REPORT:

SAMRC BOARD CHAIRPERSON
CHAIRPERSON’S VIEW OF
THE 2015/16 ANNUAL REPORT

“I am assured that the science being funded by the SAMRC both within the intramural space & in universities in South Africa is **impacting** on the lives of South Africans; is **aligned** with the recommendations made by the SETI & External Reviews of the SAMRC; & **addresses the priorities** of the country in terms of health research”

Mike Sathekge
We have a clean audit for the fourth consecutive year!

This is a tribute to the SAMRC in that it has:

- attained verification that it met all its indicators with regard to its APP
- clean and sound financial operations
- good science as evidenced by our publication record
- support of growing capacity, and
- as well as innovation.
THE JOURNEY TO A REVITALISED SAMRC

• **1997 SETI Review**: “priority driven research, a national asset which is being successfully transformed to discharge its responsibilities & functions”

• **2010 SETI Review**: 13 years later: “declining scientific stature; declining extramural support at the expense of the intramural research; inappropriate positioning of the SAMRC in the national system of innovation, governance deficiencies; operational shortcomings; limited clinical research conducted”

• **SAMRC 2011-2013 strategic plan** rejected as it “failed to show how the SAMRC will change its work to address national imperatives of increasing life expectancy, decrease maternal and child mortality rates, combat HIV, TB and STIs, decrease the burden of disease from TB, and strengthen health system effectiveness”
PRE-VITALISATION

- Pockets of excellence
- “pulling in different directions”
- Leadership Vacuum
- Erosion of staff confidence in the SAMRC’s management
- Unclear vision or identifiable legacy
- Frustrating procurement & finance department
- Skewed resource allocations
- SAMRC falls short as custodian of all RSA medical research
- Diminishing baseline grant from NDOH
- Outdated organisational and funding approaches
OUR TERM OF OFFICE AS THE BOARD

• Centrality of scientific excellence

• SAMRC as a custodian responsible for medical research in RSA

• Prioritised intramural research to maximise impact on health

• Re-organised the SAMRC to become a modern research organisation

• 12 intramural research units (& proposed NDOH-MRC NHI unit)
SAMRC’S STRATEGIC GOALS

- Administer South African health research effectively & efficiently
- Lead the generation of new knowledge & facilitate its translation into policies & practices to improve health
- Support innovation & technology development to improve health
- Build capacity for long-term sustainability of the country’s health research
# BASELINE BUDGET ALLOCATION

<table>
<thead>
<tr>
<th>Budget Allocation (excl. Vat)</th>
<th>2014/15 (Rm)</th>
<th>2015/16 (Rm)</th>
<th>2016/17 (Rm)</th>
<th>2017/18 (Rm)</th>
<th>2018/19 (Rm)</th>
<th>2019/20 (Rm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Allocation</td>
<td>391,518</td>
<td>547,274</td>
<td>576,833</td>
<td>538,851</td>
<td>548,096</td>
<td>578,789</td>
</tr>
<tr>
<td>Y on Y % Increase</td>
<td>40%</td>
<td>5%</td>
<td>-7%</td>
<td>2%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Y on Y Amt Increase</td>
<td>155,755</td>
<td>29,560</td>
<td>-37,982</td>
<td>9,245</td>
<td>30,693</td>
<td></td>
</tr>
<tr>
<td>Est. Ann. Baseline Salary Incr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,904</td>
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<td></td>
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<td>15,311</td>
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<tr>
<td>Notes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15,656</td>
</tr>
</tbody>
</table>

**Increase in 2015/16**
- NDOH separate allocation to National Health Scholars Programme

**Increase in 2016/17**
- NDOH separate allocation to National Health Scholars Programme

**Increase 2018/19**
- Increase allocation from Cabinet to compensate for phase out of Economic Competitiveness Support Package Funding
BASELINE BUDGET ALLOCATION

Budget Allocation

0 100 000 200 000 300 000 400 000 500 000 600 000 700 000

2014/15 (Rm) 2015/16 (Rm) 2016/17 (Rm) 2017/18 (Rm) 2018/19 (Rm) 2019/20 (Rm)

