in acquiring a broad knowledge of how vaccines are designed, developed, manufactured and implemented through public health programmes;
- Implement the MoU with the Chinese Academy of Medical Sciences (CAMS), and investigate other partnerships in China to promote collaboration in cancer research between scientists from both countries with an emphasis on oesophageal cancer;
- Implementing the DST funded South African Population Research Infrastructure Network;
- Initiate two new joint RFAs with the UK Newton Fund in antimicrobial resistance and mental health;
- Optimise capacity development in medical science with a focus on Black African scientists.

- Establish a relationship with the Beijing Genome Institute to further support genomic science in Africa

The SAMRC has revamped and expanded extramurally funded research through the establishment and/or extension of several national and international partnerships

- 1) The Strategic Health Innovation Partnerships (SHIP), part of the newly formed Grants, Innovation and Product Development (GIPD) Division of the SAMRC has continued to expand its programmes and portfolios. 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, the UK Newton Fund and Anglo-American. SHIP is currently funding the largest malaria and TB drug discovery projects in Africa linking seven academic groups in or under one research project to address Africa's health needs. The lead programme is in clinical trials in 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. A new medical devices call was released in 2016. 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 in humans in two trials both in South Africa and the USA – this was enabled through SAAVI funding. In addition, SHIP is supporting HIV research capacity development in the Eastern Cape and community engagement efforts in HIV prevention research nationally. SHIP's NCD Programme is currently being expanded through a Precision Medicine strategy.
- 2) The Newton Fund (UK MRC) Partnerships on (i) NCDs in Africa (together with Glaxo Smith Kline) and (ii) TB implementation science reached fruition this year with the selection of the awardees and initiation of the collaborative projects. For the NCD call, seven awards were made, none of which were awarded to HDIs. For the TB call, six awards were made, one to a HDI. A further two projects were awarded to the Mangosuthu University of Technology (MUT) and the Cape Peninsula University of Technology (CPUT), financed from the SAMRC's baseline funds.
- 3) The SAMRC has partnered with the Canadian Institutes of Health Research (CIHR) to facilitate South Africa's participation in the Healthy Life Trajectories Initiative (HeLTI), a priority-driven initiative funded through the CIHR's Roadmap Accelerator Fund (RAF), co-ordinated by the World Health Organization (WHO) and involving regional cohorts in childhood obesity with other BRICS nations. South Africa's participation in HeLTI is funded by the NDoH. The Cohort Leadership Team has been selected and is an extra-mural unit based at the Chris Hani Baragwanath Hospital. The team 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 additional NCD risk factors for will be considered.
- 4) The SAMRC invested R80m in a novel public-private collaboration with the UK (GlaxoSmithKline's (GSK) Africa NCD Open Lab and the Newton Fund via the UK



Medical Research Council) into South Africa's medical research capabilities to respond to the emerging threat of NCDs and providing skills transfer.

- 5) <sup>1</sup>Malnutrition in children is a health priority and presents a major challenge in South Africa. The Development Pathways for Health Research Unit (an extramural unit) recently published a paper on 'Maternal and early life nutrition and physical activity: setting the research and intervention agenda for addressing the double burden of malnutrition in South African children.' The study investigated the effects of maternal and early life nutrition and physical activity on the health status of South African children. Some recommendations for future research and policy were reported to serve as a blueprint for research, intervention and a research translation agenda in South Africa. These interventions could be extended to effectively address the double burden of malnutrition in young African children for effective intervention.
- 6) In collaboration with an African consortium, SAMRC researchers conducted the first detailed analysis of obesity and diabetes in Africa reporting a steady increase across Africa since 1980, which highlights susceptibility determinants in Africans and will provide evidence that can be referenced when developing interventions in managing the dual burden of diabetes and obesity in Africa.
- 7) The SAMRC is leading a consortium which manages the Department for International Development (DFID)-funded global programme What Works To Prevent Violence Against Women and Girls? This programme undertakes research in 13 countries in Africa, the Middle East and Asia to enhance knowledge of drivers of violence against women and girls, develop and evaluation interventions to prevent violence. The programme also aims to develop a sustainable global footprint of gender-based violence researchers across the 13 countries. In South Africa work is being conducted in partnership with Sonke Gender Justice, the University of the Witwatersrand, Project Empower and Health Economics and AIDS Research Division (HEARD) at the University of KwaZulu Natal.

The Department of Biotechnology, Ministry of Science and Technology, India, in collaboration with the DST and the SAMRC are embarking on a collaborative research program on HIV, TB and TB/HIV over a period of three years. Key focus areas will include:

- Development of a preventive HIV vaccine by designing immunogens that can elicit potent and broadly neutralising antibodies;
- Isolation and characterisation of neutralising monoclonal antibodies effective against clade C HIV-1 viruses for use in combination therapies, passive immunisation, and/or for designing preventive vaccines;
- Creation of cohorts of TB patients with HIV-1 co-infection and formation of national biorepositories (for breath condensates, blood tissue) to facilitate immunological studies on HIV and TB;
- Identification of biomarkers and development of novel assays for diagnosis and management of TB and TB with HIV co-infection.

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<sup>1</sup> In response to Parliamentary comment dated 2 May 2017



The goal is to link the programme into the newly established TB RePORT programme – a multicentre multi-country TB research programme – in partnership with Brazil and the US (NIH).

<sup>2</sup>After feedback from the NDoH and the Parliamentary Portfolio Committee on Health, the Office of Public Outreach was established. The Office of Public Outreach has embarked on community outreach programmes that target schools, clinics, hospitals and community centres to create awareness on diseases through science engagement. We encourage the SAMRC's contribution to public understanding of health and science so that our work has impact at community level.

### New SAMRC collaborations

#### SAMRC / FORTE Joint Research Projects

The SAMRC is injecting in excess of R22m over three years in 17 collaborative projects that will focus on key areas of healthcare, namely *inequalities in health* and *health systems policies*.

Funding for these projects is an initiative of the SAMRC and its Swedish counterpart, the Swedish Research Council for Health, Working Life and Welfare (FORTE). Both organisations entered into a MoU in August 2015 to expand collaboration between South African and Swedish scientists in line with the intention of the governments in both countries to increase bilateral cooperation.

Investing strategically in research and development across borders is imperative to advance the knowledge economy of any country. The SAMRC firmly believes that these projects will synergise and complement the expertise of scientists from both countries and enhance improvements of health outcomes in their respective nations.

There are three categories of project funding under the SAMRC and Swedish initiative, namely: category 1 and 2 grants for three-year joint projects, and category 3 grants, which are mobility grants during the first year to establish new collaborative partnerships followed by a 2-year project grant, if selected for funding through a competitive process.

### Investment in biomedical research

The Grants, Innovation and Product Development (GIPD) division of the SAMRC continues to show its commitment to funding biomedical research that seeks to ease the burden of disease in poor and under resourced communities.

Essentially, GIPD focuses on biomedical products and solutions that will respond to the health needs of the average South African. Through partnerships, the division will facilitate the transfer of research outputs to improve health outcomes and social benefits, specifically for under-resourced communities. The division will endeavour to further entrench its commitment to enhancing the capacity of South African science by pursuing investors and investment opportunities whose contribution will advance health outcomes, benefit societies and improve on the overall existing South African health sciences landscape.

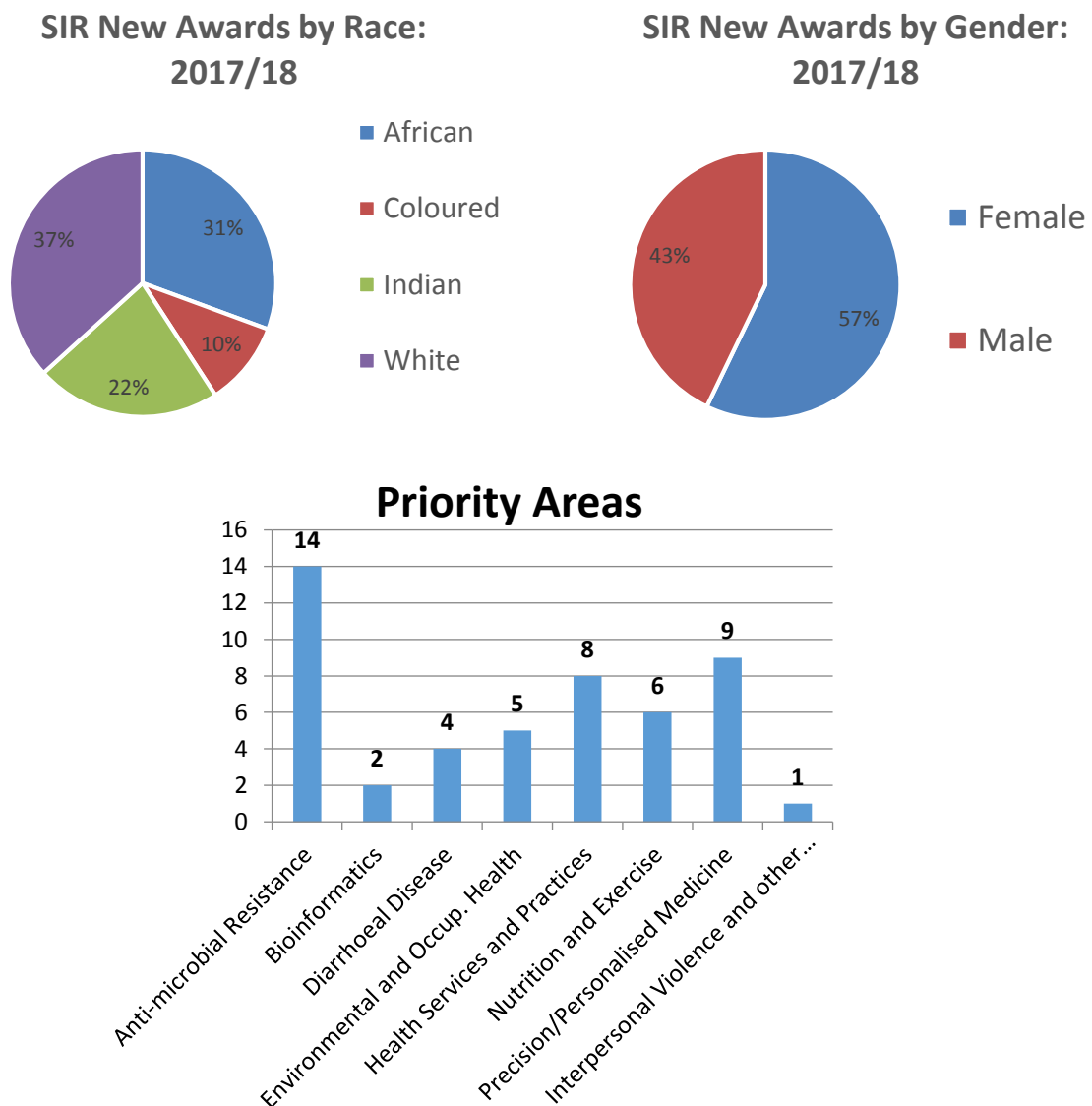
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<sup>2</sup> Response to Parliamentary comment dated 2 May 2017

