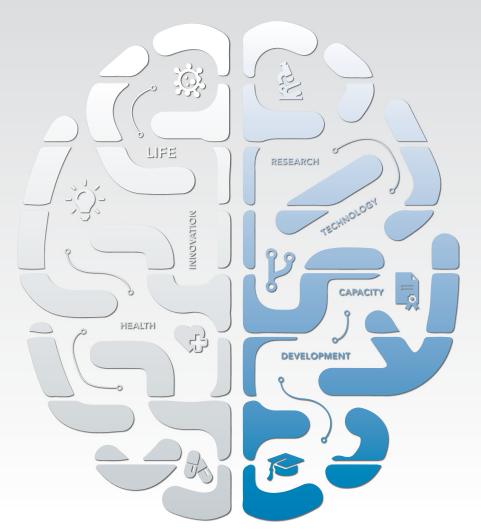


SOUTH AFRICAN MEDICAL RESEARCH COUNCIL



ANNUAL REPORT 2016 | 2017

PORTFOLIO COMMITTEE ON HEALTH NATIONAL PARLIAMENT MONDAY, 2 OCTOBER 2017



SCOPE OF PRESENTATION

- A MEASURED PERFORMANCE IN THE REPORTING PERIOD
- **B** | FINANCIAL PERFORMANCE & POSITION
- C HUMAN RESOURCES
- D LEGISLATIVE CHANGE PROCESS: UPDATE
- **E** | TRANSFORMATION
- F INVESTMENT IN RESPONSIVE MEDICAL RESEARCH & INNOVATION

Investing in responsive medical research and innovation



MEASURED
PERFORMANCE IN THE
REPORTING PERIOD



OUR VISION

Building a healthy nation through research and innovation.

OUR MISSION

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

OUR MANDATE

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

OUR ORGANISATIONAL VALUES

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



We push the boundaries between the known and the unknown to further our knowledge of human existence.



We celebrate the capacity of collective minds toward a common goal.

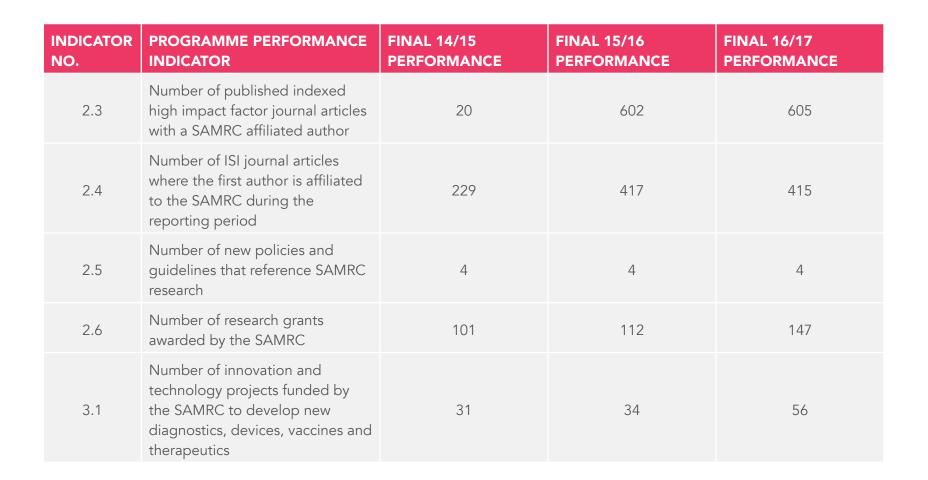


We strive for distinction in everything we do.

MEASURED PERFORMANCE 2016/17

INDICATOR NO.	PROGRAMME PERFORMANCE INDICATOR	FINAL 14/15 PERFORMANCE	FINAL 15/16 PERFORMANCE	FINAL 16/17 PERFORMANCE
1.1	Compliance with legislative prescripts, reflected in the final audit report relating to the processes and systems of the SAMRC	Unqualified Audit	Unqualified Audit	Unqualified Audit
1.2	Percentage (%) of the 2016/17 SAMRC total budget spent on salaries and operations of all corporate administrative functions	21%	19%	18%
2.1	Number of peer reviewed articles with a SAMRC affiliated author that are published in ISI journals during the reporting period	481	680	660
2.2	Number of peer reviewed articles published in ISI journals with acknowledgement of SAMRC support during the reporting period	85	101	135

MEASURED PERFORMANCE 2016/17

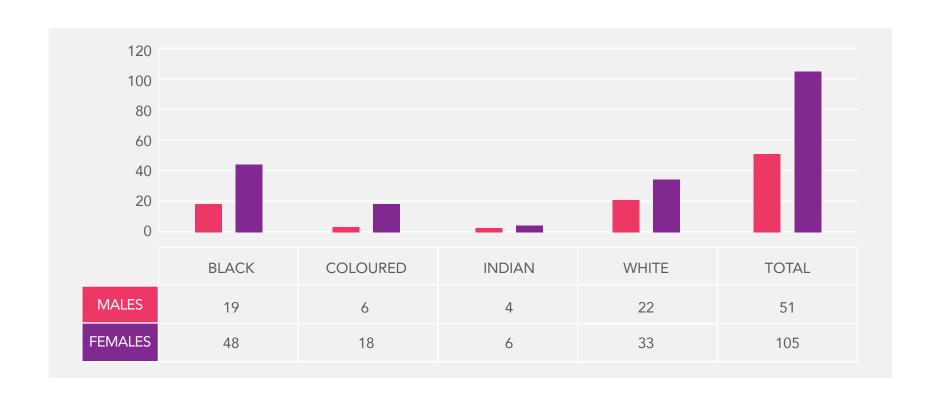


MEASURED PERFORMANCE 2016/17

INDICATOR NO.	PROGRAMME PERFORMANCE INDICATOR	FINAL 14/15 PERFORMANCE	FINAL 15/16 PERFORMANCE	FINAL 16/17 PERFORMANCE
3.2	Number of new diagnostics, devices, vaccines and therapeutics developed during the reporting period	NEW INDICATOR	NEW INDICATOR	2
4.1	Number of SAMRC bursaries/ scholarships/ fellowships provided for postgraduate study at masters, doctoral and postdoctoral levels	86	66	156
4.2	Number of masters and doctoral students graduated during the reporting period	NEW INDICATOR	NEW INDICATOR	69

