

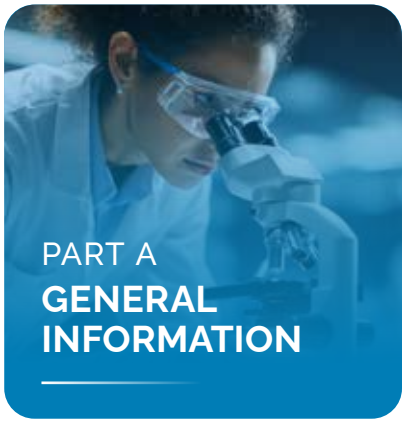
ARTIFICIAL INTELLIGENCE IN MEDICAL AND HEALTH RESEARCH

ANNUAL REPORT 2025/2026

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

saMRC
advancinglife

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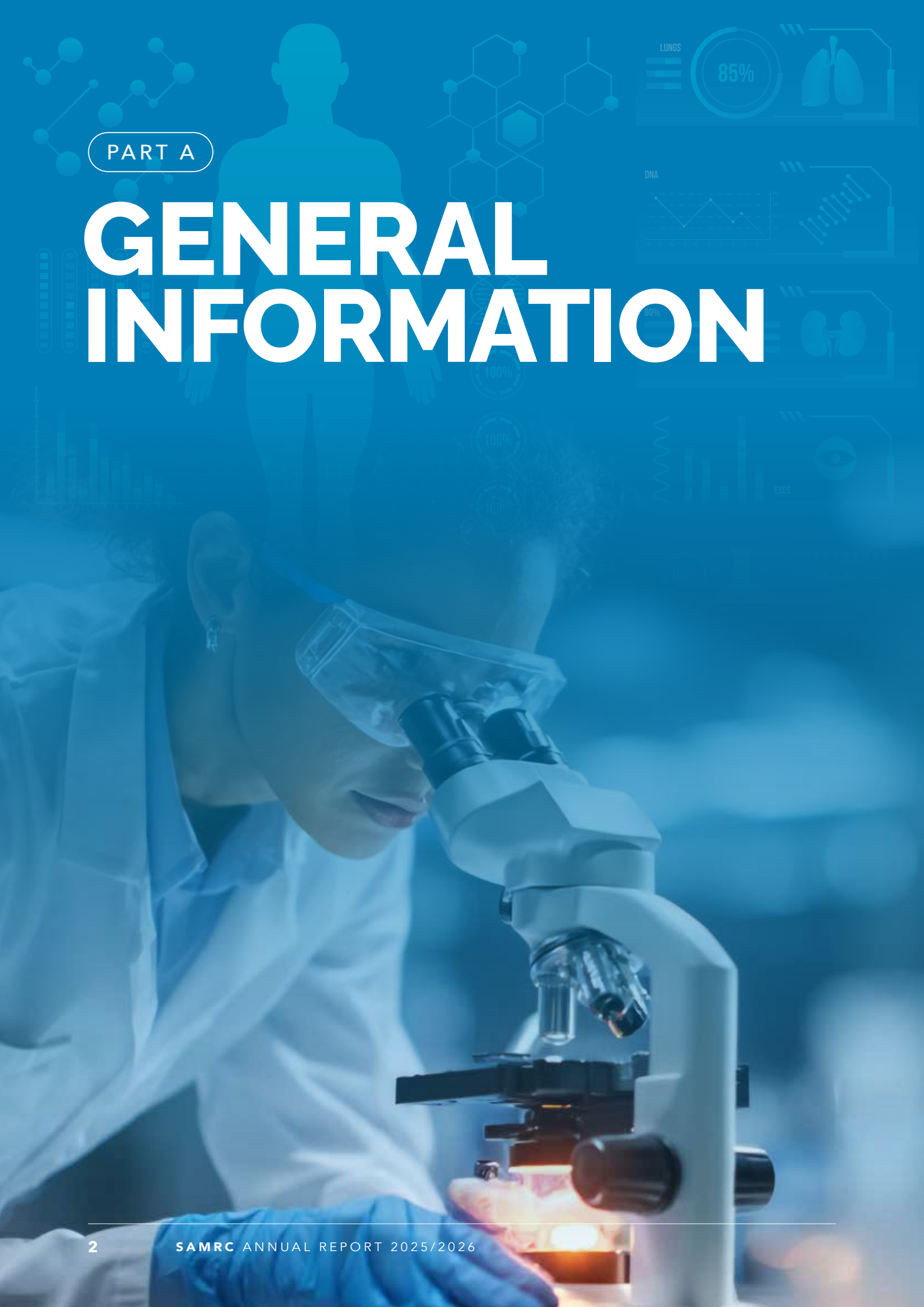


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PART A

GENERAL INFORMATION



GENERAL INFORMATION

REGISTERED NAME:
South African Medical Research Council

REGISTRATION NUMBER (IF APPLICABLE):
Not applicable

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LIST OF ABBREVIATIONS/ACRONYMS

AFS
Annual Financial Statements

AGSA
Auditor-General of South Africa

EMC
Executive Management Committee

UD
Unit Director

EMU
Extramural Research Unit

B-BBEE
Broad-Based Black Economic Empowerment

CEO
Chief Executive Officer

CFO
Chief Financial Officer

PFMA
Public Finance Management Act, Act 1 of 1999

NDOH
National Department of Health

TR
Treasury Regulations

SCM
Supply Chain Management

FOREWORD BY THE CHAIRPERSON

I am pleased to endorse and present the first SAMRC Annual Report as the Chairperson of the SAMRC Board. The current SAMRC Board took office on 1 November 2025 and found an organisation performing well, with a clear Annual Performance Plan for the year under review.

PROFESSOR TYRONE PRETORIUS



The 2025/2026 financial year marks a period of consolidation and forward positioning for the SAMRC as the organisation advances the implementation of its 2025/2026–2029/2030 Strategic Plan. Within this context, the Board has maintained a steadfast focus on governance, accountability, and strategic oversight, ensuring that the SAMRC continues to execute its mandate with integrity and measurable impact.

This Annual Report showcases an institution that not only maintains excellence in health research but also adapts to a rapidly changing scientific landscape. Reflecting the theme of this year's report on Artificial Intelligence (AI) in medical and health research, the growing integration of AI and data-driven methodologies across the SAMRC's research portfolio marks a significant shift in how evidence is produced, analysed, and translated into policy and practice. For the Board, this development has necessitated a deliberate enhancement of governance systems to ensure that innovation advances in line with the organisation's public mandate.

Across the Council's research units, AI-enabled approaches are enhancing work in key priority areas, including burden-of-disease estimation, HIV and tuberculosis modelling, genomics, and violence and injury surveillance. These advancements are improving the depth, accuracy, and timeliness of research outputs that inform national health policy. The Board's role in this regard has been to ensure that the necessary controls, safeguards, and ethical frameworks are in place to support this work, particularly in relation to data governance, privacy, and the responsible use of increasingly complex datasets.

In implementing its fiduciary responsibilities, the Board has continued to uphold the principles of ethical leadership, effective control, and transparency. During the year under review, this has included strengthened oversight of risk management systems, internal audit functions, and compliance processes, particularly as they relate to digital and data-driven research environments.

The SAMRC's research agenda remains firmly aligned with South Africa's most pressing health challenges and national development priorities. The application of AI and related technologies is therefore not an end in itself, but a means of advancing the Council's core mandate: to generate evidence that improves health outcomes across the quadruple burden of disease.

The year under review has also required sustained attention to financial stewardship and resource mobilisation in a constrained global funding environment. The Board has supported efforts to diversify funding streams and strengthen strategic partnerships, while maintaining the highest standards of fiscal discipline and allocation.

As the SAMRC navigates this period of scientific and institutional transition, the Board remains resolute in its commitment to sound governance. We are confident that the organisation is well-positioned to integrate technological advancements, thereby sustaining its role as a trusted contributor to health research and innovation in South Africa and beyond.

I want to take this opportunity to thank my predecessor, Professor Johnny Mahlangu, for leading the previous Board with excellence. I also extend my appreciation to Professor Ntobeko Ntusi, his executive team, and staff for their warm welcome. Lastly, I would like to thank the Minister of Health, Dr Aaron Motsoaledi, for appointing us and entrusting the Board with overseeing the strategic and operational direction of this important entity.



Professor Tyrone Pretorius
SAMRC Board Chairperson

A NOTE FROM THE PRESIDENT AND CEO

The 2025/2026 financial year has reinforced a defining shift in how we pursue our mandate as the SAMRC, with the visible increasing integration of artificial intelligence (AI) and advanced technologies into the fabric of health research.

PROFESSOR NTOBEKO NTUSI



As an organisation tasked with generating evidence to address South Africa's quadruple burden of disease, maternal, newborn and child health, HIV and tuberculosis, non-communicable diseases, and interpersonal violence, we are continuously refining how we produce knowledge that is both responsive and actionable.

Our theme for the 2025/2026 Annual Report is "Artificial Intelligence in medical and health research" to highlight that AI is fast becoming a core pillar of future health innovation in South Africa and abroad.

Across the SAMRC's research units and centres, we are leveraging data-driven tools to strengthen disease surveillance, improve predictive modelling, and accelerate the translation of research into policy-relevant insights. From epidemiological modelling within our HIV and TB research platforms to data analytics supporting non-communicable disease studies and digital tools enhancing violence and injury surveillance, these advancements are expanding our ability to interrogate complex health challenges with greater precision and speed.

Importantly, the adoption of AI enhances our capacity; it does not replace the foundational role of human expertise. Scientific inquiry remains inherently human: it is driven by critical thinking, ethical judgement, and contextual understanding. AI augments this process by enabling researchers to work more efficiently with large, complex datasets, identify patterns that might otherwise remain hidden, and generate insights that inform targeted interventions. However, it is our researchers, their experience, discipline, and commitment to public health, who ensure that these tools are applied meaningfully and ethically within the South African context, and this expertise ultimately extends more broadly within the region and abroad.

Within the SAMRC, several research units are advancing the application of AI and digital innovation to directly support our mandate. Our burden of disease research continues to evolve through improved data integration and modelling techniques, strengthening national health planning. Units focused on genomics and infectious diseases are exploring computational approaches to

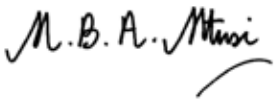
understand disease transmission and treatment responses better. Similarly, our work in mental health and violence prevention is increasingly supported by digital data systems that allow for more timely and nuanced insights into risk and resilience.

The broader landscape of health research in South Africa reflects a growing recognition of the role of AI and technology in growing scientific capability. As a country, we are uniquely positioned to harness these tools in ways that address local realities, high disease burdens, and resource constraints, while also dealing with the challenges of equitable access to healthcare. This requires not only investment in technology but also in skills development, data governance, and ethical frameworks that safeguard public trust.

As we look ahead, the SAMRC remains committed to integrating innovation with purpose. Our focus is not on research for its own sake, but on its ability to advance health outcomes, inform policy, and ultimately improve the lives of the people we serve.

I am satisfied with our performance during this reporting period as we reached the targets we set for ourselves and approved by the Board and the National Department of Health.

In conclusion, I would like to extend my sincere appreciation to the entire SAMRC team, the executives, and the previous Board under the leadership of Professor Johnny Mahlangu for their support and guidance. In the same breath, I would like to welcome our new Board led by Professor Tyrone Pretorius. I also wish to thank the Minister of Health, Dr Aaron Motsoaledi, Deputy Minister of Health, Dr Joe Phaahla, and management at the National Department of Health for their leadership and guidance.



Professor Ntobeko Ntusi
SAMRC President and Chief Executive Officer



STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT

To the best of our knowledge and belief, we confirm the following:

All information and amounts disclosed in the annual report are consistent with the annual financial statements audited by the Auditor-General of South Africa.

The annual report is complete, accurate, and free from any omissions.

The annual report has been prepared in accordance with the guidelines on the annual report as issued by the National Treasury.

The Annual Financial Statements (Part F) have been prepared in accordance with the National Treasury standards applicable to the public entity.

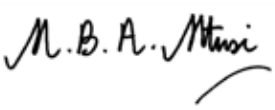
The Accounting Authority is responsible for the preparation of the annual financial statements and the judgements made in this information.

The Accounting Authority is responsible for establishing and implementing a system of internal control designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information, and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In our opinion, the annual report fairly reflects the operations, the performance information, the human resources information, and the financial affairs of the public entity for the financial year ended 31 March 2026.

Yours faithfully,



Professor Ntobeko Ntusi
President and Chief Executive Officer

31 March 2026



Professor Tyrone Pretorius
Chairperson of the Board

31 March 2026

ACHIEVEMENTS AND HIGHLIGHTS

Responding to the withdrawal of US funding from the National Health Research and Innovation Enterprise in South Africa

Internal Response

In 2025, the South African Medical Research Council (SAMRC) faced significant pressure on HIV and TB research following reductions in United States (US) federal funding, which had traditionally supported a substantial portion of the country's HIV and TB research portfolio. In response to the significant disruption of the South African research landscape caused by the withdrawal of US federal funding, the SAMRC through various mechanisms, proactively intervened to protect the nation's scientific progress by cushioning the impact of these sudden financial losses.

Within the intramural research programme, to mitigate disruption and protect critical programmes, the SAMRC adopted a combination of stabilisation measures, strategic reprioritisation, and system integration. Hardest hit were programmes focused on HIV, TB and diversity-focused research; however, these rapidly pivoted to other research areas such as Mpox or cholera, considered new and diverse funding streams and consolidated staff and infrastructure. Our BRILLIANT programme of HIV vaccine research, terminated by USAID very early in January 2025, has continued, albeit in a more condensed programme, with new committed funders. As a first and immediate response, the ELMA Relief Foundation committed R3 million to support the BRILLIANT pre-clinical HIV programme, thereby ensuring the continuity of this component. Staff who were appointed on terminated programmes were consulted at every new development to mitigate workforce losses as much as possible and ensure that critical expertise was retained within the organisation.

As one way to support research during these uncertain times, the SAMRC reaffirmed its commitment to strengthening South Africa's research system by providing targeted support to the Extramural Research Units (EMUs). This strategic intervention provided critical interim financial support through once-off grants for postgraduate students (MSc and PhD) whose studies were directly affected, alongside providing Equipment and Maintenance Support to ensure that essential research equipment remained functional.

Through these interventions, the SAMRC contributed as a stabilising force during this difficult period as well as aided to preserve research momentum and ensured the continuity of high-quality health research within the SAMRC Intramural and Extramural research environment. The experience also accelerated a shift toward greater sustainability, integration, and national alignment of health research, which may, in the end, see 2025 as the year of a shift to more resilient, flexible, and independent research in Africa.

External Response

The SAMRC, through the office of the President and the Grants, Innovation and Product Development (GIPD) unit, also mounted a broader, nationwide response to the funding crisis by establishing the National Health Research Enterprise (NHRE) Programme. The SAMRC President, with support from the National Department of Health, spearheaded efforts to raise funding to support affected institutions and organisations, ensuring a strategic, locally driven response to safeguard South Africa's national health research enterprise from severe attrition.

In April 2025, a formal proposal titled "*Proposal for Support of South African National Health Research Enterprise in Response to U.S. Funding Withdrawal*" was submitted to the National Department of Health, National Treasury and Department of Science, Technology and Innovation (DSTI) urgently requesting a commitment from government to the value of R400 million with the promise of co-funding support from the Gates Foundation and the Wellcome Trust. In June 2025, a letter of response was received from the Finance Minister, Mr. Enoch Godongwana, addressed to the Minister of Health, Dr Aaron Motsoaledi, outlining support to allocate a total of R400 million over 3 years to the SAMRC, with R132 million of this allocation for immediate release under the Section 16 Emergency Allocation.

This was followed by finalisation of commitments of R100 million each from Gates and Wellcome Trust and a further commitment from the ELMA Foundation of R14.4 million to co-fund projects with particular emphasis on maternal and child health.

To implement this support, in July 2025, the SAMRC issued a Request for Applications (SAMRC-RFA-GIPD-04-2025), inviting eligible institutions and researchers affected by the situation to apply for funding. The NHRE RFA focused on research in infectious diseases, including HIV and tuberculosis, non-communicable diseases, maternal and child health, and other areas that are part of South Africa's national health priorities. The programme's main objectives were to sustain and ensure the continuation of important research activities; provide temporary support to research groups as they seek alternative funding; support early- and mid-career scientists; enable postgraduate students and postdoctoral fellows to complete their training; support the ethical closure of interventional studies through appropriate participant follow-up; and maintain vital health research infrastructure.

In total, 102 applications were received from the first RFA, of which 87 were approved for funding; 28 were subsequently withdrawn due to the reinstatement of their grants. A total of 54 grant awards were made, totalling approximately R208 million.

Following several partial reinstatements of US-funded projects, the SAMRC launched a second RFA, in December 2025. A total of 24 applications were received, with an additional 10 proposals approved for funding. Overall, 64 projects will benefit from this funding, with an approximate total of R248 million awarded.

Interim programme impact

Although still early in implementation, the NHRE programme has been highly successful in meeting its core objectives of salvaging research, human resources, and infrastructure aligned with South Africa's national health priorities. Funded projects cover a broad range of thematic areas, including HIV (40%), tuberculosis (30%), newborn and child health (11%), non-communicable diseases (8%), other infectious diseases and other thematic areas (11%).

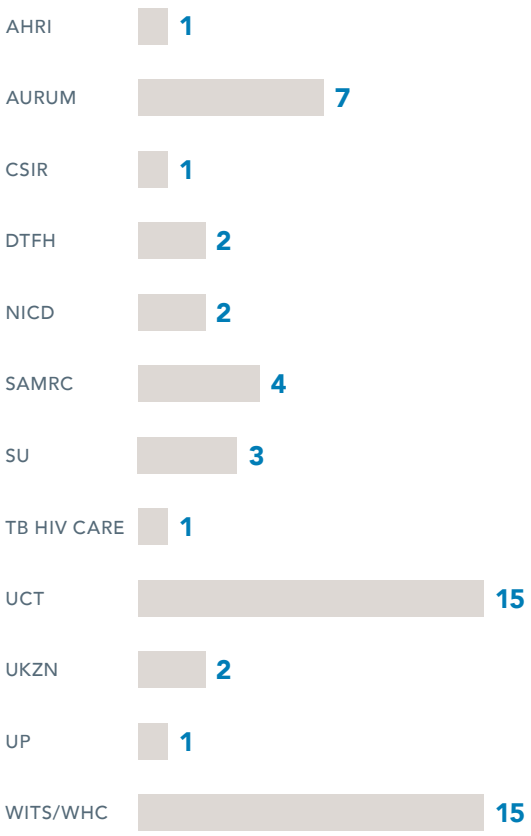
A notable proportion of projects were part of global collaborative networks and/or functioned as institutional, national, or international research platforms. NHRE funding ensured that the majority of networked projects and/or platform-based projects could continue without interruption, reinforcing the programme's role in sustaining critical research partnerships.

The programme is also contributing substantially to research capacity building. It is supporting early- and mid-career scientists, as well as postgraduate and postdoctoral trainees, enabling continued training and career development. Specifically, early-career scientists, mid-career scientists, master's students, and PhD students are benefiting from the programme's support. Furthermore, the funding has ensured that research involving human participants could proceed, with continuing studies and/or appropriately completed or ethically closed out, thereby minimising the impact of the funding cuts on participants.

The NHRE investment also extended to essential research infrastructure, including data management systems, Information and Communication Technology platforms, biobanks, clinical trial units, core facilities, and general maintenance. While some projects have received partial reinstatement or alternative funding, the majority continue to rely on NHRE support, underscoring the programme's critical role in sustaining South Africa's health research ecosystem during the funding disruption and transition period.

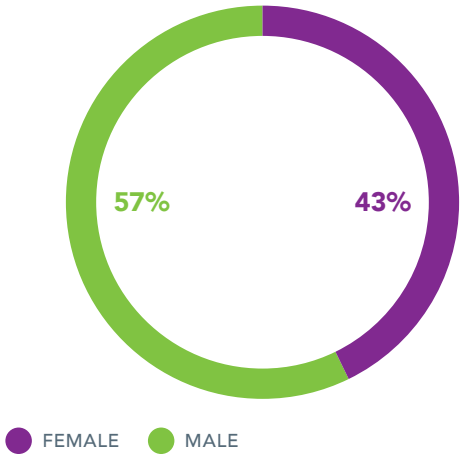
PORTFOLIO BY INSTITUTION

Distribution of the NHRE programme portfolio by institution



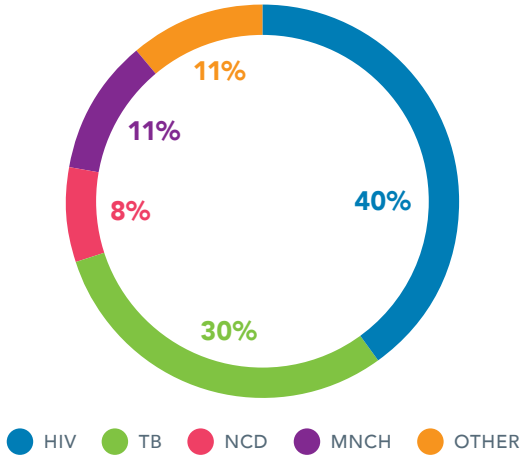
PORTFOLIO BY GENDER

Distribution of the NHRE programme portfolio by gender



PORTFOLIO BY THEMATIC AREA

Distribution of the NHRE programme portfolio by thematic area



Recognising that the US funding crisis is not over, the SAMRC is embarking on creating a flagship programme to reshape support to the South African National Health Research Enterprise in the absence of large-scale US funding as well as budget cuts from other national funders. With continued support from the South African Government for at least the next 2 years and further leveraged funding we will be launching new initiatives in 2026 to ensure that the NHRE sustains and endures.

STRATEGIC OVERVIEW

Our mandate

The mandate of the South African Medical Research Council (SAMRC), under the MRC Act 58 of 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.

Who we are

The SAMRC was established in 1969 and is dedicated to improving the health of people in South Africa, through research, innovation, development, and technology transfer. The scope of research includes laboratory investigations, clinical research, and public health studies.

We conduct research on South Africa's quadruple burden of disease: maternal, newborn and child health, HIV/AIDS and TB, non-communicable diseases, and interpersonal violence. Our work is to acquire evidence-based information to inform health policy and practice and improve the quality and health status of people in South Africa.

We are the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. We are pioneers in cutting-edge medical innovations, focusing on genomic research, novel treatment regimens, vaccine development, diagnostic tools, and the development of new drugs and devices.

Transformation remains a vital part of developing sustainable health research capacity in South Africa. Through Self-Initiated Research (SIR) grants, the Mid-Career Scientist programme, the Bongani Mayosi National Health Scholars Programme, and other initiatives and platforms, the SAMRC will continue to promote gender, racial, institutional, and geographic parity and enhance our ability to thrive in the 21st century. As a guardian of health research, the SAMRC is fostering a healthy nation through research and innovation.

Our vision

Building a healthy nation through research, innovation, and transformation.

Our mission

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

Our values



LEGISLATIVE AND OTHER MANDATES

Constitutional mandate

The Constitutional base – Constitution of the Republic of South Africa Act, 1996 (Act 108 of 1996, as amended – that supports the SAMRC's mandate is:

- Section 10 (right to human dignity).
- Section 11 (right to life).
- Section 12 (right to freedom and security of the person).
- Section 14 (right to privacy).
- Section 24 (right to an environment that is not harmful to health).
- Section 27 (right to healthcare, food, water, and social security).

In the Constitutional context, the outcome of SAMRC work must translate to some tangible/realisable proposition addressing one of these areas.

Statutory and other mandates

The Legal & Compliance Services Division of the SAMRC has identified 51 Acts of Parliament (with 23 of those characterised as primary (i.e., non-compliance therewith or parts thereof would be catastrophic to the business/mandate of the SAMRC). Furthermore, 7 Good Practice Standards (local and international) have been identified to be applicable to the SAMRC. Lastly, 10 Regulatory Authorities have been identified to have authority over the business or conduct of the SAMRC.

The 51 Acts include, but not limited to, the following:

- SAMRC Act 58 of 1991, as amended
- This is the enabling and founding legislation creating the SAMRC. It is instructive on the mandate of the SAMRC and the prioritisation of its research programmes. The SAMRC Act empowers the functional and authoritative structures of the SAMRC to source/employ such resources and engage the Executive Authority and such other key stakeholders as may be appropriate to give effect to the mandate of the SAMRC.
- The National Health Act 61 of 2003.
- Intellectual Property, Rights from Publicly Financed Research and Development Act, 2008.
- Employment Equity Act 55 of 1998, as amended.
- Labour Relations Act 66 of 1995, as amended.
- Employment Equity Act 55 of 1998, as amended.
- Basic Conditions of Employment Act 75 of 1997, as amended.
- Public Finance Management Act (No.1 of 1999 as amended by Act 29 of 1999).
- The Patents Act 57 of 1978.
- Copyright Act 98 of 1978.
- Trademarks Act 194 of 1993.
- Designs Act 195 of 1993.
- Implementation of Official Languages Act 12 of 2012.
- Protection of Personal Information Act 4 of 2013.

The Good Practice Codes include:

- King Code on Corporate Governance.
- Good Clinical Practices (GCP).
- Good Laboratory Practices (GLP).

The Regulatory Authorities include:

- Information Regulator created in terms of the Protection of Personal Information Act.
- South African Revenue Services.
- Health Professions Council of South Africa.
- South African Health Products Regulatory Authority
- National Health Research Ethics Council
- South African Pharmacy Council
- South African Nursing Council
- South African Dental Technicians Council
- South African Veterinary Council

Auditors

- Auditor-General of South Africa
- Internal Auditors

Corporate governance embodies processes and systems by which public entities are directed, controlled and held to account. In addition to legislative requirements based on a public entity's enabling legislation and the Companies Act, corporate governance, with regard to public entities, is applied through the precepts of the PFMA and runs in tandem with the principles contained within the King Report on Corporate Governance.

All these instruments are constantly monitored to attend to necessary reviews as and when public policy, professional practice, and legislative changes are initiated.

ORGANISATIONAL STRUCTURE

Executive Management Committee

The SAMRC President heads the SAMRC Executive Management Committee, which the SAMRC Act assigns responsibility for the day-to-day management of the SAMRC.

EXECUTIVE MANAGEMENT COMMITTEE



Prof Ntobeko Ntusi
SAMRC President & CEO



Prof Liesl Zühlke
Vice President
Extramural Research
& Internal Portfolio

Dr Michelle Mulder
Executive Director:
Grants, Innovation and
Product Development





Ms Ntoza Bam
Executive Director:
Human Resources

Mr Mzimhle Popo
Legal Counsel





Mr Sivuyile Ngqongwa
Chief Financial Officer

Dr Mongezi Mdhluli
Chief Research
Operations Officer





Prof Angela Mathee
Executive Director:
Transformation

OUR NEW TRANSFORMATION PLAN: 2025 – 2028

During the past year, we paused to reflect on our collective achievements under the umbrella of ***Transformation*** at the SAMRC over the period 2022–2025. These wide-ranging accomplishments have been captured in our Transformation Report, which can be viewed on our website. With the Transformation Report as a foundation, along with the discussions and consultations that informed it, we mapped a new course for the SAMRC's Transformation agenda for the next triennium, which is summarised in our Transformation Plan: 2025 – 2028 (also available on our website).

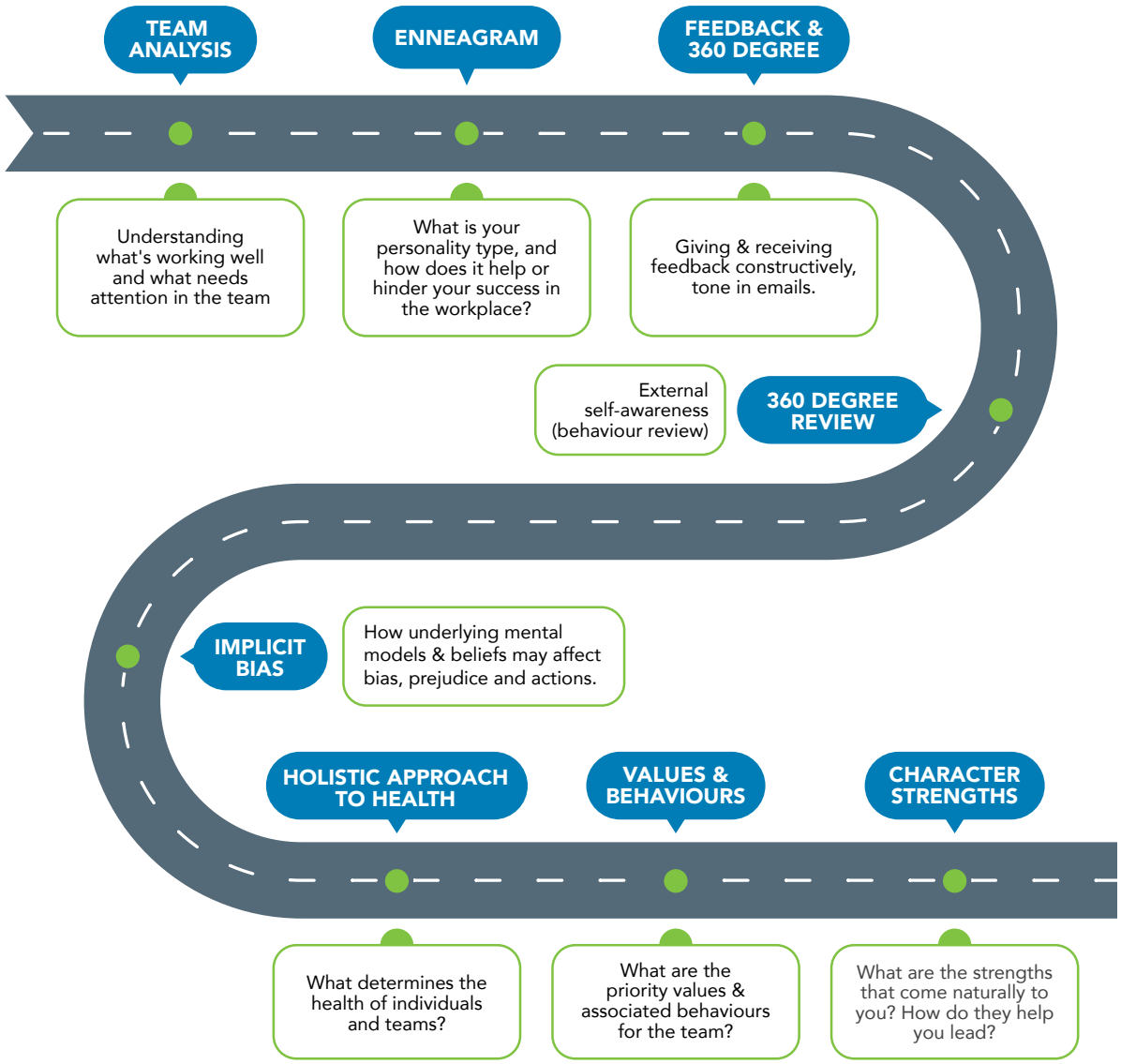
transformation
WORKING TOGETHER FOR EXCELLENCE



Building Strong Teams

Amongst the priorities emphasised in the SAMRC Transformation Plan 2025 – 2028, is the need to build strong teams that can flourish in a world that has, in recent years, seen unprecedented levels of volatility and uncertainty. To this end, and after extensive consultation and evaluation of existing interventions, we have developed an eight-part programme aimed at building self-awareness, promoting self-management and fostering positive relationships within teams. The programme is offered to teams over a period of around one year, allowing for reflection and implementation between sessions. Evaluations to date show that the programme is highly appreciated and impactful.

TEAM STRENGTHENING THROUGH SELF-AWARENESS AND SELF-MANAGEMENT



CHARTING A COURSE FROM LANGUISHING TO FLOURISHING

The term "languishing" was first coined by sociologist Corey Keyes in 2002, but gained prominence in 2021 when an article on the phenomenon titled "*There's a Name for the Blah You're Feeling: It's Called Languishing*" was published in the *New York Times* by organisational psychologist Adam Grant. Associated with a rise in the use of social media and devices, as well as the COVID-19 pandemic (*being in a "COVID state of mind"*), languishing is described as a state of being characterized by a lack of vitality or zest for life, and a sense of stagnation and emptiness. Individuals experiencing languishing are not flourishing, do not realize their full potential, and may experience one or more of the following signs or symptoms, among others:

- A general lack of feeling or a sense of emptiness and emotional numbness
- Low motivation or drive to engage in activities
- Trouble focusing or maintaining attention on tasks
- A sense of indifference, apathy, or lack of interest in life
- Feeling stuck or as if your life is not progressing
- Not performing to your full potential, either at work, in personal projects, or social roles
- Feeling that life lacks purpose, direction, or meaning.

Studies elsewhere indicate that around 20% of employees are experiencing languishing, translating to a significant impact on productivity and the potential for institutional flourishing. Preliminary data collected at the SAMRC indicate that a similar proportion of employees may be affected. In this light, it is reassuring to find that interventions implemented under the umbrella of the SAMRC Transformation programme may serve as an antidote to languishing. In particular, the Team Strengthening work, which was conceptualised to advance personal and institutional flourishing at the SAMRC, coupled with opportunities such as coaching and mentorship, study support, leadership development initiatives, and an ecosystem for independent, self-directed learning, provide a framework for the key interventions recommended to address languishing, including positive relationships, personal growth, purpose in life, self-awareness and self-acceptance, well-being, and stress management. Measures are in place to continue and evaluate the impact of this work going forward.

ENVIRONMENT AND CULTURE

Statement on Diversity and Inclusion

Over the past year, we reaffirmed our commitment to diversity, inclusion, and transformation through the release of a dedicated SAMRC Statement. In the statement, we recognise that diversity and inclusion are critical pathways toward meeting our strategic goals and ensuring personal and institutional flourishing.

Tap Aerators

We have initiated the installation of tap aerators in SAMRC bathroom. Aerators are small, relatively low-cost devices that are easily attached to the end of most taps. They mix air with water flow to reduce the amount of water used, while maintaining adequate water pressure. The result is a significant water savings (around 90%), which translate to both environmental and economic benefits for SAMRC. It is intended that the initiative be extended to all SAMRC campuses.

Memory Walls

During the COVID-19 period, the SAMRC sadly lost around 10 employees, while our staff personally lost a significantly greater number of their loved ones. In their memory, we are creating small spaces of reflection in our campus gardens. The memory spaces will be understated and blend with existing campus gardens. We will lean toward the use of natural or recycled materials, such as railway sleepers. They will be fitted with a bench and fragrant or indigenous plants associated with memory. Our prior consultations with employees indicate that the initiative is highly appreciated and will also be used as a space for meditation and reflection. The project is made possible through a kind donation from a member of the public.

Campaigns: Keep Doors Open and Cameras On

Technological advances have enabled a growing proportion of online meetings, often with participants electing to keep cameras switched off. In the interests of enhancing engagement, building trust, and allowing for non-verbal communication, we implemented a campaign to keep cameras switched on, whenever possible.

During the COVID-19 pandemic, there was an understandable, protective tendency to keep office doors closed. The detrimental consequences of this practice include impacts on communication, culture, and employee perception. A consistently closed-door acts as both a physical and psychological barrier to "corridor conversations" that often lead to innovative ideas or quick problem-solving. To promote an open-door practice and culture whenever possible, and to strengthen teamwork, we designed a poster campaign, introduced by the SAMRC President and CEO.