391 518 547 274 576 833 538 851 548 096 578 789

Budget Allocation
FINANCIAL PERFORMANCE
2015/16
AUDIT OUTCOME 2015/16

• 4\textsuperscript{th} Consecutive clean audit

Opinion:

“In my opinion, the financial statements present fairly, in all material respects, the financial position of the South African Medical Research Council as at 31 March 2016 and its financial performance and cash flows for the year then ended, in accordance with SA Standards of GRAP and the requirements of the PFMA.”
# STATEMENT OF FINANCIAL PERFORMANCE

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>2016</th>
<th>Variance</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>849 722 349</td>
<td>27,3%</td>
<td>667 406 256</td>
</tr>
<tr>
<td>Other income</td>
<td>10 700 648</td>
<td>31,6%</td>
<td>8 128 215</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>-823 070 915</td>
<td>18,0%</td>
<td>-697 720 724</td>
</tr>
<tr>
<td><strong>Operating deficit</strong></td>
<td><strong>37 352 082</strong></td>
<td><strong>-268,4%</strong></td>
<td><strong>-22 186 253</strong></td>
</tr>
<tr>
<td>Investment income</td>
<td>25 947 888</td>
<td>35,6%</td>
<td>19 137 560</td>
</tr>
<tr>
<td>Fair value adjustments</td>
<td>-1 266 456</td>
<td>-294,4%</td>
<td>651 514</td>
</tr>
<tr>
<td>Finance costs</td>
<td>-1 294 175</td>
<td>-5,5%</td>
<td>-1 370 197</td>
</tr>
<tr>
<td><strong>(Deficit) Surplus for the year</strong></td>
<td><strong>60 739 339</strong></td>
<td></td>
<td><strong>-3 767 376</strong></td>
</tr>
</tbody>
</table>
REVENUE

• Total revenue increased by **27.3%** from R667m in 2014/15 to R849m in 2015/16

• Total Revenue consists of:
  – Government Grant increased by **39.8%** from R391m to R547m, and
  – Research Contract income increased by **9.4%** from R276m to R302m
EXPENDITURE

• Operating Expenditure increased by 18% from R697 to R823 mainly due to:
  – Increase of 49% in Collaborative Research, from R261m to R389m
    • Due to continued growth in high impact grant awards such as the Department for International Development (DFID) funded grant – What Works to Prevent Violence Against Women and Girls
  – This increase off-set by decrease in:
    • Travel – 9.5%, from R31m to R28m
    • Consulting – 32.6% from R11m to R7m
  – Staff costs only increased by 2.1%
The budget to actual variance of about R90m is due to the fact that:

- Delay in milestone payments on grant funded projects
- Saving on the SAMRC / NIH collaboration
- Finalisation of collaborative contracts taking longer than anticipated.
FINANCIAL POSITION

• Reserves at 31 March 2016 was R303m, an increase of R60m inline with the surplus

• Total Assets increased by 33%, from R472m to R628m due to Cash and Cash Equivalents and Property, Plant and Equipment

• Cash and Cash equivalents increased by 43.4% from R313m to R449m due to increase in grant receipts of R256m to R946m
## BASELINE INCOME PROJECTIONS

### BASELINE BUDGET ALLOCATION

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<td></td>
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### Budget Allocation

![Graph showing budget allocation from 2014/15 to 2019/20]
CONCLUSION

• For 2016/17 the SAMRC baseline allocation will only increase by 5% (R29m)

• Together with this increase and the approved rolled-over accumulated reserves of R303m, the SAMRC will continue to operate as a going concern

• Over the MTEF the baseline allocation declines and increase at a nominal rate. This trend will not allow SAMRC to continue with Flagship projects which have merit and impact negatively on leverage funding opportunities
HUMAN RESOURCES REPORT
EMPLOYMENT EQUITY

EE PROFILE BY RACE

Race

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>40.1%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Colored</td>
<td>23.7%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Indian</td>
<td>20.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>White</td>
<td>15.4%</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

APPOINTMENTS BY RACE

OCTOBER 2014 – SEPTEMBER 2015

- African: 17%
- Colored: 8%
- Indian: 9%
- White: 57%

OCTOBER 2015 – SEPTEMBER 2016

- African: 21%
- Colored: 11%
- Indian: 6%
- White: 78.38%

EE PROFILE BY GENDER

Gender

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>79%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Female</td>
<td>21%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