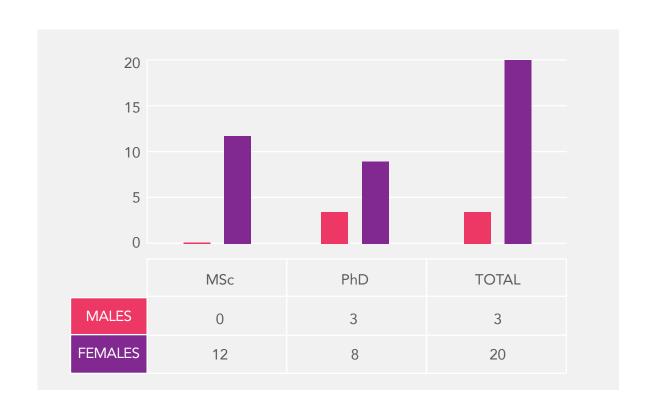
CAPACITY DEVELOPMENT





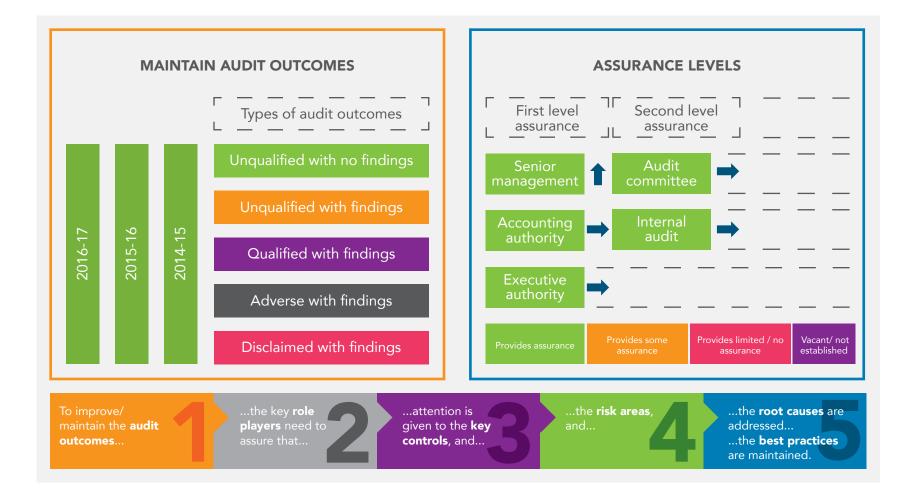
CAPACITY DEVELOPMENT







AUDIT OUTCOME



AUDIT OUTCOME

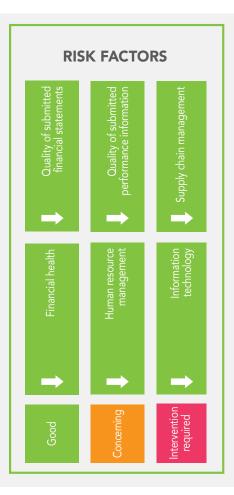


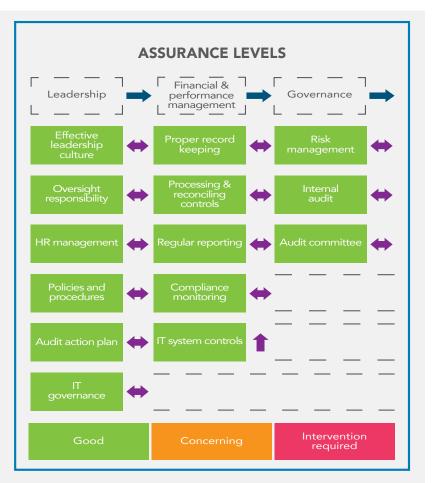
BEST PRACTICES SHOULD BE MAINTAINED

The public entity has maintained its clean audit outcome by:

- ensuring that systems, processes and controls are continuously reviewed, renewed when required and implemented at all levels within the entity;
- continuously monitoring of risks through the entity's corporate governance improvement plan and;
- being proactive with regards to new developments that require implementation.

This is achieved through effective leadership, oversight and performance disciplines.





STATEMENT OF FINANCIAL PERFORMANCE



	2016/17	VARIANCE	2015/16
DESCRIPTIONS	R	%	R
Revenue	937,788,794	10.4%	849,722,349
Other income	6,682,910	-37.5%	10,700,648
Operating expenses	-947,120,846	15.1%	-823,070,915
OPERATING DEFICIT	-2,649,142	-107.1%	37,352,082
Investment income	35,266,897	35.9%	25,947,888
Fair value adjustments	-53,229	-95.8%	-1,266,456
Finance costs	-286,199	-77.9%	-1,294,175
(DEFICIT) SURPLUS FOR THE YEAR	32,278,327		60,739,339

STATEMENT OF FINANCIAL PERFORMANCE

Revenue increased by 10.4% to R937m

- Baseline increased by 5.4% to R577m
- Contract income increased by 19.3% to R361m
- Investment income increased by 35.9% to R35m
- Value of new research contracts R247m

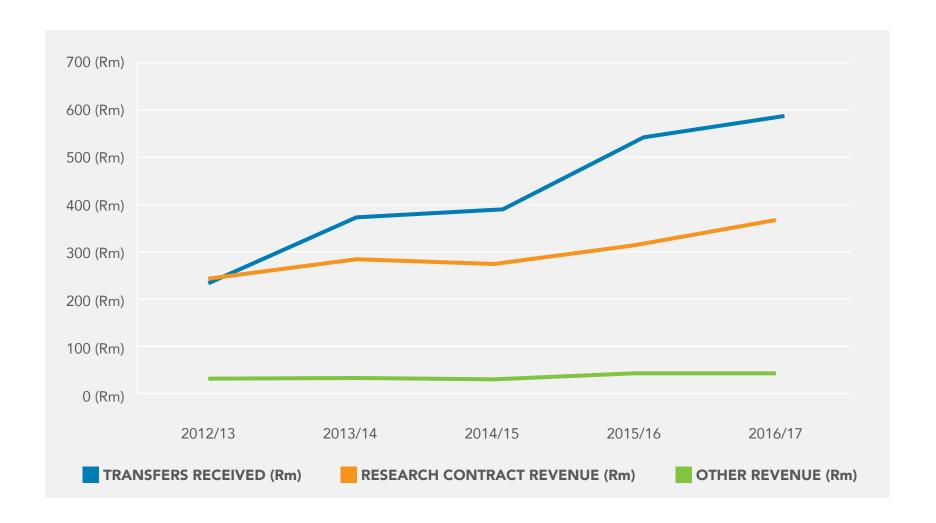


Expenses increased by 15.1% to R947m

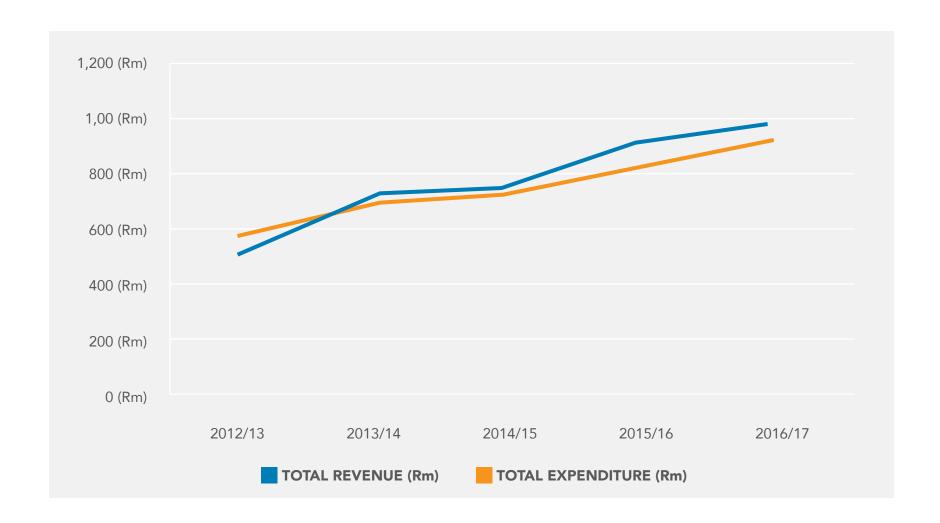
- Collaborative research costs increased by 20.9% to R471m
- Travel costs increased by 6% to R31m
- Staff costs increased by 7.3% to R304m