## 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 2015/16 the SAMRC, for the first time included two categories of applications, one for early-stage researchers and another for mid-level to established researchers. A new scoring mechanism which takes into account peer review scores and transformation imperatives was also used. For 2017/18 a total of 49 awards were made at a total value of R9,5m. Thirty-seven per cent (18) of these were awarded to early-stage investigators and 63% (31) to mid-level to established researchers. A further R16,1m was allocated to renewal/ continuation of currently funded projects. Figures 1A, B and C depict the distribution of awards by race, gender and priority area, respectively.

Figure 2: Distribution of Awards



## SAMRC research centres and intra/extramural research units

SAMRC intramural units are 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 (*as shown in Table 1*)) 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 fifteen (15) years. Research Centres comprise scientists based at tertiary institutions who primarily conducts research on behalf of the SAMRC.

*Table 5: SAMRC intramural and extramural research units*

SAMRC Research Sub-programmes	SAMRC Research Units	Unit Director	Institution
Health promotion and disease prevention	Alcohol, Tobacco and Other Drug Research Unit	C Parry	Intramural Research Unit
	Risk and Resilience in Mental Disorders Research Unit	D Stein	University of Cape Town
	Environment and Health Research Unit	A Mathee	Intramural Research Unit
	Hypertension and Cardiovascular Disease Research Unit	A Schutte	North-West University
	Microbial Water Quality Monitoring Research Unit	A Okoh	University of Fort Hare
	Non-Communicable Diseases Research Unit	A Kengne	Intramural Research Unit
	Rural Public Health and Health Transition Research Unit	S Tollman	University of the Witwatersrand
	Violence, Injury and Peace Research Unit	M Seedat	Intramural Research Unit
Maternal, child and women's health	Child and Adolescent Lung Health	H Zar	University of Cape Town
	Development Pathways Research Unit	S Norris	University of the Witwatersrand
	Gender and Health Research Unit	R Jewkes	Intramural Research Unit
	Maternal and Infant Health Care Strategies Research Unit	R Pattinson	University of Pretoria
HIV, AIDS, TB and other communicable diseases	Centre for Tuberculosis Research Unit	R Warren	Intramural Research Unit
	Diarrhoeal Pathogens Research Unit	M Mphahlele	Sefako Makgatho Health Sciences University
	HIV Prevention Research Unit	G Ramjee	Intramural Research Unit
	HIV-TB Pathogenesis and Treatment Research Unit	S Abdool-Karim	Centre for the AIDS Programme of Research in South Africa (CAPRISA)
	Molecular Mycobacteriology Research Unit	V Mizrahi	University of Cape Town
	Respiratory and Meningeal Pathogens Research Unit	S Madhi	Chris Hani Baragwanath Hospital

Health systems strengthening	Biostatistics Research Unit	S. Manda	Intramural Research Unit
	Burden of Disease Research Unit	D Bradshaw	Intramural Research Unit
	Health Services to Systems Research Unit	H Schneider	University of the Western Cape
	Health Systems Research Unit	C Mathews	Intramural Research Unit
	South African Cochrane Centre	C Wiysonge	Intramural Research Unit
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
Biomedical research	Bioinformatics Capacity Development Research Unit	A Christoffels	University of Western Cape
	Immunology of Infectious Diseases Research Unit	F Brombacher	University of Cape Town
	Stem Cell Research and Therapy Unit	M Pepper	University of Pretoria
	Antiviral Gene Therapy Research Unit	P Arbuthnot	University of the Witwatersrand

*Table 6: SAMRC intra- and extramural research units' purpose*

INTRAMURAL RESEARCH UNITS	
Unit	Purpose
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
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 and its stakeholders
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
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
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
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
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
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
South African Cochrane Centre	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
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

## EXTRAMURAL RESEARCH UNITS

Unit	Purpose
SAMRC/Wits Antiviral Gene Therapy Research Unit	Investigation by the AGTRU team is focused on countering viral infections that cause serious health problems in sub Saharan Africa. The long term objectives of AGTRU 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. Research activities are generously supported by South African and International funding agencies. South African and international partnerships have been established, and these are an important contributor to the group's resource base. AGTRU is equipped as a modern molecular biology research laboratory and has expertise in a range of techniques. These are advanced methods of nucleic acid manipulation, gene transfer to mammalian cells, and use of lipoplex and recombinant viral vectors. AGTRU is set up to investigate efficacy of antiviral compounds <i>in vivo</i> in murine (e.g. HBV transgenic mice) and cell culture models of viral replication.
Bioinformatics Capacity Development Research Unit	Build bioinformatics capacity in South Africa and across the African continent through research and innovation
Child and Adolescent Lung Health Research Unit	The MRC Unit on Child and Adolescent Health focuses on key health concerns affecting children and adolescents in South Africa and in Africa. A 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. Research encompasses a broad range of methodologies from epidemiology to clinical science to laboratory-based methods.
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
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
Health Services to Systems Research Unit	The research of the unit focuses 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 Research Unit	The main aim of the Unit is 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 Research Unit	The purpose of the MRC HIV-TB Pathogenesis and Treatment Research Unit at CAPRISA is 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 and is among the highest research priorities in the SAMRC Strategic Plan.
Hypertension and Cardiovascular Disease Research Unit	The central aim of the Extra Mural Unit on Hypertension and Cardiovascular Disease is to directly contribute to new clinical and epidemiological knowledge within the field of <i>hypertension development in black populations</i> in order to facilitate more effective awareness, treatment and prevention programs in the future

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
Maternal and Infant Health Care Strategies Research Unit	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 Centre Research Unit	The Microbial water quality monitoring centre was established to be a hub for addressing the myriad of challenges in the water sector in the Eastern Cape Province (ECP) within the overarching aim of the research initiatives which is <i>“evaluating some 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 Province”</i>
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
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
Risk & Resilience in Mental Disorders Research Unit	The Unit’s mission is 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 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 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
Stem Cell Research and Therapy Unit	The main focus of this unit is on adult stem cells, namely hematopoietic stem cells (HSCs) and mesenchymal stem cells (MSCs). Our first objective is to use HSCs to generate an HIV-resistant immune system. Although our initial objective has been to use a lentiviral-based approach to knock down CCR5, one of the two HIV co-receptors, we are identifying other potential host targets. We have established a colony of immunodeficient mice at the UP Biomedical Research Centre at Onderstepoort, and will use these mice to generate “humanized mice” i.e. mice which have a human immune system, and which therefore can be infected with HIV, to study not only the efficacy of our gene therapy approaches, but also settings such as HIV and TB co-infection. We hope to use this project to initiate a gene therapy platform, from which gene therapy projects for other diseases will follow.