PARTNERSHIPS WITH OTHER COUNTRIES

BRICS Multilateral Joint Science and Technology Research Collaboration

The BRICS STI Framework Programme (FP) aims to support excellent research in priority areas which can best be addressed by a multinational approach.

The three (3) ongoing projects funded by DSTI and managed by the SAMRC that will end on 31 March 2026 are:

PROJECT TITLE	PRINCIPAL INVESTIGATOR	INSTITUTION
Novel siderophore fragments and hybrids for the diagnosis and treatment of drug-resistant infectious pathogens	Prof Rosalyn Klein	Rhodes University
Unlocking bacterial resistance to antibiotics with the development of novel metallo-β-lactamase inhibitors	Associate Prof Tricia Naicker	University of KwaZulu-Natal
Target identification and efficacy enhancement of proven MDR overcoming Piper spp derived compounds towards candidate drug development against WHO priority 1 (critical) MDR pathogens: P. aeruginosa, E. coli, K. pneumoniae, and M. tuberculosis	Dr Awelani Mutshembele	South African Medical Research Council, Office of HIV/AIDS and TB Research

Collaboration with The George Institute, Australia

A Memorandum of Understanding was signed between the SAMRC and The George Institute for Global Health (TGI), in 2022 for 3 years to expand collaboration between SAMRC and TGI scientists in the area of health research. Both organisations have agreed to extend the MoU for a further 3 years, effective 1 April 2026.

The seven (7) SAMRC-TGI joint projects that are currently being undertaken and are scheduled to end on 31 March 2026:

NO.	TITLE	NAME OF PI	SAMRC UNIT
1	Exploring a syndemic approach to understanding the bi-directional link between type 2 diabetes mellitus and depression, and implications for the integrated care process in South Africa and India	Nasheeta Peer	Non-communicable Disease Research Unit
2	Collaboration to explore and identify research priorities for enhancing health systems governance and leadership for UHC in South Africa	Tamara Kredo	Health Systems Research Unit
3	A co-creation-based approach to developing an integrated e-health intervention package for non-communicable diseases and sexual and reproductive health for women and girls in South Africa	Kim Jonas	Health Systems Research Unit

NO.	TITLE	NAME OF PI	SAMRC UNIT
4	An investigation into improving screening, prevention, management, and control of maternal multimorbidity in South Africa and India	Vundli Ramokolo	HIV and Other Infectious Diseases Research Unit
5	Formative work for the design of South Africa's first health-related quality of life (EQ-5D) adult valuation study	Darshini Govindasamy*/ Stanley Carries/ Donela Besada	Health Systems Research Unit
6	Piloting the functionality of the African Network for Chronic Kidney Disease Epidemiology: The CKD-Africa Collaboration	Cindy George	Non-communicable Diseases Research Unit
7	ENGAGE-WC: Empowering Non-fatal injury-data Governance, Analysis and Grassroots Engagement in the Western Cape	Megan Prinsloo	Burden of Disease Research Unit

** Dr Govindasamy resigned from SAMRC in 2025*

Global Forum on Bioethics in Research (GFBR)

The Global Forum on Bioethics in Research (GFBR) hosted its annual Global Forum in Kuala Lumpur, Malaysia from 19 – 20 November 2024. The focus of the 2024 Forum was on 'Ethical issues arising in research into health and climate change'. The GFBR, with its Secretariat hosted by WHO, is supported by several international research funders, including the Wellcome Trust, UK Medical Research Council, the U.S. National Institutes of Health and the SAMRC. The Forum serves as a global platform for debate on ethical issues in international health research bringing together research ethics experts, researchers, policy makers, and community members from developing and developed countries. Participants are selected on a competitive basis, based on structured submissions requiring a motivated account of each applicant's engagement.

South Africa admitted to the International Human Frontier Science Programme Organization

The Human Frontier Science Programme Organization (HFSPO), the National Research Foundation of South Africa (NRF), and the SAMRC entered into a Memorandum of Understanding (MoU) back in 2023. The SAMRC and the NRF serve as joint institutional members. South Africa is the 16th country to be admitted, and the only country from Africa.

This membership underscores the value that South Africa places on supporting fundamental research in the understanding of complex mechanisms in the life sciences to advance industry, health, and human well-being. As a member, South Africa works closely with other HFSP members to support innovative basic research; apply novel and interdisciplinary approaches; and enable scientific exchanges across national and disciplinary boundaries to address fundamental biological problems.

Professor Liesl Zühlke, SAMRC Vice President of Extramural Research and Internal Portfolio and Dr Gugu Moche, NRF Executive Director, serve on the HFSPO Board of Trustees. In addition, Professor Kelly Chibale from the University of Cape Town (UCT) and Unit Director of the SAMRC/UCT Drug Discovery and Development Research Unit, serves on the HFSPO Council of Scientists.

SAMRC and Japan Agency for Medical Research and Development Collaboration

In 2024, the SAMRC signed a Memorandum of Cooperation (MoC) with the Japan Agency for Medical Research and Development (AMED). The purpose of the MoC is to promote and support cooperation between scientists in South Africa and Japan related to medical research and development. Some of the activities proposed under this MoC include joint research projects conducted by researchers from both countries, joint seminars, workshops, and other scientific meetings, as well as personnel exchanges.

AMED was established in 2015 as a funding agency tasked with promoting medical research and development and improving the environment for research in Japan under their government's Healthcare Policy.

Following a call for joint projects that was published in October 2024, the following three (3) joint projects were awarded in April 2025.

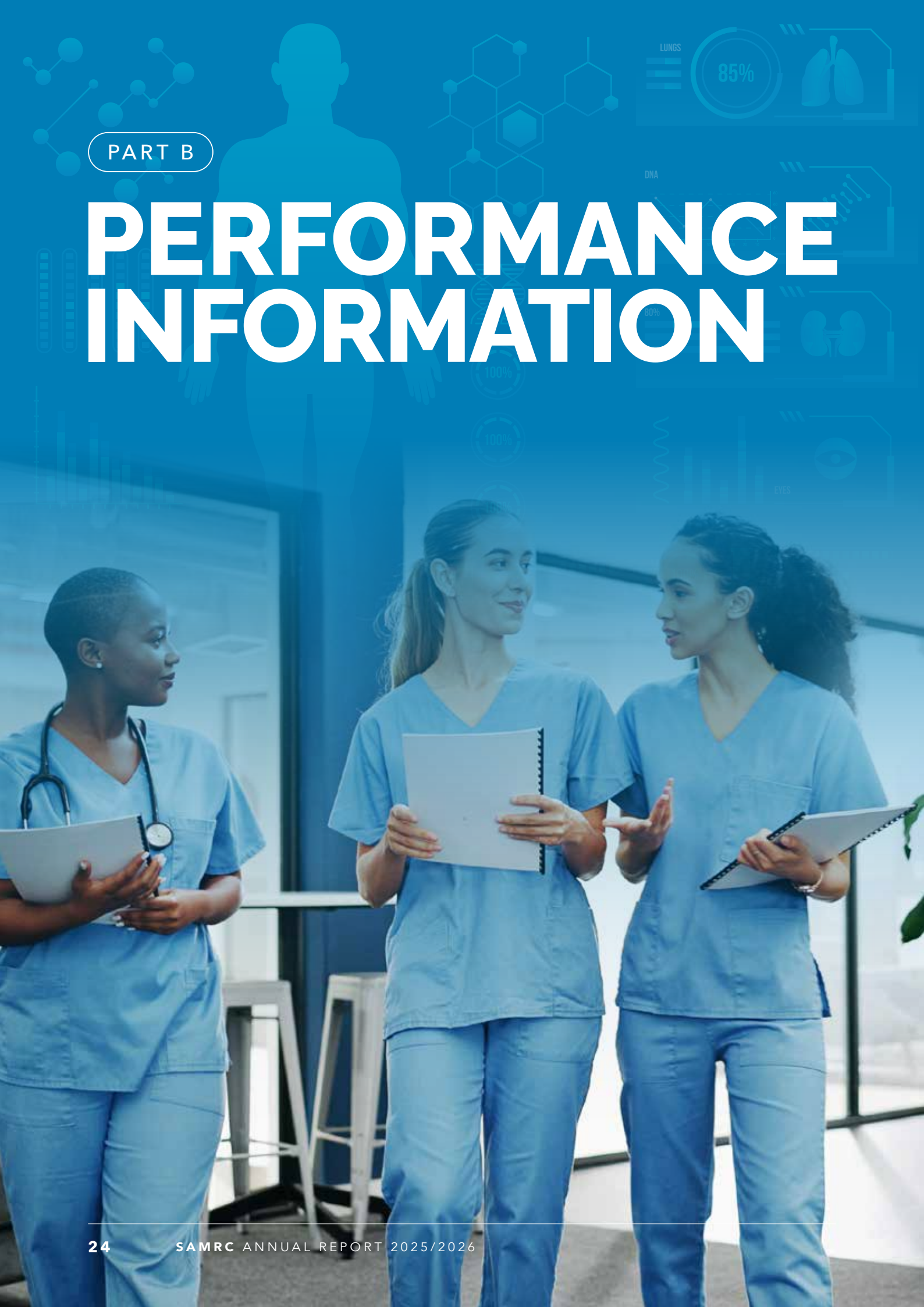
SAMRC-AMED RI PROJECTS
Genomic Insights into the Pathogenesis of Cancer and Infectious Diseases

NO.	JOINT PROPOSAL TITLE		PI'S NAME	PI'S AFFILIATION
1	Elucidating the cervical cancer malignancy mechanisms for precise treatment based on genome comparison and drug sensitivity test of Japanese and South African patient samples	SA	Deepak Balaji Thimiri Govindaraj	CSIR
		JP	Yusuke Yamamoto	NCC
2	Deciphering synergistic interactions between HIV and EBV in lymphomagenesis through genomic and transcriptomic analyses	SA	Shaheen Mowla	UCT
		JP	Yoshitaka Sato	Nagoya
3	Discovery and validation of new host-directed drug targets for tuberculosis in human macrophages	SA	Suraj Parihar	UCT
		JP	Harukazu Suzuki	RIKEN



PART B

PERFORMANCE INFORMATION



AUDITOR'S REPORT: PREDETERMINED OBJECTIVES

The Auditor-General of South Africa currently conducts the necessary audit procedures on the performance information and will report only material findings on the selected material indicators in the management report and audit report.

Refer to page 260 of the Auditors' Report, published as Part F: Financial Information.

OVERVIEW OF PERFORMANCE

Service Delivery Environment

The SAMRC was established to improve people's health in South Africa through research, innovation, development, and technology transfer. The scope of research includes laboratory investigations, clinical research, and public health studies. The SAMRC conducts research on South Africa's quadruple burden of disease: maternal, newborn and child health, HIV/AIDS and TB, non-communicable diseases, and interpersonal violence. Its work is to acquire evidence-based information to inform health policy and practice, and to improve the quality of life and health status of people in South Africa. The organisation is the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. It is a pioneer in cutting-edge medical innovations focusing on genomic research, the development of novel treatment regimens, vaccine development, diagnostic tools, and developing new drugs and devices. The SAMRC's overall performance is reflected under the Institutional Programme Performance Information section of this Part B of the annual report.

Organisational environment

The SAMRC was able to deliver on its mandate due to good governance, under the leadership of the Board, the Executive Management Committee and dedicated staff.

Key policy developments and legislative changes

The SAMRC was ready to adapt to changes in policies and legislation during the 2025/2026 financial year.

Progress towards achievement of institutional Impacts and Outcomes

The SAMRC achieved its targets set out in the Strategic Plan.

INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

SAMRC's Performance Information

PROGRAMME 1

Administer health research effectively and efficiently, and in accordance with good corporate governance practices

Impact Statement
Strengthening of corporate governance processes towards a clean audit opinion from the Auditor-General South Africa (AGSA) and directing most financial resources towards research, capacity development and innovation.

Measuring Outcomes

OUTCOME	OUTCOME INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/2026 - 2029/30)
1.1 To ensure good governance, effective administration and compliance with government regulations	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa	Clean audit	Clean audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation	1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	20%	20%

PROGRAMME 2

Lead the generation of new knowledge and funding of research

Impact Statement
Promote the improvement of health and quality of life and the advancement of science in South Africa through research.

Measuring Outcomes

OUTCOME	OUTCOME INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/2026 - 2029/30)
2.1. To produce and promote scientific excellence and the reputation of South African health research	2.1.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	3 550	4 975
	2.1.2. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders with acknowledgement of the SAMRC support	930	1 320
2.2. To provide leadership in the generation of new knowledge in health	2.2.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC	1 925	2 650
2.3. To provide funding for the conduct of health research	2.3.1. Number of research grants funded by the SAMRC	750	1 050

PROGRAMME 3

Supporting health innovation and technology development through funding to improve health

Impact Statement
To support a thriving health innovation ecosystem, developing impactful health solutions for South Africa, Africa, and beyond.

Measuring Outcomes

OUTCOME	OUTCOME INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/2026 - 2029/30)
3.1 To support the development of innovations and technologies aimed at improving health	3.1.1 Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	20	190
3.2 To develop innovations and technologies aimed at improving health	3.2.1 Number of innovation disclosures made by the SAMRC employees and students	5	5

PROGRAMME 4

Building sustainable health research human capacity in South Africa

Impact Statement
To provide funding and supervision support for career development and/or institutional research capacity development to build the next generation of scientists in the broad field of health.

Measuring Outcomes

OUTCOME	OUTCOME INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/2026 - 2029/30)
4.1. To enhance the long-term sustainability of health research in South Africa by providing funding and supervision support for career development and/or institutional research capacity development	4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	660	660
	4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	488	488
	4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	495	495
	4.1.4 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under resourced institutions	368	215
	4.1.5 Number of Masters' and PhD students graduated or completed	360	250

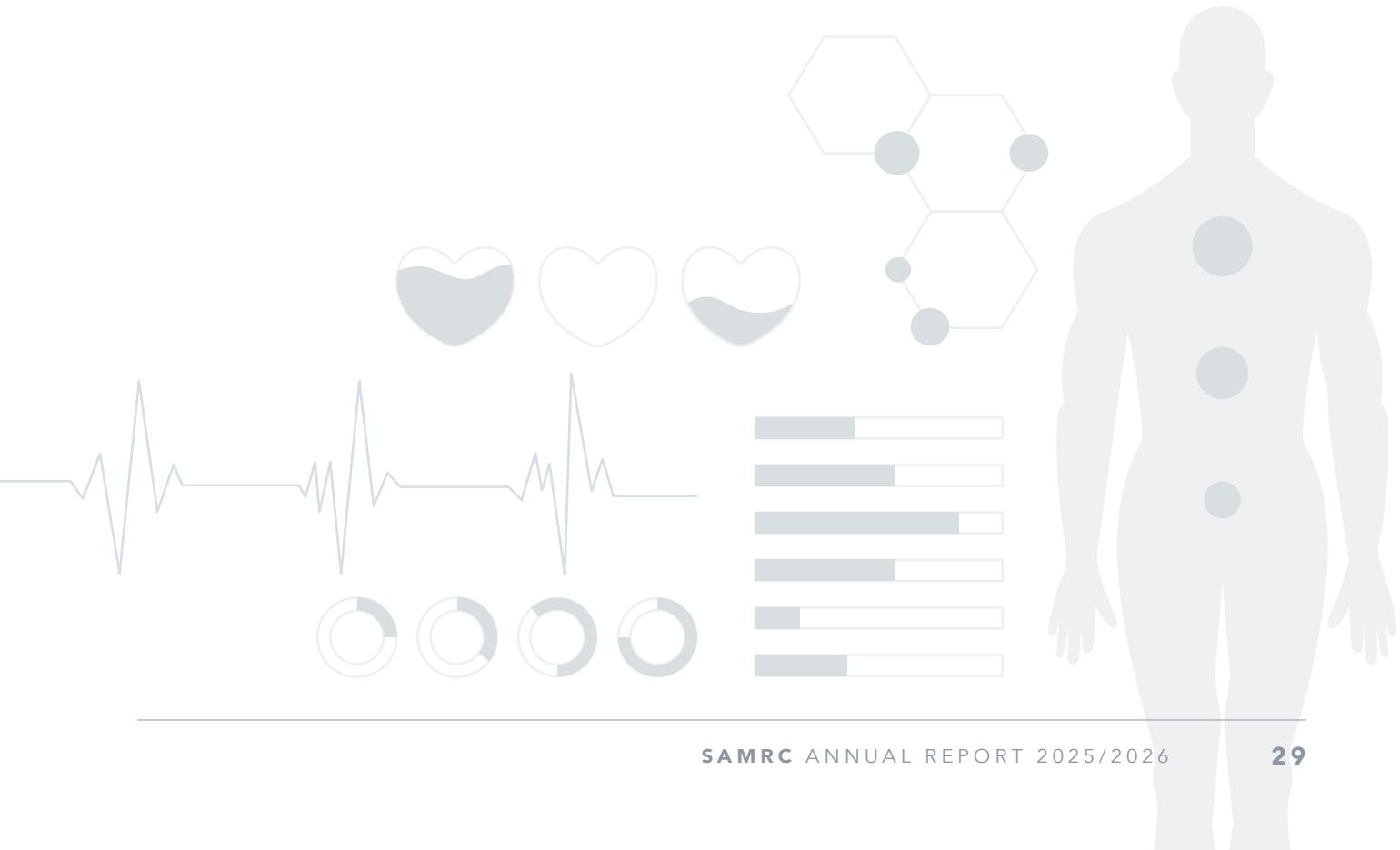
PROGRAMME 5

Research translation into policy and practice to improve health

Impact Statement
To contribute to building public and policymaker understanding of health, drivers of ill-health, and practice, interventions and technologies that can prevent ill-health and strengthen health services and encouraging use of research evidence in policymaker, practitioner and public decision-making.

Measuring Outcomes

OUTCOME	OUTCOME INDICATOR	BASELINE SP (2020/21 - 2024/25)	FIVE-YEAR TARGET (2025/2026 - 2029/30)
5.1. To facilitate the translation of health research	5.1.1. Number of policies, reports and guidelines that reference SAMRC research	27	250
	5.1.2. Number of reports and guidelines (co) produced by the SAMRC intramural researchers	25	175
	5.1.3. Number of national or international bodies/committees that SAMRC researchers and research support employees serve on	250	700
	5.1.4. Number of conferences, seminars and continuing development points workshops supported by the SAMRC	50	250



OUTPUTS, OUTPUT INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2023/24	AUDITED ACTUAL PERFORMANCE 2024/25
Programme 1: Administer health research effectively and efficiently, and in accordance with good corporate governance practices				
1.1. To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa	Clean Audit	Clean Audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research, capacity development and innovation	Efficient expenditure of government allocated budget	1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage	19%	19.53%
Programme 2: Lead the generation of new knowledge and funding of research				
2.1. To produce and promote scientific excellence and the reputation of South African health research	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors	1 294	1 339
	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant holders	2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders with acknowledgement of the SAMRC support	373	465
2.2 To provide leadership in the generation of new knowledge in health	Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books	2.2.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/ or last author is affiliated to the SAMRC	646	673
2.3 To provide funding for the conduct of health research	Research grants awarded	2.3.1 Number of research grants funded by the SAMRC	221	197

PLANNED ANNUAL TARGET 2025/2026	ACTUAL ACHIEVEMENT 2025/2026 UNTIL DATE OF RE-TABLING	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2025/2026	REASONS FOR DEVIATIONS
Clean Audit	Clean Audit	Not applicable	
20%	17.25%	2.75%	Over performance on administrative expenditure reflects the SAMRC's efficient and effective (operational) processes. These processes enabled the organisation to allocate a greater proportion of available funds towards its core mandate of conducting and funding research.
1 000	1 491	491	The results were driven by the consistent application of SOPs, stronger stakeholder collaboration, and the securing of additional funding during the 2025/2026 reporting period. This enabled SAMRC to support and produce more research outputs than originally planned. The initial target did not factor in the possibility of increased resources and expanded research activity.
220	509	289	The results were driven by consistent application of SOPs, stronger stakeholder collaboration, and securing additional funding during 2025/2026 reporting period. This enabled SAMRC to support and produce more research outputs than originally planned. The initial target did not factor in the possibility of increased resources and expanded research activity.
650	764	114	The results were driven by consistent application of SOPs, stronger stakeholder collaboration, and securing additional funding during 2025/2026 reporting period. This enabled SAMRC to support and produce more research outputs than originally planned. The initial target did not factor in the possibility of increased resources and expanded research activity.
210	333	123	The increase in funded grants was driven by additional financial resources secured through new partnerships and collaborations, as well as higher-than-anticipated renewal rates for ongoing projects. Consequently, SAMRC was able to award and renew more research grants than initially planned, as the original target did not account for these expanded funding opportunities.

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2023/24	AUDITED ACTUAL PERFORMANCE 2024/25
Programme 3: Supporting health innovation and technology development through funding to improve health*				
3.1 To support the development of innovations and technologies aimed at improving health	Innovation and technology projects funded by the SAMRC	3.1.1 Number of innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	26	28
3.2 To develop innovations and technologies aimed at improving health	Innovation disclosures made by the SAMRC employees and students	3.2.1 Number of innovation disclosures made by the SAMRC employees and students	1	1
Programme 4: Building sustainable health research human capacity in South Africa*				
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision support for career development and/or institutional research capacity development	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	184	199
	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to female recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	122	137
	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to Black South African citizens and permanent resident recipients for Masters', PhD, Postdocs, Early-Career and Mid-Career Scientists	4.1.3 Number of SAMRC career and capacity development awards to Black South African citizens and permanent resident recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists	121	127

** As agreed with NDOH, SAMRC APP 2025/2026 was not re-tabled.*

PLANNED ANNUAL TARGET 2025/2026	ACTUAL ACHIEVEMENT 2025/2026 UNTIL DATE OF RE-TABLING	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2025/2026	REASONS FOR DEVIATIONS
38	90	52	The results were driven by the mobilisation of additional resources through new funding partnerships and programmes, which enabled greater support for innovation and technology initiatives. Additional grants were secured to sustain projects impacted by the withdrawal of US funding. These partnerships and programmes also expanded the pipeline of projects carried into the current financial year, increasing the overall number of projects funded.
1	2	1	The performance was driven by increased awareness and engagement among SAMRC employees and students around innovation and intellectual property processes, resulting in more disclosures than initially planned. The original target did not anticipate this level of performance since the Biomedical Research Innovation Platform has mostly been the only intramural platform that develops new innovations. In this reporting period, the Biostatistics Research Unit also disclosed one innovation, hence the target was exceeded.
110	226	116	The performance was driven by the mobilisation and reallocation of existing, recalled, and additional resources, which enabled funding of more scholars across all career stages than initially planned. Support for qualifying scholarship applications resulted in an increased number of awards. The original target did not anticipate the availability of the additional resources.
80	150	70	The performance was driven by the mobilisation and reallocation of additional resources, which enabled the funding of more female scholars across all career stages than initially planned. Support for qualifying scholarship applications resulted in an increased number of awards. The original target did not anticipate the availability of the additional resources.
90	133	43	The performance was driven by the mobilisation and reallocation of additional resources, which enabled the funding of more Black South African citizens and permanent resident recipients across all career stages than initially planned. Support for qualifying scholarship applications resulted in an increased number of awards. The original target did not anticipate the availability of the additional resources.

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2023/24	AUDITED ACTUAL PERFORMANCE 2024/25
Programme 4: Building sustainable health research human capacity in South Africa* continued				
	Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to all recipients for Masters, PhD, Postdocs, Early-Career and Mid-Career Scientists from historically disadvantaged and under-resourced institutions	4.1.4 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists at the historically disadvantaged and under-resourced institutions	68	71
	Masters' and PhD students graduated or completed	4.1.5 Number of Masters' and PhD students graduated or completed	120	113
Programme 5: Research Translation into policy and practice to improve health				
5.1 To facilitate the translation of health research	Policies, reports and guidelines that reference SAMRC research	5.1.1. Number of policies, reports and guidelines that reference SAMRC research	231	304
	Reports and guidelines (co)produced by the SAMRC intramural researchers	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	41	66
	SAMRC researchers and research support employees serving on national and international bodies/ committees	5.1.3. Number of national or international bodies/ committees that SAMRC researchers and research support employees serve on	202	266
	SAMRC supported conferences, seminar, webinars and Continuing Development Points (CPD) workshops	5.1.4. Number of conferences, seminars, webinars and continuing development points workshops supported by the SAMRC	92	175

** As agreed with NDOH, SAMRC APP 2025/2026 was not re-tabled.*

PLANNED ANNUAL TARGET 2025/2026	ACTUAL ACHIEVEMENT 2025/2026 UNTIL DATE OF RE-TABLING	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2025/2026	REASONS FOR DEVIATIONS
35	91	56	The performance reflects focused efforts to strengthen inclusion of historically disadvantaged and under-resourced institutions through targeted resource allocation and improved processes. This aligns with SAMRC's transformation agenda to expand capacity development opportunities at these institutions. Targeted engagement with HDIs has increased participation in our RFAs. The original target did not anticipate the availability of additional resources and increased participation from these institutions.
50	117	67	The performance was driven by increased investment in student funding and strengthened supervision capacity by SAMRC researchers, which enabled more Masters' and PhD candidates to complete their studies than initially planned. The original target did not anticipate this expanded level of support and throughput.
50	331	281	The performance was driven by SAMRC's strong reputation as a leading science council, resulting in increased demand for its researchers' expertise in informing health-related policies, reports, and guidelines. This heightened engagement contributed to a significant rise in references to SAMRC research. The original target did not anticipate this level of demand and influence, which reflects SAMRC's growing impact in translating research into policy and practice.
35	81	46	The performance was driven by SAMRC's strong reputation as a leading science council, with its researchers actively engaged in producing reports and guidelines. This resulted in more outputs than initially planned. The original target did not anticipate this level of involvement, which reflects SAMRC's important role in translating research into policy and practice through these contributions.
140	271	131	The performance reflects the recognition of SAMRC staff as trusted contributors and active participants in advancing research and its application. The original target did not anticipate this level of engagement, which highlights SAMRC's role in supporting research translation, broader scientific collaboration and global impact.
50	147	97	The performance was driven by increased support and hosting of conferences, seminars, webinars, and CPD workshops, exceeding initial projections. This reflects SAMRC's active role in advancing research translation through strengthened knowledge transfer and sharing platforms.

RESEARCH PROGRAMMES AND UNITS WITHIN THE SAMRC

Intramural research units (IMUs), extramural research units (EMUs), research centres and platforms constitute our six research programmes. IMUs are based at the SAMRC campuses, and the scientists are directly employed by the organisation. EMUs enable scientists based at tertiary institutions to conduct research funded by the SAMRC. The research programmes and units are specified as follows:

HEALTH PROMOTION AND DISEASE PREVENTION

RESEARCH PROGRAMME 1

RESEARCH UNITS

- Antimicrobial Resistance and Global Health Research Unit (EMU)
- Centre for Health Economics and Decision Science Research Unit (EMU)
- Environment and Health Research Unit (IMU)
- Hypertension and Cardiovascular Disease Research Unit (EMU)
- Mental Health, Alcohol, Substance Use and Tobacco Research Unit (IMU)
- Microbial Water Quality Monitoring Research Unit (EMU)
- Non-Communicable Diseases Research Unit (IMU)
- Risk and Resilience in Mental Disorders Research Unit (EMU)
- Rural Public Health and Health Transition Research Unit (EMU)
- Violence, Injury and Social Asymmetries Research Unit (EMU)

NSDA 1: INCREASING LIFE EXPECTANCY

MATERNAL, CHILD AND WOMEN'S HEALTH

RESEARCH PROGRAMME 2

RESEARCH UNITS

- Child and Adolescent Lung Health Research Unit (EMU)
- Development Pathways for Health Research Unit (EMU)
- Gender and Health Research Unit (IMU)

NSDA 2: DECREASING MATERNAL AND CHILD MORTALITY

HIV, AIDS, TB AND OTHER COMMUNICABLE DISEASES

RESEARCH PROGRAMME 3

RESEARCH UNITS

- Antibody Immunity Research Unit (EMU)
- Centre for Tuberculosis Research Unit (IMU)
- Centre for the Study of Antimicrobial Resistance Research Unit (EMU)
- HIV and other Infectious Diseases Research Unit (IMU)
- HIV-TB Pathogens and Treatment Research Unit (EMU)
- Intersection of Non-Communicable Disease and Infectious Disease Research Unit (EMU)
- Malaria Research Group (IMU)
- Office of AIDS and TB Research (IMU)
- Vaccine and Infectious Diseases Analytics Research Unit (EMU)

NSDA 3: COMBATING HIV AND AIDS, AND DECREASING THE BURDEN OF DISEASE FROM TB

HEALTH SYSTEMS STRENGTHENING

RESEARCH PROGRAMME 4

RESEARCH UNITS

- Biostatistics Research Unit (IMU)
- Burden of Disease Research Unit (IMU)
- Cochrane South Africa (IMU)
- Health Services to Systems Research Unit (EMU)
- Health Systems Research Unit (IMU)

NSDA 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS

PUBLIC HEALTH INNOVATION

RESEARCH PROGRAMME 5

RESEARCH UNITS

- Biomedical Research and Innovation Platform (IMU)
- Drug Discovery and Development Research Unit (EMU)
- Genomics Platforms (IMU)
- Herbal Drugs Research Unit (EMU)
- Pan African Centre for Epidemics Research Unit (EMU)
- Primate Unit and Delft Animal Centre (IMU)

BIOMEDICAL RESEARCH

RESEARCH PROGRAMME 6

RESEARCH UNITS

- Antiviral Gene Therapy Research Unit (EMU)
- Cardiometabolic Health Research Unit (EMU)
- Genomics of Brain Disorders Research Unit (EMU)
- Platform for Pharmacogenomics Research and Translation Research Unit (EMU)
- Precision Oncology Research Unit (EMU)
- Wound and Keloid Scarring Translational Research Unit (EMU)

SAMRC STRATEGIC RESEARCH PROGRAMMES

RESEARCH PROGRAMME 1

HEALTH PROMOTION & DISEASE PREVENTION

PURPOSE OF THE PROGRAMME

To conduct research using a life course approach to healthy lifestyles, early diagnosis, and cost-effective prevention and management of diseases through health promotion.

UNITS THAT CONSTITUTE THIS PROGRAMME

- Antimicrobial Resistance and Global Health Research Unit (ERU)
- Centre for Health Economics and Decision Science Research Unit (ERU)
- Environment and Health Research Unit (IRU)
- Hypertension and Cardiovascular Disease Research Unit (ERU)
- Mental Health, Alcohol, Substance Use and Tobacco Research Unit (IRU)
- Microbial Water Quality Monitoring Research Unit (ERU)
- Non-Communicable Diseases Research Unit (IRU)
- Risk and Resilience in Mental Disorders Research Unit (ERU)
- Rural Public Health and Health Transition Research Unit (ERU)
- Violence, Injury and Social Asymmetries Research Unit (ERU)

PROGRAMME STRATEGIC OBJECTIVES

- To contribute towards the body of evidence by gaining a better understanding of how factors such as nutrition, physical activity, mental health, healthy behaviours, environment and stress factors affect life expectancy.
- To be a leader in scientific research by contributing to new knowledge in the area of health promotion and disease prevention.
- To train and mentor high-quality postgraduate students and postdoctoral fellows who can compete in the science, health and/or education sectors locally and abroad to advance the cause of health promotion and disease prevention.
- To assist the National Cancer Registry in producing cancer surveillance statistics and cancer trend reports.
- To translate research results into health and education policy, the practice of healthcare professionals, and the configuration of health and education systems.
- To develop interventions that affect and address poor nutrition, lack of physical activity, excessive alcohol intake, and risky sexual behaviours.
- To add to evidence-based interventions that investigate factors affecting life expectancy.
- To train and educate healthcare staff and community members to manage, control and reduce the incidence of non-communicable diseases.

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Antimicrobial Resistance and Global Health Research Unit

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Overview of the Research Unit

The Antimicrobial Resistance and Global Health Research Unit is based within the Institute for Pathogen and Global Health at the University of Venda. Established in 2022, the Unit has built an interdisciplinary team of researchers spanning microbiology, bioinformatics, genomics, medical sociology, ethnography, public health, bioethics, geographical information systems, and clinical psychology. Together, the team seeks comprehensive solutions to the growing challenge of antimicrobial resistance (AMR) in communities with low socio-economic status.

Through research, training, education, and science communication, the Unit aims to generate evidence that strengthens the management of infectious diseases in underserved communities, thereby improving equitable access to healthcare.

To advance its objectives, the Unit collaborates with the Department of Microbiology at Sefako Makgatho Health Sciences University; the Department of Laboratory Medicine at Walter Sisulu University; the Centre for Global Health Equity at the University of Virginia (USA); the Faculty of Medicine at Mbarara University of Science and Technology (Uganda); and the Institute for Global Health in Haydom, Tanzania.

To ensure long-term sustainability, Unit researchers actively pursue continuous professional development and additional funding opportunities to support the Unit's ambitious and resource-intensive prospective cohort research projects. In 2025, the Unit's Director was awarded a DSTI/NRF South African Research Chair in Community Antimicrobial Resistance.

Key Milestones and Achievements

Prospective datasets on antimicrobial resistance for discovery and evidence generation remain limited across African communities. The Unit's overarching goal is therefore to generate large-scale longitudinal datasets to better understand AMR acquisition dynamics at the population level. During the 2025/2026 period, the Unit conducted two major research projects.



Prof Bessong addressing the attendees at the Annual meeting.

Using a community-based prospective birth cohort, this project seeks to determine when and how enteric antibiotic resistance (the resistome) is acquired early in life. The study further investigates associations between the enteric resistome and microbial, maternal, sanitation and hygiene, dietary, hydrometeorological, ethnographic, vaccination, treatment, and socio-economic factors.

Since 2023, newborn infants have been enrolled within the first two weeks of life for periodic assessment of enteric resistome development over a 24-month period. Preliminary metagenomic resistome data collected from 100 children at less than 17 days and again at six months after birth indicate that the enteric resistome is acquired very early in life and exhibits significant diversity. These findings from otherwise healthy children suggest potential implications for future clinical resistance patterns and the development of treatment guidelines.



Some members of the Antimicrobial Resistance and Global Health Research Unit during RedCap training.



Mr Clive Sibiya RedCap Training Demonstration.

In addition, data collected from 917 adult participants on knowledge, attitudes, and practices related to antimicrobial use are being used to develop ethnographically relevant AMR awareness and educational packages for local communities.

The second project investigates whether individuals living with HIV who are initiated on the standard first-line treatment regimen (tenofovir-lamivudine-dolutegravir) may have had prior exposure to antiretroviral therapy (ART), and how undisclosed exposure influences drug resistance development and treatment outcomes, including viral suppression and CD4+ cell count recovery.

To date, traces of tenofovir have been detected in the plasma of 127 out of 712 participants (17.8%) at first HIV diagnosis or among individuals reporting no prior ART exposure at treatment initiation. These findings suggest the need for more robust assessment protocols for individuals entering treatment to safeguard the efficacy of first-line regimens and support progress toward viral suppression targets among people receiving treatment.