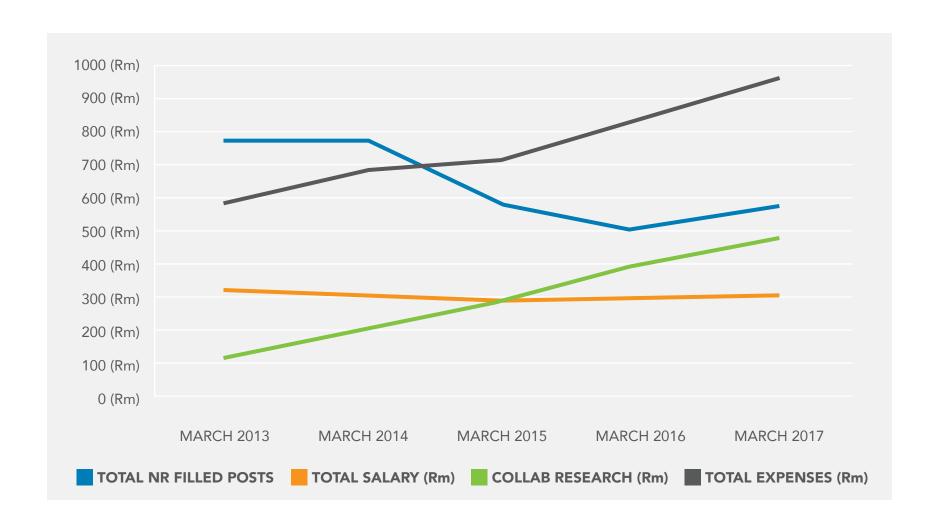
REVENUE GROWTH



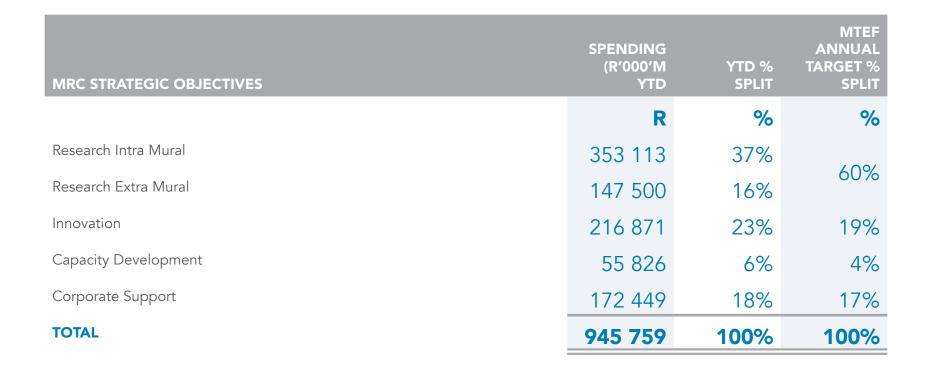
REVENUE vs EXPENDITURE



EXPENDITURE TRENDS



EXPENDITURE PER STRATEGIC OBJECTIVE 2016/17



SUMMARY

Expenditure

NETT



-947,460,274

32,278,327

-954,989,052

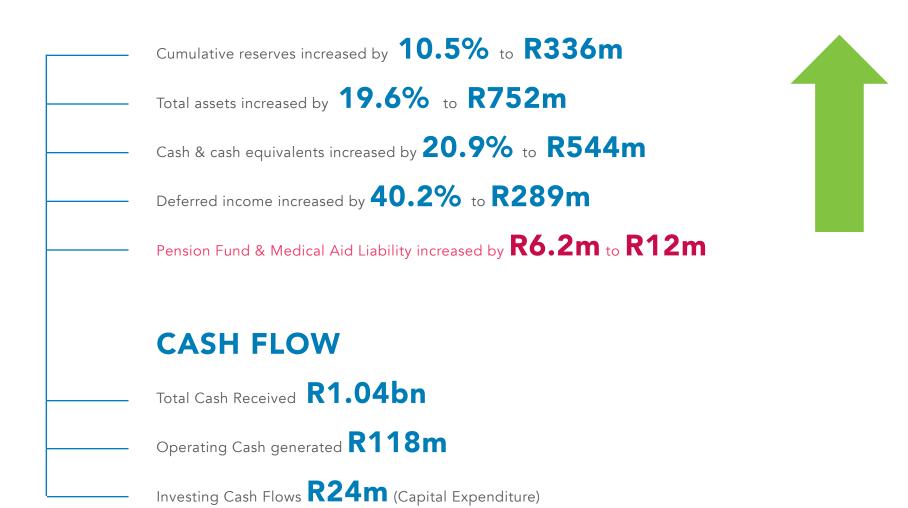
-22,000,000

VARIATIONS TO BUDGET

- Original Budget: R22m deficit
- Final Actual: R32m surplus

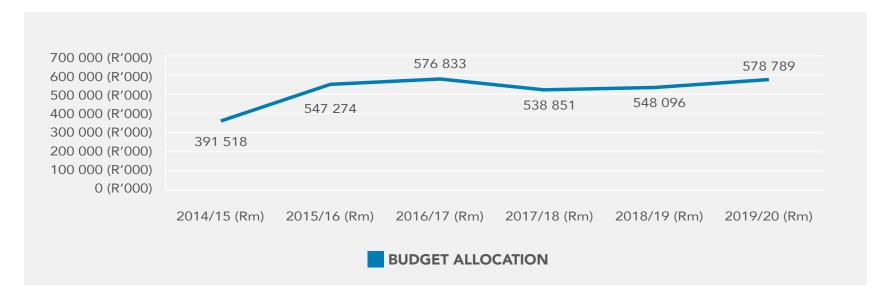
	ORIGINAL BUDGET	ACTUAL	DIFFERENCE
	R(m)	R(m)	R(m)
Contract Income	321	361	40
Interest	27	35	8
	ORIGINAL BUDGET	ACTUAL	DIFFERENCE
	R(m)	R(m)	R(m)
Collaborative Research	R(m) 443	R(m) 471	R(m) (26)
Collaborative Research Travel			
	443	471	(26)
Travel	443 39	471	(26)

STATEMENT OF FINANCIAL POSITION



BASELINE INCOME PROJECTIONS

BUDGET ALLOCATION (excl. Vat)	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	R(m)	R(m)	R(m)	R(m)	R(m)	R(m)
Budget Allocation	391,518	547,274	576,833	538,851	548,096	578,789
Y on Y % Increase		40%	5%	-7%	2%	6%
Y on Y Amt Increase		155,755	29,560	-37,982	9,245	30,693



CONCLUSION



For 2017/18 the SAMRC baseline allocation will decrease by 7% (R37m) and thereafter increases at CPL.