Table 7: SAMRC Research Centres

SAMRC Research Centres		
Centre	Purpose	Unit
Cancer Centres	The explicit aim of CCRCs 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 - Prof Paul Ruff
		Gynaecological Cancer Research Centre - Prof Lynette Denny



Malaria Centres	The SAMRC established three Malaria Research Centres of Excellence to assist the National Department of Health in reaching their goal of malaria elimination by 2018. Although South Africa has met the World Health Organisation (WHO) criteria for targeting elimination, there are still gaps in our knowledge that need to be filled before we can achieve elimination.	MRC Office of Malaria Research (MOMR) - Prof Rajendra Maharaj
		University of Cape Town Collaborating Centre for Optimising Antimalarial Therapy in South Africa (C COAT)m - Prof Karen Barnes
		University of Pretoria Centre for Sustainable Malaria Control (UPCSMC) - Prof Christiaan de Jager
		Wits University Collaborating Centre for Multi-Disciplinary Research on Malaria - Prof Maureen Coetzee
HIV/TB Centres	The purpose of the TB HIV Collaborating Centres is to create a national resource with investigators and sites in order to foster, stimulate, and/or expand basic, translational, behavioural and applied research that will advance scientific discovery and engage South African researchers working collaboratively in the areas of TB and HIV/AIDS	Advancing Care and treatment (ACT) for TB/HIV - Prof Gavin Churchyard
		Centre for Tuberculosis Biomarker-Targeted Intervention – Ass Prof Mark Hatherill
		Clinical and Community HIV-Tuberculosis Research Collaborating Centre - Ass Prof Graeme Meintjes
		Centre for Basic and Translational Human TB Research - Prof Adrie Steyn
		TB Free through Research and Innovation - Prof Keertan Dheda
		Tuberculosis Collaborating Centre for Child Health (TB-CHILD) – Prof Mark Nicol
		Tygerberg SAMRC Collaborating centre for HIV Laboratory Research Prof Wolfgang Preiser
		Soweto Matlosana SAMRC Collaborating Centre for HIV/AIDS and TB - Dr Neil Martinson
		Wits Clinical HIV/TB Research Unit, WITS Health Consortium Ass Prof Ian Sanne
		Wits RHI Collaborating Centre for HIV/AIDS - Prof Helen Rees

### SAMRC Bursaries, Fellowships and Scholarships

The SAMRC supports the next generation of scientists by awarding scholarships and engaging in partnerships. One notable prestigious Public Private Partnership has resulted in the launch of the National Health Scholars Programme, which aims to develop young scientists. This scholarship programme is responsive to national targets of health researcher development, and is pivotal to the urgent mandate for clinician PhD development (MD/PhDs), including PhD development in all other health professions. In addition to administering the in-house Clinician Researcher Programme for PhD development, the SAMRC is concurrently forging ahead with the Public Health Enhancement Fund to further accelerate the development of PhDs in all clinical, health and allied health professions. Further, special attention with an allocated budget has been assigned to PhD development in the scarce skills areas of Biostatistics and Epidemiology.

The SAMRC also has an established in-house researcher development programme through its internship scholarship programme, thus creating opportunities for skills transfer and human capital enrolment and development in the SAMRC core research areas.



The SAMRC understands the importance of health 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. Through this initiative, the SAMRC supports emerging researchers at selected universities who have immense potential to make significant contributions in health sciences, but are resource constrained thereby enabling them to reach their full potential. Further, it is envisaged that this initiative will narrow the gap between the selected universities and established, research intensive universities.

The SAMRC also houses a mid-career scientist programme to fast-track and transition mid-career scientists to independent researchers who will become equipped to write their own grants and thereby secure their own salary and research support. The mid-career scientist programme invests in promising mid-career scientists to facilitate their retention in the public sector in areas of strategic interest to both the NDoH and the SAMRC thus building capacity and excellence in identified strategic health priorities focusing on HDIs and black South African researchers who may be based at non-HDIs.

The SAMRC’s strategy remains aligned to the NDP and outputs of NDoH 2017/18 – 2019/20 APP and are geared towards increasing life expectancy; decreasing maternal and child mortality; combating HIV/AIDS and TB; and strengthening health system effectiveness. Hence, funding schemes for masters and doctoral candidates are allocated across these national health priorities.

**1.2.4 Human resource management and transformation**

Appropriate strategic human resource management, including the attraction and appointment of employees with key skills, concomitant with training, development and performance management of our employees and the implementation of innovative and fair remuneration practices will be a priority.

In addition, the SAMRC needs to continue to foster and maintain sound labour relations between employees, management and the union. A revised recognition agreement will be negotiated and implemented to guide our relationship with the union.

The SAMRC has 615 employees, 49.27% (303/615) of which are African, 13.17% (81/615) Indian, 24.88% (153/615) Coloured and 12.68% (78/615) White. Most of our employees are female (69.27% or 426/615) with a male complement of 30.73% (189/615).

*Table 8: SAMRC Employees*

RACE	GENDER	TOP MANAGEMENT	SENIOR MANAGEMENT	PROFESSIONALLY QUALIFIED & SPECIALISTS	SKILLED TECHNICAL & ACADEMICALLY QUALIFIED	SEMI-SKILLED & DISCRETION DECISION MAKING	UNSKILLED AND DEFINED DECISION MAKING	TOTAL BY GENDER	TOTAL BY RACE
African	Male	3	3	14	33	34	12	99	303
	Female		2	35	100	62	5	204	
Indian	Male		5	4	12			21	81
	Female		3	25	29	3		60	

Coloured	Male	1	4	9	23	9	3	49	153
	Female		5	27	51	17	4	104	
White	Male	2	11	2	4	1		20	78
	Female	2	13	33	8	2		58	
TOTAL BY LEVEL		8	46	149	260	128	24	615	615

Info taken as at 31 Dec 2017

The Senior Management level, made up of 9.0% of the total number of employees (54/615), is constituted of 14.81% (8/54) African, 14.81% (8/54) Indian, 18.53% (10/54) Coloured, and 51.85% (28/54) White employees; with 53.70% (29/54) male and 46.30% (25/54) female Senior Managers.

*Table 9: Senior Management Demographics*

African		Indian		Coloured		White	
8		8		10		28	
14.81%		14.81%		18.53%		51.85%	
Male	Female	Male	Female	Male	Female	Male	Female
6	2	5	3	5	5	13	15
11.0%	3.7%	9.3%	5.5%	9.3%	9.3%	24.1%	27.8%

Info taken as at 31 Dec 2017

Transformation and diversity management is critical for the SAMRC. The SAMRC will continue to create a staff complement in line with South Africa's demographics, paying particular attention to the senior management positions.

Targets for improving the representation of both women and African employees at the Senior Management level and across the organisation have been set. The SAMRC has already appointed six Deputy-Directors, with a view to creating the opportunities for talented, younger Black employees to acquire management and supervisory skills in the field of medical research. This, in turn, will assist with transformation and also facilitate succession into Senior Management positions. We will continue the process of employing Deputy-Directors with diversity as a priority.

We have developed a five-year Transformation Plan for Science. A limited critical mass in medical and health research has been identified. Therefore, the transformation of the pool of scientists, particularly at the Specialist Scientist level and above, along with the key targets over the coming 5 years have been set. To enhance research critical mass the SAMRC will:

- Continue to implement the Deputy-Directors programme across all units in order of priority increasing the number of Deputy Directors from 6 to 10;
- Increase the number of Chief Specialist Scientists from 10 to 15 over the next 5 years (average of 1 per year);
- Increase the number of Senior Specialist Scientists from 10 to 15 over the next 5 years;
- Increase the number of Specialist Scientists from 26 to 31 over the next 5 years;
- Employ 20 doctoral and postdoctoral researchers.

A disability and access in the workplace audit will also be conducted to improve employment prospects for disabled people. These initiatives will continue to be supported by the Accelerated Development Programme which aims to enable the training and development of Black scientists, particularly at the Senior Specialist Scientist level and prepare them for future managerial responsibilities.

Succession planning will be used as a strategic tool for continuity and sustainability of the organisation. A succession planning framework focussed on the leadership at the Executive and Director level, critical and scarce skills and planned retirements will be implemented to mitigate the potential risks and enable planning for long-term succession in strategic and key management and leadership positions. The SAMRC will ensure a continuous succession pipeline by a deliberate focus on career progression, development initiatives and capacity building.

## **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**

Effective management and containment of the SAMRC's strategic risks is a high priority of the SAMRC's Board. The SAMRC's strategic goals are the basis for identifying the strategic risks that may prevent the SAMRC from achieving its business objectives. The formation of the National Public Health Institutes of South Africa (NAPHISA) has been identified as the primary strategic risk. Other risks include transformation challenges and inefficiencies in certain corporate processes. The status of the strategic risks is monitored quarterly by the SAMRC's Board.

The SAMRC has continued with the effective management of its finances and has maintained a sound internal control environment, which is evident from the SAMRC's fifth consecutive clean audit issued by the Office of the Auditor General.

The SAMRC has established a Scientific Advisory Committee consisting of seven international researchers serving a 3-year term from 2016 to 2019. The Scientific Advisory Committee will provide timely and strategic scientific, technical and clinical advice on the strategic goals, including training, and the research conducted and funded by the SAMRC, be it in the intramural units, extramural units and through RFAs.

## **3. Overview of 2017/18 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 budgeted revenue consists of the annual baseline grant and donor funding. Over the period 2014/15 to 2017/18, the total budget of the SAMRC grew at an average rate of 9.6% per annum from R750m to R987m. This is an increase of 31.6% over the period 2014-2018.

Over the MTEF period, (2018/19 to 2020/21) the SAMRC's annual budget is projected to grow at an average rate of 5.3% annually. This is a budget increase of R108m from 2018/19 to 2020/21. This increase of 5.3% over the MTEF is due to the low projected average annual

increase (4.2%) of the SAMRC's annual transfer payment. The annual increase of the SAMRC's transfer payment is therefore below the projected inflation.

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, Capacity Development and Core Research to increase the investment and outputs in these areas.