Building Capacity Through Training, Mentorship, and Support

The Unit implemented several capacity development initiatives during 2025/2026, including:

- Proposal Writing Workshop for Biomedical Research: Facilitated by Professor Bessong for 15 researchers and postgraduate students.
- Training on Evidence-Based Methods: Facilitated by Professor Mark Engels and Lorenzo Bennie from the Cochrane SA at the SAMRC. Twenty-eight staff members and postgraduate students took part.
- Research Electronic Data Capture (REDCap) Training: Facilitated by Clive Sibiya (SAMRC), with staff members and students trained.
- Whole Genome Sequencing and Bioinformatics Pipelines Training: Conducted on 15 and 22 August 2025 by Drs Idris Njanje and Justine Fri. Staff members and postgraduate students were trained to generate whole genomes of locally relevant human pathogens.
- Microbial Molecular Techniques Training: Conducted in 2025 by Drs Idris Njanje and Justine Fri for postgraduate students from the Department of Plant and Soil Sciences.



Proposal Writing Workshop for Biomedical Research facilitated by Professor Bessong for 15 researchers and postgraduate students.

Most participants in these training initiatives were Black female researchers pursuing careers in biomedical research, reflecting the Unit's commitment to transformation and capacity building in the scientific workforce.

Artificial Intelligence in Medical and Health Research

The Unit currently does not employ artificial intelligence (AI) or other data-driven technologies in its research. However, given the size, complexity, and high dimensionality of the datasets generated, the Unit intends to incorporate AI methods into future research. These technologies are anticipated to aid in the discovery, prediction, interpretation, and management of antimicrobial resistance by recognising intricate patterns within large-scale resistome datasets.



Microbial Molecular Techniques Training: Conducted in 2025 by Drs Idris Njanje and Justine Fri.



Centre for Health Economics and Decision Science Research Unit

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Overview of the Research Unit

PRICELESS SA (Priority Cost-Effective Lessons for Systems Strengthening in South Africa) is the SAMRC/Wits Centre for Health Economics and Decision Science, based within the School of Public Health at the University of the Witwatersrand. Founded in 2009 and recognised as an Extramural Research Unit of the SAMRC in 2019. The Centre is a leading research-to-policy institute dedicated to enhancing public health decision-making through rigorous health economics and policy-related research.

PRICELESS SA supports South Africa's progress towards universal health coverage by generating evidence, tools, and methodologies that enable policymakers to make equitable, efficient, and transparent decisions on health investments. Its work focuses on the commercial determinants of health, non-communicable disease prevention, healthy food access, and healthcare financing.

The Centre combines expertise in health economics, decision science, law, epidemiology, and social sciences to evaluate the cost-effectiveness, affordability, and social value of health interventions. It also plays an important role in public engagement by working with government, civil society, the media, and communities to strengthen understanding of health trade-offs and priority-setting processes.

As a regional leader in teaching and capacity development, PRICELESS SA offers postgraduate training, short courses, and policy-focused workshops in health economics and priority setting. Through its research-to-policy approach, the Centre seeks to ensure that limited health resources are allocated in ways that maximise health gains, promote equity, and improve population wellbeing across South Africa and sub-Saharan Africa.

Key Milestones and Achievements

During the 2025/2026 financial year, PRICELESS SA advanced research aimed at strengthening evidence-based health policy, improving population health, and supporting equitable health system financing in South Africa.

A major priority has been the continued evaluation of the Health Promotion Levy (HPL) on sugar-sweetened beverages. As the levy remains below the World Health Organization's recommended 20% level and faces ongoing threats of repeal, PRICELESS SA is generating evidence on its impact on sugar consumption, obesity, equity, employment, and



PRICELESS SA supports South Africa's progress towards universal health coverage by generating evidence, tools, and methodologies that enable policymakers to make equitable, efficient, and transparent decisions on health investments.

government revenue to inform policy and protect effective obesity prevention measures.

The Centre is also examining the economic burden of multimorbidity, which is the coexistence of two or more chronic conditions, by quantifying its costs to both the public healthcare system and patients. This work aims to inform responsive clinical guidelines and health policies.

Research on health system strengthening at the primary healthcare level includes developing a costing and digital dashboard for multimorbidity management, integrating point-of-care lung ultrasound into the Integrated Management of Childhood Illness (IMCI) guidelines for paediatric pneumonia, and evaluating the Practical Approach to Care Kit (PACK) for multimorbidity management. These studies are intended to support sustainable financing, implementation, and scale-up of proven low-cost interventions.

With the implementation of the National Health Insurance (NHI) Act, PRICELESS SA is contributing to the development of technical guidelines and has developed a healthcare benefit design tool to support transparent and equitable priority setting under the NHI.

Research on food environments and obesity prevention remains a core focus, including studies in schools, hospitals, and universities, alongside policy analyses aimed at enabling reform within state-owned institutions. Participatory research methods are also used to engage children and adolescents in food policy analysis, ensuring that policies reflect young people's lived experiences and perspectives.

In addition, the Centre undertakes policy and legal scholarship on dietary intake, the commercial determinants of health, and conflicts of interest in public health policy.

Building Capacity Through Training, Mentorship, and Support

Capacity development is central to PRICELESS SA's mission to advance equity and dignity in health research and healthcare. The unit invests extensively in developing the skills of staff, students, policymakers, and communities, with a strong emphasis on inclusive decision-making and fair resource allocation.



Multimorbidity in Africa: Digital Innovation, Visualisation and Application Research Hub project.

Internally, the Centre supports postgraduate training at doctoral, master's, and postgraduate diploma levels, while building a diverse pipeline of researchers from historically underrepresented groups. PRICELESS SA leads the Master of Public Health (Health Economics) programme at the Wits School of Public Health and contributes to teaching and student supervision.

Emerging researchers are embedded in applied policy projects, gaining practical experience in health economics, public health law, ethical priority setting, and participatory research. Staff development is further strengthened through targeted short courses in economic evaluation, qualitative methods, data analysis, and decision modelling. Currently, four staff members, all women of colour, are enrolled in postgraduate studies, including MPhil degrees and PhDs.

Externally, PRICELESS SA delivers teaching and short courses in health economics, economic evaluation, and health priority setting to public health professionals, policymakers, civil society organisations, and students across Africa. These programmes equip decision-makers with the skills to allocate resources transparently, ethically, and in ways that protect vulnerable populations.

The Centre also advances dignity-centred research through participatory approaches that engage communities in healthcare priority-setting and involve vulnerable groups, including children and adolescents, in food policy research. Through partnerships with government, universities, advocacy organisations, and international collaborators, PRICELESS SA continues to strengthen regional capacity in health economics and equitable health systems research.

AI in Medical and Health Research

PRICELESS SA is expanding the use of artificial intelligence (AI) and data-driven technologies to strengthen health research, policy analysis, and decision-making. All activities align with the University of the Witwatersrand's guidance on the ethical use of generative AI, ensuring academic integrity, transparency, and responsible innovation.

The Centre plans to adopt AI-enabled approaches to enhance research design, data analysis, and academic writing using approved institutional tools. This work is guided by a commitment to ensuring that AI complements, rather than replaces, critical scholarly judgement.

In collaboration with national and international partners, PRICELESS SA is also contributing to the emerging evidence base on the integration of AI in public health. A current initiative involves developing a collaborative grant proposal to evaluate AI-driven Clinical Decision Support Tools (CDSTs). The study will assess whether AI, machine learning, and natural language processing can analyse patient data and clinical records in real time to support nurses' decision-making in Gauteng public health facilities.

The research aims to inform how the National Department of Health could integrate AI into Electronic Medical Record systems, while also assessing the feasibility, cost implications, and equity impacts of these technologies within South Africa's public health sector.



The HFACT project, in collaboration with PRICELESS SA, is actively involved in various research activities and publications. Their recent paper is titled "Reflecting Social Values in HTA Methods: A Case Study of South Africa."



Environment and Health Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The Environment and Health Research Unit (EHRU) conducts research at the intersection of environmental exposures and human health, guided by a One Health approach that recognises the interconnectedness of people, animals, and the environment. The Unit investigates how environmental risks influence disease patterns and health outcomes, particularly among vulnerable populations, using expertise in environmental epidemiology, exposure science, and public health.

EHRU's research aligns with national and global priorities on climate change, environmental degradation, and health inequalities. Key focus areas include air quality, extreme heat, water and sanitation, and toxic environmental exposures. The unit collaborates closely with government, international agencies, and communities to ensure research informs policy and practical solutions. By producing actionable evidence, EHRU contributes to early warning systems, environmental health guidelines, and risk-reduction strategies that promote resilient, equitable health outcomes in South Africa.

Key Milestones and Achievements

A key priority for EHRU is generating policy-relevant evidence on environmental exposures and translating findings into interventions that reduce health risks among vulnerable populations.



EHRU generates policy relevant evidence on environmental exposures and translate findings into interventions that reduce health risks among vulnerable populations.

As part of the Thrive by Five Index, EHRU assessed environmental risks in early learning programmes (ELPs) in Gauteng, focusing on children's exposure to toxic metals and heat. Environmental sampling detected lead in all dust samples, frequent arsenic contamination, and lower levels of cadmium. Spatial analysis identified localised hotspots of lead and arsenic, highlighting priority areas for targeted interventions. Classroom monitoring also revealed significant heat exposure during the summer months, underscoring the need for routine environmental monitoring, heat mitigation measures, and staff training to improve the safety of ELPs.

At a broader systems level, EHRU implemented a World Bank-supported project addressing health risks associated with extreme heat. By analysing historical temperature and mortality data, the project contributed to the development of evidence-based heat-health thresholds and informed the design of a provincial Heat Early Warning System. The work also assessed population vulnerabilities and health system preparedness, supporting the integration of heat-risk management into climate adaptation planning.

EHRU also conducted research on uranium exposure among children living near gold mine tailings facilities in Johannesburg. The study found elevated uranium levels in children's hair samples compared to those from non-mining areas, with younger children most affected. These findings highlight the need for strengthened environmental monitoring, community engagement, and targeted interventions to protect at-risk populations.

Building Capacity Through Training, Mentorship, and Support

EHRU remains committed to strengthening environmental health research capacity, with a focus on equity and inclusion. During the reporting period, the Unit supported early-career researchers through mentorship and supervision, contributing to the development of the next generation of environmental health scientists in South Africa.

Capacity building also extended beyond academia through workshops, stakeholder engagements, and conference participation, where staff shared research findings and strengthened skills in science communication, policy engagement, and interdisciplinary collaboration. These activities enhanced both the visibility and impact of the Unit's work.

Community engagement remains central to EHRU's research approach. The Unit worked closely with community members, caregivers, and local stakeholders on projects focused on early learning environments and mining-affected communities. This included communicating findings in accessible formats, raising awareness of environmental health risks, and supporting practical actions to reduce exposure. Through these efforts, EHRU continues to promote inclusive, participatory research that empowers communities and contributes to more responsive and equitable health systems.

AI in Medical and Health Research

EHRU, together with the Biomedical Research and Innovation Platform (BRIP) and the Genomics Platform, co-leads the SAMRC Wastewater Surveillance and Research Programme (WSARP). Through wastewater surveillance, the programme monitors sewage for biological and chemical



markers that provide early warning signals of public health threats at a population level.

Building on this platform, EHRU scientists developed an artificial intelligence (AI)-driven predictive model that integrates clinical case data with wastewater SARS-CoV-2 signals. The model forecasts clinical case trends by assessing whether changes in viral concentrations in wastewater can predict future waves of infection. By combining environmental surveillance with AI-based modelling, the Unit is strengthening proactive, data-informed public health decision-making and enhancing pandemic preparedness.

This scalable approach demonstrates the value of integrating environmental, clinical, and epidemiological data streams and has potential applications for monitoring other pathogens and public health threats, including antimicrobial resistance. In recognition of this work, EHRU Director Dr. Renee Street was invited to participate in a World Health Organization workshop on AI and automation for epidemiological pipelines in Berlin, Germany, in October 2025. The engagement supports ongoing efforts to expand the use of AI and data-driven technologies within the Unit and across collaborative research platforms.



EHRU, together with the Biomedical Research and Innovation Platform and the Genomics Platform, co-leads the SAMRC Wastewater Surveillance and Research Programme.



EHRU research on uranium exposure among children living near gold mining tailings facilities in Johannesburg found elevated uranium levels in children's hair samples compared to those from non-mining areas.



Hypertension and Cardiovascular Disease Research Unit

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Overview of the Research Unit

The Research Unit aims to reduce the burden of non-communicable diseases (NCDs), particularly cardiovascular disease (CVD), through collaborative research, innovation, and evidence-based policy and practice. Working closely with industry and clinical partners, the Unit contributes to the development and implementation of prevention strategies, education programmes, and primary healthcare interventions aligned with South Africa's National Health Insurance priorities.

As a South African Medical Research Council (SAMRC) Extramural Unit (EMU), we are committed to improving the health and well-being of all South Africans by advancing more effective and context-specific approaches to CVD awareness, prevention, treatment, and care. Our research considers the country's cultural diversity, locally available and affordable food systems, genetic and epigenetic differences across population groups, and the interaction between infectious diseases and metabolic health.

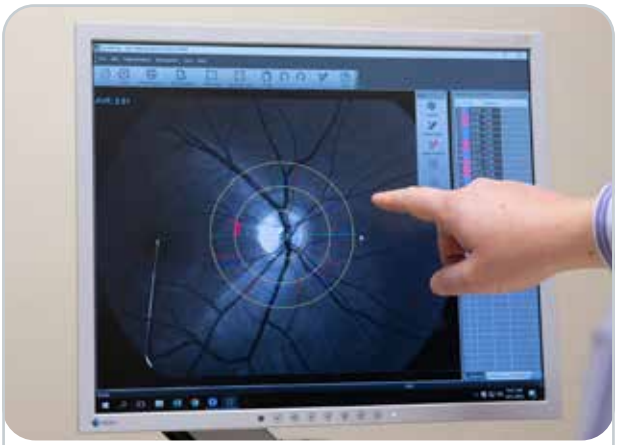
Key Milestones and Achievements

The EMU contributes to new clinical and epidemiological knowledge on CVD risk across diverse South African populations, with the goal of strengthening future prevention, treatment, and awareness programmes. Using advanced technologies such as polyomics and cardiovascular phenotyping, the Unit conducts prospective epidemiological and implementation research to develop comprehensive cardiovascular profiles of South Africans.

The Unit has expanded its focus from CVD in older populations to preventive cardiology, with particular emphasis on:

- Early development of CVD risk factors, including hypertension and vascular ageing in children and young adults;
- The intersection of HIV and CVD, and the impact of co-morbidities on disease progression; and
- Addressing poor awareness and late diagnosis that contribute to the high burden of CVD.

This work generates critical insights across the disease spectrum, from early pathophysiological changes to advanced CVD, while informing improved population-based prevention, treatment, and care strategies.



The African PRospective study on the Early Detection and Identification of Cardiovascular diseases and HyperTension.

Understanding differences in CVD aetiology among South Africa's population groups is central to reducing health inequalities and developing evidence-based, population-sensitive prevention strategies. The Unit also investigates how lifestyle and environmental factors influence vascular structure and function, helping to identify modifiable risk factors that can improve long-term cardiovascular health outcomes.

Building Capacity Through Training, Mentorship, and Support

The EMU has prioritised the development of a new generation of researchers, with increased representation of women and individuals from previously disadvantaged groups. Emerging researchers are supported through mentorship, leadership opportunities, and research visits to leading international laboratories to strengthen expertise and professional development.

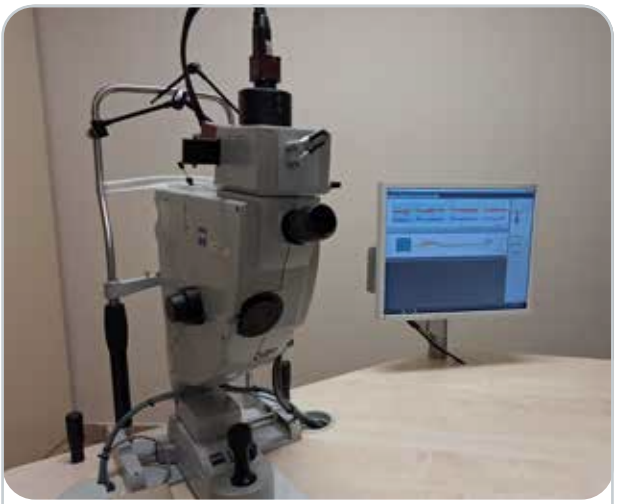
The North-West University's Grow-Our-Own-Timber initiative further supports postgraduate training and succession planning by funding and mentoring previously disadvantaged students toward permanent academic appointments. An example is Dr Gontse Mokwatsi, who now leads the UPRIGHT-HTM study within the EMU. In addition, postgraduate students from disadvantaged backgrounds receive scholarships through the EMU's baseline funding.

The Unit also invests in leadership development, research management training, and the establishment of national and international collaborations to strengthen long-term sustainability and transformation within the research environment.

Community engagement continues to be a key focus. The EMU maintains strong ties with participants and communities through school visits, workplace and home interactions, social media engagement, and public outreach efforts. Educational materials, including illustrated booklets and comic strips, have been created to encourage healthy lifestyles and increase awareness about cardiovascular health and the importance of salt reduction in managing blood pressure.



Dr Gontse Mokwatsi now leads the UPRIGHTHTM study within the EMU.



The Dynamic Retinal Vessel Analyser.



The Dynamic Retinal Vessel Analyser.

Artificial Intelligence in Medical and Health Research

The EMU is strengthening health research and innovation by strategically adopting artificial intelligence (AI) and data-driven technologies. Central to this approach is the development of high-quality, representative data systems to ensure reliable and equitable AI applications across South Africa's diverse populations.

AI has the potential to accelerate research by enhancing literature reviews, improving participant recruitment, enabling disease surveillance, and enabling risk prediction and forecasting to support evidence-based decision-making and resource allocation. These advances align with national health priorities and global guidance from organisations such as the World Health Organization.

The Unit is also investing in interdisciplinary skills development by integrating expertise in biomedical science, data science, and policy. Strong ethical and governance frameworks, including compliance with the Protection of Personal Information Act (POPIA), are essential to ensuring transparency, privacy, and responsible AI use.

By promoting open science and data sharing, the EMU aims to strengthen collaboration among research institutions, government, universities, and industry partners. The Unit recognises that AI is not merely a technological tool, but a long-term capability that requires robust data ecosystems, skilled people, sound governance, and a sustained focus on measurable public health impact.



An image showing how the Retinal vessel responses to light flicker provocation.



Microbial Water Quality Monitoring Research Unit

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Overview of the Research Unit

The Microbial Water Quality Monitoring Centre is based at the Alice Campus of the University of Fort Hare and became operational on 1 April 2015. The Centre's research mandate focuses on evaluating emerging challenges in microbial water quality and safety within aquatic environments in the Eastern Cape Province, while serving as a platform for skills and capacity development in the water and public health sectors.

This mandate continues to drive the Centre's aspiration of becoming a leading Centre of Excellence dedicated to developing the next generation of microbial water resource and sanitation specialists within the public health domain. The Centre also seeks to provide innovative, evidence-based solutions to the numerous water and sanitation challenges facing South Africa and beyond.

Our core research themes include:

- Water and wastewater quality and genomics, including emerging infectious diseases and pathogen survival;
- Emerging chemical pollutants and their public health implications;
- Environmental reservoirs of antimicrobial resistance; and
- Discovery of novel bioactive compounds with health and biotechnological applications.

The Centre's work is underpinned by the urgent need to address the shortage of skilled professionals in the water and sanitation sectors, particularly among previously disadvantaged population groups in South Africa. Through its research programmes, the Centre contributes to developing human capital while advancing scientific solutions to pressing public health challenges.

Our research directly supports the SAMRC Strategic Goals 2 and 4, while contributing to the achievement of the United Nations Sustainable Development Goals (SDGs) 1, 3, 6, 8, 13 and 14.

Key Milestones and Achievements

During the 2025/2026 financial year, the Centre maintained its high level of research productivity by advancing its research mandate and contributing to scientific knowledge through peer-reviewed publications, conference presentations and postgraduate research outputs. This was achieved through projects undertaken within the following major research themes:

- **Wastewater pathogen surveillance:** Monitoring SARS-CoV-2 and other pathogens, including adenoviruses, noroviruses, rotaviruses and respiratory viruses, in wastewater from the Amathole District Municipality and Buffalo City Metropolitan Municipality in the Eastern Cape.
- **Antimicrobial resistance (AMR) at the food-water-agriculture interface:** Investigating antimicrobial susceptibility profiles of bacteria isolated from aquatic environments and evaluating the effects of environmental pollutants on antimicrobial resistance gene transfer.
- **Environmental pollutants:** Developing innovative technologies for the removal of nucleic acids and other toxic contaminants from water and wastewater systems.

- **Surveillance of emerging infectious diseases (EIDs) of zoonotic importance using a One Health approach:** Investigating the prevalence of bacterial and viral zoonotic diseases, as well as foodborne pathogens, in cattle, poultry and pig farms across the Eastern Cape Province.
- **Bioactive compounds from aquatic environments:** Assessing the effects of sulphated polysaccharides extracted from Ecklonia maxima on carbohydrate-hydrolysing enzymes, muscle glucose uptake and intestinal glucose absorption under ex vivo conditions.

In addition to these major projects, the Centre undertook mentorship-infused initiatives aimed at strengthening postgraduate research supervision within African higher education institutions.

These research activities resulted in numerous peer-reviewed publications and the successful graduation of several postgraduate students during the financial year.

The Centre experienced no major operational challenges during the reporting period. The primary challenge remains the retention of talented postgraduate students, as the Centre is unable to compete with the higher-value bursaries offered by other universities, resulting in the loss of some students to better-funded institutions.

Building Capacity Through Training, Mentorship and Support

The majority of the Centre's postgraduate students are South African women, reflecting our commitment to advancing transformation and building scientific capacity.

During the reporting period, the Centre hosted a capacity development workshop on metagenomics and bioinformatics for postgraduate students and postdoctoral fellows. The training strengthened participants' technical competencies in these rapidly evolving fields, equipping them with advanced skills to support their research.

The Centre also hosted an outreach workshop for secondary school learners from the Alice community. The initiative introduced learners to the fascinating world of microorganisms and encouraged Grade 12 learners to consider pursuing studies in the microbial sciences. Both training initiatives were highly successful and contributed meaningfully to the Centre's skills development and community engagement objectives.

Artificial Intelligence in Medical and Health Research

The Centre is currently not focusing on AI. However, the Centre intends to pursue this with vigour going forward.





Mental Health, Alcohol, Substance Use and Tobacco Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The Mental Health, Alcohol, Substance Use and Tobacco Research Unit (MASTRU) conducts rigorous, policy-responsive research and advocacy to promote mental health and reduce substance-related harm in South Africa. Guided by a public health and equity-focused approach, the Unit addresses the social, economic, structural, contextual and biological determinants of mental health and substance use.

MASTRU's strategic research programme focuses on epidemiological studies to produce high-quality population-level evidence on the prevalence, distribution, and determinants of mental health conditions and substance use, guiding national surveillance, planning, and resource distribution. The unit also develops and validates culturally suitable, psychometrically strong assessment tools for application across South Africa's diverse linguistic and social settings.

In addition, MASTRU designs and evaluates behavioural interventions within a precision medicine framework to support more targeted prevention and treatment strategies. Through implementation research, the Unit strengthens the translation of evidence into practice and supports the integration of evidence-based interventions into health and social service systems. Through its integrated programme of research and active engagement with policymakers, practitioners and communities, MASTRU seeks to influence policy and practice to sustainably improve population mental health and reduce substance-related harm.

Key Milestones and Achievements

MASTRU addresses vital gaps in evidence, surveillance, and service delivery that hinder South Africa's response to mental health and substance use issues throughout the lifespan. These include limited access to evidence-based care, especially for children and adolescents; weak surveillance systems; inadequate translation of research into policy and practice; and a lack of locally relevant data to inform prevention, treatment, and health system strengthening.

During the past year, MASTRU achieved several important milestones. A major accomplishment was the establishment of the South African Child and Adolescent Mental Health Initiative (CAMHI), in partnership with the Child Mind Institute's Global Centre for Child and Adolescent Mental Health. CAMHI brings together young people, researchers, policymakers, civil society and mental health professionals to improve access to evidence-based care, supported by the launch of the CAMHI South Africa website as a national information hub.

The Unit strengthened surveillance capacity through the expansion of the South African Community Epidemiology Network on Drug Use (SACENDU) to include treatment quality indicators and enhanced monitoring of emerging drug trends. Planning also continued for South Africa's first national child and adolescent mental health survey, scheduled for completion in 2026.

MASTRU's tobacco control programme combined strong evidence generation with high-level policy engagement, including participation in the NEDLAC task team, presentations to Parliament in support of the Tobacco Control Bill, and multiple peer-reviewed publications. Broader research translation activities included parliamentary engagement on substance use legislation, contributions to alcohol taxation policy, participation in global initiatives addressing synthetic drugs, dissemination of child mental health resources, media engagement, and a youth-led expert forum. These activities were strengthened through extensive national and international partnerships.

Building Capacity Through Training, Mentorship, and Support

Capacity development remains central to MASTRU's work. During 2025/2026, the Unit supported Masters and PhD students reflecting its commitment to developing the next generation of researchers.

Some MASTRU staff members hold university affiliations and contribute to postgraduate teaching in psychiatry, medicine, public health, and public mental health. The Unit also provides practical research experience through opportunities for postgraduate students to work as research assistants on mental health studies.

Knowledge exchange and professional development were strengthened through the SACENDU biannual symposia, which provide a national platform for networking and sharing emerging substance use trends and epidemiological evidence. The SACENDU Research Translation and Knowledge Sharing platform further delivered four structured capacity-building sessions to strengthen the ability of service providers and researchers to apply evidence in substance use treatment practice.

MASTRU also co-convened a four-day national webinar series with the Public Health Association of South Africa in November 2025, focusing on the ethical, methodological and practical challenges of conducting research in marginalised and violence-affected communities. The initiative promoted applied learning, cross-sector collaboration and knowledge exchange among researchers, practitioners and civil society.



Capacity development remains central to MASTRU's work. The Unit supported Masters and PhD students reflecting its commitment to developing the next generation of researchers.



Data collection in Eastern Cape in March 2026.

The Unit prioritises research involving vulnerable, marginalised and historically excluded populations, including rural communities, adolescent mothers, sexual and gender minorities, and people who inject drugs.

AI in Medical and Health Research

MASTRU is strategically integrating digital technologies and artificial intelligence (AI) into its research programmes while examining the impact of technology on mental health and substance use.

Current initiatives examine how digital technologies can enhance mental health service provision and improve epidemiological data collection. An example is the development of a wastewater surveillance system employing advanced technology to deliver real-time substance use data in South Africa.

The Unit is also conducting a randomised controlled trial evaluating remotely delivered group therapy for depression and anxiety, aimed at improving access to care in resource-constrained and geographically dispersed settings. Looking ahead, MASTRU plans to launch a trial of a virtual mental health clinic for children and adolescents in collaboration with partners in Brazil and the USA. The platform will provide integrated assessment, triage, and treatment services, and support the development of scalable virtual care models using dynamic treatment algorithms to improve the precision of matching individuals to appropriate care.

In parallel, MASTRU is collaborating with the Society of Digital Psychiatry, an international network of researchers and clinicians at the forefront of digital mental health, to contribute to the development of benchmarking standards and policy frameworks for digital mental health technologies.



Some of the participants at the SACENDU symposium on 10 Nov 2025.



Non-Communicable Diseases Research Unit

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Overview of the Research Unit

In response to the increasing burden of non-communicable diseases (NCDs) in South Africa, the Non-Communicable Diseases Research Unit (NCDRU) leads an integrated, data-driven public health and biomedical research programme aimed at enhancing understanding, detection, prevention, and management of NCDs, including diabetes, hypertension, cardiovascular disease, Chronic Kidney Disease (CKD), and cancer. The unit's work is supported by strong community engagement, capacity building, multidisciplinary collaboration, data science and innovation, and a commitment to ethics, equity, governance, and policy engagement.

The NCDRU's work is structured across four complementary research streams: Population Health and Determinants; Intervention and Implementation Science; Health Systems Strengthening; and Policy Impact. The Population Health and Determinants stream generates evidence on the epidemiology, risk factors, and social and structural drivers of NCDs. The Intervention and Implementation Science stream develops and evaluates innovative, contextually relevant strategies to improve prevention, early detection, and long-term disease management.

The Health Systems Strengthening stream focuses on optimising health services to deliver integrated, equitable, and high-quality NCD care, while the Policy Impact stream translates research findings into actionable policies and guidelines that support evidence-based decision-making.

Across all streams, the Unit prioritises innovative methods and technologies while addressing challenges unique to the South African context. Strong emphasis is placed on research capacity development, multidisciplinary collaboration, and support for emerging researchers. Through this comprehensive approach, the NCDRU contributes to a responsive and evidence-informed national response to NCDs.

Key Milestones and Achievements

The NCDRU generated new evidence on NCDs, evaluated contextually appropriate interventions, and advanced the translation of research into policy and practice.

A major focus was the intersection between HIV and NCDs. The MOPHADHIV study implemented digital health messaging to improve hypertension treatment adherence, while the SmokRED randomised controlled trial evaluated smoking cessation support among people living with HIV. These interventions targeted modifiable risk factors and strengthened integrated chronic disease management within primary healthcare settings.

To address critical data gaps in CKD, the Unit spearheaded the Chronic Kidney Disease in Africa Collaboration (CKD-Africa), which pooled data from nearly 100,000 participants across 12 African countries. The initiative generated robust analyses of CKD prevalence and determinants, enabling cross-country comparisons and supporting evidence-based planning. A significant milestone was the publication of the collaboration's first original research paper in the *American Journal of Kidney Diseases*, positioning CKD-Africa as a leading African data platform. Additional research explored small non-coding RNAs as potential biomarkers for the early detection of CKD.

The Unit also investigated early-life and behavioural determinants of NCDs. A retrospective study in KwaZulu-Natal examined comorbidities associated with childhood obesity. The study received extensive media coverage across television, radio, and print platforms, including *Newzroom Afrika*, *Business Day*, *News24*, *CapeTalk*, and *Channel Africa*. Findings were also presented at national and international conferences. The CODAD study further explored the relationship between type 2 diabetes and depression to inform more integrated models of care.

Community-based initiatives, including the South African Diabetes Prevention Programme (SA-DPP), the Eastern Cape Diabetes Prevention Programme (EC-DPP), and the FoodSAMSA study, addressed upstream drivers of NCDs. The SA-DPP and EC-DPP evaluated culturally appropriate healthy lifestyle interventions focused on diabetes education, nutrition, physical activity, alcohol use, tobacco use, and stress management to prevent type 2 diabetes in high-risk populations. The FoodSAMSA study examined the influence of food environments on dietary behaviour and cardiometabolic risk, generating evidence to inform policy and community-level interventions. The project produced six issue briefs and a benchmarking report, which were disseminated to key stakeholders, including the government and the food industry.

Building Capacity Through Training, Mentorship, and Support

The NCDRU promotes equity and dignity in health research and healthcare through integrated capacity development and community engagement initiatives.

Staff participate in equity-focused workshops designed to strengthen self-awareness and build practical skills for inclusive and respectful healthcare delivery. These engagements encourage reflection on individual and collective responsibilities in advancing fairness, inclusion, and dignity in both research and service environments. Staff, emerging researchers, and students also receive ongoing mentorship and formal training in ethical research practices to ensure that the rights, well-being, and dignity of participants are protected.

All personnel involved in human research are required to complete and maintain Good Clinical Practice (GCP) certification. During 2025/2026, some of the staff members completed this training. In addition, some staff members attended a biostatistics course to strengthen their capacity to independently conduct statistical analyses using software such as R and STATA, thereby enhancing research quality and analytical autonomy.

Fieldworkers and junior researchers involved in community-based data collection receive targeted training on ethical conduct, including voluntary



The South African Diabetes Prevention Programme is one of the community based initiatives.

participation, avoidance of coercion, and effective participant communication. Information sheets are provided to support informed decision-making, while written informed consent is obtained from all participants, with assent secured for minors, reinforcing respect for autonomy and dignity.





World Kidney Day is dedicated to raising awareness about kidney health worldwide.



World Hypertension Day, take control Know Your Numbers campaign.

Beyond internal capacity development, the NCDRU promotes community empowerment through health literacy initiatives, educational outreach, and advocacy addressing the social determinants of health. Key activities included outreach events commemorating World Hypertension Day, World Heart Day, World Diabetes Day, and World Kidney Day, all of which provided health education, screenings, and prevention-focused messaging. Staff members also contributed their expertise through participation in various national capacity development initiatives.

AI in Medical and Health Research

The NCDRU is actively integrating artificial intelligence (AI) and advanced data-driven technologies to strengthen health research, innovation, and evidence-informed decision-making.

Two flagship projects during 2025/2026, the Multimorbidity Study and the Chronic Kidney Disease Study, demonstrate the Unit's application of AI to enhance research quality, improve risk stratification, and support proactive, data-driven health system responses.

The Multimorbidity Study uses unsupervised machine learning to identify patterns of disease clustering, enabling deeper understanding of the complexity and heterogeneity of coexisting diseases. The study also applies ensemble-based risk prediction models to identify individuals at high risk of developing multimorbidity more accurately. In addition, microsimulation modelling is being used to assess risk thresholds and estimate the potential impact of targeted interventions on population health outcomes. To support decision-making and policy engagement, the project will develop an interactive web-based data visualisation platform that translates complex analytics into accessible and actionable insights. Implementation is underway in the Western Cape, with planned expansion to the Eastern Cape, Limpopo, and KwaZulu-Natal during 2026/2027.

The Chronic Kidney Disease Study is exploring the use of AI-assisted diabetic retinopathy retinal screening to support earlier detection of CKD. Based on the shared microvascular pathways between retinal and kidney disease, the study uses retinal imaging as a non-invasive proxy for systemic vascular damage. By leveraging existing screening infrastructure, the project aims to develop a scalable and cost-effective approach to early diagnosis and integrated disease management. Ethical approval for the study is currently under review.



Risk and Resilience in Mental Disorders Research Unit

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Overview of the Research Unit

The Unit conducts integrated mental health research spanning basic neuroscience, clinical psychiatry, epidemiology, and public mental health, from bench to bedside, and from the clinic to the community. Its multidisciplinary research portfolio includes contributions to psychiatric nosology and epidemiology, brain imaging, neurogenetics, longitudinal cohort studies, and clinical trials, aimed at advancing understanding of the causes, course, prevention, and treatment of mental disorders in South Africa and globally.

The Unit experienced a significant loss with the passing of its Unit Director, Professor Dan Stein, towards the end of 2025. The Unit is currently led by two co-directors who continue to drive its strategic and scientific agenda.



Prof. Lochner with Prof. De Wet Wolmarans a researcher at the NWU Department of Pharmacology NWU at the ENCNP Conference in Amsterdam in Oct 2025.