The continuation of the baseline grant together with the approved roll-over of the accumulated reserves of R336m, the SAMRC will continue to operate as a going concern.

Reserves will be used to fund research initiatives over the MTEF period however the real decline in the baseline **funding** will severely impact future research and limit the opportunity to attract leverage funding.

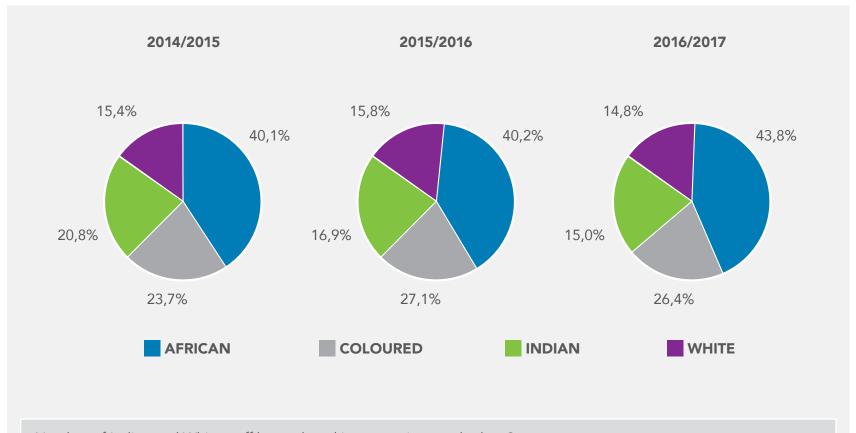


HR HIGHLIGHTS



DEMOGRAPHIC PROFILE

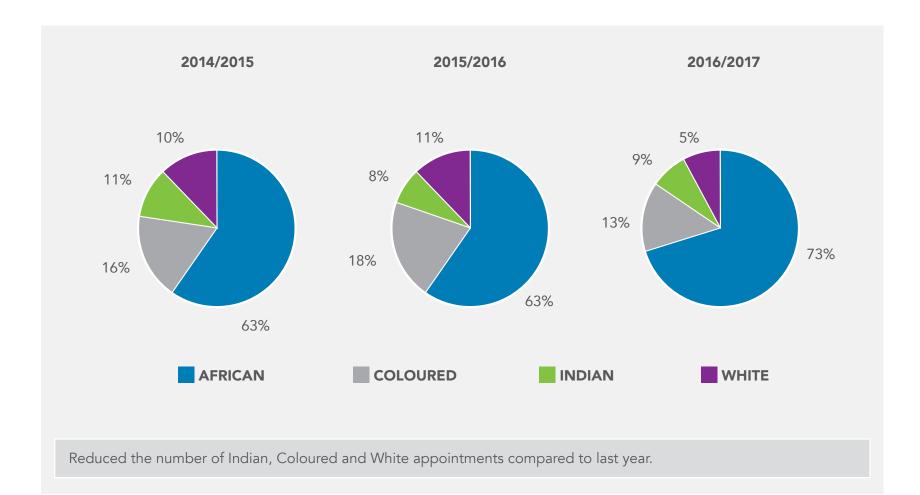




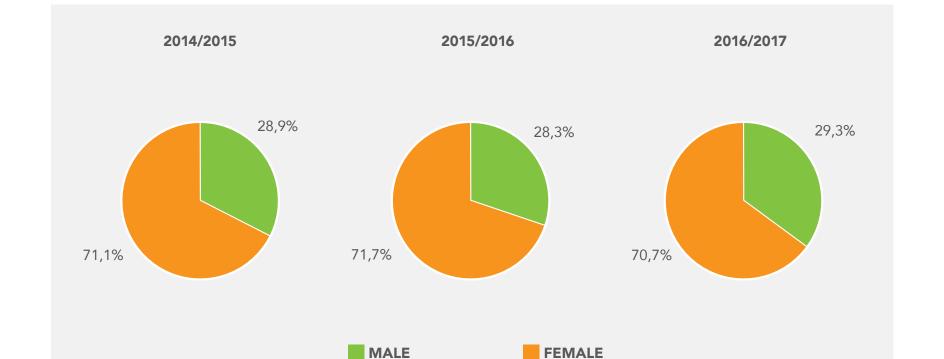
Number of Indian and White staff has reduced in comparison to the last 2 years.

APPOINTMENTS MADE BY RACE





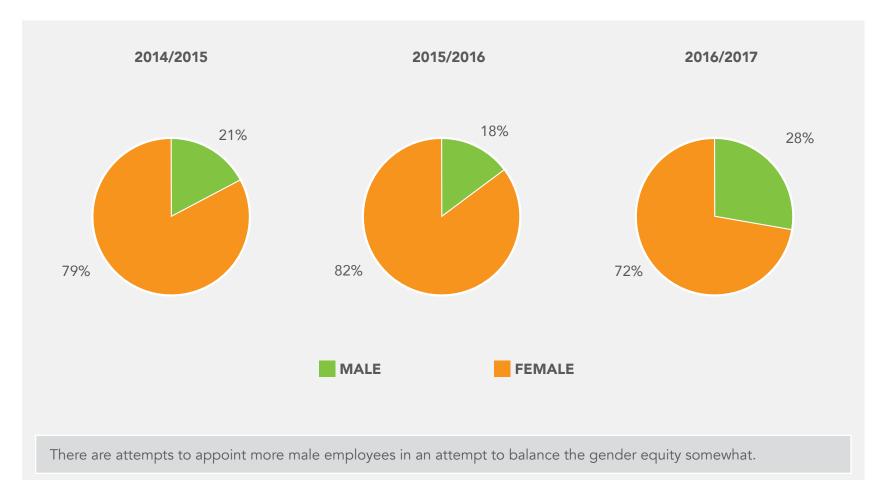
EE PROFILE BY GENDER



The EE profile as it relates to gender has remained constant over the past 3 years.