The budget allocation across strategic objectives is listed in Table 6 below.

- Administration grew at an average rate of 6.9% and the average ratio of Administration versus total expenses is 19.5% over the period 2014/15 to 2017/18. As part of the revitalisation process, the SAMRC commenced a review of processes in Support and Administration with the intention to improve its efficiency and effectiveness. This process is still ongoing and the anticipated outcomes / benefits of this review will be allocated to core business (Core Research) Over the MTEF Administration will grow at an average rate of 0.7% and the average ratio of Administration versus Total Expenses will be 17.7%. This decrease in total ratio is due to the lower than inflation increase in transfer payment and the increase in donor funding which will be spend under core research
- Core Research grew at an average rate of 10.7% over the period 2014/15 to 2017/18 and the average ratio of Core Research versus Total Expenses is 57.1%. Over the MTEF period, these rates will change to 2.6% and 56.9%.
- Innovation and Technology grew at an average rate of 19.5% over the period 2014/15 to 2017/18 and the average ratio of Innovation and Technology versus Total Expenses is 18.2%. Over the MTEF period, these rates will change to 2.5% and 18.2%.
- Capacity Development grew at an average rate of 19.3% over the period 2014/15 to 2017/18 and the average ratio of Capacity Development versus Total Expenses is 5.2%. Over the MTEF period these rates will change to -15.3% and 7.3%. The ratio of Capacity Development versus Total Expenses increases over the MTEF to 5.2% due to an increase in investment in research projects at Historically Disadvantaged Institutions (HDIs), the training of clinical researchers and capacity and accelerated development programmes.

Table 10: Budget allocation across strategic objectives

Strategic Objectives	Audited Outcome	Audited Outcome	Audited Outcome	Revised estimate	Average growth rate (%)	Expenditure/total: Average (%)	Medium-term estimate			Average growth rate (%)	Expenditure/total: Average (%)
R thousand	2014/15	2015/16	2016/17	2017/18	2014/15-2017/18		2018/19	2019/20	2020/21	2017/18 - 2020/21	
Administration	163,146	170,348	189,396	199,232	6.9%	19.5%	183,111	194,684	203,259	0.7%	17.7%
Core research	444,501	535,096	541,656	603,247	10.7%	57.1%	660,301	601,655	651,300	2.6%	56.9%
Innovation and technology	112,058	151,747	236,581	190,992	19.5%	18.2%	202,596	203,330	205,857	2.5%	18.2%
Capacity development	34,229	45,059	60,584	58,153	19.3%	5.2%	85,565	88,980	89,092	15.3%	7.3%
-	-	-	-	-	-	-	-	-	-	-	-
<b>Total expense</b>	753,934	902,250	1,028,217	1,051,624	11.7%	100.0%	1,131,573	1,088,649	1,149,508	3.0%	100.0%

## 3.2 Leverage Funding Agreements

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

- The SAMRC entered into a collaborative agreement with the National Institutes of Health (NIH), US in 2014. In terms of this agreement, the SAMRC is providing matching funding of \$4m annually and this makes for a funding pool of over R100m (\$8m) per annum. Thirty-one (31) collaborative projects between US and SA scientists are currently being implemented. The initial agreement with the NIH is for 3 years (ending 2016/17) with a possible 2-year extension until 2018/19. Currently we are awaiting approval for 2017/18 and 2018/19 from the Minister of National Department of Health.
- 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.

### 3.3 Expenditure estimates

Table 11: Expenditure estimates

The SAMRC budget for 2018/19 is attached as Annexure A.

Statement of financial performance	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			Average growth rate (%)	Expenditure/ total: Average (%)
R thousand	2014/15		2015/16		2016/17		2017/18			2014/15-2017/18		2018/19	2019/20	2020/21	2017/18 - 2020/21	
<b>Revenue</b>																
Non-tax revenue	308,056	303,854	413,480	339,097	356,154	402,905	372,762	372,762	38.2%	7.1%	37.9%	418,386	425,562	458,262	7.1%	39.2%
Sale of goods and services other than capital assets	283,006	278,813	359,221	306,766	322,954	366,443	342,414	342,414	34.5%	7.1%	34.6%	387,436	395,812	426,912	7.6%	36.3%
Sales by market establishment	283,006	278,813	359,221	306,766	322,954	366,443	342,414	342,414	34.5%	7.1%	34.6%	387,436	395,812	426,912	7.6%	36.3%
Other non-tax revenue	25,050	25,041	54,259	32,331	33,200	36,462	30,348	30,348	3.7%	6.6%	3.3%	30,950	29,750	31,350	1.1%	2.9%
Transfers received	460,638	446,331	623,892	623,892	657,590	657,590	614,961	614,961	61.8%	11.3%	62.1%	624,829	659,819	696,109	4.2%	60.8%
<b>Total revenue</b>	<b>768,694</b>	<b>750,185</b>	<b>1,037,372</b>	<b>962,989</b>	<b>1,013,744</b>	<b>1,060,495</b>	<b>987,723</b>	<b>987,723</b>	<b>100.0%</b>	<b>9.6%</b>	<b>100.0%</b>	<b>1,043,215</b>	<b>1,085,381</b>	<b>1,154,371</b>	<b>5.3%</b>	<b>100.0%</b>
<b>Expenses</b>																
Current expenses	808,694	699,122	990,754	825,632	954,987	947,461	976,185	976,185	94.5%	11.8%	92.3%	1,054,840	1,007,619	1,064,021	2.9%	92.8%
Compensation of employees	235,811	277,270	312,162	283,168	334,638	303,926	357,394	337,545	31.2%	6.8%	32.5%	361,957	388,116	416,027	7.2%	34.0%
Goods and services	553,358	402,460	658,192	522,591	599,849	624,303	597,791	617,640	61.2%	15.3%	57.7%	671,383	596,253	623,994	0.3%	56.8%
Depreciation	19,500	18,022	20,400	18,627	20,500	19,013	21,000	21,000	2.1%	5.2%	2.1%	21,500	23,250	24,000	4.6%	2.0%
Interest, dividends and rent on land	25	1,370	-	1,246	-	219	-	-	0.0%	-100.0%	0.1%	-	-	-	-	-
Tax payment	-	54,812	76,618	76,618	80,757	80,756	75,439	75,439	5.5%	11.2%	7.7%	76,733	81,030	85,487	4.3%	7.2%
<b>Total expenses</b>	<b>808,694</b>	<b>753,934</b>	<b>1,067,372</b>	<b>902,250</b>	<b>1,035,744</b>	<b>1,028,217</b>	<b>1,051,624</b>	<b>1,051,624</b>	<b>100.0%</b>	<b>11.7%</b>	<b>100.0%</b>	<b>1,131,573</b>	<b>1,088,649</b>	<b>1,149,508</b>	<b>3.0%</b>	<b>100.0%</b>
<b>Surplus/(Deficit)</b>	<b>(40,000)</b>	<b>(3,749)</b>	<b>(30,000)</b>	<b>60,739</b>	<b>(22,000)</b>	<b>32,278</b>	<b>(63,901)</b>	<b>(63,901)</b>		<b>157.4%</b>		<b>(88,358)</b>	<b>(3,268)</b>	<b>4,863</b>	<b>-142.4%</b>	