APPOINTMENTS BY GENDER

OCTOBER 2014 – SEPTEMBER 2015

- Male: 79%
- Female: 21%

OCTOBER 2015 – SEPTEMBER 2016

- Male: 66.22%
- Female: 33.78%
TRANSFORMATION

• Established new Transformation Committee
• Benchmarked best practice in transformation in Science Research Councils

• Drafting new transformation strategy
  – Broader than just EE
  – Includes transforming the culture of the SAMRC
  – Leadership: living the values of the SAMRC
  – Physical transformation of the MRC brand and offices

• Inclusive, consultative process
  – All staff involved
TRANSFORMATION

• Community engagement as part of transformation strategy
  – Research translation
  – CSI programme

• Growing scientists and researchers
  • Creation of Deputy Director positions – leadership development of EE candidates
  • PDI programme – support of WSU and MSU to augment Research Capacity
  • Research Capacity Development Programme
    – funding of Interns, Masters and PhD students
  • Self-initiated Research grants re-aligned to increase ESI grantees
  • Schools and university career days
  • MRC open day
  • Supervision of Masters and PhD students’ research
TALENT MANAGEMENT

Talent Attraction

– Branding and positioning SAMRC
– Employer of Choice programme
  • Competitive remuneration
  • Great leadership and supervision
  • Opportunities to do great work
  • Make a difference to the country

Grow Talent

– Accelerated Development Programme
– Training and development opportunities – particularly to get PhDs
– Participation on committees, advisory groups
– Conference attendance, CPD programmes
TALENT MANAGEMENT

Talent Retention
- Stay interviews in the 1st year of employment
- Performance Management – focused on development
- Outputs driven management approach
- Create opportunity to work independently
- Work-life balance
PRESIDENT’S REPORT
DEFINING OUR BUSINESS…

VISION

Building a healthy nation through research and innovation

MISSION

To improve the nation’s health and quality of life through promoting and conducting relevant and responsive health research.
RESPONDING TO COUNTRY’S NEEDS

According to the SAMRC’s 2nd National Burden of Disease Study, the top 10 causes of death are:

1. Lower Respiratory Infections
2. Hypertensive Heart Disease
3. Tuberculosis
4. Road Injuries
5. Cerebrovascular Disease
6. Interpersonal Violence
7. Diabetes Mellitus
8. HIV/AIDS
9. Diarrhoeal Diseases
10. Ischaemic Heart Disease
BUSINESS STRATEGY OF SAMRC IS AN INTERVENTION OF THE COUNTRY THAT RESPONDS TO KEY HEALTH CONCERNS BY FUNDING & CONDUCTING INNOVATIVE HEALTH RESEARCH

RESPONDING INNOVATIVELY

IMPACT IN HEALTH NEEDS TO BE ON THE WHOLE HEALTH VALUE CHAIN

- BIG IDEAS, SCIENCE – high impact: promote knowledge economy
- DEVELOPING HEALTH SOLUTIONS – improving health of the nation
- BUILDING RESEARCH infrastructure & human capacity
### ACTUAL PERFORMANCE: APP (2015/16)

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Indicator No.</th>
<th>Programme Performance Indicator</th>
<th>Reporting period: 2015/16 Performance Target</th>
<th>Frequency</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure good governance, effective administration and compliance with government regulations</td>
<td>1,1</td>
<td>Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the SAMRC</td>
<td>Clean</td>
<td>Annual</td>
<td>Clean</td>
</tr>
<tr>
<td></td>
<td>1,2</td>
<td>% of the 2015/16 government allocated SAMRC budget spent on administration</td>
<td>25%</td>
<td>Annual</td>
<td>19%</td>
</tr>
<tr>
<td>To produce and disseminate new scientific findings and knowledge on health</td>
<td>2,1</td>
<td>Number of published journal articles, book chapters and books by South African Medical Research Council (SAMRC) MRC (Medical Research Council) and Medical Research Council of South Africa (MRCSA) researchers within intramural, extramural research units and Collaborating centres at the SAMRC (Malaria, TB, HIV and Cancer) and Self-Initiated Research, SHIP and the flagship projects</td>
<td>450</td>
<td>Quarterly</td>
<td>680</td>
</tr>
<tr>
<td></td>
<td>2,2</td>
<td>Number of published journal articles by SAMRC/MRC/MRCSA grant-holders during the reporting period, with an acknowledgement of SAMRC/MRC/MRCSA funding support during the reporting period</td>
<td>115</td>
<td>Quarterly</td>
<td>101</td>
</tr>
</tbody>
</table>
### ACTUAL PERFORMANCE: APP (2015/16)