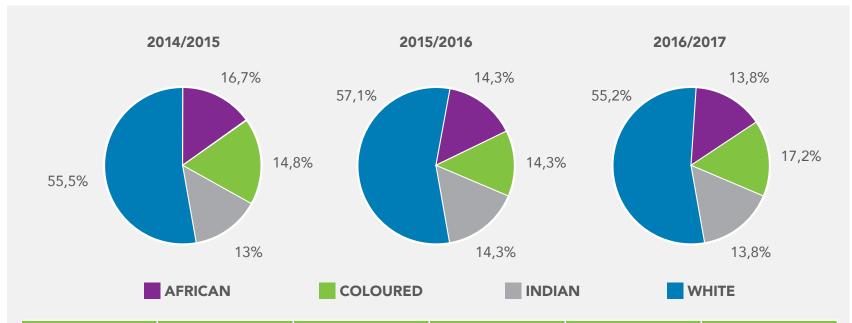
APPOINTMENTS BY GENDER





SENIOR MANAGEMENT BY RACE

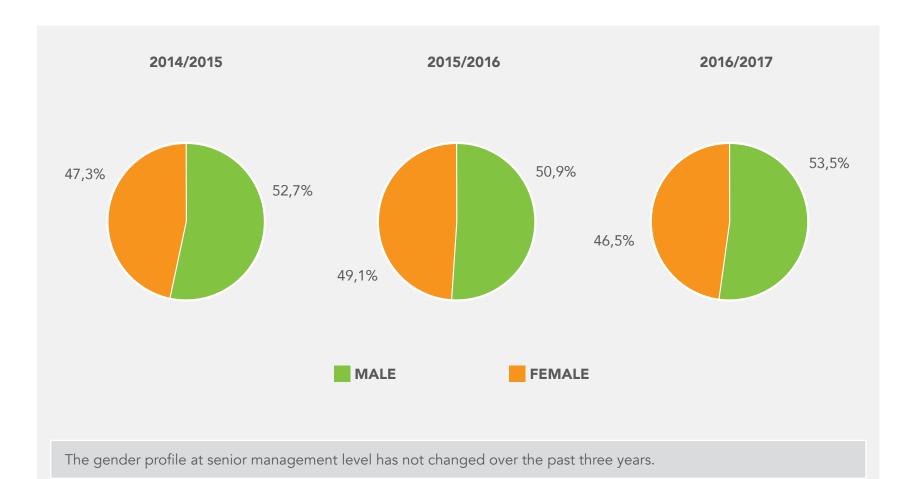




YEAR	WHITE	INDIAN	COLOURED	AFRICAN	TOTAL
2014-2015	30	7	8	9	54
2015-2016	32	8	8	8	56
2016-2017	32	8	10	8	58

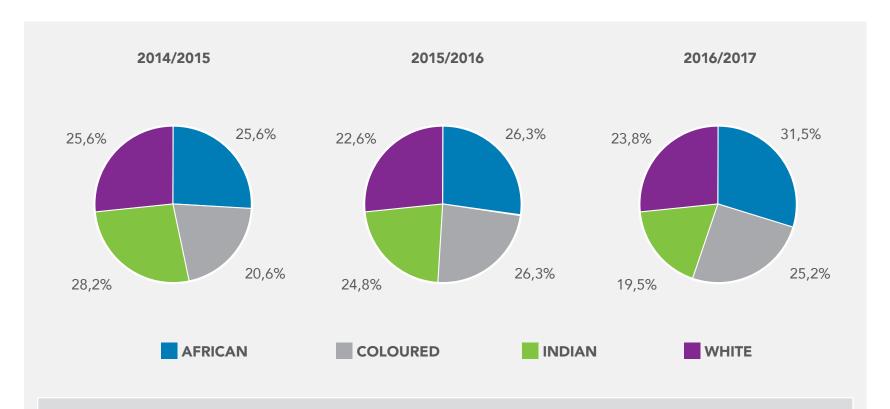
SENIOR MANAGEMENT BY GENDER





PROFESSIONALS BY RACE



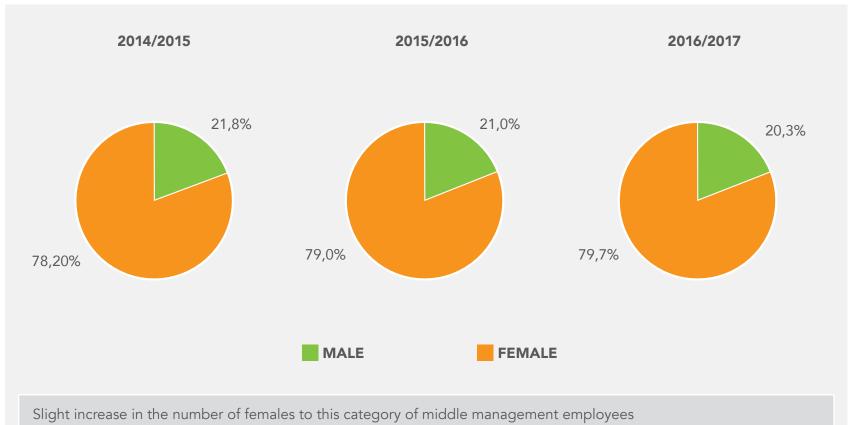


Increase in the number of African and Coloured to this category of middle management employees Fewer skilled Indian employees over the 3 years