### 3.4 Relating expenditure trends to strategic outcome oriented goals.

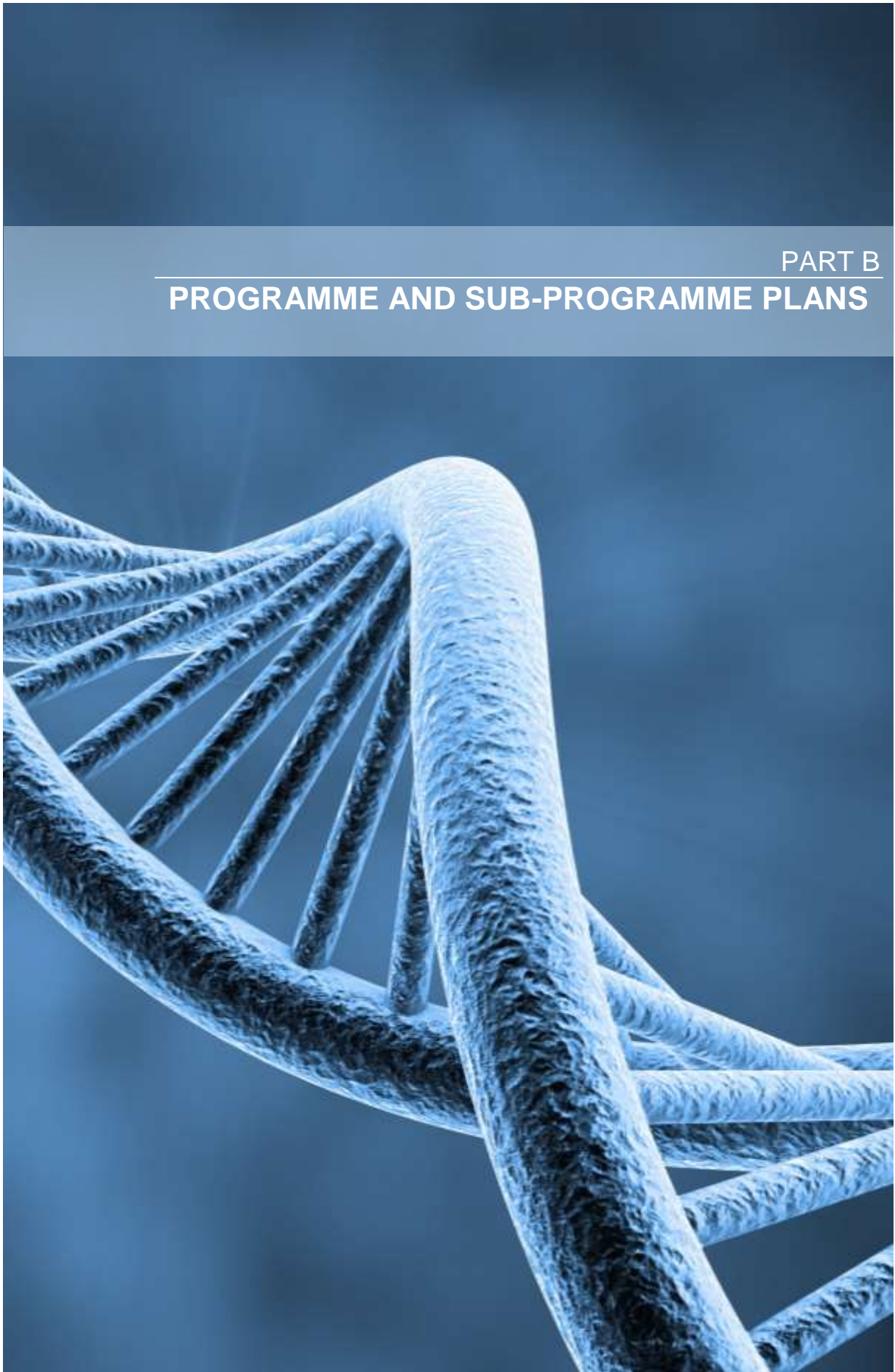
Over the period 2014/15 to 2017/18, the SAMRC's income grew by 31.6% (R237m). This is an average grow rate of 9.6% p.a. This above inflation increase was mainly due to our baseline funding increase of 37.8% (R168m) over the same period. Over the MTEF period 2018/19 to 2020/21, the SAMRC's estimated funding will increase by 16.9% (R166m). This is an average growth rate of 5.3% over the period. THE SAMRC's baseline funding will only increase by 13.2% (R81) over the MTEF period. This is an average growth of 4.2% which is below the current inflation targets. Our grant and contract income is projected to grow by 24.7% (R84m) and an average growth rate of 7.6%.

Over the period 2014/15 to 2017/18, the expenditure of the SAMRC increased by 39.5% (297m). This increase over the mentioned period is more than the income increase over the same period which is reflected in the deficit budgets over the period. All deficits were and will be funded from the SAMRC's reserves. Salaries, one of the SAMRC's greatest expenditure items, reflects an average grow rate of 6.8% over the mentioned period. This is in line with the projected National Treasury guidelines for personnel compensation. Goods and services shows an average growth rate of 15.3%. This huge average growth rate is due to the increase in collaborative research and leverage funding agreements concluded.

Over the MTEF period 2018/19 to 2010/21, the SAMRC's budgeted expenditure is estimated to increase at an average growth rate of 3%. This below inflation increase is due to the low increase in the SAMRC's baseline funding. Salaries will increase at an average rate of 7.2% and goods and services is estimated to increase at an average rate of 0.3%. The low increase on goods and services is due to the lower than inflation increase on the SAMRC's baseline funding, which reduce the funding availability for collaborative research and leverage funding agreements. Although the SAMRC's baseline funding increase below inflation, the SAMRC will continue funding existing collaborative agreements through its' cash reserves as reflected in the statement of financial performance above. This will allow the SAMRC to achieve its' annual performance targets over the MTEF.



PART B  
PROGRAMME AND SUB-PROGRAMME PLANS



## PART B: PROGRAMME AND SUB-PROGRAMME PLANS

The SAMRC's nine strategic objectives informs the research agenda and action plans of the organisation for the next two 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 four budget programmes:

- Programme 1: Administration
- Programme 2: Core Research
- Programme 3: Innovation and Technology
- Programme 4: Capacity Development

Table 12 summarises the strategic goals and objectives presented in the SAMRC 2015/16 – 2019/20 Strategic Plan.

Table 12: SAMRC's strategic goals and objectives

Goals and objectives	
Strategic goals	Objectives
1. Administer health research effectively and efficiently in South Africa	1.1. To ensure good governance, effective administration, a clean audit opinion 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

## Budget Programmes

### Programme I: Administration

Purpose: Administer health research effectively and efficiently in South Africa

Table 13: Programme 1 - Strategic Objective: Annual Targets

Strategic objective	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
1.1 To ensure good governance, effective administration and compliance with government regulations	Unqualified	Clean audit	Clean audit	Unqualified	Unqualified	Unqualified
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research	20%	19%	18%	20%	20%	20%

Table 14: Programme 1 - Performance Indicators

Performance indicator	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
1.1 Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC	Unqualified	Clean audit	Clean audit	Unqualified	Unqualified	Unqualified
1.2 Percentage (%) of the 2018/19 SAMRC total budget spent on salaries and operations of all corporate administrative functions	20%	19%	18%	20%	20%	20%

Table 15: Programme 1 - Quarterly Targets 2018/19

No.	Programme performance indicator	Reporting period 2018/19	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	Annual				Unqualified
1.2	Percentage (%) of the 2018/19 SAMRC total budget spent on salaries and operations of all corporate administrative functions	20%	Quarterly	20%	20%	20%	20%

Table 16: Programme 1 – Reconciling performance targets with the Budget and MTEF

Rand thousand	Audited Outcomes		Current	Medium Term Estimates	
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Programme 1 - Administration</b>	<b>170 348</b>	<b>189 395</b>	<b>199 232</b>	<b>214 799</b>	<b>228 466</b>
Current payments	155 882	174 520	184 940	198 345	210 548
Compensation of employees	70 124	82 638	78 121	82 652	87 281
Goods and services of which:	63 791	71 759	85 819	93 475	99 805
Communication	4 299	3 492	5 353	5 664	5 981
Computer services	11 360	13 016	12 322	12 500	13 200
Consultants	4 416	9 071	6 500	6 876	7 261
Lease payments	3 035	4 241	5 804	6 142	6 486
Repairs and maintenance	7 472	11 337	6 750	5 290	5 586

Research and development	-	(1 469)	1 250	3 824	4 038
Training and staff development	1 157	1 472	500	529	559
Travel and subsistence	6 171	7 913	6 500	6 564	6 931
Other	25 881	22 686	40 840	46 086	49 763
Depreciation	18 627	19 013	21 000	22 218	23 462
Losses	2 101	891	-	-	-
Interest, dividends and rent on land	1 239	219			
Tax payment	14 466	14 875	14 292	16 454	17 918

## Programme 2: Core Research

**Purpose: Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health**

Table 17: Programme 2 - Strategic Objective: Annual Targets

Strategic objectives	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
2.1 To produce and disseminate new scientific findings and knowledge on health	3150	680	660	700	750	800
	825	101	135	185	196	214
2.2 To promote scientific excellence and the reputation of South African health research	*2124	602	605	650	700	750
2.3 To provide leadership in the generation new knowledge in health	*1830	417	415	450	500	550
2.4 To facilitate the translation of SAMRC research findings into health policies and practices	27	4	4	6	6	7
2.5 To provide funding for the conduct of health research	750	112	147	168	176	186

Table 18: Programme 2 - Performance Indicators

Performance indicator	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
2.1 *Number of published journal articles, book chapters and books by SAMRC researchers within intramural, extramural research units and collaborating centres at the SAMRC (Malaria, TB, HIV and Cancer), Self-Initiated Research, SHIP and Flagship projects	3150	680	660	700	750	800
2.2 *Number of journal articles published by SAMRC grant-holders with acknowledgement of SAMRC support during the reporting period	825	101	135	185	196	214
2.3 *Number of published indexed impact factor journal articles with a SAMRC affiliated author	*2124	602	605	650	700	750
2.4 *Number of journal articles where the first and/or last author is affiliated to the SAMRC during the reporting period	*1830	417	415	450	500	550
2.5 Number of policies and guidelines that reference SAMRC research	27	4	4	6	6	7
2.6 Number of research grants (new and renewals) awarded by the SAMRC (new/renewals)	750	112	147	168	176	186

Table 19: Programme 2 - Quarterly Targets 2018/19

No.	Programme performance indicator	Reporting period 2018/19	Frequency	Quarterly targets			
				1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
2.1	*Number of published journal articles, book chapters and books by SAMRC researchers within intramural, extramural research units and collaborating centres at the SAMRC (Malaria, TB, HIV and Cancer), Self-Initiated Research, SHIP and Flagship projects	750	Quarterly	125	195	205	225
2.2	*Number of journal articles published by SAMRC grant-holders with acknowledgement of SAMRC support during the reporting period	196	Quarterly	50	55	35	56
2.3	*Number of published indexed impact factor journal articles with a SAMRC affiliated author	*700	Quarterly	155	180	160	205
2.4	*Number of journal articles where the first and/or last author is affiliated to the SAMRC during the reporting period	*500	Quarterly	120	130	100	150
2.5	*Number of local/international policies and guidelines that reference SAMRC research during the reporting period	6	Bi-Annual		3		3
2.6	Number of research grants (new and renewals) awarded by the SAMRC during the reporting period	176	Quarterly	50	60	30	36