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Indicator No.</th>
<th>Programme Performance Indicator</th>
<th>Reporting period: 2015/16 Performance Target</th>
<th>Frequency</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote scientific excellence and the reputation of South African health research</td>
<td>2,3</td>
<td>Number of published indexed high impact factor journal articles with an SAMRC/ MRC/MRCSA affiliated author during the reporting period</td>
<td>12</td>
<td>Quarterly</td>
<td>602</td>
</tr>
<tr>
<td>To provide leadership in the generation of new knowledge in health</td>
<td>2,4</td>
<td>Number of journal articles where the first-author and/or the last author is affiliated to the SAMRC/MRC/MRCSA during the reporting period</td>
<td>165</td>
<td>Quarterly</td>
<td>417</td>
</tr>
<tr>
<td>To facilitate the translation of SAMRC research findings into health policies and practices</td>
<td>2,5</td>
<td>Number of new local/international policies and guidelines that reference SAMRC research during the reporting period</td>
<td>4</td>
<td>Bi-Annual</td>
<td>4</td>
</tr>
</tbody>
</table>
### ACTUAL PERFORMANCE: APP (2015/16)

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Indicator No.</th>
<th>Programme Performance Indicator</th>
<th>Reporting period: 2015/16 Performance Target</th>
<th>Frequency</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide funding for the conduct of health research</td>
<td>2,6</td>
<td>Number of research grants awarded by the SAMRC during the reporting period</td>
<td>110</td>
<td>Annual</td>
<td>112</td>
</tr>
<tr>
<td>To provide funding for health research innovation and technology development</td>
<td>3,1</td>
<td>Number of innovation and technology projects funded by the SAMRC to develop new diagnostics, devices, vaccines and therapeutics during the reporting period</td>
<td>30</td>
<td>Annual</td>
<td>34</td>
</tr>
<tr>
<td>To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers</td>
<td>4,1</td>
<td>Number of SAMRC bursaries/ scholarships/ fellowships provided for post-graduate study at masters, doctoral and post-doctoral levels during the reporting period</td>
<td>65</td>
<td>Annual</td>
<td>66</td>
</tr>
</tbody>
</table>
TREND IN LIFE EXPECTANCY AT BIRTH, 2000-2014

- 9 year increase in average life expectancy since the low in 2005
- By 2014:
  - Total: 62.9 years
  - Male: 60.0 years
  - Female: 65.8 years
TREND IN CHILDHOOD MORTALITY, 2000-2014

- Under-5 mortality rate (U5MR) and infant mortality rate (IMR) increased to a peak in 2003 and declined till 2011.
- Levels have stagnated at 40 and 28 deaths per 1,000 livebirths for the U5MR and IMR respectively.
- Neonatal mortality rates (NMR) have declined to 11 per 1,000 livebirths.
CHANGES IN MORTALITY

![Bar graph showing changes in mortality from 1997 to 2000 for injuries, non-communicable diseases, HIV/AIDS and tuberculosis, and communicable diseases, perinatal conditions, maternal causes, and nutritional deficiencies.]
CHANGES IN MORTALITY

![Chart showing changes in mortality between 2005 and 2012](image)

- **2005 (N=667,815)**
  - Number of deaths: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

- **2012 (N=528,946)**
  - Number of deaths: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20
PATTERNS OF MORTALITY BY RACE

- **Black Africans**
  - Injuries
  - Non-communicable diseases
  - HIV/AIDS and tuberculosis
  - Communicable diseases, perinatal conditions, maternal causes, and nutritional deficiencies

- **Coloureds**

- **Whites**

- **Indians or Asians**

Year: 2000 to 2012
PATTERNS OF MORTALITY BY PROVINCE

[Diagram showing age-standardised death rates per 100,000 population for various causes in different provinces from 1997 to 2012. The causes include Injuries, Non-communicable diseases, HIV/AIDS and tuberculosis, Communicable diseases, perinatal conditions, maternal causes, and nutritional deficiencies.]
NCD MORTALITY BY GENDER

