

SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor
Name & Surname	Mosa Moshabela
Name of primary employer or self -employed	University of KwaZulu-Natal
Position Held	Deputy Vice-Chancellor of Research & Innovation

I hereby certify that the following information is complete and correct to the best of my knowledge and I hereby declare to have the following interests:

Please provide details of any potential conflicts of interests arising out of the following:

(1) Board Directorships <i>(Please provide the full name of the organisation/institution/entity)</i>	
1.	AHRI -Africa Health Research Institute
2.	CAPRISA - Centre for the AIDS Programme of Research in South Africa
3.	KREATE - KwaZulu-Natal center for Radio astronomy Economic Advancement, Technology, and Entrepreneurship
4.	Sugar Mill Research Institute
5.	NRF - National Research Foundation
(2) Research Funding <i>(funding you/ your Institution/Organisation is receiving from the SAMRC)</i>	
Self-Initiated Research Grants	
Dr Nisha Nadasen-Redy MRC	SAMRC Programme: SAMRC Institutional Clinician Researcher Programme SAMRC Project Code: 57029
Dr R Mphahlele MRC	SAMRC Programme: SAMRC Institutional Clinician Researcher Programme SAMRC Project Code: 57029
Dr S Haripersad MRC	SAMRC Programme: SAMRC Institutional Clinician Researcher Programme SAMRC Project Code: 57029
Dr N Ntlantsana MRC Award	SAMRC Programme: SAMRC Institutional Clinician Researcher Programme SAMRC Project Code: 57029
Dr N Mphothulo MRC Award	SAMRC Programme: SAMRC Institutional Clinician Researcher Programme SAMRC Project Code: 57029
(3) Shareholding/Financial Interests	
Only declare interests in companies that provide goods or services to the SAMRC	
N/A	

(4) Major academic collaborators *[national and international]*

Please declare all significant collaborations outside your primary institution or organisation

1. Harvard T.H. Chan School of Public Health
2. Washington University in St. Louis
3. The University of California
4. Heidelberg University
5. London School of Hygiene & Tropical Medicine

(5) Interests of Close Family Members:

Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family members associated with or employed by an institution/organisation/company that receives funding from the SAMRC or provides goods and services to the SAMRC.

None

(6) Sponsorships, Gifts and Hospitality from a source other than a family member

Please include name of entity, description of gift/sponsorship and value

None

(7) Any other interests you wish to declare:

- Advisor to the South African(SA) MSD HPV on health equity and implementation science
- Health Commissioner to the Premier and Legislature of KZN province

Signature:



Date: 22 Dec 2022