Key Milestones and Achievements

The Unit continues to make a significant contribution to advancing the epidemiology, assessment, and neurobiology of mental disorders in both local and global contexts. During the 2025/2026 reporting period, key research areas included the epidemiology and course of obsessive-compulsive and related disorders (OCRDs), with findings highlighting early onset and high chronicity in low- and middle-income settings. This work addresses important evidence gaps from underrepresented regions and supports improved early identification and intervention strategies. A new PhD project examining obsessive-compulsive disorder in Kenya will further strengthen cross-national African research in this field.

The Unit also contributed to the development of scalable, culturally appropriate diagnostic tools through its involvement in the World Health Organization Flexible Interview for ICD-11 (FLII-11), supporting improved diagnostic reliability across diverse settings.

In addition, the Unit advanced research into the neuroscience of anxiety- and trauma-related disorders through neuroimaging and neurogenetic studies aimed at identifying underlying mechanisms and potential biomarkers. The Unit continues to leverage unique longitudinal platforms, including the Drakenstein Child Health Study, to investigate psychosocial and environmental determinants of mental health across the life course.

The Unit remains committed to research capacity development and successfully graduated numerous Master's and PhD students during the reporting period, thereby strengthening the mental health research workforce in South Africa.

Building Capacity Through Training, Mentoring, and Support

The Unit undertakes targeted capacity development initiatives to strengthen research skills while promoting equity and dignity in mental health research and care. This includes structured supervision and mentorship of postgraduate students and early-career researchers, with practical training in clinical assessment, epidemiology, and neuroimaging methodologies.

The Unit also provides training in culturally sensitive participant engagement, particularly within cohort studies such as the Drakenstein Child Health Study, where community engagement and respectful research practices are prioritised.

Through its collaboration with the Mental Health Information Centre, the Unit contributes to broader capacity building by equipping counsellors and student volunteers with skills in community engagement, mental health literacy, and responsible media communication to help reduce stigma and promote dignity in care.

Participation in international initiatives, including collaborations with the World Health Organization, further exposes researchers and students to global standards and best practices while ensuring relevance to local mental health priorities.

AI in Medical and Health Research

From the Unit's perspective, artificial intelligence (AI) refers to computational approaches, including machine learning, pattern recognition, and multivariate modelling, that can identify complex relationships within large datasets beyond the scope of traditional statistical methods.

The Unit is progressively integrating AI and data-driven approaches to strengthen research and decision-making. These methods are being applied to existing clinical, neurocognitive, neurogenomic, and neuroimaging datasets to identify predictors of treatment response and illness trajectories. The Unit is also preparing to apply these approaches within longitudinal cohort studies, including the Drakenstein Child Health Study, to better understand early risk and resilience factors associated with mental health outcomes.

Future priorities include strengthening data science capacity among researchers and expanding the appropriate use of AI-driven methodologies to support innovative and contextually relevant mental health research.



Drakenstein Health Study – Participant doing one of the neurocognitive tasks.



Drakenstein Health Study-Psychosocial team on the DCHS, with amongst others, Ms Nadia Hoffman and the late Prof Dan J Stein on the right.



Rural Public Health and Health Transition Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The SAMRC/Wits-Agincourt Unit is a globally competitive, South Africa-based research organisation dedicated to understanding and responding to rapid and complex health and development transitions. The Unit aims to generate high-impact scientific evidence that addresses critical challenges faced by rural and vulnerable communities, improves the quality of life and household well-being, and informs public policy, programmes, and practice.

At the core of the Unit is the Agincourt Health and Socio-Demographic Surveillance System (HDSS), established more than 30 years ago and linked to clinic and district hospital records. Covering approximately 120,000 people across 31 contiguous villages, the HDSS provides a powerful longitudinal, population-based platform for monitoring demographic and health trends and embedding studies using diverse research designs.

Supported by sustained community engagement, the Unit conducts cohort studies, clinical trials and policy evaluations across the life course. Key areas of research include AI-assisted ultrasound for childhood pneumonia; scalable interventions to address adolescent depression; labour migration and changing health needs; and community-based studies on ageing, dementia and caregiving, integrated with HIV/AIDS, cardiometabolic and social research. The ageing programme incorporates innovative technologies, including tablet-based cognitive assessments, AI-enabled echocardiography and portable MRI, to expand access to advanced diagnostics in underserved settings.

The Unit also pioneers innovative models of healthcare delivery, including partnerships with Traditional Health Practitioners to provide HIV testing and linkage to care. Extensive collaboration with African research centres and international partners strengthens the Unit's regional and global impact. The EMU is designated as a WHO Collaborating Centre for Verbal Autopsy, while senior researchers contribute to landmark African studies and support the development of emerging scientific leaders.

Key Milestones and Achievements

Research programmes across the life course leverage the Unit's longitudinal population platform and are underpinned by continuous engagement



The Kuamsha app demonstrated strong uptake and engagement among adolescents as part of research addressing widespread depression.

with communities and stakeholders in the health, education and social sectors.

Since 2014/15, the Unit has followed a cohort of approximately 5,000 adults aged 40 years and older nested within the population platform. This longitudinal study provides unique insights into ageing in rural South Africa, where multimorbidity is common and often premature, driven by the intersecting burdens of HIV/AIDS, antiretroviral therapy and cardiometabolic disease.

In 2025/2026, the Unit successfully completed Wave 4 of the cohort update, alongside a nested cognition and dementia study involving approximately 700 participants, generating critical evidence on cognitive decline and the rising burden of dementia.

A major achievement was the evaluation of South Africa's national salt reduction policy. Findings demonstrated significant reductions in urinary sodium excretion and sustained decreases in systolic and diastolic blood pressure, particularly among women. The study was published in JAMA Cardiology and featured in an accompanying editorial.

The Ntshembo Trial, conducted in partnership with the Developmental Pathways for Health Research Unit (DPHRU), focuses on optimising BMI among adolescent girls aged 15–19 years through community-based interventions in Soweto and Bushbuckridge. Strong participation has positioned the study for long-term follow-up through the Agincourt platform, enabling assessment of intervention sustainability and the development of a unique mother-infant cohort to study evolving patterns of non-communicable diseases.

The IMCI-Plus Trial addresses antimicrobial resistance by using point-of-care ultrasound to distinguish bacterial from viral pneumonia in children, thereby improving antibiotic prescribing practices. Conducted with Swiss partners and the WHO across rural and township settings in South Africa, Tanzania and Senegal, the trial will inform future implementation research and integration into routine healthcare.

Building Capacity Through Training, Mentorship, and Support

The EMU places strong emphasis on staff development and community capacity building. In



The IMCI-Plus Trial addresses antimicrobial resistance by using point-of-care ultrasound to distinguish bacterial from viral pneumonia in children.

2025/2026, the EMU supported PhD and master's students, with nearly 30% of the cohort comprising staff members.

The Unit's "Academic Fridays" initiative provides protected time and mentorship for early-career researchers, analysts and project managers to advance their studies, publications and data analysis in a collaborative scholarly environment.

As part of a trial evaluating healer-initiated HIV testing and linkage to care, approximately 200 traditional healers have received formal training in HIV counselling and testing.

The Agincourt Public Engagement Office annually conducts a two-day training workshop for Community Advisory Board members covering communication, research ethics, research protocols, and governance roles and responsibilities.

In partnership with the Wits Entrepreneurship Clinic and supported by BANKSETA, the EMU delivered a six-month entrepreneurship programme for 63 entrepreneurs from Agincourt villages. The programme focused on financial literacy, business management and market expansion strategies, with ongoing monitoring of economic, social and health impacts as part of Ngwarai's PhD research.

AI in Medical and Health Research

The Unit's research is anchored in high-quality, community-representative population data platforms supported by sustained public engagement.

The Agincourt HDSS tracks births, deaths and migration across a whole-population cohort of approximately 120,000 people in 31 villages, generating dynamic evidence on health transitions used by local and national decision-makers.

The platform is linked to clinic and district hospital systems, enabling secure longitudinal linkage of patient records for adults accessing healthcare services. This infrastructure supports:

- Development of electronic health records
- Multimorbidity dashboards piloted with district and clinic managers
- Population-level analyses of healthcare utilisation and unmet need

The Unit is also introducing advanced technologies into underserved settings:

- Nurses are conducting AI-assisted echocardiography to improve detection of heart failure associated with widespread hypertension.
- Portable low-field MRI technology, introduced in collaboration with Columbia University, is being evaluated alongside high-field MRI to expand dementia research and explore future primary healthcare applications.
- Imaging data generated through the IMCI-Plus Trial are contributing to AI-enabled models for point-of-care ultrasound to reduce inappropriate antibiotic prescribing in childhood pneumonia.
- The Kuamsha app, developed through a South Africa-UK partnership, demonstrated strong uptake and engagement among adolescents as part of research addressing widespread depression. Further refinement is underway in preparation for a full-scale trial.



In partnership with the Wits Entrepreneurship Clinic and supported by BANKSETA, the EMU delivered a six-month entrepreneurship programme for 63 entrepreneurs from Agincourt villages.



Presenters at the entrepreneurial programme.



Violence, Injury and Social Asymmetries Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The Violence, Injury and Social Asymmetries Research Unit (VISARU) is an SAMRC/UNISA Extramural Unit at the Unisa Institute for Social and Health Sciences. It conducts multi- and trans-disciplinary research on the complex socio-structural determinants of violence and injury, with a strong emphasis on prevention.

Violence and injury represent a major public health and development challenge in South Africa, contributing to more than 50 000 deaths annually. The burden includes rising homicide rates, high levels of gender-based violence, widespread road traffic crashes resulting in severe injury, and persistent fire- and burn-related incidents. These outcomes disproportionately affect vulnerable population groups, with marked variation by age, gender, and socio-economic status.

Increasingly, both global and national evidence highlights the role of structural drivers such as poverty and inequality, energy insecurity, gender inequality and toxic masculinities, and historical patterns of community marginalisation. VISARU's overarching aim is to generate empirical evidence on these determinants, their impact on vulnerable populations, and their preventability.

Key Milestones and Achievements

VISARU's core objectives are to:

- conduct trans-disciplinary research on violence and injury, with emphasis on structural determinants;
- implement demonstration and prevention studies that inform contextually relevant interventions;
- develop innovations and technologies to support prevention research and practice; and
- strengthen the use, reach, and policy influence of evidence for prevention, containment, and advocacy.

The Unit is organised into two complementary strands:

Strand I: Injury Information Systems and Injury Studies

This strand focuses on developing and strengthening injury surveillance systems, data platforms, and analytical tools to support evidence generation on injury prevalence, trends, and causality. Key progress includes cleaning, validation, and expansion of provincial and sentinel-site datasets, as well as the development of digital platforms such as the Injury Mortality Surveillance System and the Community Safety and Peace Index mobile application. These systems are being enhanced with improved functionality, offline capability, and user interface refinements.



UNISA Research and Innovation week.



VISARU run a campaign for non-pressure paraffin stove standard to improve safety and reduce injury risk.



Meeting with Uganda Student.

Strand II: Injury Prevention Research, Translation and Advocacy

This strand focuses on priority injury burdens, structural drivers, and prevention strategies through four thematic groups. Work includes research on burns, energy justice, and community safety, including studies on paraffin use in approximately 425 000 South African households and its association with burns and poisoning. VISARU research has directly informed the South African Bureau of Standards (SABS) review of SANS 1906:2012 (non-pressure paraffin stove standard), aimed at improving safety and reducing injury risk. The revised standard has been published for stakeholder input, with anticipated adoption in 2026. A VISARU academic associate, Dr D. Kimemia, chaired the review process.

Building Capacity Through Training, Mentoring, and Support

VISARU adopts a comprehensive capacity development approach to strengthen research and implementation capacity in injury prevention. This includes structured training programmes, postgraduate supervision, research fellow placements, and internships for Masters and Doctoral students, as well as targeted training for early-and mid-career researchers.

The Unit emphasises community-engaged research, promoting reciprocal learning and capacity strengthening in resource-constrained settings where formal safety infrastructure may be limited. Capacity development is structured across three domains:

› internal capacity strengthening of staff and postgraduate researchers;

› external development of students from Unisa and other institutions; and

› capacity building for multi-sectoral practitioners and policy stakeholders nationally and regionally.

VISARU currently supports a cohort of Master's and Doctoral students conducting research on evolving patterns and drivers of violence and injury.

Artificial Intelligence in Medical and Health Research

VISARU is progressively integrating data-driven and AI-enabled approaches to strengthen public health research, innovation, and evidence generation.

Current applications include:

- **Injury surveillance systems:** Routine data collection platforms that support monitoring of injury morbidity and mortality, enabling timely detection of trends, risk factors, and patterns.
- **Advanced analytics:** Application of epidemiological and statistical methods for burden estimation, risk assessment, and policy-relevant insights.
- **Data linkage:** Integration of multiple data sources, including forensic pathology, police records, and community datasets, to improve completeness and accuracy.

The Unit is further developing AI-enabled tools, including real-time dashboards and decision-support systems to enhance data visualisation and support timely decision-making. Capacity-building initiatives are also underway to equip researchers and forensic pathology personnel with data science and AI competencies, ensuring sustainable integration into routine systems.

Through these innovations, VISARU contributes to improved injury surveillance, more timely reporting to national stakeholders such as the SAMRC and Department of Health, and the development of targeted, data-driven prevention interventions.



A writing retreat in Limpopo with Prof Bangdiwala delivering a lecture on academic writing.



Training for data collectors on the Injury Mortality Surveillance System.



PsySSA Congress 2025 (Traffic Safety and Safe Mobility).

RESEARCH PROGRAMME 2

MATERNAL, CHILD AND WOMEN'S HEALTH

PURPOSE OF THE PROGRAMME

To improve the health status and quality of life of women and children through high-quality scientific research that informs policy and practice, improves health services and promotes health.

UNITS THAT CONSTITUTE THIS PROGRAMME

Child and Adolescent Lung Health Research Unit (ERU)

Development Pathways for Health Research Unit (ERU)

Gender and Health Research Unit (IRU)

PROGRAMME STRATEGIC OBJECTIVES

To conduct and promote research for the improvement of maternal, child and women's health, while also making an impact on gender inequity and gender-based violence (GBV).

To train and mentor high-calibre postgraduate students in the field of maternal, child and women's health.

To synthesise evidence, optimise information and knowledge flow, influence policy and practice within the health sector and other sectors of government in relation to issues affecting maternal, child and women's health.

To develop interventions for prevention of gender-based violence for testing and evaluation of effectiveness in affected communities.

To test or evaluate interventions (programmes) to prevent GBV and reduce maternal and neonatal deaths in primary and secondary levels of care.

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Child and Adolescent Lung Health Research Unit

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Overview of the Research Unit

The strategic purpose of the Unit is to conduct research on key health issues affecting child and adolescent health in South Africa, Africa, and globally. The Unit focuses on areas of major public health importance, including pneumonia, tuberculosis (TB), HIV-associated illnesses, Respiratory Syncytial Virus (RSV), and the developmental origins of health, encompassing growth, respiratory, neurocognitive, mental, and cardiometabolic health.



Digital Stethoscope for Lung Sounds.

The overall aim is to develop improved diagnostic, preventive, and treatment strategies to strengthen child health outcomes. Research studies investigate the epidemiology, aetiology, and risk factors influencing child health; the underlying mechanisms of disease development; improved diagnostic approaches; and the long-term impact of early-life exposures on health. A flagship initiative is the Drakenstein Child Health Study (DCHS), a unique birth cohort study investigating early-life exposures, child health, and long-term outcomes.

The Unit promotes interdisciplinary research through an extensive network of international, African, and local collaborations, while also supporting significant capacity development through the training of healthcare professionals and the establishment of research infrastructure. Its work has generated important new knowledge in the fields of childhood pneumonia, RSV, TB, HIV, and the developmental origins and trajectories of health from birth.

The Unit operates a hub-and-spoke research model, with a core centre at Red Cross War Memorial Children's Hospital and satellite research platforms. This model supports broad access to research participation, efficient utilisation of infrastructure, and sustained capacity development in high-burden and under-resourced settings. Research findings are translated into national and international policy and practice through active engagement with the Department of Health, the World Health Organization (WHO), national advisory bodies, and global respiratory and child health networks.

Key Milestones and Achievements

A major focus of the Unit has been the prevention of lower respiratory tract infections (LRTIs) to reduce child mortality, morbidity, and adverse long-term health outcomes. Findings from the 2025/2026 period contributed to the development of new interventions to prevent paediatric illness.

A key area of research has been RSV prevention in infants through maternal immunisation and long-acting monoclonal antibodies (RSV-LAmAb). Findings published in two separate articles in the New England Journal of Medicine (NEJM), with the Unit Director as first author, demonstrated very high efficacy of RSV-LAmAb in preventing hospitalisation and LRTIs among both healthy infants and those with underlying comorbidities. Updated analyses of maternal RSV immunisation also showed high efficacy, particularly against severe disease, while providing reassuring safety data.

Research from the DCHS has further demonstrated that early-life LRTIs can have lasting effects on health by establishing developmental trajectories associated with impaired lung function. In childhood TB, significant progress was made in improving diagnosis through biomarker-based molecular testing, evaluation of WHO treatment decision algorithms, and the development of artificial intelligence (AI) and imaging platforms for chest X-ray interpretation and point-of-care testing.

The Unit also continues to contribute to several global analyses of disease burden, including RSV and influenza, as well as studies investigating risk factors and mechanisms of disease development through transcriptomic, epigenetic, and inflammatory profiling.

During the 2025/2026 reporting period, the Unit published peer-reviewed scientific articles, including several in high-impact journals, notably in NEJM and publications within The Lancet family of journals.

Building Capacity Through Training, Mentorship, and Support

The Unit's research activities have included substantial technology transfer, skills development, training, and support for postgraduate students. Graduates and trainees continue to make important contributions to child and maternal health across clinical, public health, and laboratory science disciplines.



Laboratory Platforms.



Infant Lung Function, Tidal Breathing.



A major focus of the Unit has been the prevention of lower respiratory tract infections to reduce child mortality, morbidity, and adverse longterm health outcomes.

Training initiatives during the reporting period included:

- Training healthcare providers in the Eastern Cape Province to strengthen the diagnosis and management of childhood TB and pneumonia.
- Training healthcare workers in Pakistan on TB diagnosis.
- Training programmes on infant and paediatric lung function testing across Africa.
- Training in childhood pneumonia management and non-invasive ventilation across several African countries.

New research collaborations were established during the 2025/2026 period at both national and international levels. These included partnerships with the National Health Laboratory Service (NHLS), the SAMRC, the Gates Foundation, the UK Medical Research Council (MRC), the London School of Hygiene & Tropical Medicine (LSHTM), the Uganda Virus Research Institute, the University of South Florida, Harvard University, Boston University, McGill University, the University of Southampton, and new research partners at the University of Cape Town.

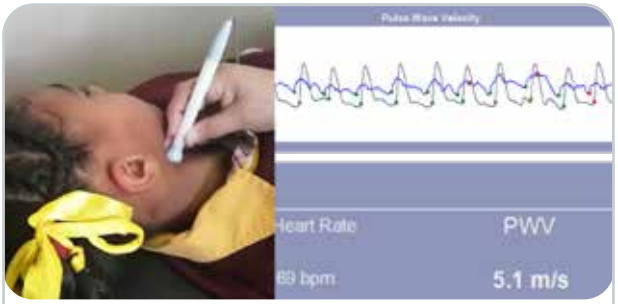
AI in Medical and Health Research

Three new research projects were launched during the 2025/2026 period to leverage AI technologies to improve the consistency and accuracy of diagnostic interpretation for TB and other LRTIs.

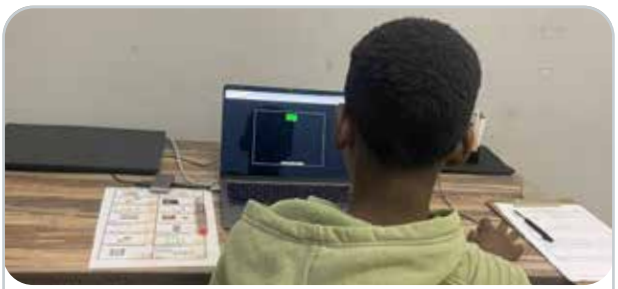
The Eval Paed TB AID project was established in collaboration with clinical sites in Pakistan to evaluate AI-assisted interpretation of chest X-rays for pulmonary TB. The study continues to advance through iterative feedback and expert radiologists' refinement of the QStudy platform. This process aims to ensure clear, consistent diagnostic definitions; alignment of classification criteria; and consensus on image quality, readability, and suitability for inclusion in analyses.

BREATHE (Building Respiratory Evidence for AI Tools and Health Equity) aims to improve point-of-care diagnosis of paediatric TB and pneumonia by contributing data to a multi-country database. Site staff will be trained in thoracic ultrasound (TUS) using point-of-care ultrasound technology. Imaging data will be combined with complementary clinical information, including symptoms, physical signs, digital auscultation findings, cough sound recordings, laboratory results, and final clinical diagnoses. These data will be used to develop and assess prototype AI-enabled models for the automated interpretation of TUS images to support triage and detection of radiological signs of TB and community-acquired pneumonia in children.

In addition, the deployment of a digital stethoscope to record lung sounds alongside clinical assessments aims to support the classification of lung sounds for the assisted diagnosis of TB and other respiratory conditions. Feedback from site-based implementation has informed refinements to the technology, particularly in relation to positioning and noise-cancellation features, to ensure the collection of high-quality digital recordings for analysis.



Measuring Pulse Wave Velocity at the 13 year clinical visit – Drakenstein Child Health Study.



1 year Neurocognitive Assessment – Drakenstein Child Health Study.



Measuring Hand Grip Strength at the 13 year clinical visit – Drakenstein Child Health Study.



Gender and Health Research Unit

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Overview of the Research Unit

The Gender and Health Research Unit (GHRU) promotes the health, wellbeing, and rights of women, children, adolescents, and marginalised groups through research centred on gender inequality and gender-based violence (GBV).

During 2025–26, the Unit completed 8 years of research on sexual violence prevention in higher education institutions through the Ntombi Vimbela! and Vimbela uVikele! projects. projects, co-developed with students, including lesbian, bisexual and queer (LBQ) women. Findings were launched jointly with the national Departments of Higher Education and Training (DHET) and Women, Youth and Persons with Disabilities (DWYPD), contributing to strengthened national policy frameworks, including the DHET GBV Policy Framework for the Post-School Education and Training (PSET) sector and the National Strategic Plan on GBV and Femicide (NSP-GBVF).

The Unit also advanced national femicide prevention efforts by adapting Risk Assessment and Safety Planning (RASP) tools for police, court clerks, and social service practitioners. This work directly informed the National Integrated Femicide Prevention Strategy, currently being disseminated across government structures.

GHRU strengthened policy engagement through contributions to Parliamentary Portfolio Committees on Health and Social Development, G20 working groups, and the GBV 2025 Summit, positioning the Unit as a leading scientific voice on GBV prevention, positive masculinities, and disability inclusion. Through evidence translation initiatives, including DHET research bulletins, regional disability data mapping, and stakeholder engagement platforms, the Unit continues to shape national discourse and strengthen policy implementation.

Co-production remains central to the Unit's approach, with sustained partnerships involving students, youth, people with disabilities, women with lived experience of intimate partner violence (IPV), and community advisory groups to ensure research remains contextually grounded and responsive to community needs.

Key Milestones and Achievements

In 2025/2026, GHRU advanced a research agenda focused on GBV prevention, strengthening mental health responses, and improving inclusive services for women, youth, and persons with disabilities.

The SAMRC-funded *Ntombi Vimbela!* And *Vimbela uVikele!* Interventions continued to evolve as leading peer-led, co-designed campus programmes addressing sexual violence and mental health in alignment with national policy priorities. Implementation across universities and vocational colleges demonstrated improvements in gender-equitable attitudes, communication and conflict-management skills, peer-support networks, and reductions in risk factors associated with intimate partner violence, sexual violence, and poor mental health.

The Unit's disability research portfolio produced regionally significant outputs. The Disability Data Initiative (DDI) expanded its interactive regional platform and API to improve accessibility of disability statistics and trained early-career fellows from

South Africa, Rwanda, and Kenya. The Disability Preparedness Project strengthened national tools for disability-inclusive health facility assessments, while the UKRI-funded INCLUDE project expanded arts-based participatory methodologies to deepen understanding of violence experienced by women with disabilities. *Breaking the Silence* supported inclusive sexuality education across Southern Africa and Southeast Asia through practitioner training and the co-production of new educational content.

The RASP project developed a shorter, contextually relevant risk assessment tool to identify women at heightened risk of intimate partner femicide. Through literature reviews, cognitive testing, expert review, and multi-site pilots, two accompanying safety plans demonstrated strong potential to improve early identification, referral pathways, and safety planning processes, particularly in high-risk settings.

A major milestone was the use of SAMRC femicide research in a landmark High Court sentencing judgment. For the first time, a judge relied on national femicide evidence as an aggravating factor in sentencing for a GBV-related murder, establishing an important precedent for lower courts. This demonstrated the Unit's influence in shaping not only policy but also judicial practice to advance justice for women.

Across all projects, the Unit amplified its impact through partnerships with government departments, universities, multilateral organisations, and community-based organisations. Its commitment to participatory, arts-based, and peer-led approaches ensured that knowledge generation remained grounded in community realities and positioned for future scale-up.

Building Capacity Through Training, Mentorship, and Support

Capacity development remains central to the Unit's mission, with structured initiatives aimed at strengthening scientific, leadership, and professional skills among emerging scientists, postgraduate students, and community partners.

The Unit's Emerging GHRUs (Egs) initiative evolved from a journal club into a comprehensive science leadership development platform offering monthly training facilitated by senior SAMRC scientists.



GHRU Unit Director address at NtombiVimbela! Vimbela uVikele launch.

Sessions covered mixed-methods research, AI-supported transcription and synthesis, STATA-based statistical analysis, theory-driven analysis, research ethics, scientific writing, and research translation. The initiative fostered a supportive learning environment that promoted career and leadership development, while also strengthening project management, research administration, and stakeholder engagement skills through practical experience.



Executive Scientist address at NtombiVimbela! Vimbela uVikele! launch.



Keynote address by Department of Women, Youth and People with Disabilities Deputy Minister Hon. Letsike.

The *Ntombi Vimbela!* And *Vimbela uVikele!* Projects strengthened the capacity of facilitators, LBQ co-developers, campus staff, and NGO partners to co-produce and implement trauma-informed, peer-led interventions addressing sexual violence and mental health. This cultivated sustainable leadership capacity for future campus-based violence prevention and mental health programmes.

The disability research portfolio delivered writing and public-speaking courses, intensive skills-development sessions, and continued hosting HSRC interns. DDI fellows received training to strengthen regional disability research infrastructure, data analysis, and dissemination. In collaboration with Inclusive Practice Africa at UCT, the Unit also delivered accredited short courses on disability, GBV, and inclusive healthcare, contributing to improved understanding of disability disparities, inclusive service design, and implementation of the Disability Awareness Toolkit.

Through podcasts, radio interviews, webinars, policy briefs, media engagement, and academic publications, the Unit strengthened dissemination skills, promoted equitable knowledge sharing, and expanded access to GBV prevention research among youth, students, and community-based organisations.

Additional initiatives supported postgraduate supervision, trauma-informed practice, stakeholder engagement, and measurement strengthening. Five bursaries were awarded through the Gates Foundation partnership, alongside mentorship support for Master's and PhD candidates at national and international universities.



NtobmiVimbela! and Vimbela uVikele! Principal Investigators and Co-Investigators with Department of Higher Education and Training Director of Social Inclusion Ms Sesi Mahlobogoane.

AI in Medical and Health Research

GHRU has made strategic investments in artificial intelligence (AI) and data-driven technologies to strengthen research quality, operational efficiency, and accessibility of disability and GBV data.

Research findings highlighted the complex role of technology in shaping young people's relationships, including technology-facilitated GBV, digital coercive control, and online harassment. These insights informed adaptations to the Ntombi Vimbela! and Vimbela uVikele! interventions, strengthening online-risk awareness and digital safety components.

The Unit continued implementing a Train automated transcription software to improve qualitative data processing and initiated development of an isiZulu AI transcription model to strengthen multilingual research fidelity and accessibility. The disability research portfolio also used Microsoft Copilot and other generative AI tools to develop vector illustrations for manuals, training guides, presentations, and community workshops, enhancing visual storytelling and accessibility of materials.

The Disability Data Initiative further explored strategic AI integration to enhance its regional platform through automated summary generation, tailored data visualisation, natural-language search, and simplified query tools. These innovations have the potential to democratise access to disability data and strengthen evidence-informed advocacy and inclusive planning for policymakers, researchers, and civil society organisations.

Collectively, these efforts demonstrate the Unit's commitment to leveraging AI and digital innovation to strengthen research, advance evidence-informed decision-making, and improve outcomes in GBV prevention and disability inclusion.

RESEARCH PROGRAMME 3

HIV, AIDS, TB AND OTHER COMMUNICABLE DISEASES

PURPOSE OF THE PROGRAMME

To conduct research on preventing HIV and related co-morbidities, including TB and other infectious diseases such as malaria. It aims to contribute to the national and international scientific community by testing TB drugs and malaria insecticides, and to carry out the AIDS Vaccine programme by coordinating the development and testing of HIV vaccines in South Africa, in partnership with our funders and regional counterparts.

UNITS THAT CONSTITUTE THIS PROGRAMME

- Antibody Immunity Research Unit (ERU)
- Centre for Tuberculosis Research Unit (IRU)
- Centre for the Study of Antimicrobial Resistance Research Unit (ERU)
- HIV and other Infectious Diseases Research Unit (IRU)
- HIV-TB Pathogens and Treatment Research Unit (ERU)
- Intersection of Non-Communicable Disease and Infectious Disease Research Unit (ERU)
- Malaria Research Group (IRU)
- Office of AIDS and TB Research (IRU)
- Vaccine and Infectious Diseases Analytics Research Unit (ERU)

PROGRAMME STRATEGIC OBJECTIVES

- To increase the body of knowledge informing the development of the response to prevention and curative interventions for HIV, AIDS, TB and other communicable diseases.
- To increase the contribution to the national health system by maintaining national health research facilities that provide services for the prevention of HIV and related co-morbidities, including TB.
- To provide research grants to principal investigators responsible for HIV research in line with European and Developing Countries Clinical Trials Partnership (EDCTP) TESA mandate, provide financial support to researchers within neighbouring countries for training in laboratory and research techniques, utilising funds from sponsors and Unit savings.
- To provide leadership and coordinate activities for training and development of young scientists and employees at different levels and to work towards retention of critical skills and talent management thereof.
- To ensure appropriate training of clinical, laboratory and other research staff, and communities in and around the research sites.
- To increase the body of scientific knowledge through research translation into products, patents, papers, policy practice and health promotion (including to the general public) by organising meetings, seminars, workshops and conferences.
- To design and construct the most appropriate and promising HIV candidate vaccines for southern Africa and to increase the number of interventions developed for TB and HIV.
- To increase the body of scientific evidence that relates to testing and evaluating medical equipment and devices that are developed for the prevention of HIV and related co-morbidities.

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Antibody Immunity Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The Antibody Immunity Research Unit (AIRU) focuses on advancing the prevention of viral infectious diseases through active and passive immunisation strategies. By combining detailed analyses of viral pathogens with investigations into antibody-mediated immune responses, AIRU contributes to the development of innovative vaccines, antibody therapeutics and diagnostic platforms.

The Unit employs diverse technological platforms to study humoral immune responses alongside viral evolution across pathogens of major public health relevance, including HIV, SARS-CoV-2, cytomegalovirus (CMV), respiratory syncytial virus (RSV), adenoviruses, Ebola and tuberculosis. These efforts address diseases for which vaccines, immunotherapies or diagnostics are either unavailable, limited locally, or still under development. Through this integrated approach, AIRU supports the development of locally relevant prevention and treatment strategies aligned with South Africa's health priorities.

Key Milestones and Achievements

AIRU continues to strengthen its position as a leading centre for research on humoral immune responses to pathogens of public health importance. While initially focused on HIV research, the Unit successfully expanded its scope during the COVID-19 pandemic, making significant contributions to South Africa's national SARS-CoV-2 response.

The Unit has since secured funding to establish advanced assay platforms for influenza, RSV, CMV, adenoviruses, Ebola and tuberculosis, all of which contribute substantially to Africa's disease burden. Despite this diversification, HIV vaccine design remains AIRU's primary research focus, reflecting the ongoing impact of HIV in South Africa.

During the reporting period, AIRU played a key role in multiple HIV discovery medicine trials involving both HIV-naïve participants and people living with HIV. These studies required a significant expansion of the Unit's B-cell analytics capacity, which is now a central component of its research infrastructure. AIRU also advanced its work in passive immunisation through ongoing monoclonal antibody clinical trials conducted in collaboration with CAPRISA and through the EDCTP-funded PedMAb infant study. Findings from these trials have generated important insights into antibody pharmacokinetics and HIV prevention strategies.

The Unit's core scientific priorities remain focused on identifying correlates of humoral immune protection in both infection and vaccination settings. AIRU continues to investigate viral antigens associated with improved immune responses across HIV, influenza, RSV, CMV and, to a lesser extent, SARS-CoV-2. In parallel, the Unit is expanding its antibody isolation and engineering capabilities to support passive immunisation approaches across multiple pathogens. These strategic research areas remain closely aligned with the SAMRC's priorities.

Building Capacity Through Training, Mentorship, and Support

AIRU remains committed to developing the next generation of scientists through mentorship, training and career development opportunities. Over the past year, several former trainees advanced into senior academic and research positions, reflecting the Unit's strong culture of professional development.

Among these achievements, Dr Jinal Bhiman, who completed both her MSc and PhD through AIRU, was appointed to the position of Associate Professor at the University of Cape Town. Dr Boitumelo Motsoeneng, who completed her PhD and postdoctoral training within the Unit, was appointed Senior Medical Scientist at AIRU, while Dr Alaine Marsden, an AIRU-trained graduate through honours, MSc and PhD levels, joined the Unit as a Bioinformaticist. Danielle Martin, who completed her MSc at AIRU, is currently pursuing a PhD at the University of Zurich, and Jayde Polley, who recently submitted her MSc dissertation, was appointed Junior Medical Scientist at AIRU.

The Unit maintains a strong commitment to diversity and inclusion, with women representing 80% of the team and 53% of staff identifying as Black. AIRU also hosted a five-day boot camp for early-career women researchers, sponsored by the US National Academy of Sciences, aimed at strengthening research leadership, professional development and support networks for women in science.

Community engagement remains an important component of AIRU's work. Prof Penny Moore delivered an invited lecture to the University of the Third Age, promoting public understanding of current health research developments among older audiences. In addition, the Unit runs a six-weekly online seminar series that provides emerging researchers with a platform to present their work and facilitate knowledge exchange across the scientific community.

AI in Medical and Health Research

AIRU routinely incorporates AI-enabled tools to support pipeline development, scientific analysis and research writing, guided by principles of ethical and responsible use. In the coming year, the Unit plans to further strengthen these capabilities by implementing secure, locally hosted large language models (LLMs) to support advanced analysis and interpretation of the extensive datasets generated by its research programmes.



AIRU mentors and early-career women researchers during the Women in Science Boot Camp, hosted on 2-6 March 2026 at AIRU and supported by the U.S. National Academy of Sciences.