A. Males

B. Females

Deaths/100,000 population, n

Year


CVD
IHD
Hypertensive heart disease

Cardiomyopathy
Diabetes mellitus
Renal disease
RESPIRATORY MORTALITY BY GENDER

A. Males

B. Females

Deaths/100,000 population, n

Year

COPD
Asthma
Other respiratory disease

saMRC
advancinglife

41
RESPIRATORY DEATHS OVER 10 YEARS
INVESTMENT CASE FOR SOUTH AFRICA

- Sound corporate governance provides assurance that funds are well managed & directed to the required research
- Comparatively low overheads
- State of the art laboratories
- Internationally recognised researchers
- Independent organisation with strong relations
- Ability to lead and manage complex multinational projects
PEER REVIEWED ARTICLES 2010 - 2016

Financial years

<table>
<thead>
<tr>
<th>Year</th>
<th>Peer reviewed articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>648</td>
</tr>
<tr>
<td>2011/12</td>
<td>516</td>
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<tr>
<td>2012/13</td>
<td>491</td>
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<tr>
<td>2013/14</td>
<td>451</td>
</tr>
<tr>
<td>2014/15</td>
<td>481</td>
</tr>
<tr>
<td>2015/16</td>
<td>680</td>
</tr>
</tbody>
</table>
INVESTING IN RESEARCH

Publication costs

Financial years

2011/12 2012/13 2013/14 2014/15 2015/16

R’000

Estimated cost per peer reviewed publication - Core research funding

Estimated cost per peer reviewed publication - Total funding

INVESTING IN RESEARCH

45
GROWING OUR KNOWLEDGE ECONOMY

All RCD Scholarship (degree Programmes by Race (Generic Black) & Level (M&D))
FY2011/12 - 2016/17

- MScs
- PhDs

2011/12 FY
2012/13 FY
2013/14 FY
2014/15 FY
2015/16 FY
2016/17 FY

0 10 20 30 40 50 60 70
STEWARDSHIP

• National TB Research Strategy
• National Cancer Research Strategy

• Self testing HIV testing guidelines development
• AMR research strategy

• Need to have a national violence, injury & peace research strategy
SPECIFIC HIGHLIGHTS

Awarded 112 research grants in 2015/16

Funded 47 research units, including centres

All 2015/16 publications received impact factor greater than 5

Introduced first ever HIV vaccine trial site(s) to South Africa
INNOVATION CHANGING THE POINT OF CARE

• Primary outcomes
  – Stillbirth rate in Umbiflow versus no Umbiflow group

• Secondary outcomes
  – Induction rate
  – Caesarean section rate
  – Small for gestation detection rate
  – Maternal morbidity
  – Neonatal morbidity
  – Cost effectiveness
# Preliminary Results: June 2015 – April 2016

Mamelodi Township: 8,677 Deliveries (≥1000g)

<table>
<thead>
<tr>
<th>UMBIFLOW</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number recruited</td>
<td>1090</td>
<td>12.6% of Mamelodi pregnant population</td>
<td></td>
</tr>
<tr>
<td>Abnormal</td>
<td>142</td>
<td>13.0% (of Umbiflow)</td>
<td></td>
</tr>
<tr>
<td>Referred back with normal Doppler</td>
<td>18</td>
<td>98.3% agreement Umbiflow and U/S Doppler</td>
<td></td>
</tr>
<tr>
<td>True abnormal Doppler</td>
<td>124</td>
<td>11.4% of screened pop.</td>
<td></td>
</tr>
<tr>
<td>AEDF</td>
<td>12</td>
<td>8.5% (of abnormal Umbiflow) 1.1% (of screened pop.)</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence 10x higher than in high income countries
### PRELIMINARY RESULTS: MAMELODI TOWNSHIP