Table 20: Programme 2 – Reconciling performance targets with the Budget and MTEF

Rand thousand	Audited Outcome		Current	Medium Term Estimates	
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Programme 2 - Core research</b>	<b>535 096</b>	<b>541 656</b>	<b>603 247</b>	<b>559 907</b>	<b>534 311</b>
Current payments	489 656	499 114	559 973	517 018	492 406
Compensation of employees	182 324	187 058	238 823	252 675	266 825
Goods and services of which:	307 325	312 539	321 150	264 343	225 581
<i>Communication</i>	6 118	6 885	7 474	8 650	9 134
<i>Computer services</i>	3 302	3 889	6 747	7 138	7 538
<i>Consultants</i>	2 608	2 914	6 616	7 000	7 392
<i>Contractors</i>	-	-	-	-	-
<i>Inventory</i>	-	-	-	-	-
<i>Lease payments</i>	4 829	3 131	4 155	4 396	4 642
<i>Repairs and maintenance</i>	3 461	2 542	4 000	4 232	4 469
<i>Research and development</i>	258 162	261 615	250 470	190 737	149 354
<i>Training and staff development</i>	790	1 245	1 000	1 058	1 117
<i>Travel and subsistence</i>	19 627	19 144	21 965	22 044	23 278
<i>Other</i>	8 428	11 174	18 723	19 088	18 657
Losses	-	(483)	-	-	-
Interest, dividends and rent on land	7	-	-	-	-
Tax payment	45 440	42 542	43 274	42 889	41 905

### Programme 3: Innovation and Technology

Purpose: Support innovation and technology development to improve health

Table 21: Programme 3 - Strategic Objective: Annual Targets

Strategic Objective	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
To provide funding for health research innovation and technology development	180	34	56	40	40	40
	New indicator	New indicator	2	2	2	2

Table 22: Programme 3 - Performance Indicators

Performance indicator	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics	180	34	56	40	40	40
3.2 Number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period	New indicator	New indicator	2	2	2	2

Table 23: Programme 3 - Quarterly Targets 2018/19

No.	Programme performance indicator	Reporting period 2018/19	Frequency	Quarterly targets			
				1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
3.1	Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics	40	Annual				40
3.2	Number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period	2	Annual				2

Table 24: Programme 3 – Reconciling performance targets with the Budget and MTEF

Rand thousand	Audited Outcome		Current	Medium Term Estimates	
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Programme 3 - Innovation and technology</b>	<b>151 747</b>	<b>236 581</b>	<b>207 092</b>	<b>168 230</b>	<b>215 254</b>
Current payments	138 861	218 000	193 391	155 344	198 372
Compensation of employees	25 647	30 424	34 596	36 603	38 653
Goods and services of which	113 214	186 264	158 795	118 741	159 719
Communication	332	480	89	94	99
Computer services	77	138	56	59	62
Consultants	927	932	449	475	501
Lease payments	-	-	-	-	-
Repairs and maintenance	305	267	250	265	280
Research and development	108 826	181 366	134 475	111 747	151 536
Training and staff development	153	78	250	268	283
Travel and subsistence	2 450	2 833	5 396	5 833	6 160
Other	144	170	17 830	-	798
Losses	-	1 312	-	-	-
Tax payment	12 886	18 581	13 701	12 886	16 882



## Programme 4: Capacity Development

**Purpose: Build capacity for the long-term sustainability of the country's health research**

*Table 25: Programme 4 - Strategic Objective: Annual Targets*

Strategic Objectives	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	435	66	156	98	101	106
	New indicator	New indicator	69	55	60	65

*Table 26: Programme 4 - Performance Indicators*

Performance indicator	SP target 2015/16 – 2019/20	Audited		Actual performance (estimated)	Estimated performance	Medium- term targets
		2015/16	2016/17	2017/2018	2018/2019	2019/2020
4.1. Number (new and renewals) of SAMRC bursaries, scholarships and fellowships funded for postgraduate study at masters, doctoral and postdoctoral levels	435	66	156	98	101	106
4.2 *Number of new masters and doctoral students graduated during the reporting period	New indicator	New indicator	69	55	60	65

*Table 27: Programme 4 - Quarterly Targets 2018/19*

No.	Programme performance indicator	Reporting period 2018/19	Frequency	Quarterly targets			
				1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
4.1	Number (new and renewals) of SAMRC bursaries, scholarships and fellowships funded for postgraduate study at masters, doctoral and postdoctoral levels	101	Annual				101
4.2	*Number of masters and doctoral students graduated during the reporting period	60	Annual				60

Note: \* signifies that data will be contributed by both intramural and extramural units. Where the symbol does not appear, the data is only from intramural units or SAMRC administrative processes for 2015/16 – 2019/20

Ministerial approval received to amend 2015/16 to 2019/20 Strategic Plan annual targets for indicators 2.1 to 2.4

*Table 28: Programme 4 – Reconciling performance targets with the Budget and MTEF*

Rand thousand	Audited Outcome		Current	Medium Term Estimates	
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Programme 4: Capacity development</b>	<b>45 059</b>	<b>60 584</b>	<b>58 153</b>	<b>58 807</b>	<b>55 160</b>
Current payments	41 233	55 826	53 981	54 302	50 834
Compensation of employees	5 073	3 806	5 854	6 194	6 541
Goods and services of which	36 160	52 020	48 127	48 108	44 293
Communication	35	53	273	289	303
Computer services	12	10	371	394	416
Consultants	-	19	42	45	48
Repairs and maintenance	-	1	-	-	-
Research and development	35 299	50 164	45 509	46 717	42 326
Training and staff development	57	28	100	106	112
Travel and subsistence	599	655	541	557	588
Other	158	1 090	1 291	-	500
Tax payment	3 826	4 758	4 172	4 505	4 326

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## ANNEXURES



## Annexure A – Detailed SAMRC Budget

### South African Medical Research Council of South Africa – Budget 2017/18

	Audited Outcome	Audited Outcome	Audited Outcome	Audited Outcome	Average growth rate (%)	Expenditure/total: Average (%)	Medium-term estimate			Average growth rate (%)	Expenditure/total: Average (%)
R thousand	2013/14	2014/15	2015/16	2016/17	2013/14-2016/17		2017/18	2018/19	2019/20	2016/17 - 2019/20	
Administration	175,327	163,116	170,348	188,366	2.4%	20.4%	199,232	214,799	228,464	6.6%	20.8%
Core research	471,099	444,501	535,096	541,475	4.8%	58.4%	603,247	559,907	534,311	-0.4%	55.0%
Innovation and technology	59,015	112,058	151,747	234,573	58.4%	16.4%	190,992	168,230	215,254	-2.8%	18.6%
Capacity development	22,312	34,229	45,059	60,383	39.4%	4.8%	58,153	58,807	55,160	-3.0%	5.6%
<b>Total expense</b>	<b>727,753</b>	<b>753,904</b>	<b>902,250</b>	<b>1,024,797</b>	<b>58.4%</b>	<b>100.0%</b>	<b>1,051,624</b>	<b>1,001,743</b>	<b>1,033,189</b>	<b>-3.0%</b>	<b>100.0%</b>

## Annexure B – SAMRC’s Materiality and Significance Framework 2018-2019<sup>3</sup>

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 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 R12.5Mil (based on 2% of total average SAMRC assets, as at 31 March 2017).  This includes research collaborative arrangements	

<sup>3</sup> SAMRC Board approval for the 2018/19 Materiality and Significance Framework received on 31 July 2017

PFMA Section	Quantitative [Amount]	Qualitative [Nature]
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 R12.5Mil (based on 2% of total average SAMRC assets, as at 31 March 2017).  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 R12.5Mil transaction value (based on 2% of total average SAMRC assets, as at 31 March 2017).	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 R12.5Mil (based on 2% of total SAMRC assets, as at 31 March 2017)	

**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"> <li>• Report quarterly to the Minister of Health.</li> <li>• Report annually in the Annual Financial Statements</li> </ul>
(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 R12.5 Million;
- 2) Obtained prior written approval from National Treasury for 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 parameters, the SAMRC materiality level calculation outcomes were as follows:

Element	Max. % to be applied against R value	Unaudited Value at 31 March 2017	Calculated Materiality & Significance Value
Total Assets (1%-2%)	2%	R752 067 522	R15 041 350

The SAMRC materiality and significance value will be R12.5 Million <sup>4</sup>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.

<sup>4</sup> SAMRC Board, at its meeting held on 31 July 2017, approved R12.5m although the materiality level is calculated at a maximum level of R15m



### Annexure C – SAMRC’s Strategic Risks

The focus of risk management in the SAMRC is on identifying, assessing, managing and monitoring all known major risks, with the current mitigation strategies, that could influence the achievement of the SAMRC’s strategic objectives. While risk cannot be fully eliminated, the SAMRC endeavours to minimise its exposure by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied across the entity. The risk management activity has received corporate endorsement and risk management processes have been formalised and adopted. The strategic risk management activities are reported to the Board on a quarterly basis.

The register of strategic risks is updated as and when emerging risks are identified. Where appropriate, management action plans to further improve the management of the risk are timeously developed and implemented.