Centre for Tuberculosis Research Unit

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Overview of the Research Unit

The SAMRC Centre for Tuberculosis Research (CTR), hosted within the Stellenbosch University Biomedical Research Institute, is a key part of South Africa's fight against the ongoing tuberculosis (TB) epidemic. As an essential part of the SAMRC, the Centre's goals match national aims to promote innovative health research, build sustainable scientific capacity, and foster innovations that enhance health outcomes. Formed through a strategic partnership between the SAMRC and the Stellenbosch University Faculty of Medicine and Health Sciences, the CTR links advanced laboratory research with practical public health solutions.

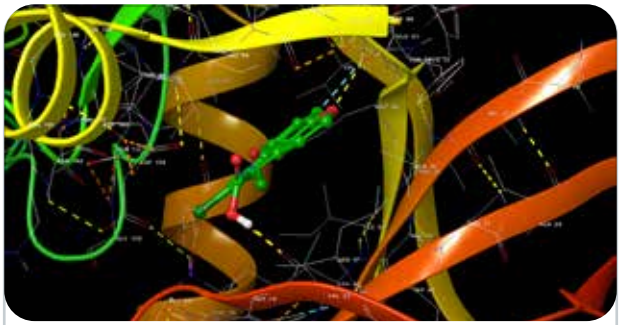
CTR's multidisciplinary research programme spans mycobacterial genetics, host-pathogen interactions, novel therapeutics, and advanced diagnostic technologies, with a particular focus on rapid, accurate detection of drug-resistant TB. Aligned with the United Nations Sustainable Development Goals, the Centre's scientific agenda contributes to the global target of ending the TB epidemic by 2030.

Beyond research, the CTR plays a critical role in scientific capacity development through postgraduate training and the Generation Science (GenS) outreach programme for high school learners. Guided by a One Health approach, the Centre also investigates TB at the human-animal-environment interface to improve understanding of transmission dynamics. By integrating community engagement, outreach, genomics, and immunology, the CTR ensures that scientific excellence translates into meaningful advances in policy, patient care, and regional and global health impact.

Key Milestones and Achievements

During 2025/2026, the Centre advanced a multidisciplinary research agenda to strengthen TB diagnosis, treatment, and control across Southern Africa. Its work addressed critical challenges, including drug resistance, asymptomatic TB, diagnostic limitations, poor treatment outcomes, and the underrepresentation of African populations in TB research.

A major focus area was host-pathogen interaction research to better understand TB pathogenesis and persistence. Using molecular mycobacteriology, in vitro infection models, whole genome sequencing, transcriptomics, and proteomics, researchers investigated persister bacteria, PE/PPE proteins, and mechanisms of drug resistance. These studies generated translational insights with the potential to inform the development of improved TB drugs and vaccines.



The image illustrates the use of artificial intelligence to predict the potential binding interaction of a newly synthesised ligand within the active-site pocket of InhA, the enoyl-[acyl-carrier-protein] reductase enzyme of Mycobacterium tuberculosis.

CTR also expanded its One Health research agenda to address gaps in cross-species and environmental transmission. Projects included culture-independent detection of *Mycobacterium tuberculosis* complex DNA in African buffalo, improved detection of pathogenic Mycobacterium species in soil and water sediments, and high-resolution phylogenetic analyses of *M. bovis*. These initiatives strengthened molecular epidemiology, diagnostics, and surveillance within wildlife and environmental reservoirs.

Research in host genetics and genomics focused on African genomic diversity and its role in TB susceptibility, disease outcomes, and pharmacogenomics. Key achievements included confirmation of HLA-II associations, investigation of mitochondrial and nuclear genetic determinants, characterisation of pharmacogenetic variation affecting TB drug metabolism, and development of Africa-specific genomic resources. This work addresses longstanding gaps in genomic representation and supports precision medicine and evidence-based public health strategies.

In the clinical and translational research domain, the Centre advanced AI-driven PET-CT imaging for improved detection and characterisation of pulmonary and subclinical TB, evaluated long-term outcomes of imaging-defined TB, and contributed to TB vaccine trials. Diagnostic research further assessed targeted next-generation sequencing for rapid drug susceptibility testing, identifying emerging bedaquiline resistance and informing precision treatment, prevention, and outbreak monitoring. Additional studies explored immune mechanisms, host-directed therapies, nanotherapeutics, and novel antimycobacterial agents to combat TB and TB-related lung pathology. Collectively, these activities reinforced CTR's contribution to innovative, context-relevant TB research with measurable impact on TB control.

Building Capacity Through Training, Mentorship, and Support

Capacity development remains central to CTR's mission, with initiatives designed to advance equity, empowerment, and socially responsive research across scientific, clinical, and community settings. The Centre prioritises inclusive training, structured mentorship, gender transformation, and meaningful community engagement to strengthen both individual capability and institutional sustainability.



The SAMRC Centre for Tuberculosis Research is a key part of South Africa's fight against the ongoing TB epidemic.

Postgraduate training is a key pillar of the Centre's mandate. During 2025/2026, MSc and PhD students graduated across CTR programmes. The Host-Pathogen Mycobactomics Group alone supported PhD candidates, MSc candidates, and postdoctoral researchers, while a senior scientist secured an independent early-career fellowship with institutional support. CTR also expanded bioinformatics training through leadership in infectious disease genomics and the introduction of a new MSc in Infectious Disease Bioinformatics in 2026.

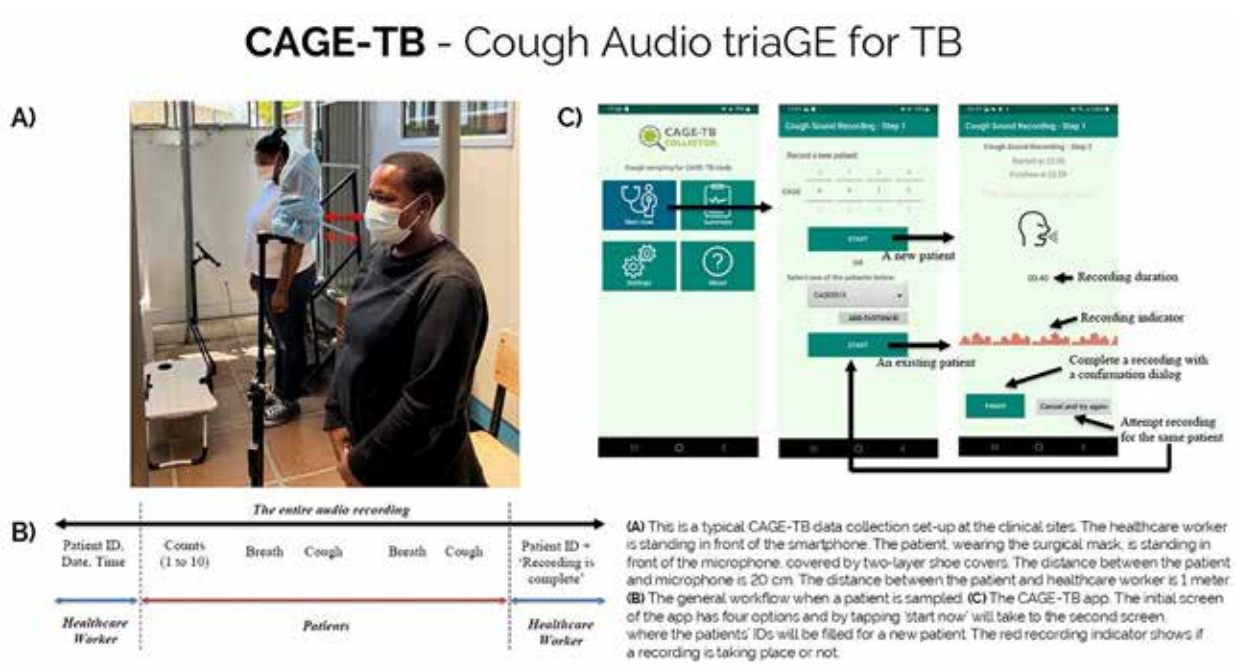


SAMRC President and CEO, Prof Ntobeko Ntusi's visit to SAMRC CTR for discussions on research involving development of lateral flow devices as tools to diagnose TB at point of care. With the CTR Unit Director, Prof MJ Markalala and Prof Novel Chegou and early career scientists.

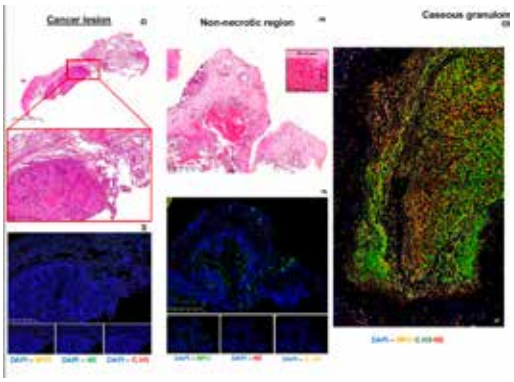
CTR research groups continue to foster inclusive and ethically grounded research environments. The Vuyo Lab supervised and mentored MSc, Honours, and PhD students, while the Loxton Group strengthened professional development through grant-writing workshops, ethics training, and regulatory training related to import and export permits. Gender equity remains a strategic priority, reflected in the Animal TB Group's strong representation of women across academic and trainee levels through targeted recruitment, mentorship, and visible female leadership.

The Centre also contributes to skills development and employment creation. The clinical research group trained staff members without formal tertiary qualifications in Good Clinical Practice, Basic Life Support, handling of dangerous goods, and data management, while CLIME employs more than 60 personnel. Community-focused initiatives, including TB awareness campaigns, science communication activities, and school outreach programmes in the Northern Cape, further strengthened health literacy, community trust, and sustainable skills transfer.

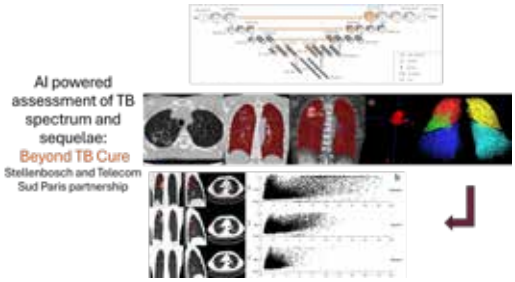
Collectively, these initiatives reinforce CTR's commitment to inclusive excellence and long-term scientific capacity strengthening across Southern Africa.



(A) This is a typical CAGE-TB data collection set-up at the clinical sites. The healthcare worker is standing in front of the smartphone. The patient, wearing the surgical mask, is standing in front of the microphone, covered by two-layer shoe covers. The distance between the patient and microphone is 20 cm. The distance between the patient and healthcare worker is 1 meter. **(B)** The general workflow when a patient is sampled. **(C)** The CAGE-TB app. The initial screen of the app has four options and by tapping 'start now' will take to the second screen, where the patients' IDs will be filled for a new patient. The red recording indicator shows if a recording is taking place or not.



Imaging of the lung tissue obtained by surgery from TB patients, indicating localization of neutrophils with tissue destruction (far right). Lung tissue from cancer patients (left) is used as control, while non-necrotic lung tissue (less damaged) shows less accumulation of neutrophils.



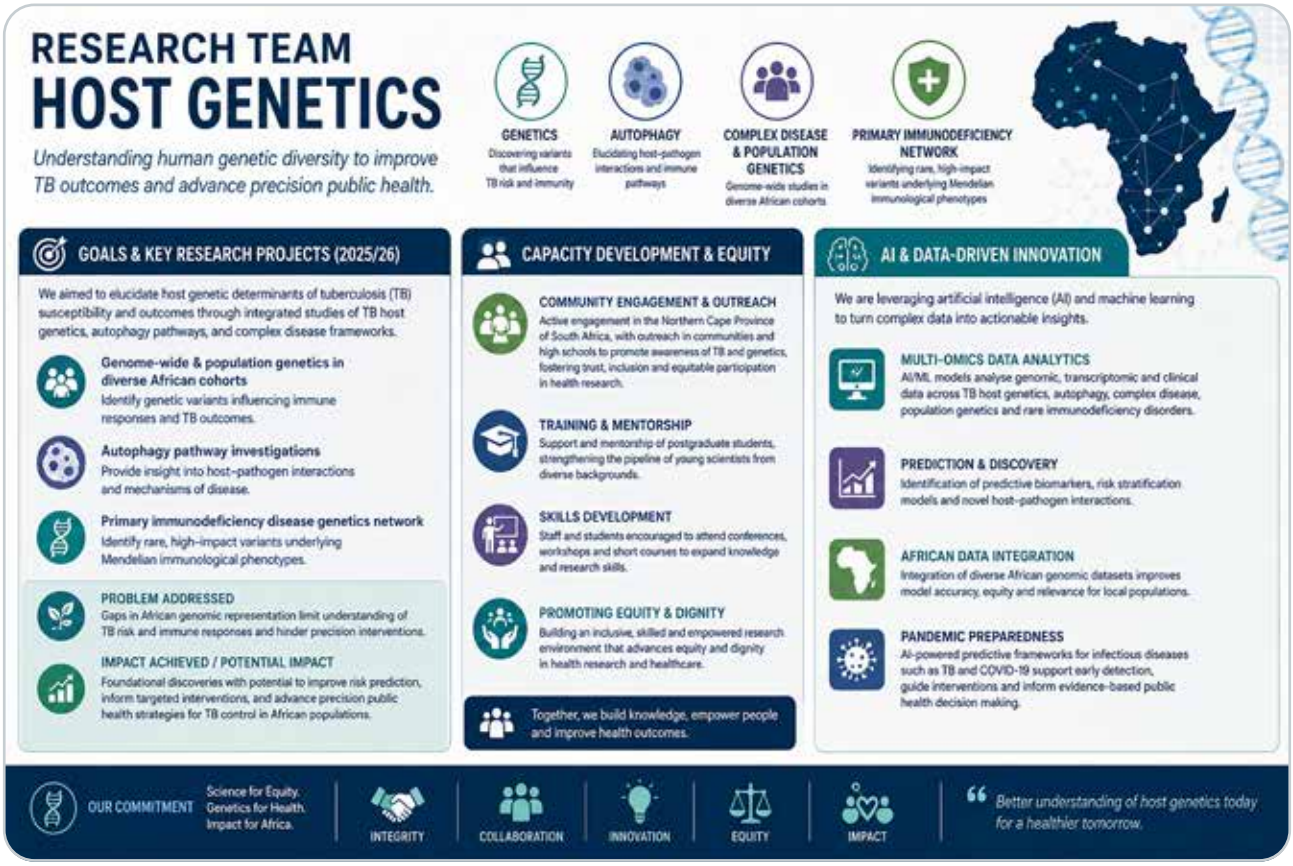
Images showing AI as a utility to analyse severity of lung pathology in the spectrum of TB disease. Top image shows an AI model utilized to grade lung damage. Second panel depicts TB lung images generated through AI, showing distinct pathology across lesions of different disease severity. Bottom panel shows the use of AI to grade lung pathological changes over time post TB treatment.

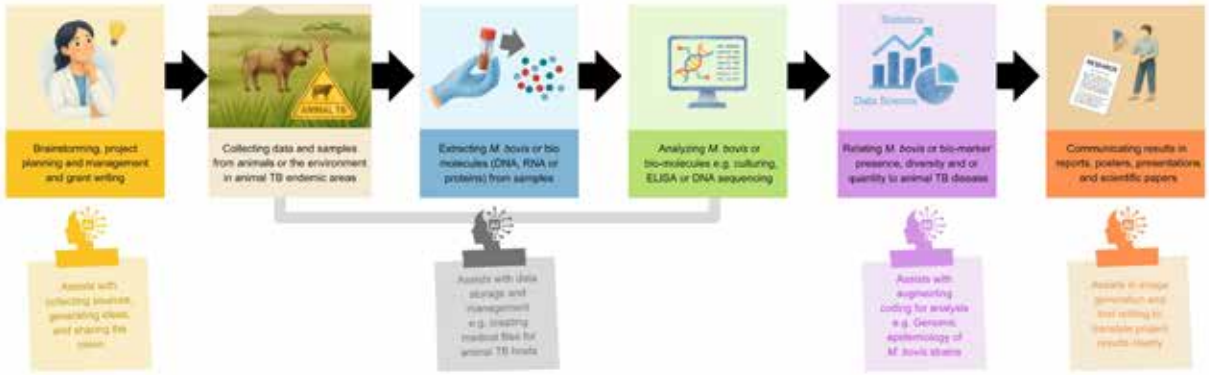
AI in Medical and Health Research

CTR researchers are increasingly integrating artificial intelligence (AI) and data-driven technologies to strengthen TB research, innovation, and evidence-based decision-making. Advanced bioinformatics and computational approaches underpin the Centre's work in pathogen biology, enabling the analysis of large-scale omics and clinical datasets to identify genetic determinants of drug resistance and tolerance, understand pathogen evolution, and investigate host-pathogen interactions. These efforts are supported by whole genome sequencing, targeted next-generation sequencing, digital PCR, and robust data harmonisation pipelines that generate AI-ready datasets tailored to African populations.

The Centre is also expanding its use of machine learning to analyse genomic and pharmacogenomic data, including the identification of TB susceptibility markers, optimisation of polygenic risk scores, and characterisation of pharmacogenetic variation relevant to precision medicine. In parallel, CTR applies AI in imaging and diagnostics through AI-assisted PET-CT analysis for improved assessment of pulmonary and subclinical TB, and through the EDCTP-funded AddiCAD project, which combines AI-based chest X-ray interpretation with rapid biomarker testing to enhance TB detection in decentralised and resource-limited settings.

AI further supports translational research and innovation at CTR. Machine learning models are being developed to predict antibiotic activity, prioritise novel drug candidates, characterise Mycobacterium tuberculosis phenotypes, quantify bacterial growth in culture, and inform treatment decisions for drug-resistant TB. In addition, AI tools are increasingly embedded in bioinformatics pipelines, laboratory automation, data analysis, literature synthesis, and manuscript preparation, aligned with institutional governance frameworks for responsible and ethical AI use in health research.





This infographic illustrates the systematic workflow for investigating bovine tuberculosis and highlights how artificial intelligence enhances every stage of the process. The research journey begins with initial planning and the gathering of environmental samples, where technology helps organize foundational ideas. As scientists extract and sequence molecules, digital systems streamline the management of complex medical data and biological files. Advanced tools then assist in statistical analysis and genomic coding to link specific biomarkers to the spread of the disease. Finally, the process concludes with the dissemination of findings, using automated support to refine visual graphics and written reports for the scientific community. This visual guide emphasizes that modern technology acts as a vital partner in tracking and understanding animal health crises.



Centre for the Study of Antimicrobial Resistance Research Unit

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Overview of the Research Unit

Antimicrobial resistance (AMR) is one of the greatest global public health threats, with multidrug-resistant (MDR) pathogens increasingly causing untreatable infections in hospitals and communities. Key MDR organisms include Acinetobacter, Klebsiella and Pseudomonas species, while the emergence and spread of drug-resistant tuberculosis (DR-TB) remains a major challenge in South Africa, where TB is a leading cause of death. The World Health Organization has identified AMR as a critical threat to progress in controlling communicable diseases, and global economic losses attributable to AMR are projected to approach US$100 trillion by 2050.

To address this challenge, the Centre for the Study of Antimicrobial Resistance (CAMRA) was established in 2018 as a multidisciplinary research unit, comprising multiple national and international collaborators, focused on understanding, detecting, and combating antimicrobial resistance across bacterial pathogens. CAMRA integrates expertise spanning microbiology, immunology, clinical medicine, pharmacology, genomics, bioinformatics and translational science to accelerate the development of innovative diagnostics and therapeutic strategies.

The Unit's research spans three major areas: (i) understanding mechanisms of pathogenesis and resistance amplification at the site of disease, including pharmacokinetic mismatch; (ii) developing highly sensitive molecular approaches, including targeted deep sequencing, to rapidly detect drug-resistance and micro-hetero-resistant bacterial populations in clinical samples that are missed by conventional diagnostics; and (iii) developing and evaluating interventions to reduce AMR, including facility-based interventions and novel inhaled antimicrobial therapies for TB and other difficult-to-treat respiratory infections. By integrating discovery science with translational and clinical research, CAMRA aims to deliver new approaches for diagnosing, treating, and preventing antimicrobial-resistant infections.

Key Milestones and Achievements

Major CAMRA research in the 2025/2026 year includes:

Improving DR-TB treatment strategies: The UFO project retrospectively analyses and prospectively monitors treatment outcomes and transmission dynamics in patients receiving bedaquiline- and linezolid-containing regimens. Findings demonstrating the impact of linezolid interruption and re-challenge on treatment outcomes were published in Lancet Global Health (Oelofse et al., 2026), presented at the 2025 Union Conference on Lung Health and the 2026 South African TB Conference. The work also informed the South African Department of Health National Essential Medicines List Committee report. As linezolid is a key but highly toxic drug in DR-TB treatment regimens, these findings will help optimise its use by maximising efficacy while minimising toxicity. Additional analyses evaluating the effectiveness of the BPaL-M regimen and the long-term outcomes of bedaquiline-based therapy are ongoing.

Developing innovative approaches to diagnose and monitor drug resistance. CAMRA continued studies investigating the pharmacokinetic mismatch, in which inadequate drug penetration into diseased lung tissue drives resistance despite adequate plasma concentrations. Methodology for measuring antimicrobial concentrations in lung

tissue was recently published (Foster and Pooran et al., Pharmaceutical and Biomedical Analysis, 2025). Complementary studies demonstrated marked accumulation of bedaquiline and clofazimine within alveolar macrophages, but not peripheral blood mononuclear cells, suggesting PBMCs are a poor surrogate for measuring intracellular pulmonary drug exposure. Exhaled breath was also evaluated as a potentially useful non-invasive approach for pulmonary drug monitoring. Targeted next-generation sequencing assays (COMP-SEQ study) successfully identified drug resistance profiles directly from sputum, including smear-negative samples, while identifying heteroresistance and factors associated with successful sequencing. The RESILIENT-TB study demonstrated heterogeneous M.tb populations in cough aerosol isolates but not sputum in ~10% of patients, suggesting conventional sputum testing may miss clinically important resistant subpopulations.

Building capacity for next-generation pulmonary therapeutics. CAMRA secured approximately US$2.6 million from Coefficient Giving to establish CREATE (Centre of Pulmonary Vaccinology and Therapeutics), the first-of-its-kind facility in Africa dedicated to developing and testing spray-dried pulmonary vaccines and therapeutics. The funding supports construction of the facility, the acquisition of specialist equipment, staff training, and the development of an inhaled BCG vaccine formulation, creating a unique national platform for translational pulmonary therapeutics research and future clinical trials.

Building Capacity Through Training, Mentorship and Support

CAMRA is committed to developing the next generation of African clinician-scientists while promoting equity and dignity through meaningful community engagement.

The Unit currently supports several postgraduate students and postdoctoral fellows. Dr Suzette Oelofse is completing her PhD through the UFO study investigating treatment outcomes in drug-resistant tuberculosis. During the reporting period, she published two high-impact papers, including a first-author publication in The Lancet Global Health, with a further manuscript in preparation, and is expected to submit her PhD this year. Dr Alex Scott submitted his PhD on AI-based chest X-ray screening for tuberculosis in high-burden communities. His work has generated several peer-reviewed publications (also in Lancet Global Health), with the principal study findings currently being prepared for submission. CAMRA also supported laboratory technician Ms Olwethu Matta to complete her Honours degree in Clinical Pharmacology, and she is now progressing towards an MSc. These initiatives reflect the Unit's commitment to developing research, clinical and technical expertise while creating sustainable career pathways for young South African scientists.

Community engagement was undertaken primarily through the Free of TB charitable organisation in partnership with Brooklyn Chest Hospital (BCH). During the reporting period, a purpose-built paediatric library was completed and handed over to BCH. Equipped with books, games, and educational resources, the facility provides a stimulating environment that supports cognitive development, learning, and psychosocial well-being for children recovering from tuberculosis and its neurological complications. A new adult recreation centre was also established, providing patients with a welcoming space containing comfortable seating, music, television and recreational activities to improve wellbeing and dignity during prolonged hospitalisation. Additional support included transport assistance, food vouchers, identity document applications, and food parcels for vulnerable patients and their families, helping reduce barriers to healthcare access while addressing broader social determinants of health.

Artificial Intelligence in Medical and Health Research

CAMRA is actively integrating artificial intelligence (AI) and data-driven technologies across its research programme to strengthen diagnostics, biomarker discovery and clinical decision-making.

A major application is in our targeted next-generation sequencing (tNGS) studies (including COMP-SEQ), where AI-assisted bioinformatic pipelines enable rapid, accurate analysis of sequencing data to generate comprehensive drug-resistance profiles directly from clinical samples. These approaches have the potential to substantially reduce the time spent on effective treatment by supporting earlier, evidence-based therapeutic decisions.

CAMRA also employs AI- and machine learning-based analytical approaches to integrate complex multi-omic datasets, including genomic, transcriptomic,

proteomic and clinical data. These methods are used to identify biomarker signatures associated with disease severity, infectiousness, treatment response, and antimicrobial resistance across blood, sputum, and urine, enabling multimodal biomarker discovery and a more comprehensive, data-driven approach to diagnosis and risk stratification.

AI is also being applied to community-based case finding and screening. The XACT-19 study uses computer-aided detection (CAD) software to support the interpretation of digital chest radiographs for tuberculosis screening in high-burden communities. Building on this work, new studies are evaluating AI-enabled digital stethoscopes that analyse lung sounds together with portable digital lung ultrasound to determine their utility for TB diagnosis. These technologies have the potential to enhance screening accuracy, expand access to diagnostic services in resource-limited settings and enable earlier referral for confirmatory testing and treatment.





HIV and Other Infectious Diseases Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The HIV and Other Infectious Diseases Research Unit (HIDRU) is dedicated to reducing the burden of HIV, tuberculosis (TB), other infectious diseases, and related co-morbidities through high-impact research that informs prevention, treatment, and service delivery interventions.

Between 2025 and 2026, HIDRU achieved several notable milestones. Two clinical research sites were chosen to assess Africa's first oral cholera vaccine, developed by the Biovac Institute, while four sites were selected and began enrolment for the landmark Phase III EXPRESSIVE trial (MERCK/MSD), evaluating a new once-monthly oral HIV prevention tablet. In collaboration with the Biomedical Research Innovation Platform, the Unit is also examining the safety and tolerability of increasing doses of AfriplexGRT, a green Rooibos extract, in a Phase I/II clinical trial involving healthy participants. HIDRU sites contributed more than 10% of participants enrolled in the PURPOSE 1 study (Gilead), which supported the registration in 2025 of Lenacapavir, the first six-monthly injectable HIV prevention agent.

The Unit continues to lead globally significant research in prevention of mother-to-child transmission (pMTCT) through the PedMAb consortium, while also maintaining the world's largest database of pregnant women with multidrug-resistant TB (MDR-TB) and their infants. HIDRU's prevention research spans the broader South African population, with a strong focus on key and vulnerable populations, including young women, pregnant women, newborns, and people living with HIV and TB. Its mixed-methods research portfolio further explores socio-behavioural and maternal, family, child health and nutrition (MFCHN) themes, including infant feeding practices among women living with HIV and drivers of repeat HIV testing.



Prof. Ntusi with students who participated at the SAMRC Gen S job shadowing programme.



SAMRC Botha's Hill Clinical Research Site.

Key Milestones and Achievements

HIDRU's advanced pioneering work in pMTCT through the completion of the PedMAb1 trial marked the first-ever worldwide dose escalation of two broadly neutralising antibodies (bNAbs) in HIV-exposed neonates. Positive findings prompted the launch of PedMAb1-Ex, a Phase I extension study evaluating bNAbs in adults and HIV-exposed uninfected infants. The SAMBULELO Phase II trial is currently assessing the safety and pharmacokinetics of bNAbs in HIV-exposed newborns during breastfeeding, while exploring strategies to reduce viral reservoirs in infants living with HIV. Complementary qualitative studies continue to investigate infant feeding options and maternal multi-morbidity.

The Unit also contributed substantially to the evaluation of HIV vaccines and pre-exposure prophylaxis (PrEP) strategies through multiple Phase I–III randomised trials, including PURPOSE 1, PrEPVacc, HVTN 139, HVTN 142, DESIIGN001/IAVI G004, and HPTN 084/VIIV Palisade. The ongoing MSD EXPRESSIVE study is evaluating a once-monthly oral PrEP tablet for young women, with the potential to improve adherence and expand prevention options. HIDRU's major contribution to PURPOSE 1 supported the development of Lenacapavir, anticipated for public sector rollout in 2026.

Research into novel antiretroviral treatment approaches also continues, with HIDRU participating in studies assessing long-acting oral and injectable formulations aimed at simplifying treatment regimens and improving adherence for lifelong HIV care.

MDR-TB during pregnancy remains a key research priority. HIDRU scientists oversee the world's largest database of pregnant women with drug-resistant TB, with findings indicating significant adverse infant outcomes and guiding discussions on improved treatment strategies for this high-risk group.

The Unit also continued participation in the Gates MRI CommuniTB Phase III trial evaluating the M72 TB vaccine for TB prevention. Recruitment has been completed, and final analyses on vaccine efficacy are awaited. The HVTN 605 study assessing the MTBVAC vaccine in adults and people living with HIV was temporarily paused during the transfer of sponsorship from DAIDS to the Fred Hutchinson Cancer Center and is expected to reopen in April 2026. Meanwhile, the AfriplexGRT first-in-human trial is currently enrolling participants to evaluate a Rooibos-derived intervention for metabolic disease.

Another highlight was HIDRU's selection to assess the safety and immunogenicity of a new essential African oral cholera vaccine through a randomised controlled trial, providing evidence for a locally significant vaccine candidate.



HIDRU participates in studies assessing long-acting oral and injectable formulations aimed at simplifying treatment regimens and improving adherence for lifelong HIV care.



SAMRC's Verulam Clinical Research Site staff.

Building Capacity Through Training, Mentorship, and Support

HIDRU continues to make a substantial contribution to research capacity development by supporting both staff and community stakeholders. During 2025/2026, staff members received support for academic qualifications, including PhDs, master's degrees, and diplomas. A dedicated Unit team oversees equitable allocation of support to promote professional growth and career advancement.

The mentorship programme established in 2021 remains active and impactful, offering both short-term mentorship for specific outputs, such as conference presentations, and long-term mentorship focused on career progression within the Unit. The HIV Vaccine Trials Network (HVTN), within DAIDS/NIH, selected Dr Nivriti Hurbans (2025) and Dr Nishanta Singh (2026) for its Scientific Leadership Development Programme, which cultivates future leaders in vaccine science. Dr Ramokolo was selected for the prestigious 2026 WomenLift Health Southern Africa Leadership Journey, while Dr Chetty was named a finalist in the NSTF-South32 Awards.

HIDRU also promotes equity and dignity in health research through strong community partnerships facilitated by its Community Working Groups (CWGs). These groups, comprising community volunteers, provide input into research protocols and advocate for health interventions. The Unit equips CWG members with training in scientific communication and biomedical intervention literacy. Three CWG members were selected to serve on the HVTN Global Community Advisory Board, with one further representative appointed to HANC. Community liaison officer Mduduzi Ngubane was recently appointed by HVTN as the Global Africa Regional Community Education Representative (Global CER), recognising his expertise and leadership at an international level. Together, these initiatives demonstrate HIDRU's sustained commitment to strengthening research capacity, empowering staff, and advancing meaningful community engagement.

AI in Medical and Health Research

HIDRU is increasingly integrating data-driven technologies to strengthen clinical trial management and operational efficiency. In collaboration with Nuvoteq, a South African clinical research technology company, the Unit is implementing a cross-site scheduling system that provides real-time visibility of clinic workloads and enables responsive staff allocation across sites.



SAMBULELO study team.



Dr Nishanta Singh was selected by HVTN for its Scientific Leadership Development Programme.



SAMRC's Phoenix Clinical Research Site staff.

The Unit has also transitioned clinical trial data collection systems from paper-based and legacy platforms to fully online systems, enabling secure, high-volume data capture with real-time monitoring, tracking, and reporting capabilities. Platforms such as Medidata and REDCap are now central to HIDRU's data management processes, improving research efficiency, data cleaning, and turnaround time to results. Four HIDRU clinical trials currently use REDCap, including PedMAb1, PedMAb1-Ex, SAMBULELO, and AfriplexGRT.

Within the MSD EXPRESSIVE study, clinicians were trained to use an AI-enhanced Butterfly point-of-care ultrasound system for gestational age assessment. HIDRU staff are also increasingly engaging with emerging applications of artificial intelligence through webinars, lectures, and discussion forums addressing AI in global health and clinical research. Although the Unit does not yet have formal AI governance protocols, some staff members are using tools such as Microsoft Copilot to enhance productivity and workflows.



SAMRC's Chatsworth Clinical Research Site staff.



HIV-TB Pathogens and Treatment Research Unit

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Overview of the Research Unit

The SAMRC-CAPRISA HIV-TB Pathogenesis and Treatment Research Unit undertakes multidisciplinary HIV and tuberculosis (TB) research aimed at reducing TB-related mortality in high-burden settings. The Unit's research focuses on advancing understanding of TB disease pathogenesis, improving approaches to TB prevention and diagnosis, and optimizing therapeutic strategies for HIV-TB co-infection through the generation of clinical guideline- and policy-relevant evidence.

The Unit's work spans clinical medicine, epidemiology, biostatistics, immunology, microbiology, pharmacology, and public health, positioning it across the full translational research spectrum. By integrating well-characterised longitudinal clinical cohorts and biorepositories with advanced laboratory methods and strong community partnerships, the Unit links biological, clinical, and population-level determinants of disease to interventions that can be implemented in routine healthcare settings.

A major focus of the Unit is addressing key public health challenges associated with drug-resistant TB (DR-TB), ongoing TB transmission, and poor outcomes among people living with HIV and TB co-infection. Through clinical trials, implementation science, and laboratory-based research, the Unit evaluates novel diagnostics, adherence interventions, prevention strategies, vaccines, and therapeutic approaches designed to strengthen TB and HIV care. Its participation in multi-country studies and global clinical trials contributes evidence that informs both national and international policy and practice.

Through its integrated approach to discovery science, clinical research, implementation, and capacity development, the Unit remains positioned at the interface of scientific innovation and public health delivery, with a sustained commitment to improving HIV and TB outcomes in South Africa and other high-burden settings.

Key Milestones and Achievements

During the reporting period, the Unit focused on three major public health challenges: drug-resistant TB (DR-TB), high TB incidence caused by ongoing transmission, and poor outcomes in HIV-TB co-infection. Research activities included basic science, clinical trials, and implementation science to produce evidence that informs laboratory diagnostics, clinical guidelines, health systems strengthening, and policy development.

The TRiAD study evaluated GeneXpert MTB/XDR as a rapid diagnostic tool for resistance detection and treatment triage, demonstrating reduced time to appropriate DR-TB therapy and supporting its implementation across multiple countries.



Dr Tanuja Gengiah, Prof Kogie Naidoo, Dr Anushka Naidoo, Dr Thando Maseko.



TRiAD Study Team.



ADAP-TIV Study Team.



ECRS Achievement Award.

The Unit also assessed TM4:GeNL reporter mycobacteriophage phenotypic drug-susceptibility testing in Mycobacterium tuberculosis isolates with bedaquiline resistance variants, demonstrating a strong correlation with minimum inhibitory concentrations, making it a rapid and cost-effective resistance assay. Integrated genomic, spatial, and epidemiological analyses further showed that more than two-thirds of bedaquiline-resistant TB strains resulted from community transmission.