The number of White employees has remained constant

PROFESSIONALS BY GENDER

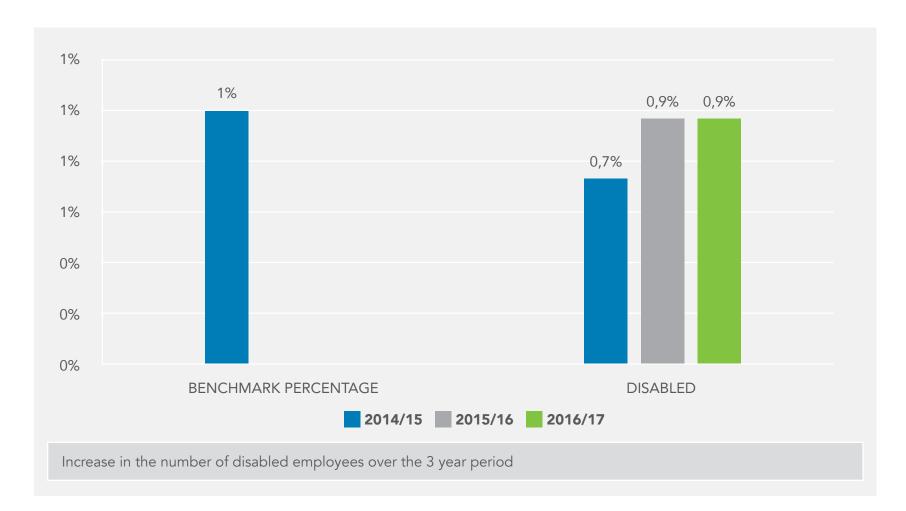




Slight decrease in the number of males

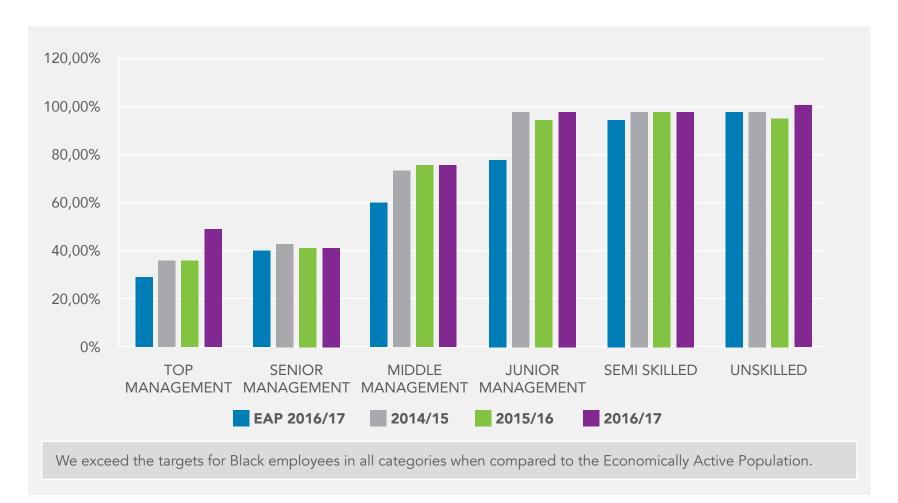
DISABLED EMPLOYEES vs NATIONAL RATIO





SAMRC vs EAP - BLACK

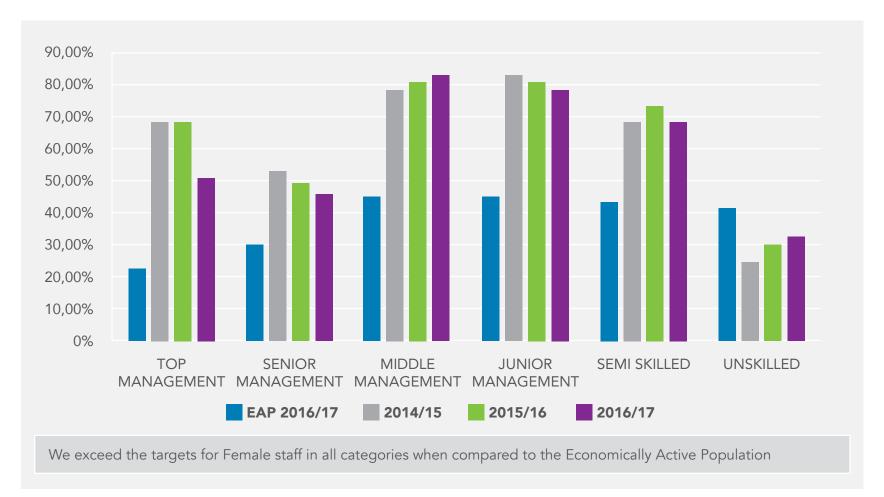




(17th Commission for employment equity annual report 2016-2017)

SAMRC vs EAP - FEMALE





(17th Commission for employment equity annual report 2016-2017)

MRC vs ECONOMICALLY ACTIVE POPULATION



	BLACK %					FEMALE %				
	1997	2014/15	2015/16	2016/17	EAP	1997	2014/15	2015/16	2016/17	EAP
Top Management	25.0	33%	33%	50%	28.2%	12.5	67%	67%	50%	22.0%
Senior Management	13.0	46%	44%	45%	40.4%	22.0	52%	48%	46%	33%
Middle Management (Professional)	15.0	74%	77%	76%	59.7%	53.8	78%	79%	80%	45.6%
Junior Management (Skilled)	42.4	94%	92%	94%	77.5%	74.3	80%	78%	76%	46.0%
Semi - Skilled	55.5	96%	97%	97%	91.5%	79.4	69%	72%	66%	42.8%
Unskilled	95.2	98%	97%	100%	98%	47.6	28%	38%	43%	40.7%

Investing in responsive medical research and innovation





LEGISLATIVE CHANGE PROCESS: UPDATE

UPDATE: SAMRC ACT

Adopting suitable amendments to optimise response

REASON	SAMRC ACT's CURRENT DRAWBACK
Modernise the SAMRC Act	Current Act outdated with references non-existent law, e.g. reference to 1983 Constitution.
Align the SAMRC Act with current legislation	Current Act using references to e.g. Public Deposits Act of 1984 and therefore not aligned to e.g. PFMA of 1991
Competitively position the SAMRC	Over and above the allocation from the National Fiscus, the Act must enable the SAMRC to grow the funding base and compete with its (SAMRC) counterparts.
Improve the efficacy of the SAMRC	Current Act needs to be aligned with the Companies Act 2008 and the King Code on Corporate Governance

Investing in responsive medical research and innovation







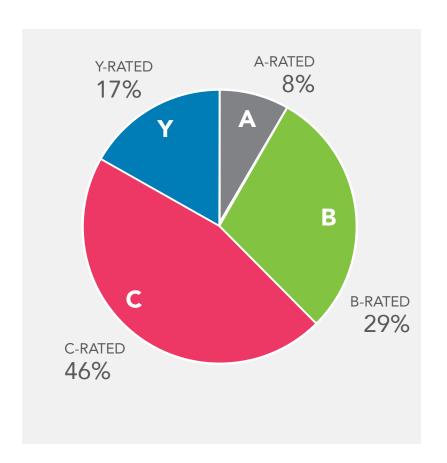
TRANSFORMATION PLAN

- IDENTIFIED LIMITED CRITICAL MASS IN HEALTH & MEDICAL RESEARCH
- AUGMENTATION OF DOCTORAL & POSTDOCTORAL RESEARCHERS
- OPTIMISATION OF POSTS
- COMPETITIVE INTRAMURAL FUNDING PROGRAMME
- IMPLEMENTATION PLAN & TIMELINES FOR 2017 2021

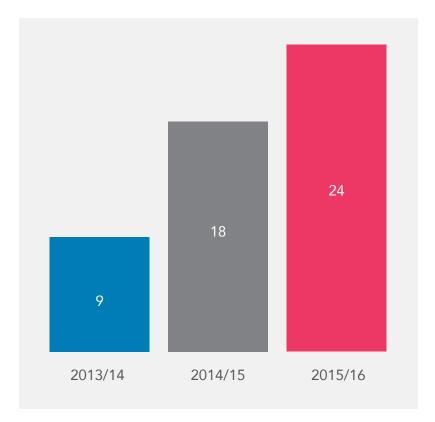
PROFESSIONAL TRANSFORMATION



NRF Rated SAMRC Scientists



Growth of NRF Rated SAMRC Scientists



FUNDING TRANSFORMATION



IN 2012 OUR FIGURES REVEALED THE FOLLOWING:



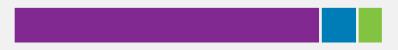
White 72% Indian 11% African 11% Coloured 5%

IN 2015 OUR FIGURES REVEALED THE FOLLOWING:



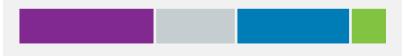
White 34% Indian 12% African 27% Coloured 27%

IN 2013 OUR FIGURES REVEALED THE FOLLOWING:



White 83% Indian 0% African 10% Coloured 7%

IN 2016 OUR FIGURES REVEALED THE FOLLOWING:



White 37% Indian 22% African 31% Coloured 10%

IN 2014 OUR FIGURES REVEALED THE FOLLOWING:



White 48% Indian 15% African 33% Coloured 4%

TRANSFORMING CAPACITY DEVELOPMENT



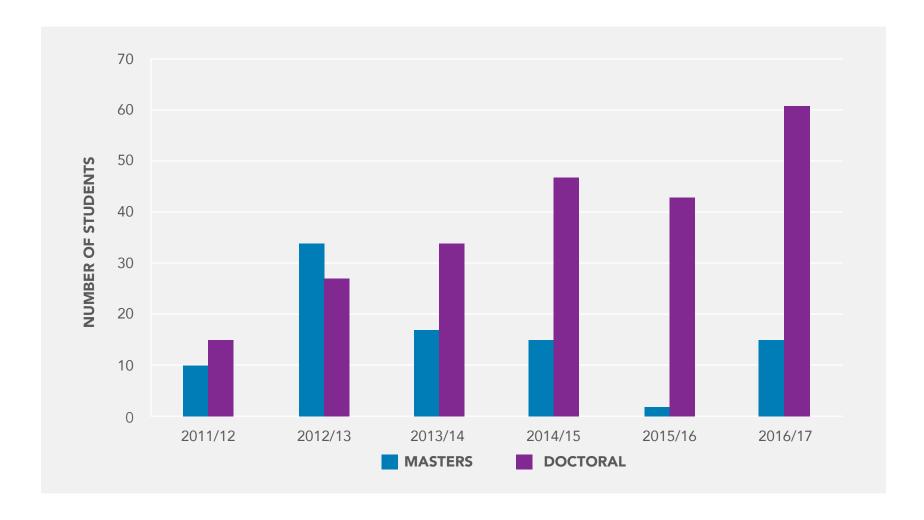
	GENDER	RACE	INSTITUTION
Prof Khumalo	Female	Black	UCT
Prof Mokwena	Female	Black	SMU
Prof Gamieldien	Male	Black	UWC

The research strengthening and capacity-building funding opportunity will equip and capacitate identified institutions to conduct excellent multidisciplinary research to address some of the key questions that could impact on lowering the burden of disease in South Africa.



TRANSFORMING CAPACITY DEVELOPMENT

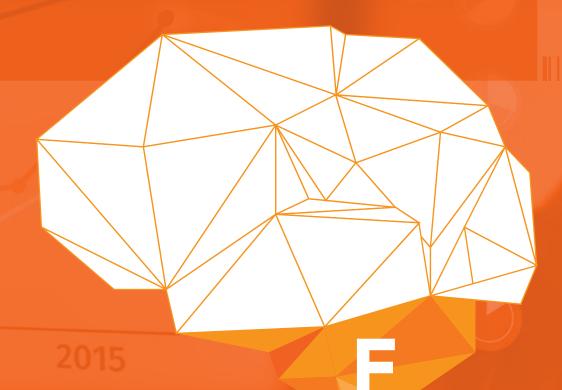




TRANSFORMING: COLLABORATIONS, PUBLIC-PRIVATE PARTNERSHIPS & AGREEMENTS



Investing in responsive medical research and innovation



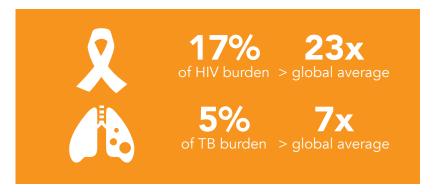
INVESTMENT IN
RESPONSIVE MEDICAL
RESEARCHERS & INNOVATION

QUADRUPLE BURDEN OF DISEASE IN SOUTH AFRICA

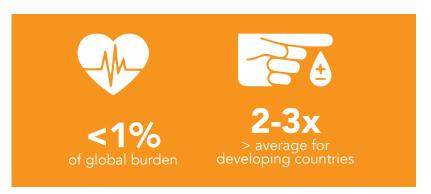
MATERNAL, NEWBORN & CHILD HEALTH



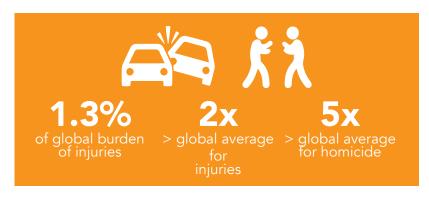
HIV/AIDS & TB



NON-COMMUNICABLE DISEASES



VIOLENCE & INJURY



BREAKING NEW GROUND

NEW GENE DISCOVERED: SUDDEN CARDIAC DEATH

ANTIVIRAL THERAPY

20 GLOBAL RESEARCH PROJECTS IN 8 COUNTRIES – SEXUAL VIOLENCE RESEARCH INITIATIVE

UMBIFLOW

SOUTH AFRICAN TUBERCULOSIS
BIOINFORMATICS INITIATIVE

POX-PROTEIN PUBLIC PRIVATE PARTNERSHIP

PRODUCTION & CHARACTERISATION OF CAP 256-VRC26 MONOCLONAL IN PLANTS

GENERATING OUR "CURRENCY"

Peer reviewed articles, 2010 - 2016



FUNDING RESPONSIBLY

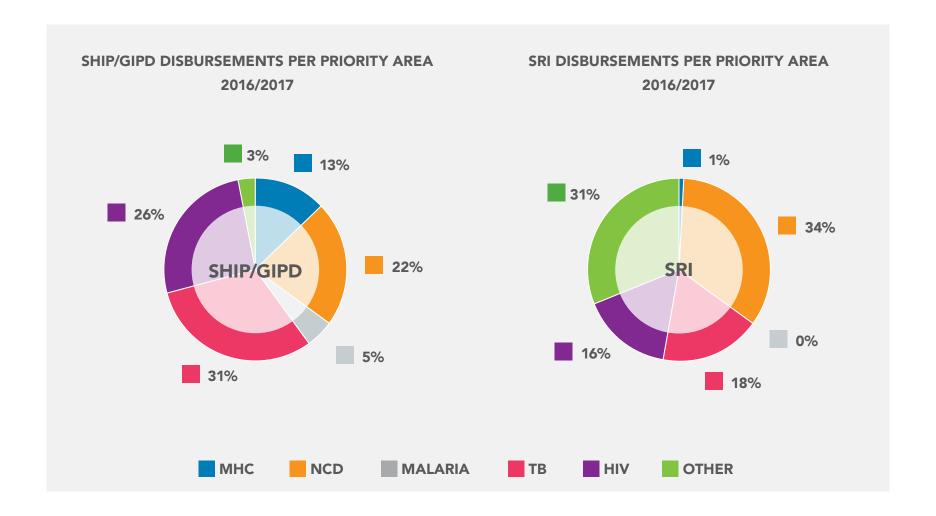


Total value of funding allocated to research and innovation during the 2016/17 reporting period.