<table>
<thead>
<tr>
<th></th>
<th>Umbiflow (1090)</th>
<th>No Umbiflow</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. delivered</td>
<td>956</td>
<td>7587</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>134</td>
<td>12% of Umbiflow pop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caesarean del.</td>
<td>219</td>
<td>22.9% of Umbiflow pop.</td>
<td>1911</td>
<td>25.2%</td>
</tr>
<tr>
<td>Abnormal</td>
<td>56</td>
<td>45% CD rate (Abn Umbi)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>163</td>
<td>19.6% CD rate (N Umbi)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Perinatal deaths**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MSB</td>
<td>3</td>
<td>80</td>
</tr>
<tr>
<td>FSB</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>SB rate/1000</td>
<td>6.27</td>
<td>14.63</td>
</tr>
<tr>
<td>ENND</td>
<td>3</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>170</td>
</tr>
<tr>
<td>PNM rate</td>
<td>9.41</td>
<td>22.4</td>
</tr>
</tbody>
</table>
INNOVATION CHANGING THE POINT OF CARE
INNOVATION CHANGING THE POINT OF CARE

STOCK OUTS

- 73 in 6 months reported
- 6 ADR’s

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
<th>Hospital</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluracedyl</td>
<td>500mg vial</td>
<td>Livingstone Hospital</td>
<td>Eastern Cape</td>
</tr>
<tr>
<td>Neonatalite</td>
<td></td>
<td>Willowmore Hospital</td>
<td>Eastern Cape</td>
</tr>
<tr>
<td>Neonatalite</td>
<td></td>
<td>Willowmore Hospital</td>
<td>Eastern Cape</td>
</tr>
<tr>
<td>Neonatalite</td>
<td></td>
<td>Willowmore Hospital</td>
<td>Eastern Cape</td>
</tr>
<tr>
<td>RH</td>
<td>60/60</td>
<td>Willowmore Hospital</td>
<td>Eastern Cape</td>
</tr>
</tbody>
</table>

![Stock outs](chart1.png)

![Stock out per user](chart2.png)
# PHC APP – 25,900 USERS

<table>
<thead>
<tr>
<th>Province</th>
<th>Users</th>
<th>Sessions</th>
<th>Average Session Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauteng</td>
<td>13621</td>
<td>111454</td>
<td>05:38</td>
</tr>
<tr>
<td>Western Cape</td>
<td>5995</td>
<td>43829</td>
<td>04:28</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>4403</td>
<td>36823</td>
<td>05:21</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>893</td>
<td>2871</td>
<td>05:25</td>
</tr>
<tr>
<td>Free State</td>
<td>704</td>
<td>1795</td>
<td>04:47</td>
</tr>
<tr>
<td>North West</td>
<td>352</td>
<td>885</td>
<td>05:04</td>
</tr>
<tr>
<td>Limpopo</td>
<td>173</td>
<td>356</td>
<td>04:19</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>132</td>
<td>495</td>
<td>05:16</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>123</td>
<td>232</td>
<td>04:21</td>
</tr>
</tbody>
</table>

## Top Conditions for the Top 3 Provinces:

<table>
<thead>
<tr>
<th>Gauteng</th>
<th>Western Cape</th>
<th>KwaZulu-Natal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Tonsillitis and Pharyngitis</td>
<td>2. Tonsillitis and Pharyngitis</td>
<td>2. Tonsillitis and Pharyngitis</td>
</tr>
<tr>
<td>5. Urinary tract infection</td>
<td>5. Pain control</td>
<td>5. Anaemia</td>
</tr>
</tbody>
</table>
WSU RESEARCH DEVELOPMENT PROGRAMME

PURPOSE: facilitate the successful implementation of research projects funded by SAMRC at WSU in the HIV arena

• PRIMARY OBJECTIVES:
  – Develop research & research management capacity at WSU
  – Provide / facilitate administrative & technical support to research projects

BATHO PELE PRINCIPLE: REDRESS

A broader objective: to increase the RESEARCH INTENSITY, QUALITY & OUTPUTS OF WSU
SAMRC SIR GRANTS

PURPOSE:

• Funding novel investigator-initiated research in health arena
• Aim: generating high quality:
  – New knowledge
  – New medical products
  – Improved medical/health practice
  – Effective health promotion strategies or improved health policy & systems

☐ FUNDING: R 200 000 per project per annum up to 3 years
## SAMRC 2015/16 SIR CALL