**Key risks and mitigating activities:**

During the financial year under review, the SAMRC Executive Management and Board identified, and took necessary mitigating actions on the key business (strategic) risks identified. The table below shows the alignment between strategic focus areas and business risks facing the organisation:

Key business risks	Selected risk mitigation decisions and key actions taken / in progress
<b>Strategic Goal 1: Administer health research effectively and efficiently in South Africa</b>	
Relationship with organised Labour	<ul style="list-style-type: none"> <li>· Develop a Union relationship building programme</li> <li>· Strengthening of industrial relations within the organisation has commenced with the first Employee Relations Workshop held with members of senior management</li> </ul>
Inefficiencies in Corporate Processes	<ul style="list-style-type: none"> <li>· HSE Office appointment of a HSE construction specialist service provider to assist with HSE related activities</li> <li>· Implementation of pre-contract management award processes</li> <li>· Implement contract management software</li> </ul>
Lack of modernisation of the MRC Act	<ul style="list-style-type: none"> <li>· On-going consultation and engagement with NDoH on the progress of amending the MRC Act and timeline for Parliamentary submission</li> </ul>
Insufficient facility management, including movable and immovable assets	<ul style="list-style-type: none"> <li>· Refurbished the excess space in the Ridge Road building for use by Mangosuthu University of Technology (MUT), who signed a 3-year lease</li> <li>· Overall refurbishment of the Ridge Road building to be initiated.</li> </ul>
Ineffective implementation of Board strategies	<ul style="list-style-type: none"> <li>· Monitoring the time taken to implement Board and EMC resolutions – included as standing items on the EMC agenda</li> </ul>
Non-compliance to legal and regulatory requirements as well as policies and procedures	<ul style="list-style-type: none"> <li>· No further actions identified</li> </ul>

<b>Strategic Goal 2: Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health</b>	
Formation of NAPHISA	<ul style="list-style-type: none"> <li>· On-going engage with NDoH on the establishment of NAPHISA and Parliamentary discussions</li> </ul>
Inferior quality of research output / Lack of research integrity	<ul style="list-style-type: none"> <li>· Development of formal guidelines for data management in progress</li> <li>· Development of systems and processes for managing, promoting and monitoring responsible conduct of research in progress</li> <li>· Oversight of the conduct of animal research and the new Animal Research Committee (ECRA) has been established</li> </ul>
Ineffective management of extramural research units	<ul style="list-style-type: none"> <li>· Appointed a Programme Manager to improve the management of Extra-Mural units</li> </ul>
Human capital skills deficit	<ul style="list-style-type: none"> <li>· Development of a Career Ladder Progression Model has commenced with staff consultation</li> <li>· Project plan developed implement programmes which accelerate development (particularly for scarce skills)</li> </ul>
Transformation challenges	<ul style="list-style-type: none"> <li>· Approval of the draft Transformation Strategy and EE Plan</li> <li>· Phase 2 has commenced with 3 additional Deputy Director posts being advertised externally</li> </ul>
Inability to sustainably grow funding	<ul style="list-style-type: none"> <li>· No further actions identified</li> </ul>
<b>Strategic Goal 3: Support innovation and technology development to improve health</b>	
Ineffective support for innovation, partnerships, platforms and technology development	<ul style="list-style-type: none"> <li>· Develop a business plan for SAMRC commercialisation activities / initiatives</li> </ul>
<b>Strategic Goal 4: Build capacity for the long-term sustainability of the country's health research</b>	
Limited research capacity	<ul style="list-style-type: none"> <li>· Review of MRC capacity building strategy and related processes, including integrating capacity building initiatives grow next generation HDI scientists in progress</li> <li>· Coordinate / leverage off available global scholarships / initiatives to assist in growing next generation scientists of Extra-Mural units / HDI universities and Intra- Mural units</li> </ul>

## Annexure D – Acronyms and Abbreviations

<b>AIDS</b>	Acquired immune deficiency syndrome	<b>NDoH</b>	National Department of Health
<b>APP</b>	Annual Performance Plan	<b>NDP</b>	National Development Plan
<b>ATOD</b>	Alcohol, Tobacco and Other Drug	<b>NHI</b>	National Health Insurance
<b>BoD</b>	Burden of Disease	<b>NIH</b>	National Institutes of Health
<b>BRICS</b>	Brazil, Russia, India, China and South Africa	<b>NNMU</b>	Nelson Mandela Metropolitan University
<b>CAMS</b>	Chinese Academy of Medical Sciences	<b>NRF</b>	National Research Foundation
<b>CAPRISA</b>	Centre for the AIDS Programme of Research in South Africa	<b>NSDA</b>	Negotiated Service Delivery Agreement
<b>CCTV</b>	Close circuit camera television	<b>PC</b>	Personal Computer
<b>CEO</b>	Chief Executive Officer	<b>PFMA</b>	Public Finance Management Act
<b>CFO</b>	Chief Financial Officer	<b>PhD</b>	Doctor of Philosophy
<b>CIHR</b>	Canadian Institutes of Health Research	<b>PIIP</b>	Perinatal Problem Identification Programme
<b>CPUT</b>	Cape Peninsula University of Technology	<b>RAF</b>	Roadmap Accelerator Fund
<b>CRA</b>	Comparative Risk Assessment	<b>RFA</b>	Requests for applications
<b>DST</b>	Department of Science and Technology	<b>RSV</b>	Respiratory Syncytial Virus
<b>ECSP</b>	Economic Competitiveness Support Package	<b>SAAVI</b>	South African AIDS Vaccine Initiative
<b>EDCTP</b>	European and Developing Countries Clinical Trials Partnership	<b>SACENDU</b>	South African Community Epidemiology Network on Drug Use
<b>EMC</b>	Executive Management Committee	<b>SACRA</b>	South African Comparative Risk Assessment
<b>GBS</b>	Group B Streptococcus	<b>SADHS</b>	South African Demographic & Health Survey
<b>GHIA</b>	Global Health Innovation Accelerator	<b>SAMRC</b>	South African Medical Research Council
<b>GIPD</b>	Grants, Innovation and Product Development	<b>SA NBoD</b>	South African National Burden of Disease
<b>GSK</b>	GlaxoSmithKline	<b>SDG</b>	Sustainable Development Goals
<b>HDIs</b>	Historically Disadvantaged Institutions	<b>SETI</b>	Science, Engineering and Technology Institution
<b>HEI</b>	Higher Education Institutions	<b>SHIP</b>	Strategic Health Innovation Partnerships
<b>HeLTI</b>	Healthy Life Trajectories Initiative	<b>SIR</b>	Self-Initiated Research
<b>HIV</b>	Human immunodeficiency virus	<b>SP</b>	Strategic Plan
<b>HVTN</b>	HIV Vaccine Trials	<b>STATS SA</b>	Statistics South Africa
<b>IT</b>	Information Technology	<b>STIs</b>	Sexually Transmitted Infections
<b>MD</b>	Medical Doctor	<b>TB</b>	Tuberculosis
<b>MDGs</b>	Millennium Development Goal	<b>UK</b>	United Kingdom
<b>MoU</b>	Memorandum of Understanding	<b>UKMRC</b>	United Kingdom Medical Research Council
<b>MTSF</b>	Medium Term Strategic Framework	<b>USA</b>	United States of America
<b>MTEF</b>	Medium Term Expenditure Framework	<b>VP</b>	Vice President
<b>MUT</b>	Mangosuthu University of Technology	<b>VOIP</b>	Voice Over Internet Protocol
<b>NAPHISA</b>	National Public Health Institutes of South Africa	<b>WHO</b>	World Health Organization
<b>NCD</b>	Non-Communicable Disease	<b>WSU</b>	Walter Sisulu University

## Annexure E –2018-19 Technical Descriptions

### Strategic Objective 1:1 - To ensure good governance, effective administration and compliance with government regulations

Indicator title and no	1.1 Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the SAMRC
Short definition	Audit opinion expressed by auditor general
Purpose/importance	To strengthen financial management monitoring and evaluation
Source/collection of data	Documented Evidence: Annual Report; Auditor General's Report
Method of calculation	No calculation required
Data limitations	None
Type of indicator	Outcome
Calculation type	No calculation required
Reporting cycle	Annual
New indicator	No
Desired performance	To achieve a clean audit opinion from the Auditor General
Indicator coordinator	CFO
Performance responsibility	CFO

### Strategic Objective 1:2 To promote the organisation's administrative efficiency to maximise the funds available for research

Indicator title and no	1.2 Percentage (%) of the 2017/18 SAMRC total budget spent on salaries and operations of all corporate administrative functions
Short definition	Percentage of baseline (government) funding that is spent on salaries and operations of all corporate administrative functions.
Purpose/importance	Reducing the amount of money spent on support functions will lead to more funds being channelled towards research
Source/collection of data	Documented Evidence: Financial Records
Method of calculation	Count
Data limitations	None
Type of indicator	Outcome
Calculation type	Non-Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	CFO
Performance responsibility	CFO