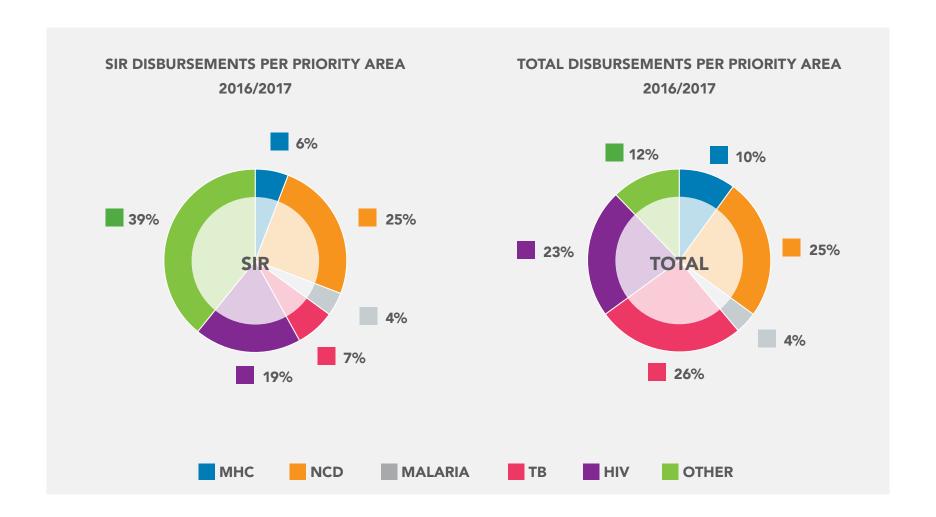




TOTAL DISBURSEMENTS

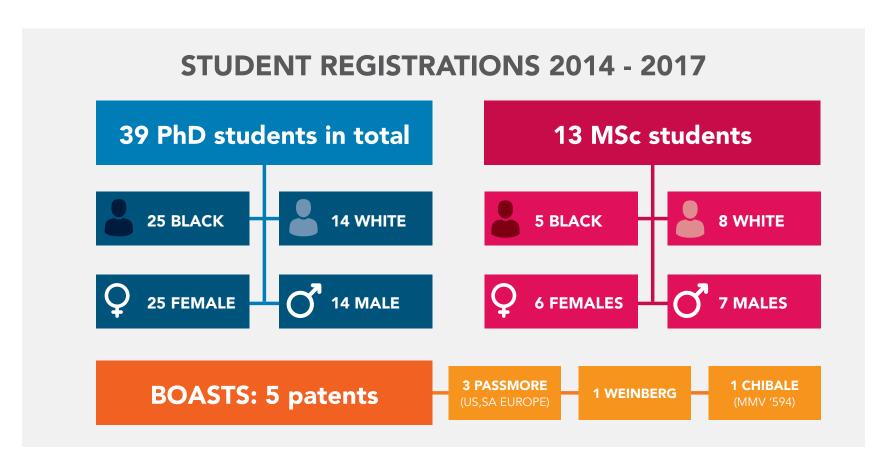


TOTAL DISBURSEMENTS



STRATEGIC HEALTH INNOVATION PARTNERSHIPS (SHIP)

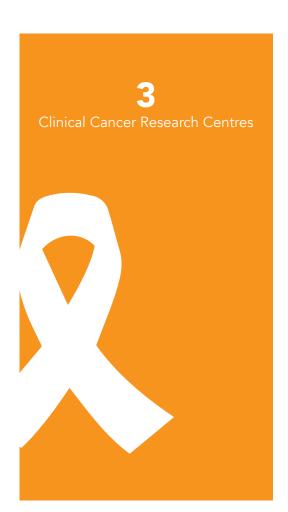
CAPACITATING OUR NEXT GENERATION OF MEDICAL RESEARCHERS



COLLABORATION







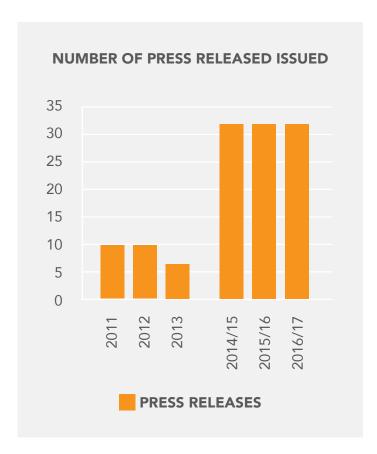


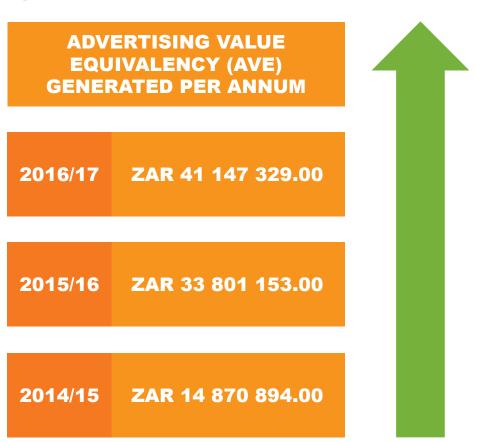
INVESTING IN MENTAL HEALTH



PROFILING OUR RESEARCH

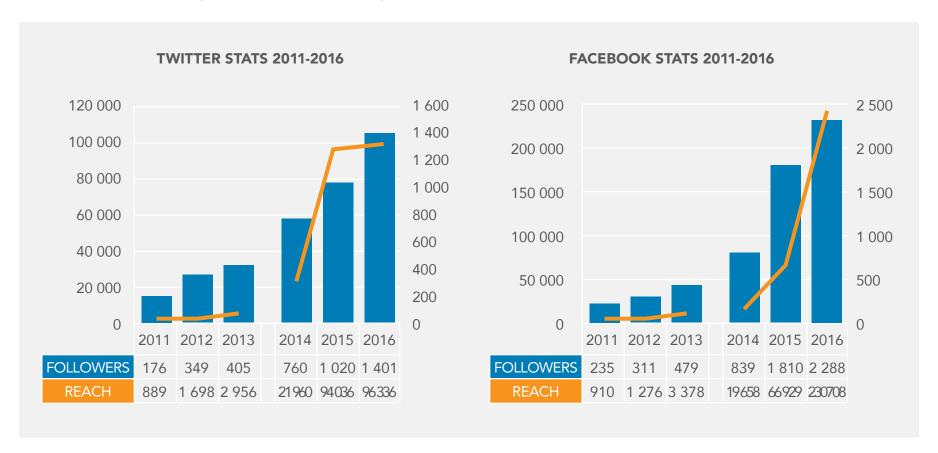
Enhanced communication with the public





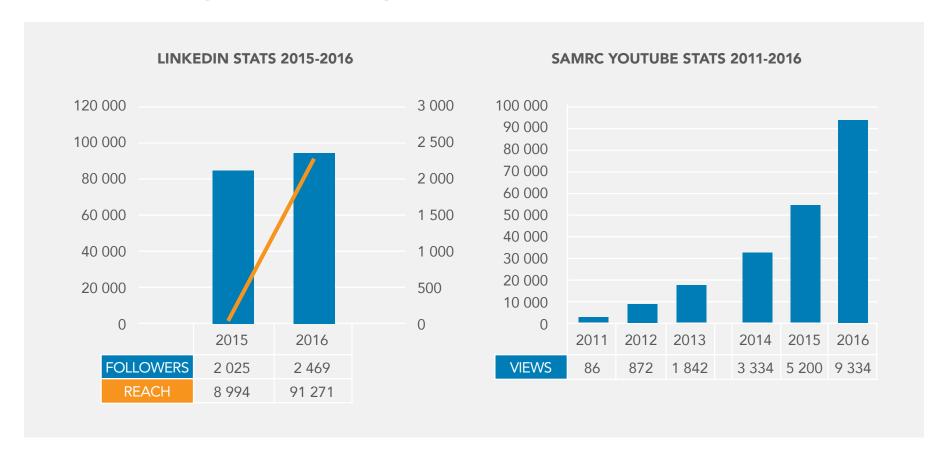
PROFILING OUR RESEARCH

Social Media performance improved



PROFILING OUR RESEARCH

Social Media performance improved



THANK YOU

DELEGATION

South African Medical Research Council Led by: President & CEO Professor Glenda E. Gray Email: glenda.gray@mrc.ac.za

PARLIAMENT LIAISON

Email: aziel.gangerdine@mrc.ac.za