The ongoing ADAP-TIV study is evaluating patient-centred adherence support interventions for multidrug-resistant TB (MDR-TB) and HIV to improve retention in care, treatment adherence, and clinical outcomes. These findings are expected to inform differentiated service delivery strategies for high-risk populations.

Prevention-focused research includes evaluating novel TB vaccine candidates, including M72/AS01E, BNT 164-01/02, MTBVAC, and ID93+GLA, and generating evidence on safety, immunogenicity, and efficacy to support next-generation TB prevention strategies. Key publications during the period demonstrated that BCG revaccination in HIV-negative adolescents did not prevent sustained Mycobacterium tuberculosis infection, while the M72/AS01E-4 vaccine candidate was shown to be safe and immunogenic in people living with HIV.

Additional treatment studies demonstrated no clinical benefit of high-dose rifampicin in TB meningitis among people living with HIV. Research on TB-HIV co-treatment further showed that twice-daily bictegrivir/emtricitabine/tenofovir alafenamide administered with rifampicin-maintained HIV treatment efficacy, while tenofovir alafenamide remained safe with effective drug exposure. Studies in children weighing 20–35 kg also showed that twice-daily dolutegravir administered with rifampicin was well tolerated and effective.

Collectively, these studies provide policy-relevant evidence to accelerate diagnosis, optimise treatment, strengthen prevention strategies, and improve survival among people affected by HIV and TB in high-burden settings.

Building Capacity Through Training, Mentorship, and Support

The Unit has implemented a structured and sustained capacity development approach aimed at strengthening the research workforce and the broader health system, with a strong focus on equity, inclusion, and sustainability. Central to this approach is the development of Black African female researchers and individuals from underprivileged backgrounds, recognising this as both an equity imperative and a critical component of sustainable scientific advancement in sub-Saharan Africa.

During the reporting period, the Unit supported postgraduate trainees and postdoctoral fellows through SAMRC and partner-funded multidisciplinary research programmes. This included support for postgraduate students, of whom 65% are female, and 47% are Black. The Unit's mentorship model enables progression from trainee to independent researcher and future scientific leader. Mentorship spans clinical, laboratory, epidemiological, and analytical disciplines, ensuring that capacity development reflects the complexity and multidisciplinary nature of HIV-TB research.

The Unit also invested in targeted professional development initiatives, including training in research ethics, good clinical practice, advanced TB diagnostics, clinical management, data science, AI governance, and clinical decision-making for drug-resistant TB. These initiatives strengthen technical expertise, reinforce ethical research conduct, and support improved service delivery in resource-constrained settings.



Prof Kogie Naidoo at the SA HIV Clinicians Society Conference 2025.



Springfield Clinic Research Site.

In parallel, the Unit maintains an active community engagement platform that facilitates collaboration between researchers, civil society, stakeholders, and community leaders. This platform supports participation, strengthens trust, and ensures that research is responsive to community priorities. Unit staff also undertake regular public engagement activities through civil society forums, television, print media, and social media platforms, providing education, training, and advocacy support.

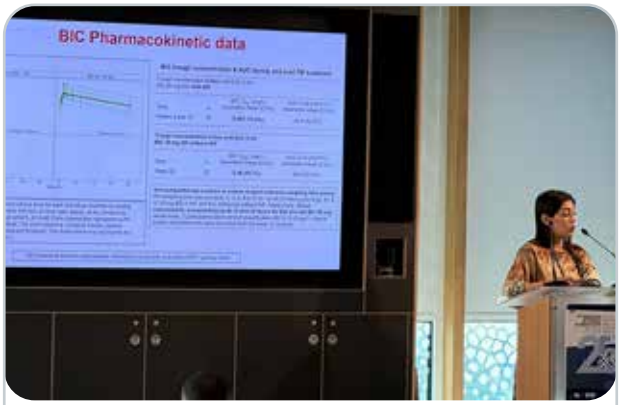
The Unit contributes to strengthening the national health system through the development of the Advanced Clinical Care curriculum and technical tools that improve identification, referral, and management of complex HIV-TB patients, enhancing the delivery of integrated, patient-centred care in high-burden settings.

AI in Medical and Health Research

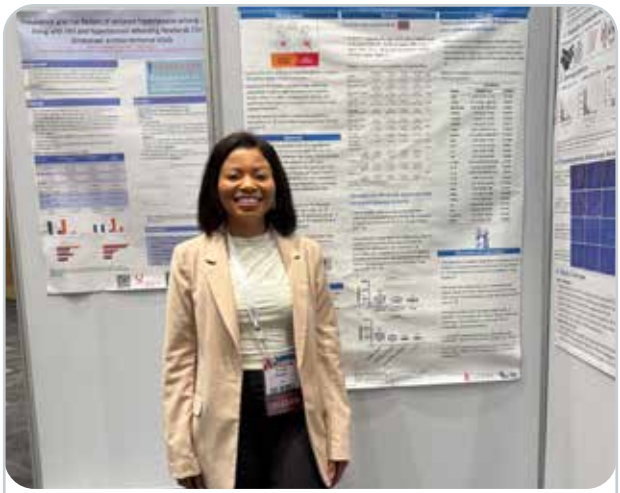
The Unit is integrating data-driven methods and emerging artificial intelligence (AI) applications to strengthen research productivity, clinical decision-making, and patient-centred TB care. Current work includes the use of AI-assisted technologies to improve TB detection through digitally enhanced stethoscopes and digital chest radiography for screening and diagnosis.

The Unit is also using AI tools to analyse large, complex datasets from clinical trials, immunology and microbiology research, and pharmacokinetic studies. These methods aim to produce clinically useful insights that support treatment optimisation and risk stratification. In the long term, the Unit plans to advance precision public health by using large-scale data on drug response, resistance, and toxicity to develop more effective and personalised treatment strategies.

To support responsible innovation, the Unit is building internal capacity in AI applications, machine learning, and data governance. Development of an internal policy on AI use in research and academic advancement is currently underway. In parallel, CAPRISA has established an institutional AI policy to guide the ethical and responsible use of AI within research and academic activities. The policy prioritises research integrity, robust data governance, participant confidentiality, transparency in AI-assisted outputs, and mitigation of bias, while providing guidance on oversight, accountability, and responsible integration of AI into teaching, analysis, and scholarly dissemination.



Dr Anushka Naidoo at the HIV pharmacology meeting in 2025.



Dr Thando Maseko at the SA HIV Clinicians Society Conference in 2025.



Dr GL Dorce at the Conference on Retroviruses and Opportunistic Infections.



Intersection of Non-communicable Diseases and Infectious Diseases Research Unit

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Overview of the Research Unit

The mandate of this Extramural Unit (EMU) is to strengthen research capacity through the development of people and infrastructure, while conducting research that advances understanding of the complex interactions between infectious and non-communicable diseases. The Unit investigates how these intersecting epidemics influence health and disease at individual, community, and population levels.

Key Milestones and Achievements

Research projects undertaken during 2025/2026 focused on the following broad disease areas:

Tuberculous disease of the heart and its complications

Research projects examined the molecular mechanisms and pathogenesis of post-tuberculous fibrosis, diagnostic biomarkers, the safety and efficacy of varying rifampicin doses, clinical outcomes, host immune responses, and Mycobacterium tuberculosis (MTb) dynamics.

HIV-related cardiovascular disease

Research projects investigated HIV/TB-associated immune dysregulation and the risk of hypertension in sub-Saharan Africa; myocardial disease and heart failure in ART-treated people living with HIV in community settings; HIV-associated heart failure risk scores in primary care; and the burden and causes of myocardial fibrosis versus steatosis in HIV.

The CTAAC Heart study explored the prevalence of myocardial disease in adolescents and young adults with vertically acquired HIV, as well as the potential contribution of inflammation and fibrosis to disease pathogenesis.

Rheumatic heart disease

Research projects included the use of artificial intelligence in ECG diagnosis of rheumatic heart disease (RHD); 4D-flow cardiovascular magnetic resonance imaging for the assessment of RHD; cardiovascular magnetic resonance (CMR) in RHD-associated infective endocarditis; vitamin K antagonist (VKA) therapy and RHD-associated atrial fibrillation; and investigations into the pathogenesis of myocardial fibrosis in RHD-related heart failure.

Cardiomyopathy and heart failure

Research focused on the contribution of myocarditis to the burden of cardiomyopathy in sub-Saharan Africa.

Resistant hypertension

Research projects investigated the role of immunology, *Helicobacter pylori*, and the gut microbiome in resistant hypertension.

Building Capacity Through Training, Mentorship, and Support

Several projects are being conducted at established research sites, including the CIRDRI Site B Research Site, which hosts focused programmes aimed at developing research skills and strengthening capacity among research staff and teams.

AI in Medical and Health Research

One of the Unit's research projects was a proof-of-principle study evaluating the use of artificial intelligence in ECG diagnosis of rheumatic heart disease. Plans are underway to expand the project into a larger population-based study.

The Unit is also collaborating on an mHealth-based project aimed at improving VKA adherence and INR control among people living with rheumatic heart disease who require anticoagulation therapy.



Malaria Research Group

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Overview of the Research Unit

The Malaria Research Group (MRG) plays a central role in advancing malaria control and elimination across South Africa and the broader Southern African region. The Unit's mission is to improve the health and quality of life of communities in malaria-endemic areas through high-quality scientific research that informs policy, strengthens health systems, supports health promotion, and builds research capacity.

The MRG works closely with the National Department of Health to implement a prioritised national malaria research agenda, enabling coordinated collaboration among scientists, public health experts, and policymakers. The Group is recognised as a regional leader in malaria research and has hosted the Southern Africa Malaria Research Conference for 10 consecutive years, providing an important platform for sharing scientific advances, surveillance innovations, and malaria elimination strategies.



Poster presentation at the 10th Annual Southern Africa Malaria Research Conference.

The Unit's key contributions include supporting national malaria interventions through advanced research and the training of emerging scientists; leading cross-border initiatives such as the Lubombo Spatial Development Initiative, which monitors malaria transmission and insecticide resistance in Limpopo, Mpumalanga, and KwaZulu-Natal to inform national vector control policy; and collaborating with regional partners to support indoor residual spraying programmes in southern Mozambique, significantly reducing imported malaria cases into KwaZulu-Natal.

Overall, the MRG serves as a regional anchor for malaria research, driving innovation, collaboration, and evidence-based policymaking to support South Africa's goal of achieving malaria elimination by 2030.

Key Milestones and Achievements

The MRG's overarching goal is to contribute towards a malaria-free South Africa by 2030 through research, surveillance, and evidence-based interventions.

Lubombo Spatial Development Initiative 2

Mosquito resistance to insecticides remains a major threat to malaria control efforts in endemic provinces. Research conducted in Limpopo, Mpumalanga, and KwaZulu-Natal assessed insecticide resistance profiles of malaria vectors through susceptibility testing. Findings showed that mosquito populations remain susceptible to insecticides currently used for indoor residual spraying (IRS). In addition, larval source management interventions were implemented across the three provinces. These vector control interventions have positively contributed to reducing malaria transmission and protecting at-risk populations.

Cross-Border Malaria Initiative

Imported malaria cases continue to contribute to ongoing transmission, particularly in KwaZulu-Natal. Treasury-supported research implemented IRS interventions in southern Mozambique to reduce cross-border malaria importation into South Africa. The project evaluated the coverage and effectiveness of IRS activities in the Gaza and Inhambane provinces. Results demonstrated that malaria vectors remained susceptible to the insecticides used, supporting the intervention's effectiveness and enhancing protection for vulnerable communities.

Weekly Blood Spot Sampling

Low malaria transmission levels in KwaZulu-Natal present challenges for accurately understanding infection trends and disease burden. This ongoing study investigates the feasibility of weekly at-home dried blood spot (DBS) collection as an epidemiological surveillance tool in low-transmission settings. The project incorporates both nurse-assisted and self-collection approaches, with participants trained to collect their own blood samples, thereby strengthening community participation in malaria surveillance research.

CAMMISA

The Climate-focused Analytics and Modelling for Mosquito-borne Infections in Southern Africa (CAMMISA) project aims to improve understanding of how climate variability and climate change influence the transmission, control, and future burden of mosquito-borne diseases. The project investigates both the direct and indirect impacts of climate trends on disease dynamics and develops predictive scenarios across different time horizons to support disease modelling and public health planning.

RADAR (Responsible Access to Data for Analysis and Research)

Limited access to reliable, contextualised African datasets remains a major barrier to disease modelling and predictive analytics. The RADAR project addresses this challenge by collating, curating, and transforming diverse datasets for use in disease modelling workflows. The initiative aims to strengthen climate-sensitive infectious disease modelling and improve access to high-quality local datasets for researchers and analysts.

Building Capacity Through Training, Mentorship, and Support

The MRG places strong emphasis on capacity development to empower scientific staff, strengthen local research expertise, and support malaria-affected communities. The Unit's work aligns with the SAMRC's broader commitment to equity, dignity, and inclusive health research.

A major component of the MRG's capacity-building efforts is the training and mentorship of emerging malaria researchers. Over the past decade, the



Delegates at the 10th Annual Southern Africa Malaria Research Conference.



Researcher conducting a lab based study on malaria.

Group has contributed significantly to developing the next generation of malaria scientists by providing opportunities for advanced research, technical skills development, and participation in regional and international collaborations. This investment strengthens local scientific leadership and research sustainability.

The annual Southern Africa Malaria Research Conference also serves as a key platform for inclusive knowledge exchange, bringing together researchers, policymakers, healthcare professionals, and students to foster collaboration, professional development, and translation of research findings into public health interventions.

The MRG further contributes to regional capacity strengthening through initiatives such as the Lubombo Spatial Development Initiative and cross-border malaria control programmes in Mozambique. These efforts have informed national vector control policies, strengthened malaria prevention strategies, and supported equitable regional collaboration to reduce malaria transmission among vulnerable populations.

Overall, the MRG's activities integrate scientific capacity-building, policy-relevant research, regional partnerships, and equitable knowledge-sharing, contributing meaningfully to the empowerment, dignity, and health of malaria-affected communities.

AI in Medical and Health Research

The MRG is increasingly integrating advanced modelling, climate analytics, and data-driven technologies into malaria research to improve strategic decision-making and disease forecasting. Through the CAMMISA Consortium, the Unit applies mathematical and statistical modelling alongside climate science approaches to better understand how climate variability and long-term climate change affect malaria transmission patterns. This work includes generating future climate and disease transmission scenarios over short-, medium-, and long-term timeframes, enabling more accurate forecasting of malaria risks and supporting targeted intervention planning across Southern Africa.

These modelling approaches also provide a strong foundation for future AI-supported predictive analytics by generating large, high-quality datasets and sophisticated modelling frameworks.



Community engagement and blood spot in KwaZulu-Natal.

In parallel, the RADAR project, led by MASHA at the University of Cape Town with the MRG as a co-investigator, is developing an open-source, web-based platform that collates, curates, and contextualises datasets required for AI-ready disease modelling. By integrating demographic, epidemiological, climate, entomological, and economic datasets into a single accessible platform, RADAR addresses one of the major barriers to AI adoption in malaria research: access to reliable, well-documented local data. The platform also provides tutorials and coding examples to support analysts in incorporating datasets into modelling workflows and future machine learning applications.

In addition, the MRG is involved in developing digital early warning systems that integrate climate and malaria surveillance data to support outbreak prediction and regional preparedness. Together, these initiatives strengthen analytical capacity, support evidence-based decision-making, and lay the groundwork for future AI applications in malaria research and public health planning.



LSDI2 project, Mpumalanga, larval source management. LSDI2, Capacity Development, insectary training.



Across border work in Mozambique.



Prof Miles Markus – Lifetime Achievement recipient – 10th Southern Africa Malaria Research Conference.



Office of Aids and TB Research

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Overview of the Research Unit

The Office of AIDS and TB (OATB) is a dynamic, multidisciplinary research unit with a broad and impactful portfolio that addresses critical public health priorities. The unit's work covers HIV, tuberculosis (including drug-susceptible and drug-resistant TB), child and adolescent health, women's health, pandemic prevention, preparedness and response, and health financing, including innovative mechanisms for strengthening health systems.

OATB collaborates extensively with internal SAMRC units and a wide network of local and international partners, enabling multidisciplinary and transdisciplinary approaches to complex health challenges. The unit plays a pivotal role in bridging research, policy, and implementation, with a strong emphasis on knowledge translation and influencing policy at national and global levels. High-level government engagement forms a central component of its mandate, ensuring that research evidence informs health system strengthening and decision-making processes for maximum public health impact. This includes leading Pillar 6 of the Presidential Health Compact on Health Financing.

In addition to its research activities, the unit is deeply committed to scientific leadership and capacity development. This includes mentoring postgraduate students and postdoctoral fellows, organising scientific colloquia and knowledge-sharing platforms, and contributing to national and international scientific review processes. The unit also leads and supports community-oriented initiatives aimed at improving health awareness and access to healthcare services.

Through its integrated and collaborative approach, OATB continues to position itself as a leader in advancing equitable health outcomes, fostering innovation, and strengthening evidence-based policy and practice in South Africa and beyond.

Key Milestones and Achievements

Imagine Social Impact Bond (SIB)

The implementation of the Imagine Social Impact Bond concluded on 30 June 2025 and has contributed to improved sexual and reproductive health outcomes among school-going adolescent girls and young women in KwaZulu-Natal and the North West Province. Findings are currently being prepared for publication. Two evaluations are underway, including an impact evaluation with both quantitative and qualitative components, as well as an economic evaluation.



Imagine Social Impact Bond team members visit one of the projects in Newcastle, KZN.

Regional Prospective Observational Research on Tuberculosis (RePORT)

South Africa participates in RePORT, an eight-country consortium and one of the world's largest tuberculosis foundational science research networks. This initiative is co-funded by the NIH and the SAMRC. OATB provides funding, strategic oversight, and technical guidance to the programme. During the 2025/2026 financial year, publications were produced, and research findings were presented at several national and international scientific platforms.

ALIGN Consortium

Through the Accelerating Country-Led Innovation Introduction through Policy, Financing and Learning (ALIGN) Consortium, OATB leads the financing, TB, and HIV prevention components relating to the introduction of health innovations within the South African health system. This work is undertaken in collaboration with the Duke Global Health Innovation Centre, PATH South Africa, and several SAMRC units.

Clinical trials and translational research

OATB collaborates with multiple departments at the University of Pretoria, Steve Biko Academic Hospital, and the NICD on several clinical and hospital-based trials. In partnership with the Division of Infectious Diseases, the unit is participating in a multicentre clinical trial evaluating the added benefit of low-dose azithromycin prophylaxis in advanced HIV disease. Recruitment is ongoing, with more than 100 participants already enrolled at Steve Biko Hospital.

The unit has also established a substantial COVID-19 research portfolio focused on investigating humoral and cell-mediated immunogenicity of COVID-19 vaccines among individuals with chronic conditions, including HIV and autoimmune diseases such as rheumatoid arthritis, systemic lupus erythematosus (SLE), and ankylosing spondylitis. The HIV-related study has been published, while the arthritis-related manuscript is currently under preparation.

The Unit Director currently supervises MMed research projects involving registrars in Public Health Medicine and Urology. Research topics include advanced HIV disease, adolescent HIV treatment adherence, and reducing patient waiting times through electronic health record systems. Additional research is planned in the field of non-tuberculous mycobacterial disease.

Pandemic Fund initiative

OATB leads pandemic preparedness research focused on surveillance systems, including syndromic, wastewater, mortality, genomic, and vector-borne disease surveillance for human and animal pathogens. The initiative is funded through the Pandemic Fund, administered by the WHO and FAO, and is implemented in collaboration with Wits University's EViTOH division and several SAMRC units, including the Burden of Disease Research Unit, Environmental Health Research Unit, and BRIP.

Key activities include wastewater surveillance for detecting existing and emerging pathogens, genomic sequencing of wastewater samples, strengthening mortality surveillance systems, and



Delegates at the Outcomes Finance Alliance Summit 2026.



South Africa participates in RePORT, an eight country consortium and one of the world's largest tuberculosis foundational science research networks.

integrating cause-of-death data with electronic medical records to better identify excess mortality trends. The initiative also supports the establishment of the SAMRC One Health Collaboration Centre, which focuses on improved diagnostics, surveillance, early detection, and risk modelling for zoonotic, vector-borne, and respiratory pathogens with epidemic and pandemic potential.

The Unit Director has additionally been appointed Chair of the Institute for Pandemic Prevention and Preparedness (IP3), a national collaboration involving nine universities, the NICD, and the SAMRC, funded by the NRF.

Innovative financing and Social Impact Bonds

The unit continues to expand its portfolio of innovative financing initiatives and Social Impact Bonds. This includes the pilot phase of a Social Impact Bond to improve multidrug-resistant TB outcomes, as well as technical and funding initiatives to address cataract surgery backlogs through outcomes-based financing models.

Building Capacity Through Training, Mentorship, and Support

OATB co-funds the "Determinants of Treatment Outcomes with an Injection-Free Shorter Regimen for Multidrug- and Rifampicin-Resistant Tuberculosis" (SHIFT-TB) project, based at Nkqubela Chest Hospital in Mdantsane, Eastern Cape. A major outcome of SAMRC's investment in SHIFT-TB has been the establishment of a highly productive clinical research site in a historically disadvantaged setting. The site now forms part of the RePORT consortium, demonstrating the successful leveraging of initial investments. Research activities have also expanded to Nontyatyambo Community Health Centre in the same region.

This initiative has significant potential to improve drug-resistant TB outcomes in the Eastern Cape through integrated research and clinical support while strengthening local research capacity and creating employment opportunities within the community.

The unit has also made substantial contributions to human capital development through structured mentorship and supervision of postgraduate students and postdoctoral fellows. Scientific capacity has further been strengthened through regular science colloquia and interdisciplinary knowledge-sharing platforms.

Beyond academia, OATB actively engages communities through outreach initiatives, including World AIDS Day and World TB Day awareness campaigns hosted at the SAMRC Pretoria campus and in Soweto in partnership with Ahang Mphakhathi Solutions. These initiatives have provided essential services, including TB screening, HIV testing, deworming for children, and measles immunisation referrals, thereby improving access to preventive and primary healthcare.

The unit also contributes to strengthening the national research ecosystem through peer review activities involving postgraduate theses, journal manuscripts, conference abstracts, and National Research Foundation funding applications, including Y-rated researcher programmes and research development grants.

In March 2026, OATB hosted the Global Outcomes Finance Alliance Summit at the SAMRC in partnership with the South African Presidency. Co-hosted by the SAMRC, the summit brought together representatives from 28 countries and facilitated global learning and collaboration in outcomes financing and innovative finance. The event strengthened international partnerships, expanded funding networks, and reinforced the SAMRC's leadership role in innovative financing for health and development outcomes.

AI in medical and health research

OATB is increasingly integrating artificial intelligence (AI) and data-driven technologies into health research, innovation, and decision-making processes. These approaches are particularly relevant in infectious disease surveillance, antimicrobial resistance (AMR), and pandemic preparedness.

Through initiatives such as the Pandemic Fund programme, RePORT, and the TB Think Tank, the unit is leveraging advanced data systems to support real-time surveillance, outbreak detection, and improved understanding of disease transmission dynamics. Computational tools and advanced analytics are being used to integrate clinical, epidemiological, and laboratory datasets to generate actionable insights for public health decision-making.

In antimicrobial resistance research, bioinformatics and genomics-based approaches are being used to characterise pathogen evolution, identify resistance markers, and support targeted interventions. These data-driven approaches enhance predictive capabilities and strengthen evidence-based policy and clinical responses.

The unit is also exploring digital tools and data platforms within innovative financing mechanisms such as Social Impact Bonds to strengthen monitoring, evaluation, accountability, and resource allocation.

In collaboration with the Department of Urology at the University of Pretoria, OATB will support the development of an AI-enhanced electronic health record system incorporating ambient listening technologies, automated clinical documentation, AI-assisted discharge summaries delivered via WhatsApp platforms, and advanced "AI-in-a-box" data security features.

Looking ahead, OATB aims to expand its application of AI and machine learning to support predictive modelling, optimise intervention strategies, and strengthen health system responsiveness. Through these efforts, the unit is advancing data-driven, equitable, and impactful health solutions in South Africa and globally.



Delegates at the Outcomes Finance Alliance Summit 2026.



Vaccines and Infectious Diseases Analytics Research Unit

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Overview of the Research Unit

The Wits Vaccines and Infectious Diseases Analytics (VIDA) Research Unit, based at the University of the Witwatersrand, is an African-led, multidisciplinary research unit focused on advancing research in vaccines and infectious diseases. The unit integrates clinical trials, epidemiology, laboratory science, and data analytics to generate evidence that informs public health policy and improves health outcomes in South Africa, across Africa, and globally.

VIDA conducts a broad portfolio of research, including clinical trials, observational studies, pathogen surveillance, and health systems research. A central focus is maternal, neonatal, and child health, particularly infections that contribute significantly to morbidity and mortality in low- and middle-income countries. Core research areas include maternal immunisation, vaccine-preventable diseases, antimicrobial resistance, respiratory pathogens, and hospital-based disease surveillance.

Through its research platforms, VIDA evaluates vaccine effectiveness, monitors disease burden, and investigates emerging pathogens. The unit also contributes to cause-of-death surveillance and antimicrobial resistance monitoring, generating critical evidence to guide public health interventions and policy decisions.

VIDA works closely with national and international partners, including government health departments, global research institutions, and major global health funders. These collaborations support the translation of research findings into evidence-based strategies to reduce the burden of infectious diseases.

In addition to its research activities, VIDA is committed to strengthening African research capacity through postgraduate training, mentorship, and the development of early-career scientists. Through these efforts, the unit contributes to scientific leadership and the advancement of sustainable, evidence-based approaches to improving public health.

Key Milestones and Achievements

During the 2025/2026 financial year, the Wits Vaccines and Infectious Diseases Analytics (VIDA) Research Unit advanced research to strengthen vaccine development, infectious disease surveillance, and evidence-based public health policy in South Africa and globally. The unit's multidisciplinary work integrates clinical trials, epidemiology, laboratory science, and data analytics to address major drivers of infectious disease morbidity and mortality, particularly among mothers, newborns, and children.

A key research priority was maternal and neonatal infections, including Group B Streptococcus (GBS), respiratory syncytial virus (RSV), and emerging



The Wits Vaccines and Infectious Diseases Analytics Research Unit workshop.

pathogens such as *Klebsiella*. These infections remain major contributors to infant morbidity and mortality in low- and middle-income countries. VIDA conducted clinical trials and observational studies to evaluate maternal immunisation strategies and vaccine effectiveness. This work generates evidence to support the development and introduction of maternal vaccines, thereby protecting infants in early life and informing immunisation policy.

The unit also prioritised antimicrobial resistance (AMR), a growing global health threat. Through hospital-based surveillance and laboratory analyses, VIDA investigated the epidemiology and resistance patterns of priority pathogens in neonates and adults. This work contributes to improved diagnostics, informs treatment strategies, and strengthens national and global AMR surveillance systems.

VIDA continued its contribution to cause-of-death surveillance through the Child Health and Mortality Prevention Surveillance (CHAMPS) programme, using minimally invasive tissue sampling (MITS) to generate high-resolution data on causes of child mortality. These data inform targeted public health interventions and improvements in maternal and child health programmes.

Hospital-based surveillance platforms monitoring respiratory pathogens and other infectious diseases were also maintained, enabling tracking of disease burden, early detection of emerging pathogens, and evaluation of vaccine impact.

Collectively, these activities strengthen understanding of infectious disease epidemiology, enhance surveillance systems, and generate policy-relevant evidence to reduce morbidity and mortality.

Building Capacity Through Training, Mentorship, and Support

VIDA places strong emphasis on capacity development to empower staff and communities while promoting equity, dignity, and ethical practice in health research. These initiatives aim to strengthen African-led research, build sustainable scientific leadership, and ensure that research is conducted in ways that respect and benefit participating communities.

Within the unit, capacity development focuses on training and mentorship for researchers, clinicians, and operational staff. VIDA supports postgraduate training by providing opportunities for Master's and





VIDA staff members doing fieldwork.





VIDA continued its contribution to cause-of-death surveillance through the Child Health and Mortality Prevention Surveillance (CHAMPS) programme.

PhD students to engage in research projects, data analysis, and scientific publication. Early-career scientists are mentored in grant writing, research methodology, and scientific communication to support independent research careers. The unit also provides structured training for research nurses, fieldworkers, laboratory personnel, and data management staff to strengthen technical capacity and ensure high standards of research conduct.

VIDA prioritises transformation and the development of African research leadership through mentorship programmes, support for academic advancement, and efforts to increase representation and leadership opportunities for historically underrepresented groups in research.

At community level, VIDA works closely with community advisory structures and local stakeholders to promote ethical engagement and mutual understanding between researchers and communities. Community engagement activities support informed participation in research and ensure that community perspectives inform study design and implementation. Feedback of research findings further promotes transparency and trust.

Through these initiatives, VIDA contributes to strengthening local research capacity, empowering staff and communities, and promoting equitable and ethical health research that supports improved health outcomes.

AI in Medical and Health Research

VIDA is increasingly incorporating artificial intelligence (AI) and data-driven technologies to strengthen health research, enhance data analysis, and support evidence-based decision-making. Given the large volumes of clinical, laboratory, and surveillance data generated across its platforms, the unit is exploring advanced analytical approaches to improve efficiency and generate deeper insights.

A key initiative is a Gates Foundation–funded multisite project (CODA) that applies large language models to improve cause-of-death determination using data from the Child Health and Mortality Prevention Surveillance (CHAMPS) programme. This platform aims to enhance the accuracy of death coding in low- and middle-income countries and improve the timely flow of data to public health authorities.

In addition, VIDA is developing a multimodal representative dataset capturing clinical disease profiles, investigations, hospital course, and management of patients admitted to a tertiary-level hospital in South Africa.

The unit is also building digital dashboards and real-time data platforms to support research monitoring, data visualisation, and rapid translation of findings for researchers and policymakers. Internal capacity in data science, bioinformatics, and digital health is being strengthened through training and collaboration.

Together, these initiatives position VIDA to leverage AI and data-driven technologies to enhance research innovation and inform public health decision-making.



VIDA Clinic.



VIDA Pharmacy.



VIDA lab.



RESEARCH PROGRAMME 4

HEALTH SYSTEMS STRENGTHENING

PURPOSE OF THE PROGRAMME

To contribute to health systems strengthening by undertaking systematic reviews, health policy and health systems research to provide evidence for policymakers, stakeholders and researchers seeking to address today's most pressing health challenges. The programme aims to take advantage of information and technology by exploring and expanding the role of eHealth (health informatics, digital health, tile health, telemedicine, eLearning and mobile health) in strengthening health systems.

UNITS THAT CONSTITUTE THIS PROGRAMME

- Biostatistics Research Unit (IRU)
- Burden of Disease Research Unit (IRU)
- Cochrane South Africa (IRU)
- Health Services to Systems Research Unit (ERU)
- Health Systems Research Unit (IRU)

PROGRAMME STRATEGIC OBJECTIVES

- To contribute towards the evidence base for national, regional and international health-care decision making by conducting high-quality systematic reviews, and health systems and health policy research reviews to improve health systems effectiveness
- To strengthen research and development through training and mentoring postgraduate students (MSc, PhD, Postdoctoral Fellows) in eHealth, health policy, health systems research and biostatistics
- To contribute to capacity development and training in the use and conduct of systematic reviews, and support of clinical trial registration for the African region
- To synthesise evidence, optimise information and knowledge flow through ICT and other means to ensure that research results are translated into policy, practice, cost-effective products and health promotion
- To develop and enhance health information systems and surveillance through systematic evaluation and identification of processes for improvement
- To provide statistical analysis to ensure scientific validity, relevance and efficiency of health systems interventions and/or service delivery models, and engage in health systems strengthening activities
- To carry out bio-statistical support training projects to assist SAMRC researchers and postgraduate students within the SAMRC

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Biostatistics Research Unit

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Overview of the Research Unit

The Biostatistics Research Unit provides specialist biostatistical expertise and support to the organisation's network of medical and health researchers, as well as to government departments and national and international research institutions. The Unit is interdisciplinary, with expertise spanning biostatistics, data management, geographic information systems (GIS), and food science.

Key Milestones and Achievements

During the 2025/2026 financial year, the Biostatistics Research Unit advanced its core mandate of generating rigorous, policy-relevant evidence while strengthening its leadership in data management, statistical innovation, clinical trial design, and nutrition data systems. The Unit addressed critical analytical challenges associated with complex health data from high-burden, resource-constrained settings, with a particular focus on infectious diseases, maternal and child health, nutrition, and emerging non-communicable diseases.

A major achievement was the Unit's expanding leadership in clinical trial design and analysis. The team played a pivotal role in the design, analysis, and interpretation of randomised trials and vaccine studies, particularly in HIV prevention research, including the SAMBULELO, PedMAb and B-011 clinical trials, as well as the Aurum-led Vaccine Strategies COVID-19 trial. These studies addressed key uncertainties relating to vaccine safety, immunogenicity, and effectiveness in populations often underrepresented in global research, including people living with HIV, thereby informing vaccination strategies and public health decision-making.

The Unit also made significant contributions to statistical methodology. First-authored work by Dr Mchunu introduced advanced joint modelling approaches to optimise personalised screening intervals, while Yende-Zuma and Reddy highlighted methodological challenges in estimating vaccine effectiveness in real-world settings. Together, these contributions reinforce the Unit's position as a centre of analytical excellence.

Complementing this work, the SAFOODS division strengthened South Africa's nutrition research infrastructure by updating the SAFOODS Food Composition Database. This included revised recipe calculation methodologies for 455 food items aligned with international standards, as well as expanding the food quantities database by 1,956 measures across 239 food items. The division also validated the DIASA 24-hour dietary recall mobile application through an equivalence study against paper-based methods, addressing a critical gap in electronic dietary assessment tools in South Africa. Further innovation was demonstrated through the development of D-FoodLink, an API that enables integration between dietary assessment platforms, improving the efficiency and accuracy of dietary data collection and analysis.

Overall, the Unit has strengthened its position as a leader in data and statistical innovation, enhancing the quality, relevance, and impact of health and nutrition research, while contributing directly to evidence-based policy and practice.

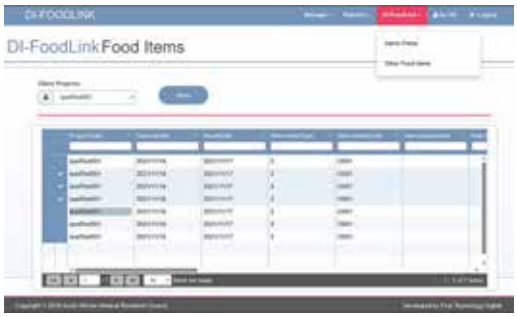


Schematic Illustration of Recipe Calculation Process of the 2026 Database Update.