<table>
<thead>
<tr>
<th>Category 1: Early stage investigators</th>
<th>Category 2: Mid-level and established researchers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum MBChB, PhD or MSc</td>
<td>Minimum MBChB or PhD</td>
</tr>
<tr>
<td>1-5 years (conducting research) since completion of post-graduate degree or MBChB</td>
<td>&gt;5 years (conducting research) since completion of post-graduate degree or MBChB – PI or study coordinator on at least 3 studies</td>
</tr>
<tr>
<td>Must have secured a salary at the university or research institution for the length of the grant</td>
<td>Must be in an established academic post, i.e. permanently employed, or in a long-term contract of employment (at least for the duration of the project) salaried by the university or research institution</td>
</tr>
</tbody>
</table>
AWARDS BY RACE SINCE 2012

The transformation framework is demonstrating impact.
POTENTIAL IMPACTFUL PROGRAMMES (SAC)

- Childhood obesity: 5 country study
- Grand Challenges in Neonatal & Maternal Mortality
- Newton in TB implementation science & NCDs
- Mid Career Scientist Programme
- Ebola investment
- HDI initiative
SENEGAL

• Workshop held at SAMRC Pretoria office – 29 June 2016
• High level delegation from Senegal participated
• Objectives of workshop:
  – Capacity building
  – Joint human capital development programmes
  – Joint strategic research projects
• Presented on:
  – Chronic diseases, hypertension & diabetes
  – Child and mother healthcare
  – Molecular genetics and molecular biology
  – Nuclear medicine
  – Vaccine development
  – Communicable diseases
CHINA

- SAMRC hosted Chinese delegation on 25 July 2016:
  - Vice Minister & 5 colleagues: National Health & Family Planning Commission
  - Vice President & 2 colleagues: Chinese Academy of Medical Sciences
  - Others (x4)

- Meeting attended by representatives of NDoH, SA
- Signed MoU
- Focus on cancer research projects
GLOBAL ANTIMICROBIAL RESISTANCE RESEARCH AND DEVELOPMENT (GARD) PARTNERSHIP

- SAMRC signed MoU with GARD in May 2016
- SAMRC contributing R2 million to Partnership
- Hosting AMR workshop on 1 September 2016 in Cape Town
- SA and sub-Saharan delegates (x40) will participate
- SAMRC to contribute funding to AMR projects in SA
SWEDEN

- Identified two focus areas for collaborative research:
  - Inequalities in health
  - Health systems and health systems policies
- Hosted workshop in Cape Town in Oct 2015
- Published RFA in Jan 2016
- Funding 11 collaborative projects
- Budgets:
  - SAMRC – R22 million over 3 years
  - Forte – SEK 15.9 million over 3 years
SUDAN

• Hosted workshop in Cape Town in Dec 2015
• Focus area:
  – drug research and development from natural products and diagnostic development
• MoU with DST for managing the collaboration – March 2016
• DST providing R1 million over 2 years for joint projects – Sudanese government to match funding for partners in Sudan
• SAMRC will set-up SA consortium
THE GAMBIA

- DST facilitating collaboration and providing funding
- Focus areas:
  - TB
  - Malaria
- Expert workshop planned in The Gambia
- SAMRC experts will participate
The aim is to favour and advance greater academic, scientific and technological exchange between our two countries.

Looking forward to working together better and further in the near future,

Kind regards,

Dr Pierguido SARTI
Scientific and Technology Attaché
Embassy of Italy in Pretoria
Email: pretoria.scienza@esteri.it
• Invitation from ICMR/IAVI to conduct workshop on research capacity development - Delhi, India
MADAGASCAR

• Collaboration between SAMRC and Pasteur Institute

• Trip to Madagascar in August before official visit to RSA to discuss potential collaborations

• Infectious Diseases, Surveillance & Public Health
WE STILL HAVE WORK TO DO…

- SAMRC animal research
- Revitalise SAMRC EC
- Research integrity/QA
- Data management & clinical research support
- Bio-banking

- TRANSFORMATION
- Re-evaluation of our intramural science
- Tobacco research is wanting
- Collaboration in Africa
- NRF rating of scientists
THANK YOU

Presenter: Glenda Gray
President & CEO: SAMRC
Email: Glenda.gray@mrc.ac.za