### Strategic Objective 2:1 To produce and disseminate new scientific findings and knowledge on health

Indicator title and no	2.1 Number of published journal articles, book chapters and books by SAMRC researchers within intramural, extramural research units and collaborating centres at the SAMRC (Malaria, TB, HIV and Cancer), Self-Initiated Research, SHIP and Flagship projects
Short 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
Purpose/importance	To contribute to the production of new knowledge aimed at improving the nation's health.
Source/collection of data	ISD
Method of calculation	Count of publications (Original articles, editorials, commentaries or letters) in the top journals where the SAMRC is listed as an affiliation of at least one of the authors
Data limitations	None
Type of indicator	Output
Calculation Type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	ISD
Performance responsibility	VP: Research and VP: Research Management

Indicator title and no	2.2 Number of journal articles published by SAMRC grant-holders with acknowledgement of SAMRC support during the reporting period
Short 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
Purpose/importance	To contribute to the production of new knowledge aimed at improving the nation's health.
Source/collection of data	ISD
Method of calculation	Count of the number of ISI publications that list the SAMRC in the Acknowledgement section
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	ISD
Performance responsibility	VP: Research and VP: Research Management

### Strategic Objective 2:2 To promote scientific excellence and the reputation of South African health research

Indicator title and no	2.3 Number of published indexed impact factor journal articles with a SAMRC affiliated author
Short definition	Total number of articles published in top journals in which one of the authors is SAMRC affiliated (baseline or contract funded and in an intra- or extramural unit)
Purpose/importance	To contribute to the production of new knowledge aimed at improving the nation's health
Source/collection of data	ISD
Method of calculation	Count of the number of ISI publications where at least one author has listed the SAMRC as his/her affiliation
Data limitations	None
Calculation type	Cumulative
Type of indicator	Output
Reporting cycle	Quarterly
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	ISD
Performance responsibility	VP: Research and VP: Research Management

### Strategic Objective 2:3 To provide leadership in the generation of new knowledge in health

Indicator title and no	2.4 Number of journal articles where the first and/or last author is affiliated to the SAMRC during the reporting period
Short definition	Total number of ISI publications (original articles, editorials, commentaries or letters) where the first author has a listed affiliation as the SAMRC, usually because the author is in an SAMRC intra or extramural research unit, funded through baseline or contract funds
Purpose/importance	Generation of new knowledge
Source/collection of data	ISD
Method of calculation	Count of first-author ISI publications where the first author has listed the SAMRC as an affiliation
Data limitations	None
Calculation type	Cumulative
Type of indicator	Output
Reporting cycle	Quarterly
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	ISD
Performance responsibility	VP: Research and VP: Research Management



#### Strategic Objective 2:4 To facilitate the translation of SAMRC research findings into health policies and practices

Indicator title and no	2.5 Number of policies and guidelines that reference SAMRC research during the reporting period
Short definition	Total number of local/international policies and guidelines that have been influenced by SAMRC research
Purpose/importance	Translate SAMRC research into local/international policies
Source/collection of data	Unit records
Method of calculation	Count of the number of local or international policies and/or guidelines make reference to SAMRC research findings
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Bi-annually
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Head of the SAMRC Office of Strategy and Performance
Performance responsibility	VP: Research and VP: Research Management

#### Strategic Objective 2:5 To provide funding for the conduct of health research

Indicator title and no	2.6 Number (new and renewals) of research grants awarded by the SAMRC during the reporting period
Short definition	Total number of Research grants awarded to academic institutions by the SAMRC
Purpose/importance	To provide funding for health research
Source/collection of data	Unit records
Method of calculation	Count of the number of individual research grants awarded by the SAMRC to extramural researchers during the financial year. These are new awards rather than renewals and relate to Self-Initiated Grants, awards made by SHIP and the Offices for AIDS, TB and Malaria Research, and SAAVI; and Flagship awards
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Annual
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Manager of RAMD
Performance responsibility	VP: Research Management

### Strategic Objective 3:1 To provide funding for health research innovation and technology development

Indicator title and no	3.1 Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics during the reporting period
Short definition	Total number of Projects funded by the SAMRC that are aimed at developing new diagnostics, vaccines, etc.
Purpose/importance	To provide funding for innovation and technology projects that will lead to the development of diagnostics, vaccines, etc.
Source/collection of data	Unit record
Method of calculation	Count of the number of projects funded for innovations aimed at developing new vaccines, drugs, diagnostics, devices or any other technology aimed at improving health during the financial year
Data limitations	None
Type of indicator	Output
Reporting cycle	Annual
Calculation type	cumulative
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Director of SHIP
Performance responsibility	Director of SHIP

Indicator title and no	3.2 Number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period
Short definition	Promote the improvement of health and quality of life in the country through innovation, technology development and transfer (invention disclosures, patents filed and licences concluded)
Purpose/importance	Develop and refine knowledge transfer model as innovative best practice approaches for health promotion
Source/collection of data	Unit record
Method of calculation	Count of the number of new diagnostics, devices, vaccines and therapeutics progressed to the next stage of development during the reporting period (examples of Innovations are vaccines; drug models; molecules, etc)
Data limitations	None
Type of indicator	Output
Reporting cycle	Annually
Calculation type	Non-cumulative
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Director of SHIP
Performance responsibility	Director of SHIP

**Strategic Objective 4:1 To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers**

<b>Indicator title and no</b>	<b>4.1 Number (new and renewals) of SAMRC bursaries/ scholarships/ fellowships funded for post-graduate study at masters, doctoral and post-doctoral levels during the reporting period</b>
Short definition	Total number of total or part bursaries/ scholarships/ fellowships funded by the SAMRC for post-graduate study at masters, doctoral and post-doctoral levels
Purpose/importance	To enhance sustainability of health research in South Africa by providing funding for the development of the next generation of health researchers
Source/collection of data	RAMD records
Method of calculation	Count of the number of bursaries/scholarships/fellowships funded by the SAMRC to enhance sustainability of health research in South Africa
Data limitations	None
Type of indicator	Output
Reporting cycle	Annually
Calculation type	Cumulative
New indicator	Yes
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Manager of RAMD
Performance responsibility	VP: Research Management

<b>Indicator title and no</b>	<b>4.2 Number of masters and doctoral students <u>graduated</u> during the reporting period</b>
Short definition	Develop human capital within the organisation to ensure excellence in all areas of operation
Purpose/importance	To promote growth of the research field and health through contributions to academic studies, training and mentoring.
Source/collection of data	Organisational records
Method of calculation	Count
Data limitations	None
Type of indicator	Cumulative
Reporting cycle	Output
Calculation type	Annually
New indicator	No
Desired performance	To achieve the target for the reporting period
Indicator coordinator	Manager of RAMD
Performance responsibility	VP: Research Management

## ADDENDUMS



## Addendum I to Strategic Plan (SAMRC expenditure estimates)

Statement of comprehensive income	Budget	Audited Outcome	Budget	Audited Outcome	Budget	Audited Outcome	Revised estimate	Audited Outcome	Outcome/ Budget Average %	Average growth rate (%)	Expen- diture/ total: Average (%)	Medium- term estimate			Average growth rate (%)	Expen- diture/ total: Average (%)
R thousand	2013/14		2014/15		2015/16		2016/17		2013/14-2016/17			2017/18	2018/19	2019/20	2016/17 - 2019/20	
Sale of goods and services other than capital assets	321,885	287,805	283,006	278,813	359,221	306,766	322,954	366,443	36.1%	8.4%	34.9%	342,414	300,024	335,079	-2.9%	32.4%
Other non-tax revenue	27,250	28,022	25,050	24,993	54,259	32,331	33,200	36,462	4.4%	9.2%	4.0%	31,019	32,472	31,483	-4.8%	3.8%
Transfers received	416,460	416,460	460,638	446,331	623,892	623,892	657,590	654,170	59.4%	16.2%	61.1%	614,290	624,829	659,819	0.3%	63.8%
Total revenue	765,595	732,287	768,694	750,137	1,037,372	962,989	1,013,744	1,057,075	100.0%	13.0%	100.0%	987,723	957,325	1,026,381	-1.0%	100.0%
Expenses																
Compensation of employees	330,722	298,099	235,811	277,270	312,162	283,168	334,638	303,910	33.0%	0.6%	34.1%	357,394	378,124	399,299	9.5%	36.8%
Goods and services	417,483	356,022	553,358	402,430	658,192	522,591	599,849	624,537	60.5%	20.6%	55.9%	597,791	524,667	529,396	-5.4%	53.5%
Depreciation	19,100	16,556	19,500	18,022	20,400	18,627	20,500	19,013	2.2%	4.7%	2.1%	21,000	22,218	23,462	7.3%	2.2%
Interest, dividends and rent on land	101	5,932	25	1,370	-	1,246	-	-	0.0%	-100.0%	0.3%	-	-	-	-	-
Tax payment	-	51,144	-	54,812	76,618	76,618	80,757	77,337	4.3%	14.8%	7.6%	75,439	76,734	81,031	1.6%	7.6%
Total expenses	767,406	727,753	808,694	753,904	1,067,372	902,250	1,035,744	1,024,797	100.0%	12.1%	100.0%	1,051,624	1,001,743	1,033,188	0.3%	100.1%
Surplus/(Deficit)	(1,811)	4,534	(40,000)	(3,767)	(30,000)	60,739	(22,000)	32,278		92.4%		(63,901)	(44,418)	(6,807)	-159.5%	

## Addendum 2 - References

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

National Development Plan 2030

National Department of Health 10-point Plan

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

Sustainable Development Goals 2030

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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