Building Capacity Through Training, Mentorship, and Support

The Unit implemented a range of capacity development initiatives to strengthen biostatistical skills while promoting equity, inclusion, and dignity in health research. Central to these efforts was the delivery of targeted training programmes for both emerging and established researchers. An "*Introduction to Biostatistics*" course, held in Cape Town in October, provided foundational statistical knowledge to support evidence-based research. This was complemented by an advanced course in longitudinal data analysis delivered in Pretoria from 16–19 March under the SWRNAC (Strengthening Women's Research Networks and Capacity to Address Women's Health in Sub-Saharan Africa) project, equipping participants with advanced skills for analysing complex health data.

A key initiative focused on engaging undergraduate and postgraduate students. The Unit hosted 69 students and three staff members from the University of Venda, offering an immersive introduction to biostatistics as a career option.



Administrator view of the newly developed Di-FoodLink Service App.

The programme included an overview of the Unit's research activities, along with presentations by specialist statisticians sharing their academic and professional journeys. These engagements emphasised diverse and accessible pathways into the field, reinforced the importance of representation, and encouraged students, especially those from underrepresented backgrounds, to pursue careers in science. The programme also fostered

collaboration and promoted applications for bursary opportunities, helping to remove barriers to further training.

The Unit further contributed to early pipeline development by hosting high school learners through the GenS programme in Durban, Pretoria, and Cape Town. In addition, Masters students in Statistics graduated as SWRNAC scholarship recipients under the supervision of Prof. Tarylee Reddy and Associate Prof. Nonhlanhla Yende-Zuma.

AI in Medical and Health Research

The Biostatistics Research Unit is advancing health research through the application of artificial intelligence (AI), machine learning, and advanced data-driven methodologies, particularly in the analysis of large and complex national survey datasets.



A key area of innovation is the use of unsupervised learning techniques in South Africa's national HIV surveys to identify hidden behavioural and health profiles that are not detectable through conventional single-outcome models. This work is directly relevant to strengthening HIV prevention strategies and informing policy dialogue.

The Unit is also advancing methodological innovation through the integration of machine learning algorithms, including random forests, gradient boosting, and Super Learner, within causal inference frameworks to address HIV testing non-response in South Africa's national HIV prevalence surveys. These approaches enable more flexible modelling of complex relationships and aim to improve participation and data quality in population-based surveys, thereby strengthening the evidence base for national HIV monitoring and decision-making.

The Unit's commitment to data-driven innovation is further reflected in the establishment of a dedicated Machine Learning Working Group, which provides a structured platform for biostatisticians to collaboratively develop, evaluate, and responsibly apply AI and machine learning methods to real-world public health data.

In addition, the Data Management Division contributes to the ALIGN project by mapping relevant health data sources to improve understanding of available information assets. The Division is also responsible for developing the Market Intelligence Hub, a centralised platform designed to consolidate and provide the National Department of Health (NDoH) with access to critical health market data to support evidence-informed decision-making.



Burden of Disease Research Unit

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Overview of the Research Unit

The SAMRC's Burden of Disease Research Unit (BODRU) uses a multidisciplinary approach spanning epidemiology, demography, biostatistics and clinical medicine to generate accurate and reliable estimates of disease burden, mortality, summary health measures and associated risk factors in South Africa. The Unit's work provides critical evidence to support priority setting, health planning, policy development and resource allocation aimed at improving population health, quality of life and life expectancy.

Key projects include Rapid Mortality Surveillance (RMS), which monitors excess mortality and tracks key mortality indicators, and national burden-of-disease estimation studies that assess the impact of diseases and the risk factors driving them. BODRU's estimates are derived from multiple empirical data sources, including the National Population Register, Census data, research surveys and death notification systems. These data are adjusted for known deficiencies such as underreporting and misclassification, particularly for HIV/AIDS and injury-related deaths, to improve the accuracy and usefulness of national health information.

The Unit also plays a vital role in assessing and enhancing routine health information systems and civil registration and vital statistics systems in partnership with government agencies. At the national level, BODRU collaborates closely with the Departments of Home Affairs and Health, Statistics South Africa (Stats SA), and the National Institute for Communicable Diseases (NICD). Regionally, the Unit hosts the WHO Family of International Classifications (WHO-FIC) Collaborating Centre, assisting with the implementation and application of WHO classification systems, standards, and data collection frameworks that are crucial for Universal Health Coverage.



The WHO-FIC Network Annual Meeting 2025 in Geneva.



The WHO-FIC Collaborating Centre at the mid-year meeting in Kigali, Rwanda.

Key Milestones and Achievements

BODRU's Third National Burden of Disease Study aims to inform national health planning, policy decisions, and resource allocation. Despite ongoing challenges related to the quality and delayed release of official mortality and population data, the Unit utilised advanced statistical and demographic methods during the reporting period to adjust official datasets and incorporate alternative data sources, particularly for injury-related mortality. This enabled the production of burden-of-disease estimates up to 2019. Robust methods were also developed for estimating HIV/AIDS- and COVID-19-related mortality, which will be incorporated into national estimates spanning 2000 – 2022 in 2026.

The Unit's Rapid Mortality Surveillance (RMS) programme continues to provide empirical estimates of mortality-based indicators used to monitor population health and assess progress against the National Department of Health's Strategic Plan and the National Development Plan. The 2019/20 RMS Report documented the impact of SARS-CoV-2 on life expectancy, child mortality and adult mortality, while the latest report provides updated mortality profiles through to 2024 and analyses trends since the pandemic.

BODRU also generated evidence to enhance the delivery of pre-exposure prophylaxis (PrEP) services for adolescents and young adults in KwaZulu-Natal. Research findings indicated that fragmented and non-integrated services may raise the risk of sexually transmitted infections, unintended pregnancies, and PrEP discontinuation, emphasising the need for comprehensive, youth-friendly HIV prevention models. These findings will be presented at the 2026 International AIDS Conference in Brazil.



In the Eastern Cape, BODRU's Cancer Registry strengthened collaboration with the National Cancer Registry and the Provincial Department of Health.

In the Eastern Cape, BODRU's Cancer Registry strengthened collaboration with the National Cancer Registry and the Provincial Department of Health. The placement of a registrar from the National Cancer Registry alongside BODRU staff has improved clinical capacity, enhanced the accuracy of case identification and increased uptake of registry data.

In response to rising food-borne illnesses and poisoning cases, BODRU produced empirically derived injury mortality profiles for adults and children for 2017 and 2020/21, highlighting



WHO AFRO Regional Immunisation Stakeholders' Meeting | 27 June 2025 | Kintélé, Republic of the Congo.

limitations in official mortality data. The Unit also led SAMRC's efforts to co-host the World Conference on Injury Control and Safety Promotion, held in Cape Town from 2 – 4 September 2026.

As host of one of only two WHO Collaborating Centres for the Family of International Classifications in Africa, BODRU continues to provide technical leadership in the implementation of ICD-11 nationally, convene regional workshops, and coordinate low- and middle-income country input into international classification development processes.

Building Capacity Through Training, Mentorship, and Support

BODRU remains committed to strengthening research capacity and skills development within the broader scientific and health community. In addition to in-service training and elective short courses, staff are supported to pursue postgraduate qualifications. Five researchers also completed a People Management course through the SETA. In addition, one professional support staff member is completing an undergraduate degree, and another is completing a postgraduate qualification. Good Clinical Practice (GCP) and research ethics training continue to be provided to all staff members.

Several senior staff members hold honorary academic appointments as research associates and professors and contribute to undergraduate and postgraduate teaching, supervision and mentorship at the University of Cape Town, Stellenbosch University, the University of the Western Cape, and the University of KwaZulu-Natal.

The Unit has also developed a free online training platform to improve medical certification of cause of



Members of WHO AFRO Regional Immunization Technical Advisory Group (RITAG).



WHO AFRO Regional Immunisation Technical Advisory Group (RITAG) Stakeholder Meeting. 24-26 June 2025 | Kintélé, Republic of the Congo.

death and address gaps in training on International Classification of Diseases (ICD) principles. The programme consists of five self-directed modules featuring voice-over presentations and downloadable learning materials. First launched in 2022, the programme is accredited for Continuing Professional Development (CPD) points by the Health Professions Council of South Africa and is available through the death certification training platform. More than 3 600 medical practitioners and students have registered across all learning platforms to date, with completion rates exceeding 65%.

To expand accessibility and uptake, BODRU piloted a mobile subscription version of the course through the EM Guidance platform during the reporting year, providing sponsored access to 435 of more than 1 000 subscribers. The course is also scheduled for launch on the National Department of Health's Knowledge Hub e-learning platform on 22 April 2026. These initiatives are expected to improve both uptake and completion rates nationally.

AI in Medical and Health Research

BODRU has a growing interest in applying artificial intelligence (AI) to improve the accuracy, efficiency, and timeliness of medical certification of cause-of-death coding and reporting systems.

The Unit is also collaborating with the Health Systems Research Unit and The George Institute on a project to co-create an integrated e-health intervention to address non-communicable diseases and sexual and reproductive health among adolescent girls and young women in rural South Africa. Developed through a participatory process involving a Youth Advisory Group, key stakeholders and community engagement activities, the project increasingly incorporates AI and data-driven technologies to strengthen healthcare delivery and decision-making.

Over the longer term, BODRU aims to explore the use of AI-enabled predictive modelling to identify emerging health priorities and forecast the potential impact of demographic transitions, migration, changing disease patterns and multimorbidity on the South African health system.



WHO-FIC Collaborating Centre meeting in Kigali, Rwanda.



Cochrane South Africa

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Overview of the Research Unit

Cochrane South Africa (CSA) is an Intramural Research Unit of the SAMRC. The Unit's current portfolios include Clinical Trial Registries, Methods Research, Pandemic Preparedness, Vaccine Implementation Research, Social and Behavioural Science, and Knowledge Translation.

CSA is part of the global Cochrane network, dedicated to synthesising and translating high-quality research evidence to support informed health decision-making. The unit plays a key role in strengthening evidence-based healthcare in South Africa and across the African region by producing systematic reviews, supporting guideline development, and building capacity among researchers, policymakers, and healthcare practitioners. CSA's work closely aligns with national health priorities and supports policy processes within the National Department of Health (NDoH) through ongoing engagement with key structures and committees.

The Unit hosts and manages two essential clinical trial registries that encourage trial transparency, regulatory oversight, and research accountability at both continental and national levels. These include the Pan African Clinical Trials Registry (PACTR), the only World Health Organization International Clinical Trials Registry Platform primary registry in Africa, which supports the registration and oversight of clinical trials conducted across the continent, and the South African National Clinical Trials Register (SANCTR), a national registry owned by the NDoH and mandated to supervise all clinical trials conducted in South Africa.

Overall, CSA continues to serve as a trusted source of independent evidence and methodological leadership, supporting equitable, ethical, and contextually relevant health decision-making at national, regional, and global levels.

Key Milestones and Achievements

During the 2025/2026 financial year, CSA continued to strengthen evidence-informed decision-making within the South African health system through high-quality evidence synthesis, focused training, and mentorship of novice reviewers.

One of the Unit's flagship initiatives was its partnership with the SAMRC's Health Systems Research Unit and the Stellenbosch University Centre for Evidence-based Health Care on the Evidence to Decision (E2D) project, a Department of Health-funded initiative. As part of this collaboration, CSA hosted a three-day Evidence to Decision Protocol Development Workshop to improve the quality and relevance of evidence synthesis used to inform national health



Cochrane SA staff exhibited the Cochrane library at the 17th International Aging Conference held in Cape Town.

decisions. This work directly supports processes for reviewing and updating the National Standard Treatment Guidelines and the Essential Medicines List. Participants included the Deputy Director of the Essential Drugs Programme (EDP) and members of the EDP Oversight Group within the Affordable Medicines Directorate of the NDoH. The EDP Oversight Group oversees the work of the ministerially appointed National Essential Medicines List Committee (NEMLC) and its Expert Review Committee.

CSA also strengthened strategic collaborations at continental and global levels. This included hosting a high-level delegation from the Africa Centres for Disease Control and Prevention to advance evidence synthesis and policy translation across Africa. Additional initiatives aimed at strengthening the Southern African Evidence Network included workshops hosted at the University of Zambia School of Medicine and participation in the 5th Cochrane Africa Indaba in Kenya.



Cochrane SA staff also supported knowledge exchange and professional development through participation in international evidence and knowledge translation forums

CSA scientists further contributed to international technical working groups and initiatives led by the World Health Organization. These included Dr Duduzile Ndwandwe's participation in WHO Regional Office for Africa (AFRO) immunisation meetings, Dr Anelisa Jaca's participation in the WHO Strategic Advisory Group of Experts (SAGE) Typhoid Working Group meetings, and Mr Ameer Hohlfeld's involvement in the International Guideline Training and Certification Programme (INGUIDE). These engagements reinforce CSA's role in addressing regional and global health evidence gaps and promoting the use of reliable evidence to improve population health outcomes.

Building Capacity Through Training, Mentorship, and Support

Capacity development remained a cornerstone of CSA's work during the 2025/2026 financial year, with a strong emphasis on promoting equity, dignity, and inclusion in health research and healthcare decision-making. The Unit implemented several initiatives to empower researchers, policymakers, and health system stakeholders with the skills needed to generate and use evidence responsibly and equitably.

CSA hosted and facilitated multiple workshops in evidence-based healthcare synthesis for postgraduate students, early-career researchers, and health sector decision makers from diverse institutions and provinces. These workshops emphasised practical, hands-on learning and supported participants in framing research questions grounded in real health system challenges. By strengthening methodological skills and understanding of evidence appraisal, CSA contributes to reducing inequities in who can produce and use high-quality health evidence. Particular attention was given to supporting participants involved in national policy processes, thereby enhancing the credibility and relevance of evidence used in decisions affecting population health.

CSA also supported knowledge exchange and professional development through participation in international evidence and knowledge translation forums. Staff exhibited the Cochrane Library at the 17th International Aging Conference held in



Cochrane SA hosts Africa CDC delegation to strengthen evidence synthesis and policy translation across Africa.

Cape Town in September 2025, where they also conducted a workshop for conference delegates. Members of the Knowledge Translation portfolio hosted a session on evidence-based reporting at the World Congress of Science Journalists in Pretoria in December 2025, highlighting the importance of accurate health reporting in strengthening public understanding of health research. In addition, CSA facilitated a workshop on evidence synthesis methods at the Cochrane Africa Indaba in Nairobi, Kenya. Collectively, these initiatives strengthened individual and institutional capacity, promoted inclusive participation in health research processes, and supported more equitable health outcomes by helping bridge the gap between complex scientific findings and public understanding.



Ameer Hohlfeld, a Senior Scientist at Cochrane South Africa speaking at the JBI Global Evidence Conference in Kochi, India.

AI in Medical and Health Research

CSA participated in a collaborative project with the Science Foundation for Africa to generate research evidence on the governance of artificial intelligence (AI) and related technologies, including data science, the Internet of Things (IoT), cloud computing, robotics, and drones. This collaboration culminated in the development of the report, *Governance of AI for Global Health in Africa: A Review of Policy and Regulatory Frameworks*, which addresses the urgent need for policy attention on the governance of AI applications in global health at national, regional, and international levels.



Government of AI for Global Health in Africa Report.

The report provides comprehensive empirical insights into the status of AI policy and regulatory frameworks for responsible and ethical AI use in health. It examines both the challenges and opportunities facing African countries in developing effective governance systems for AI adoption in healthcare, making it a valuable resource for policymakers, researchers, and stakeholders navigating the evolving AI landscape in Africa.

As the adoption of AI accelerates, strong governance frameworks will be essential to harness its potential in support of evidence-based healthcare, particularly in an era characterised by widespread misinformation. Looking ahead, advances in AI present opportunities to develop solutions tailored to African contexts, including language models capable of translating critical health information into African languages and improving equitable access to trustworthy evidence



Prof Mark Engel visit to the University of Zambia's School of Medicine.



Cochrane SA Systematic Review Protocol Development Workshop.





GloPID-R session at the EDCTP Forum.



Cochrane SA hosted a Knowledge Translation workshop aimed at strengthening a culture of research translation across the SAMRC.



Health Services to Systems Research Unit

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Overview of the Research Unit

The Health Systems Strengthening Unit (HSSU) operates within the multidisciplinary field of health policy and systems research, which examines how societies plan, manage and finance health services, as well as the roles and interests of different actors within health systems. Recognising that health systems determine whether interventions and reforms are effectively implemented, the HSSU's mandate is to conduct research and build research capacity on how actors, processes and contexts interact to shape the everyday functioning of health systems. Through approaches grounded in co-production, human-centred design and economic evaluation, the Unit generates evidence to strengthen health systems in South Africa and beyond.

Given the multi-actor and multi-level nature of health systems, the HSSU's work covers a wide range of interconnected themes. At local and district levels, the Unit concentrates on district health systems, primary health care, and community health systems, which are among the most decentralised parts of South Africa's public health sector and are vital for achieving universal health coverage, implementing the National Health Insurance Act, and advancing the Sustainable Development Goals. The Unit also examines policy processes and reforms at provincial, national, and global levels, producing evidence on health system governance and policy implementation. Additionally, the HSSU adopts a broader "systems for health" perspective, recognising that factors beyond healthcare influence health outcomes. This includes research on social determinants of health, intersectoral collaboration, gender transformation, and public health responses to emergencies.

Key Milestones and Achievements

In partnership with the University of Cape Town (UCT), North-West University and the North West Provincial Department of Health, the Unit is co-designing and trialling a novel Systems Leadership Development Programme, with a commitment from the province to scale up implementation based on the programme's outcomes.

Prof Tabana led a Wellcome Trust-funded evaluation of the "Let's Talk About Vaccines" project in Mozambique and Malawi, which applied human-centred design and community-based participatory research approaches to address barriers to childhood vaccination. The project generated several high-impact publications, including a "Paper of the Month" recognition in *BMC Research Involvement and Engagement*.

In collaboration with UCT and the Western Cape Department of Health and Wellness, the Unit completed a comprehensive review of the Healthcare 2030 Strategy (2016–2023), laying the foundation for a prospective evaluation of the strategy's implementation through to 2030.

Prof George and Dr Mary Kinney led a collaboration with African and global partners to undertake a health policy analysis of the Global Financing Facility. In 2025, findings from the project were disseminated through a Global Health Action journal supplement, a global policy dialogue convened by PMNCH on maternal and child health financing, and a range of policy-oriented dissemination outputs.

Prof George led the Gender Transformation for Africa (GT4A) Collaborative, comprising 14 partners across seven countries, to advance research on sexual and maternal health through peer learning and collaboration. This work culminated in a 2025 journal supplement and included a South African case study examining how male peer educators engage adolescent boys and young men in gender-transformative programming.

In 2025, Prof George was awarded a prestigious five-year National Institute for Health and Care Research (NIHR) grant for the Imarisha Research Consortium, anchored in South Africa (Khayelitsha), Tanzania and Burkina Faso, to address gendered workplace violence within the primary healthcare workforce.

Prof George and colleagues also co-convened a global consultation that informed the call for submissions for a journal supplement on Queering Health Systems, published by *Sexual and Reproductive Health Matters*.

Building Capacity Through Training, Mentorship, and Support

The Unit currently supervises postdoctoral fellows, PhD candidates and Master of Public Health (MPH) students. In addition, two pre-doctoral students are expected to enter the PhD programme in 2026.

As part of its broader capacity development efforts, the Unit hosted PhD students from across Africa for a writing retreat in Cape Town during 2025. The retreat was designed to strengthen in-person supervision and foster peer learning, collaboration and academic support.

Profs George and Tabana convene the research domain at the School of Public Health (SOPH), University of the Western Cape (UWC), which meets bi-monthly to promote research culture through activities such as journal writing support, proposal development for ethics review, and the dissemination of calls for papers and conferences.

Prof Tabana convenes two MPH modules – *Measuring Health and Disease and Health Economic Evaluation* – and co-developed the 2024 doctoral course on Global Sexual and Reproductive Health, convened globally through the Academic Network for Sexual and Reproductive Health and Rights Policy.

Through the Learning Partnerships for Gender Transformation project, NGO staff members and community facilitators participated in an ongoing reflective learning process exploring gender-transformative approaches within their programmes. Some NGO staff members co-authored academic papers arising from the project and presented lessons learned at conferences. The project also facilitated the participatory development of a glossary of gender-related terms in Afrikaans, isiXhosa and English, which has since been adopted as a resource by university departments working with youth.

AI in Medical and Health Research

The SALAD research project is developing accessible multimedia outputs, including videos and podcasts, by leveraging artificial intelligence (AI) tools such as ChatGPT and Gemini to translate complex research findings into engaging content for diverse audiences.

AI is also being applied within the Imarisha project to support data interpretation and was previously used to develop social media messaging for the Global Financing Facility initiative.

In addition, the UWC School of Public Health has adopted a developmental approach to AI, recognising it as an essential emerging digital literacy. AI is being integrated into teaching and learning, curriculum development, innovative assessment approaches and the transformation of written materials into multimedia resources that support diverse learning styles. Students are also guided to use these technologies ethically and responsibly through the School's dedicated frameworks for assignments and mini-theses.



Health Systems Research Unit

UNIT DIRECTOR:
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Overview of the Research Unit

The Health Systems Research Unit (HSRU) is dedicated to strengthening health and social-care systems in South Africa, throughout Africa, and globally through health-policy and systems research that promotes equity, transformation, Universal Health Coverage (UHC), and primary healthcare. The unit conducts multidisciplinary and intersectoral research across various levels of the health system, including the public and private sectors, health facilities, schools, communities, and across the entire life course.

HSRU's work is organised around several thematic areas:

Maternal, Newborn and Child Health

Research focuses on understanding health-system requirements for the optimal delivery of community and primary healthcare services for women, newborns and children.

Social Policy and Health

The unit investigates and strengthens social-protection interventions and policies that promote the health and wellbeing of children and their caregivers.

Health Economics

Using health-economics analytical tools, the unit contributes to evidence-informed decision-making on investments in health systems, including human resources, health programmes, interventions and services.

Evidence Synthesis and Knowledge Translation

The unit enhances healthcare decision-making systems to support UHC and the Sustainable Development Goals (SDGs) by conducting thorough evidence synthesis, methodological research, capacity building, and knowledge translation to guide health and social care policy and practice.

Sexual and Reproductive Health

Research in this area promotes equitable access to sexual and reproductive health and wellbeing services by advancing understanding of risk factors, vulnerabilities, barriers, and facilitators that influence access to services and programmes, while informing interventions and policy development.

During the 2025/2026 financial year, HSRU staff published peer-reviewed journal articles, World Health Organization (WHO) guidelines, and research briefs and reports. Staff also presented plenary sessions, oral presentations, posters and workshops at international conferences, as well as a plenary, oral presentations and posters at local conferences.

Key Milestones and Achievements

Health-system governance challenges, including fragmentation, weak accountability and limited managerial capacity, continue to impede the implementation of UHC reforms in South Africa. In partnership with The George Institute for Global Health, HSRU is addressing these challenges through a project that combines evidence synthesis with participatory priority-setting to identify key research priorities for health-system strengthening.

The Imagine project is a combination HIV-prevention intervention aimed at reducing HIV incidence and teenage pregnancy through the provision of PrEP and contraceptive services. The evaluation assessed the programme's impact on improving sexual and reproductive health outcomes among adolescents and young people.

The Safe SA project is evaluating the Safe SA Violence Prevention Programme, which seeks to reduce violence and lower HIV-related risk behaviours, sexually transmitted infections (STIs) and new HIV infections among young men and boys. Together, these studies are contributing to improved knowledge on sexual and reproductive health, increased service uptake, reduced stigma and lower STI and HIV infection rates among vulnerable groups.

The Global Evidence, Local Adaptation (GELA) project concluded in 2025 after successfully translating evidence into action in newborn and child health. The project produced four country-specific recommendations focused on preterm and low-birthweight care, enteral feeding, infection prevention and control, and community and post-discharge support. The project strengthened institutional capacity and policy sovereignty in sub-Saharan Africa, supporting the sustainability of equitable guidance and evidence-informed decision-making beyond the project period.



The HSRU and TGI hosted a Health Systems Governance Research Priority Setting workshop in August 2025.



The study, led by Prof. Tanya Doherty at the HSRU with colleagues at University of KwaZulu-Natal, evaluated the Strengthening Teamwork and Respect (STAR) intervention across nine district hospitals in KwaZulu-Natal.



Adolescent Symposium.

The Strengthening Teamwork and Respect (STAR) intervention is being implemented in nine district hospitals in KwaZulu-Natal. Guided by participatory learning and action theory, STAR includes champion identification and training, team development, collaborative learning sessions, project implementation and monitoring, and mentorship. The intervention is advancing the evidence base for improving respectful maternity care and strengthening cultures of teamwork and learning in rural maternity units in low- and middle-income countries (LMICs).

HSRU is also providing methodological support to the Council for Medical Schemes in the development of Prescribed Minimum Benefit definition guidelines aimed at standardising care, reducing variability across medical schemes, and ensuring equitable, evidence-based access to diagnosis, treatment and care for defined conditions.

Another significant achievement is Wanga Zembe-Mkabile's participation in the G20 Extraordinary Committee of Independent Experts on Global Inequality, which produced a report for South Africa's G20 Presidency.

Building Capacity Through Training, Mentorship, and Support

This period marked the completion of the Motherload Project, undertaken in collaboration with the University of Cape Town, the advocacy organisation Flourish, and the Western Cape Government. The project explored the intersecting vulnerabilities experienced by low-income mothers and their impact on maternal and child health and well-being outcomes. Findings from the study have informed the design of a Cash Plus Care pilot project by the Western Cape Government.



Some of the delegates who attended the 5th Cochrane Africa Indaba in Kenya.



The e-health project aims to address non-communicable diseases and sexual and reproductive health among adolescent girls and young women in rural South Africa.



The HSRU research further highlights the growing role of mobile-health technologies in supporting healthcare delivery.



The collaborating group between the SAMRC and The George Institute for Global Health.

Capacity-development initiatives within the sexual and reproductive health programme focused on strengthening both the research team and broader community engagement through workshops, stakeholder meetings and Youth Advisory Group sessions involving adolescents and youth, parents, teachers, nurses and community leaders. These initiatives promoted inclusive participation and shared decision-making.

Community-engagement activities, including a locally conducted radio interview on the Newcastle community radio station in the local language, enhanced public awareness of youth health issues and supported culturally relevant communication. Collectively, these efforts strengthened community trust, encouraged active youth participation in research design, and contributed to the development of equitable, youth- and person-centred health interventions that prioritise confidentiality, inclusivity and accessible care for all genders.

During 2025, the E2D Collaboration, a partnership between the National Department of Health (NDoH), the SAMRC and Stellenbosch University, was launched. The initiative embeds capacity-building through learning-by-doing approaches and sustained relationship-building among partners and national stakeholders. It has developed a training strategy and delivered evidence-informed decision-making (EIDM) training to NDoH committee members, researchers, students and health professionals.



Dr Wanga Zembe-Mkabile with President Cyril Ramaphosa during the delivery of the first ever report on global inequality to G20 leaders.



Health Systems team at the SA AIDS conference.

Overall, HSRU staff facilitated or hosted lectures, workshops and webinars during the reporting period. PhD and Masters students graduated under this unit's supervision.

In terms of public outreach, staff participated in 9 broadcast media interviews, produced 2 blogs, 1 video, and 1 podcast for social media platforms, and authored 21 print media articles.

AI in Medical and Health Research

The PAMHoYA Project was launched in 2025 as a pioneering mental-health data science initiative on the African continent. The project addresses the need for large-scale, standardised datasets to improve the accuracy and representativeness of mental-health research among young people and to reduce existing research gaps by pooling and harmonising South African datasets.

The E2D Collaboration is also exploring data-driven technologies to strengthen evidence-informed decision-making through the integration of AI-supported tools for evidence synthesis and the piloting of a REDCap database to support an evidence-response service. These innovations are improving efficiency, strengthening reviewer-capacity management and enabling real-time tracking of review progress.

GELA's four country-specific recommendations on newborn and child-health priorities were published in a transparent and digitally accessible format through the innovative MAGICapp platform.

Another initiative is the Integrated eHealth Study, which focuses on co-creating a unified digital platform to support information sharing and linkage to care for youth sexual and reproductive health and mental-health concerns.

HSRU is also involved in implementing NoviGuide, a clinical decision-support platform that translates evidence-based clinical guidelines into structured digital pathways to guide healthcare workers through patient assessment, diagnosis, and treatment, with a focus on STIs. The platform combines AI-enabled decision logic with real-time data capture and analytics.

The unit's research further highlights the growing role of mobile-health technologies in supporting healthcare delivery. A recent study found that the informal use of messaging applications by healthcare workers in South Africa is widespread and should be considered in the development of national digital health strategies.



RESEARCH PROGRAMME 5

PUBLIC HEALTH INNOVATION

PURPOSE OF THE PROGRAMME

To promote the improvement of health and quality of life (impact prevention of ill health, improvement of public health and treatment) in the Republic of South Africa through innovation, and technology development and transfer.

UNITS THAT CONSTITUTE THIS PROGRAMME

- Biomedical Research and Innovation Platform (IRU)
- Drug Discovery and Development Research Unit (ERU)
- Genomics Platforms (IRU)
- Herbal Drugs Research Unit (ERU)
- Pan African Centre for Epidemics Research Unit (ERU)
- Primate Unit and Delft Animal Centre (IRU)

PROGRAMME STRATEGIC OBJECTIVES

- To establish key modern technology (enabling) platforms to facilitate generation of new drug discovery knowledge through world-class applied research.
- To establish and manage research laboratories and facilities as state-of-the-art national research facilities for research and development.
- To train and mentor a new generation of high-quality postgraduate students and Postdoctoral Fellows in multi-disciplinary research, and in so doing, equip them to compete in the science and/or education sectors nationally and internationally.
- To strengthening research and development to build on and enhance public health innovation.
- To increase the body of scientific knowledge through research translation into products, patents, research papers, policy, practice and health promotion (including to the general public).
- To increase the number of health-care innovations and to produce patents based on new discoveries and new research methodologies.

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Biomedical Research and Innovation Platform (BRIP)

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Overview of the Research Unit

The Biomedical Research and Innovation Platform (BRIP) undertakes cutting-edge preclinical and clinical research focused on non-communicable diseases (NCDs), including obesity, diabetes, hypertension, cardiovascular disease, cancer, and related metabolic disorders. The Platform's strategic research areas include metabolic health; maternal and child health, including diabetes in pregnancy; the intersection of NCDs with infectious and mental health conditions; gut health; genomics and pathogen surveillance; and capacity development for research.

BRIP's work focuses on understanding disease mechanisms at the molecular and cellular levels, identifying biomarkers and therapeutic targets, and accelerating the development of improved diagnostics, prevention strategies, and treatments. A distinctive area of focus is the scientific evaluation of bioactive compounds derived from African Traditional Medicine, contributing to therapeutic discovery and innovation rooted in local biodiversity.

The Platform currently hosts over 50 active projects, including one intellectual property disclosure, and has produced peer-reviewed publications during the 2025/2026 financial year. Over the reporting period, BRIP achieved several important milestones, including securing provisional SANAS accreditation, leading national consortia in cancer and traditional medicine research, attracting external funding, hosting an annual scientific conference attended by more than 280 delegates, and contributing to national policy through chapters in the South African Clinical Practice Guideline for the Management of Obesity in Adults.

Key Milestones and Achievements

In the 2025/2026 financial year, BRIP focused on addressing the growing burden of metabolic disorders in Africa through the development of locally relevant therapeutics, biomarker discovery, and precision health strategies, with a strong emphasis on indigenous knowledge systems and disease pathophysiology.

A major challenge addressed during the year was the limited scientific validation and documentation of health claims associated with traditional products and locally sourced therapeutics. In response, BRIP conducted a SAHPRA-approved clinical trial in collaboration with traditional medicine practitioners, generating critical safety data to strengthen the scientific and regulatory pipeline for African Traditional Medicine and support future clinical translation and therapeutic innovation.

The Platform also advanced novel therapeutic approaches for diabetic cardiomyopathy, with cannabidiol demonstrating multi-target effects on inflammation and fibrosis. BRIP researchers further contributed directly to the 2025 South African

Clinical Practice Guideline for the Management of Obesity in Adults, informing key sections on epidemiology, pathophysiology, and clinical assessment, thereby strengthening the national evidence base for obesity policy and practice.

The OPTIMA project sought to identify early, modifiable biomarkers and develop personalised nutrition strategies for the prevention of type 2 diabetes (T2D). Additional studies examined the prevalence of metabolic dysfunction-associated steatotic liver disease (MASLD) and its association with T2D in a middle-aged African cohort. In a randomised controlled trial, BRIP assessed the effects of baobab fruit powder on gut permeability, cardiometabolic risk, and safety, with findings expected in 2026/27.

Maternal and child health research investigated diabetes in pregnancy and identified DNA methylation and serum biomarkers associated with adverse outcomes, supporting early risk prediction and improved clinical management. Collectively, this work contributes to the development of evidence-based nutritional and preventative interventions tailored to African populations.

BRIP's cancer research focused on identifying population-specific drivers of disease using multi-omics approaches in breast cancer research. This work advances precision oncology through the identification of epigenetically regulated pathways and biomarkers relevant to African populations.

Collectively, BRIP's research activities during 2025/2026 strengthened translational research pipelines, advanced locally relevant evidence-based interventions, and supported improved health outcomes across Africa.



Cohort4-Young professionals trained in the fourth impactful CSSFF-SAMRC program, catering to the specific needs of pharmaceutical manufacturing and research in Africa.



It is the OPTIMA (Omics approach to the personalized prevention of type 2 diabetes in African and European populations) meeting held in October 2025 including researchers from Sweden, Germany, and Ghana.

Building Capacity Through Training, Mentorship, and Support

BRIP continues to implement impactful capacity development initiatives to strengthen Africa's biomedical research workforce while promoting equity and inclusive participation in health innovation.

Capacity development remains central to BRIP's mandate. During the 2025/2026 financial year, the Platform graduated PhD and MSc students and trained interns through national academic and industry-linked programmes. BRIP maintains strong collaborative partnerships with universities, research councils, industry, traditional medicine practitioners, and international institutions across Africa, Europe, North America, and Oceania.

A flagship initiative is the SAMRC–Chan Soon-Shiong Family Foundation Biopharmaceutical Manufacturing Training Studentship Programme, which provided 20 interns with practical training in vaccine and biologics production, quality control, and regulatory processes. Designed to bridge the gap between academic learning and industry requirements, the programme achieved strong outcomes, with 76% of interns transitioning into roles in the biotechnology and pharmaceutical sectors.

BRIP further expanded its training footprint through the Centre for Advanced Training and Innovative Research (CATIR) programme, which

upskills postgraduate students from previously under-resourced institutions. 2 cohorts from Sefako Makgatho Health Sciences University and the University of Limpopo received hands-on training in modern molecular biology and genomics techniques, equipping 40 students with critical biomedical research skills.

BRIP's Annual Research Conference has grown into a major three-day scientific event attended by more than 280 delegates. The conference provides postgraduate students with an important platform to present their research to a broader scientific audience. Bursaries are awarded to the top 10 students from previously under-resourced institutions located outside Cape Town. The conference also features leading national and international speakers and promotes collaboration, networking, and knowledge exchange.

Complementing these initiatives, BRIP hosted a three-day cheminformatics workshop as part of the AfricaBP regional workshop series, focusing on computational drug discovery, as well as a two-day introductory bioinformatics workshop providing practical training in genomic data analysis.

BRIP also maintains a strong postgraduate support environment. During the reporting period, PhD and MSc students graduated under BRIP supervision, including students from previously under-resourced institutions. BRIP scientists currently supervise numerous MSc and PhD candidates, reflecting the Platform's ongoing commitment to inclusive research capacity development and transformation within South Africa's health research system.

AI in Medical and Health Research

BRIP is actively integrating artificial intelligence (AI) and data-driven technologies to enhance health research, innovation, and evidence-based decision making. The platform utilises machine learning methods and data-intensive analytical pipelines across various research fields, including high-resolution imaging combined with computational image quantification, high-throughput sequencing, and advanced bioinformatics and cheminformatics workflows.

BRIP also employs molecular profiling and other omics-based approaches to generate large, complex datasets that support biomarker discovery through machine learning models. In addition, the Platform is developing data-driven environmental health monitoring systems to track and analyse health-related exposures. Together, these technologies enhance BRIP's ability to extract meaningful insights from complex datasets, accelerate therapeutic discovery, and support improved evidence-based health interventions and policy development.



BRIP's Annual Research Conference has grown into a major three-day scientific event attended by more than 280 delegates.



Drug Discovery and Development Research Unit

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Overview of the Research Unit

The Research Unit is focused on advancing early-stage medicines discovery through innovative preclinical research to address some of Africa's most pressing infectious disease challenges. Its core disease focus areas include malaria, tuberculosis (TB), and antibiotic-resistant microbial infections, and it contributes directly to efforts to combat antimicrobial resistance (AMR). Through this work, the Unit plays a critical role in health innovation by translating basic scientific discoveries into potential new therapeutic interventions that can improve health outcomes in South Africa and across the African continent.



Prof. Kelly Chibale with Dr Mohamed A. El-Erian, then President of Queens' College, University of Cambridge at the award ceremony in Cambridge, UK.

South Africa continues to face a growing burden of infectious diseases, the resurgence of longstanding public health threats such as TB and bacterial infections, and the increasing prevalence of chronic non-communicable diseases. These challenges have significant implications for both public health and socio-economic development. In response, the Unit's research agenda is specifically designed to support national and continental research and development priorities by identifying and developing novel medicines candidates for diseases that disproportionately affect African populations.

The Unit integrates multidisciplinary scientific approaches and advanced technology platforms to accelerate the discovery and optimisation of promising drug leads suitable for progression toward clinical development. In addition to research excellence, the Unit is committed to strengthening Africa's medicines discovery ecosystem by developing specialised infrastructure and innovative technology platforms, and by training a critical mass of highly skilled scientists capable of driving future biomedical innovation on the continent.

Key Milestones and Achievements

A major focus of the Unit's research has been the integration of multiple scientific disciplines to identify high-quality drug leads for optimisation into potential clinical candidates. One of the Unit's notable achievements has been in the area of drug repurposing – the strategic investigation of existing medicines as potential therapies for different diseases – to shorten the lengthy, costly drug discovery process.

The Unit successfully explored similarities in how certain anticancer drugs and antimalarial therapies target kinase enzymes in cells. Building on this

rationale, researchers investigated the potential repurposing of the anticancer kinase inhibitor berzosertib for the treatment of malaria. Using preclinical studies in humanised mouse models infected with Plasmodium falciparum, alongside advanced physiologically based pharmacokinetic modelling, the Unit demonstrated that predicted efficacious doses for malaria treatment were significantly lower than the clinically established maximum tolerated doses used in cancer therapy. This work provided strong evidence supporting the feasibility of repurposing berzosertib as a novel antimalarial candidate.

Building Capacity Through Training, Mentorship, and Support

The Unit has also played a vital role in enhancing scientific capacity across Africa. It has organised and hosted workshops on preclinical drug discovery and the use of artificial intelligence (AI) in drug discovery in South Africa, Zambia, Kenya, and Ghana. These workshops attracted hundreds of participants from across the continent and helped strengthen regional expertise in advanced biomedical research methodologies.



Dr. Mandy Mason, Dr. Zaahida Sheik-Ismail, Ferdinand Ndubi received their "Best Poster Award".

In partnership with the Gates Foundation and CP+ Associates, the Unit further established a mentorship programme to support mid-career scientists within both the Unit and the Grand Challenges African Drug Discovery Accelerator (GC ADDA) network. Through this initiative, participants received mentorship from experienced industry professionals in areas including scientific leadership, communication, career development, research responsibility, and professional growth.

The Unit has additionally strengthened continental collaboration by hosting visiting researchers from institutions including the University of Limpopo, the University of Venda, the University of Zambia, the University of Ghana Noguchi Memorial Research Institute, and the Kwame Nkrumah University of Science and Technology (KNUST).



"AI2050 AI/ML Tools for Drug Discovery" 3-Day workshop co-hosted by H3D-Foundation with Ersilia in Nairobi, Kenya.

Artificial Intelligence in Medical and Health Research

Artificial intelligence has become a vital part of the Unit's research strategy, especially in speeding up drug discovery and optimising drug dosing. The Unit has utilised in-house datasets to create AI-driven models that support essential decision-making in medicines discovery. Early results have shown that AI can boost operational efficiency by at least 40%, while greatly lowering the costs linked to drug discovery in Africa, representing a significant advancement for resource-limited settings. This innovative work was published in the esteemed journal Nature Communications in 2023.

The Unit has also applied AI to precision medicine approaches to tailor drug dosages for African populations. This research investigates how genetic diversity contributes to variability in drug exposure, efficacy, and safety for medicines used to treat malaria and TB. The findings have shown how AI can optimise dosing regimens for African patients, supporting safer, more effective treatment strategies. This work was also published in Nature Communications in 2025.





Genomics Platform

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Overview of the Platform

The Genomics Platform is an advanced research and service laboratory established in 2019 to promote genomic science and personalised medicine in South Africa and throughout Africa. It was created to fill critical gaps in local sequencing capacity and to lessen dependence on international genomic service providers.

As a purpose-built next-generation sequencing (NGS) facility, the Platform produces large-scale multi-omics datasets and supports vital areas of biomedical research, including genomics, transcriptomics, epigenomics, and metagenomics. These capabilities enable in-depth exploration of genetic variation, gene regulation, and disease mechanisms in African populations, which remain significantly underrepresented in global genomic datasets.

The Platform operates through two integrated components: a service arm and a research arm. The service arm provides affordable, high-quality sequencing services to academic, clinical, and commercial partners, while the research arm drives scientific discovery, fosters strategic collaborations, and builds local expertise in genomics and bioinformatics. A central objective is to broaden equitable access to advanced genomic technologies for African researchers.

Since its inception, the Platform has significantly expanded its technical capacity, processing thousands of samples and contributing to research in infectious diseases, rare genetic disorders, biodiversity, and population genomics. It also supports large-scale genome sequencing initiatives to generate African reference genomic datasets.

Capacity development is a fundamental pillar of the Platform's mandate. Through training programmes, internships, and collaborative research, the Platform enhances scientific skills, promotes data sovereignty, and supports the growth of a highly skilled African genomics workforce. This work solidifies South Africa's leadership in genomic innovation and contributes to better health outcomes across the continent.

Key Milestones and Achievements

During the 2025/2026 financial year, the Genomics Platform focused on advancing data-driven genomics to strengthen public health, clinical diagnostics, and biomedical research across Africa. A key priority was enhancing infectious disease surveillance through the Wastewater Surveillance and Research Programme (WSARP), which monitors SARS-CoV-2 in wastewater systems. In collaboration with the Environment and Health Research Unit, the Platform integrated wastewater signals with clinical case data to develop AI-driven predictive models for infection forecasting, enabling early-warning capabilities even as routine clinical testing declined.

In parallel, the Platform expanded the application of artificial intelligence across genomic workflows. Machine learning models were developed to improve interpretation of cancer-associated variants by integrating mutation profiles, gene expression data, CRISPR dependency screens, and drug response datasets. Focusing on key oncogenes and tumour suppressors such as TP53 and KRAS, this work advances precision oncology by identifying mutation-specific therapeutic vulnerabilities. Efforts to incorporate African genomic datasets also help reduce algorithmic bias and improve clinical relevance in diverse populations.

AI-enabled tools and large language models were further used to optimise bioinformatics pipelines, improving efficiency and reproducibility. In addition, the DeepFASTQ framework enhanced sequencing quality control through genomic language modelling, reducing error rates and shortening analytical turnaround times.

The Platform also contributed to antimicrobial resistance research through the AMRoots project, deploying a field-based laboratory in 2025 to enable real-time DNA extraction and portable sequencing in livestock communities. In biodiversity genomics, the Platform led the Southern African Node of the Africa BioGenome Project, including the sequencing of *Helichrysum odoratissimum* – the first chromosome-level genome assembly of a plant species generated in Africa.

A benchmarking RNA-Seq study provided independent validation of the Platform's automated, high-throughput workflows, confirming that they generate robust and reproducible data suitable for tuberculosis biomarker research. This strengthens confidence in the Platform's technical capabilities and positions it as a trusted partner for large-scale translational studies.



The ONT Training SAFARI initiative.

Through initiatives such as DDD-Africa and the ITP programme, the Platform is addressing gaps in access to genomic diagnostics and specialist expertise. These programmes integrate sequencing, deep phenotyping, AI tools, and capacity development to improve diagnostic yield, support clinical care, and enable sustainable implementation of genomic medicine in resource-limited settings.

Building Capacity Through Training, Mentorship, and Support

Capacity development remained a strategic priority for the Genomics Platform in 2025/2026, with a strong focus on strengthening technical expertise, supporting postgraduate training, and enhancing workforce readiness in genomics and precision medicine.

In partnership with DIPLOMICS, the platform continued to deliver a structured internship programme designed to develop practical skills in next-generation sequencing (NGS) and Good Laboratory Practice (GLP). The programme offers graduates hands-on experience in essential molecular biology techniques, including sample quality control, nucleic acid extraction, and sequencing library preparation. Interns are integrated into active laboratory workflows, gaining exposure to high-throughput sequencing processes and enhancing both technical skills and employability.

The Platform also maintains an open-access training model for postgraduate students and postdoctoral fellows. While outsourcing sequencing services may offer efficiency advantages, it limits direct technical exposure. To address this, students whose samples are processed through the Platform are encouraged to observe and, where appropriate, participate in relevant workflows. This approach enhances experiential learning while maintaining access to advanced technologies, interdisciplinary research environments, and structured mentorship.

Staff development is reinforced through ongoing ISO-aligned training programmes, ensuring adherence to international quality standards and best practices in laboratory operations, data management, and quality assurance. In addition, the Platform hosted an Oxford Nanopore Technologies sequencing "Safari," training 13 students in DNA preparation and real-time sequencing using ONT platforms, providing exposure to portable and emerging sequencing technologies.

Postgraduate training remains central to the Platform's capacity-building mandate, with a strong emphasis on supporting historically disadvantaged individuals. MSc and PhD students are actively engaged in research areas such as AI-driven genomics, infectious disease surveillance, and rare disease research.

AI in Medical and Health Research

The Genomics Platform is actively integrating artificial intelligence (AI) to advance health research, disease surveillance, and data-driven decision-making.

In collaboration with the Biomedical Research and Innovation Platform and the Environmental Health Research Unit, the Platform contributes to the WSARP Programme, which monitors SARS-CoV-2 circulation through wastewater surveillance. Building on this foundation, AI-driven predictive models have been developed that integrate wastewater data with clinical case information to analyse trends and forecast infection dynamics, thereby strengthening early-warning systems and supporting proactive public health responses.

In genomics, machine learning is applied to improve the interpretation of cancer-associated variants. By integrating mutation profiles, gene expression data, CRISPR gene-dependency screens, and drug response datasets, the Platform identifies mutation-specific therapeutic vulnerabilities in key cancer drivers such as TP53 and KRAS. This supports precision oncology and enhances the identification of clinically relevant treatment targets.

Ongoing work also focuses on evaluating model performance using African genomic datasets to reduce bias and improve the generalisability of AI tools across diverse populations.

In rare disease research, DDD-Africa is leveraging AI tools such as Face2Gene through the DSI-Africa grant to improve diagnostic outcomes in settings with limited access to clinical genetic expertise. Complementary initiatives are combining long-read Oxford Nanopore sequencing with AI-based analytical approaches to investigate unsolved developmental disorder trios, with a focus on structural variation, complex genomic regions, and episignatures.

In addition, large language models are being applied to optimise bioinformatics workflows, while tools such as Franklin (Genoox) support variant interpretation. The DeepFASTQ framework further enhances sequencing data quality by applying genomic language models to FASTQ files, improving error detection, reducing turnaround times, and strengthening the reliability of genomic analysis in South Africa.



The SAMRC is driving genomic sovereignty in Africa through its Genomics Platform and partnerships with projects like the AfricaBP.



Herbal Drugs Research Unit

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Overview of the Research Unit

The SAMRC Herbal Drugs Research Unit is dedicated to advancing South Africa's indigenous botanical resources through modern scientific research and innovation. Its primary vision is to unlock the socio-economic potential of South Africa's rich biodiversity by transforming medicinal plants into safe, effective, and commercially viable products that benefit public health and contribute to sustainable economic growth. Through the application of advanced technologies, the Unit supports the development and strengthening of the herbal medicines sector in South Africa.

A central focus of the Unit is promoting quality, safety, and efficacy (QSE) in herbal medicines. Through rigorous scientific investigation of both new and established herbal products, the Unit generates evidence-based information that supports consumer safety, informs regulatory decision-making, and contributes to the growth and credibility of the herbal medicines industry. Its work spans phytochemistry, pharmacology, toxicology, pharmacokinetics, and quality assurance, ensuring that herbal medicines are evaluated according to internationally accepted scientific standards.

The Unit also plays a vital part in capacity development, research output, and postgraduate training. By integrating with pharmacy and pharmaceutical sciences programmes, it supports higher education and skills enhancement by creating pathways from undergraduate studies to master's and doctoral research. Students and emerging researchers receive multidisciplinary training that prepares them with technical and scientific expertise applicable to academia, regulation, and the pharmaceutical industry.

Overall, the Unit remains highly relevant in addressing the challenge of responsibly harnessing South Africa's rich biological resources to develop high-quality herbal medicines supported by sound scientific evidence, while contributing to innovation, public health protection, and socio-economic development.

Key Milestones and Achievements

The Unit's primary research objectives included:

- conducting phytochemical profiling of medicinal plants to identify bioactive compounds linked to therapeutic activity;
- validating traditional medicinal claims using modern pharmacological assays;
- developing quality-control protocols for herbal raw materials to improve product consistency and reliability; and
- evaluating toxicity profiles and pharmacokinetics to ensure public safety.

Several important research projects were completed in support of these objectives. Toxicity studies on *Eucomis autumnalis* and *Merwilla plumbea* using in vivo zebrafish embryotoxicity models addressed safety concerns regarding widely used traditional medicines. Safety evaluation remained a key priority through in vitro cytotoxic, genotoxic, and multi-parameter hepatotoxicity testing of selected South African medicinal plant extracts, helping to identify potential adverse effects before wider public use.

Research investigating the neuroprotective and neurorestorative effects of *Mesembryanthemum tortuosum* in a Parkinson's disease zebrafish larvae model addressed the growing burden of

neurodegenerative disorders and the limited availability of effective treatments. Positive findings from this work may support the future development of plant-based therapies for neurological diseases. Related studies examined the effects of light, salt, and osmotic stress on plant growth and mesembrine-type alkaloid production in vitro, contributing to the optimisation of cultivation conditions for improved yields of valuable bioactive compounds.

The Unit also investigated the interactive efficacy of limonene enantiomers, generating new insights into how natural compound stereochemistry influences biological activity. This work has potential applications in pharmaceutical development and in the innovation of essential oil products. Additional research isolated catechin, taxifolin, and proanthocyanidin derivatives from Entada *elephantina rhizomes* and assessed their antimicrobial activity, supporting the search for novel anti-infective agents.

Phytochemical profiling and chemotypic variation studies of *Lobostemon fruticosus*, various *Oncosiphon* species, and *Bulbine* species addressed the challenge of inconsistent plant chemistry resulting from geographic, genetic, and interspecies variation. These studies are particularly important where multiple plant species are traditionally used interchangeably for similar medicinal applications, as they support accurate species identification, prevent inappropriate substitution, and contribute to the establishment of quality standards for reproducible therapeutic products.

Collectively, these projects advance evidence-based herbal medicine, natural product innovation, and public health protection.

Building Capacity Through Training, Mentorship, and Support

The Unit implemented several capacity-building initiatives to strengthen research skills, promote transformation, and advance equity in health research. A major focus was on postgraduate training and mentorship to develop a skilled, inclusive scientific workforce.

The Unit successfully graduated postgraduate students, comprising PhD and MSc graduates from Tshwane University of Technology and North West University, contributing to advanced expertise in pharmaceutical sciences and pharmaceutics. It also maintained a robust research training pipeline, including postdoctoral fellows, doctoral students, and master's students. Female trainees represented more than 70% of the cohort, reflecting the Unit's strong commitment to gender equity and the empowerment of women in science.

Staff development and transformation were further strengthened through the inclusion of new core members, namely Dr Carmen Leonard, Dr Tsholofelo Mapeka, and Ms Christel Hanson, contributing to a more diverse and inclusive research environment. Mentorship and research support continue to be provided to strengthen career development and scientific productivity.

Targeted training initiatives further enhanced technical and interdisciplinary capacity. An *Introduction to Cheminformatics in Drug Discovery* course equipped postgraduate students and postdoctoral fellows with practical skills in protein modelling, molecular docking, and predictive pharmacokinetics, enabling them to integrate computational and experimental approaches in drug discovery research.

The Unit also hosted a *Computational Metabolomics Workshop* for postgraduate students and natural product scientists from several South African universities, as well as an industry partner. The workshop provided practical training in molecular networking using the GNPS ecosystem and in silico annotation tools such as SIRIUS, strengthening participants' ability to analyse and interpret complex LC–MS datasets.

Overall, these initiatives enhanced technical competence, research efficiency, and interdisciplinary expertise, while promoting transformation, equity, and the development of a highly skilled scientific workforce in herbal drug discovery and natural products research.



Pan African Centre for Epidemics Research Unit

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Overview of the Research Unit

The SAMRC/UJ Pan African Centre for Epidemics Research (PACER) Extramural Unit is dedicated to generating cutting-edge epidemiological and public health evidence to strengthen equitable and sustainable responses to HIV, local epidemics, and future pandemics across the African continent.

PACER's scientific focus is centred on closing critical gaps in the HIV response, particularly among vulnerable and key populations disproportionately affected by HIV transmission and poor health outcomes. The Unit conducts innovative, ambitious, and data-driven studies that leverage large and heterogeneous datasets from programmatic, research, and auxiliary sources to better understand disease patterns, transmission dynamics, service utilisation, and treatment outcomes.

The Unit employs advanced analytical techniques, including big data analytics, machine learning, predictive modelling, transmission modelling, integrated analyses, small area estimation, and longitudinal and cross-sectional epidemiological methods. Through these techniques, PACER develops evidence-based strategies that support tailored HIV prevention, treatment, and care interventions sensitive to population diversity and local epidemic contexts.

In addition to HIV research, PACER contributes to broader epidemic preparedness and health systems strengthening. The Unit investigates the direct and indirect impacts of epidemics such as COVID-19 on healthcare delivery and continuity of HIV services, particularly among key populations. Its work supports efforts to improve service utilisation, reduce morbidity and mortality, strengthen healthcare systems, and inform public health policy and implementation strategies.

PACER is also advancing the application of artificial intelligence (AI) and data science in health research through initiatives focused on predictive analytics, health inequalities, and evidence-informed decision-making. The Unit's work contributes to strengthening Africa's capacity in epidemiology, public health intelligence, and pandemic preparedness, while supporting progress towards the UNAIDS 95-95-95 targets and Sustainable Development Goals.

Key Milestones and Achievements

The SAMRC/UJ PACER EMU has significantly contributed to epidemiological and public health research aimed at enhancing responses to HIV and future pandemics. The Unit's research centres on understanding local epidemics, their immediate and broader impacts, and bolstering preparedness for upcoming public health emergencies.

A major focus has been examining the impact of COVID-19 on HIV prevention, treatment, and care services among key populations. PACER conducts studies that characterise and measure disruptions to HIV services and identify strategies to maintain continuity of care and enhance service delivery within primary healthcare systems.

The Unit has also advanced research on vulnerable and key populations that are often underrepresented in health data due to barriers related to stigma, discrimination, violence, and limited healthcare access. By leveraging existing datasets and applying big data analytics and machine learning techniques, PACER generates

evidence to improve HIV prevention and treatment cascades and support progress towards the global 95-95-95 HIV targets.

PACER's work has contributed to improved understanding of HIV service utilisation patterns, informed evidence-based policy development, and strengthened partnerships with HIV programme implementing organisations. Through collaborative research and integrated data analyses, the Unit continues to support interventions aimed at reducing HIV transmission, morbidity, and mortality in South Africa and the broader African region.

Building Capacity Through Training, Mentorship, and Support

PACER is committed to strengthening epidemiological and public health research capacity through postgraduate training, mentorship, skills transfer, and research leadership development. The Unit supports postgraduate students, staff members, and collaborating data partners through a range of capacity-building initiatives focused on epidemiology, AI, big data analytics, and public health research.

PACER currently supports PhD candidates in Public Health whose research focuses on applying machine learning to assess trends, patterns, and drivers of HIV prevention and treatment uptake among marginalised populations. This work contributes to South Africa's transformation agenda, the National Development Plan 2030, and the United Nations Sustainable Development Goals.

PACER researchers, students, and collaborators have presented conference papers at national and international scientific platforms, including the National Big Data Health Sciences Conference in Columbia, the World Congress of Epidemiology in South Africa, and the Annual National Research Data Workshop. These presentations have highlighted the application of machine learning and big data analytics in HIV and public health research.

The Unit has published more peer-reviewed scientific papers on the application of machine learning and advanced analytics to HIV prevention and treatment research. These outputs have been led by postgraduate students, staff members, and collaborating data partners, demonstrating PACER's commitment to research excellence and capacity development.



Women's heath project launch meeting.

PACER researchers received recognition for excellence in scientific communication when the Research Manager and a PhD student were awarded best oral and poster presentation prizes at the National Big Data Health Sciences Conference hosted by the University of South Carolina in February 2026.

PACER has established multiple data partnership agreements with HIV programme implementing organisations, including AIDS Foundation of South Africa (AFSA), NACOSA, The Aurum Institute, and Perinatal HIV Research Unit (PHRU). Through these partnerships, the Unit has co-authored publications, co-presented conference papers, and co-supervised postgraduate students involved in HIV and big data analytics research.

PACER staff and students recently completed training in SAS Workflows and Generative AI in Healthcare during the National Big Data Health Sciences Conference hosted by the University of South Carolina. The training strengthened the team's capabilities in no-code health data analytics workflows, generative AI applications, and ethical AI use in healthcare research.

AI in Medical and Health Research

The SAMRC/UJ Pan African Centre for Epidemics Research is actively applying artificial intelligence (AI) and advanced data-driven technologies to strengthen health research, innovation, and evidence-informed decision-making.

Through the SAMRC Research Capacity Development-funded Boloka Data Repository Initiative, PACER utilises large and diverse HIV datasets related to key populations to harmonise, integrate, and analyse data from multiple sources. Advanced analytical techniques, including machine learning and predictive modelling, are employed to forecast HIV prevention, treatment, and care outcomes; pinpoint high-risk populations and geographic hotspots; and support customised, data-driven models of care. These methods help optimise the HIV care cascade and promote progress towards epidemic control in sub-Saharan Africa.

Beyond HIV research, PACER applies AI and big data analytics to broader public health challenges. The Women's Health Project, funded by the Bill & Melinda Gates Foundation, uses supervised machine learning and integrated national datasets to investigate the complex and intersecting drivers of women's health inequalities and multimorbidity. The project supports the development of advanced analytical models to inform health research, policy, and intervention planning.

PACER has disseminated its AI and data science research through peer-reviewed publications and presentations at national and international scientific conferences. In collaboration with the University of South Carolina, PACER will host the National Big Data Health Sciences Conference in South Africa in November 2026, further strengthening South-South and South-North collaboration and advancing Africa's contribution to global health data science and epidemic research.



Primate Unit and Delft Animal Centre

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Overview of the Research Unit

The Primate Unit and Delft Animal Centre (PUDAC) is a research facility registered with the South African Veterinary Council (SAVC), dedicated to promoting health through high-quality, ethical preclinical research. Operating in accordance with national regulations and standards, including SANS 10386: 2021, the facility maintains the highest standards of animal welfare and scientific integrity in all its activities.

PUDAC supports the development of new drugs and vaccines targeting major global health challenges, including HIV/AIDS, infectious diseases, and non-communicable diseases (NCDs). Through partnerships with local and international research institutions, the centre contributes to innovations with the potential to improve public health outcomes both in South Africa and worldwide. Ongoing investment in infrastructure and service delivery further underpins its long-term sustainability and competitiveness.

The facility contains specialised animal resources, including captive-bred rhesus macaques for HIV/AIDS vaccine research and vervet monkeys for metabolic and non-communicable disease studies. PUDAC also supports research with additional resources, such as a horse herd for blood products and access to rodent models for early-stage research and training initiatives.

Through ongoing infrastructure upgrades and the expansion of research capabilities, PUDAC continues to strengthen its role as a key platform for translational science. Current initiatives include advancing HIV research models and developing diet-induced disease models, thereby broadening opportunities for collaboration and impact across the biomedical research landscape.

Key Milestones and Achievements

During the 2025/2026 fiscal year, PUDAC focused on strengthening its research capacity, infrastructure, and strategic collaborations to advance biomedical sciences and support impactful health research. A primary goal was upgrading research facilities to meet regulatory standards and enhance experimental capabilities. Notable initiatives included completing Animal BSL-2 renovations for Species 1, beginning the second phase of ABSL-2 for Species 2, and expanding the rodent research facility with auxiliary spaces and a second HVAC system to ensure optimal environmental conditions. Additionally, outdoor enclosures for vervet monkeys were constructed to promote natural behaviours



PUDAC staff members receiving training on laboratory safety and compliance workshop.

and improve animal welfare, while repairs and refurbishments of rhesus macaque outdoor enclosures were initiated to ensure continued compliance. To further support high-quality research, dedicated HVAC systems were installed in immunology, vaccinology, and molecular biology laboratories, fostering controlled environments essential for advanced research.

Simultaneously, PUDAC advanced several key research projects targeting critical health issues. Research on African Traditional Medicines (ATMs) examined their effects on cardiovascular diseases, aiming to identify therapeutic interventions to address the rising burden of non-communicable diseases (NCDs).

Complementary studies focused on identifying inhibitors of Cathepsin S using in vitro models, contributing to the development of novel treatment strategies supported by publishable findings. Another significant project examined the impact of helminth infections on the efficacy of HIV vaccine candidates, in collaboration with the University of Cape Town. Using rhesus macaque models and Schistosoma mansoni as a prototype helminth, the study evaluated how co-infections influence immune responses and vaccine effectiveness. Advanced techniques, including next-generation RNA sequencing, characterised transcriptional profiles and identified key immunological pathways affected by helminthic parasites.



Vevo F2 ultrasound imaging system for small an large laboratory animals.

These findings are expected to deepen understanding of how helminth infections modulate immune responses and may guide the optimisation of HIV and other vaccines, especially in regions where helminth infections are endemic.

Overall, these efforts have strengthened PUDAC's research platform, enhanced its contribution to translational science, and improved prospects for collaborative research and sustainable funding. The strategic infrastructure upgrades and targeted health research initiatives position PUDAC to effectively tackle urgent health challenges while expanding its scientific impact and international partnerships.

Building Capacity Through Training, Mentorship, and Support

Capacity and skills development at PUDAC remains a key priority, with a strong focus on empowering both staff and emerging researchers while promoting equity and dignity in health research. This commitment is reflected in sustained investment in postgraduate training, skills development, and professional advancement. During the reporting period, a PhD student successfully graduated, contributing valuable new knowledge to biomedical research. A second PhD candidate submitted her thesis for examination, while a third is in the final write-up stage. These achievements highlight PUDAC's role in developing highly skilled researchers and fostering an inclusive academic environment that supports knowledge generation and transformation. Through collaborations with academic institutions, the unit continues to create opportunities for students from diverse backgrounds to participate meaningfully in advanced scientific research.

In parallel, PUDAC invested in the professional development of its technical staff. Six staff members were enrolled in the Institute of Animal Technology (IAT) training programme through Cambridge, with three successfully completing the Level 2 Diploma during the reporting period. This specialised training strengthens competencies in laboratory animal care, welfare, and research support, reinforcing ethical research practices and ensuring that animal use is conducted with respect, care, and scientific responsibility.

These initiatives collectively build local capacity and advance equitable participation in health research by equipping individuals with critical skills and



Laboratory technologist and technician preparing for Real-Time PCR.

qualifications. By strengthening both academic and technical expertise, PUDAC supports a research culture grounded in ethical integrity, inclusivity, and respect for both researchers and research subjects.

Overall, PUDAC's capacity development efforts enhance scientific excellence while contributing to the broader goal of promoting equitable and dignified health research in South Africa and across the continent.

AI in Medical and Health Research

PUDAC is actively working to integrate artificial intelligence (AI) and data-driven technologies into its long-term strategy to improve biomedical research, innovation, and evidence-based decision-making. While a formal framework is still being developed, the facility is laying essential groundwork to support scalable and responsible AI adoption. A key milestone is the acquisition of advanced imaging technologies, such as the Vevo F2 system, which produces high-resolution datasets suitable for machine learning analysis. These capabilities enable automated quantification of biological processes, including tissue morphology, functional assessments, and early disease detection. To build internal expertise, targeted training of senior animal technologists is underway, equipping staff to interpret complex data and incorporate AI insights into research workflows.

As PUDAC expands its research portfolio-covering SHIV/SIV challenge models and diet-induced non-communicable disease (NCD) models-the importance of a robust data infrastructure has become evident. Current efforts focus on enhancing



PUDAC staff at the 2025 International Society for Vaccines annual congress.

digital data management systems, standardising data collection, and improving data quality. These steps are essential for enabling advanced AI applications such as predictive modelling, pattern recognition, and increasing the reproducibility of preclinical studies. Looking forward, PUDAC intends to implement AI-driven platforms for real-time monitoring of animal health and welfare, optimise facility operations through predictive maintenance, and enhance research efficiency. The facility remains dedicated to aligning technological progress with ethical principles, ensuring responsible, transparent, and equitable health research. Collectively, these initiatives position PUDAC to become a data-centric research platform capable of harnessing AI to promote scientific excellence and innovation.

RESEARCH PROGRAMME 6

BIOMEDICAL RESEARCH

PURPOSE OF THE PROGRAMME

To conduct basic research, applied research and transactional research to determine predisposition to disease. This understanding is important for planning effective intervention and disease control.

UNITS THAT CONSTITUTE THIS PROGRAMME

- Antiviral Gene Therapy Research Unit (ERU)
- Cardiometabolic Health Research Unit (ERU)
- Genomics of Brain Disorders Research Unit (ERU)
- Platform for Pharmacogenomics Research and Translation Research Unit (ERU)
- Precision Oncology Research Unit (ERU)
- Wound and Keloid Scarring Translational Research Unit (ERU)

PROGRAMME STRATEGIC OBJECTIVES

- To generate scientific knowledge in the field of biomedical science, which will provide insights into various diseases of national priority. This in turn will lead to novel diagnostic, preventive and therapeutic strategies.
- To undertake original research of high quality, which will provide novel insights into acute and chronic inflammatory diseases of national priority, thus leading to novel diagnostic, preventive and therapeutic strategies.
- To train and mentor high-quality postgraduate students who are able to compete in the science, health and/or education sectors locally and abroad.
- To strengthen biomedical research through a policy of enabling researchers from other academic institutions to have access to sophisticated laboratory equipment and supervision. In addition, to provide assistance to national research funding agencies with respect to evaluating applications for research funding.
- To translate research data into policy and practice regarding prevention, diagnosis, treatment and management of diseases.
- To develop and test biomedical innovations that will address various conditions.
- To develop health-care management systems and plan a 'gene therapy' intervention programme for retinal degenerative diseases.

RESEARCH HIGHLIGHTS UNDER THIS PROGRAMME



Antiviral Gene Therapy Research Unit

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Overview of the Research Unit

The SAMRC/Wits Antiviral Gene Therapy Research Unit (AGTRU), established in 2015, focuses on developing nucleic acid-based therapies and vaccines to address major diseases affecting sub-Saharan Africa. Initially centred on gene-silencing and gene-editing therapeutic strategies, the Unit has since expanded into the development of advanced vaccine platforms.

Early research concentrated on engineering adenoviral and adeno-associated viral vectors to deliver gene-silencing and gene-editing tools to the liver for treating hepatitis B virus (HBV) infection. These methods showed strong efficacy and significant potential for clinical application. The unit has also advanced viral vector-based therapies for inherited disorders such as Gaucher disease.

A major achievement of AGTRU has been its role in establishing South Africa's WHO/MPP-supported mRNA vaccine technology transfer hub. This initiative has strengthened local vaccine manufacturing capacity and enhanced global pandemic preparedness. While initially focused on COVID-19, the programme has expanded to target high-burden diseases in low- and middle-income countries (LMICs), including tuberculosis (TB), HIV and HBV.

The Unit has further contributed to innovation in lipid nanoparticle (LNP) technology by developing ionisable lipids derived from bio-renewable sources. This patented technology has the potential to improve affordability and access to mRNA vaccines in resource-constrained settings. To support commercialisation, a spin-out company, Green Lipids, was recently established to take the technology to market.

Meanwhile, AGTRU is developing vaccines based on adenoviral vectors and C1 fungal protein subunits targeting diseases such as TB, HIV, and Rift Valley fever. Throughout all programmes, the Unit uses rational, DNA- and RNA sequence-informed design principles to promote translational research and innovation. Its work combines scientific excellence with capacity building, technology transfer, and collaboration with academic and industry partners.

Key Milestones and Achievements

The primary goals of the SAMRC/Wits Antiviral Gene Therapy Research Unit (AGTRU) during the 2025/2026 period were to advance translational vaccine and gene therapy technologies, strengthen local manufacturing capacity, and develop innovations addressing major infectious diseases affecting South Africa and other LMICs.

mRNA vaccine development (SARS-CoV-2, TB, HIV and HBV)

Following its initial work on mRNA vaccines encoding the SARS-CoV-2 spike protein, the Unit expanded its focus to high-burden diseases such as TB, HIV and HBV. Research activities included

the design and preclinical evaluation of mRNA constructs encoding disease-specific antigens. In TB studies, candidate vaccines demonstrated protective immune responses in animal models, supporting progression towards clinical translation.

Lipid nanoparticle (LNP) innovation

The Unit developed innovative ionisable lipids from cashew nutshell liquid to enhance mRNA vaccine delivery and tackle the high cost and limited access to existing LNP technologies. Over 100 lipid compounds were synthesised and tested, with many showing high delivery efficiency, low toxicity, and performance similar to SM-102, the ionisable lipid used in Moderna's vaccine platform.



Senior researcher, Dr Kristie Bloom, sets up the Ambr® Crossflow (Sartorius) Tangential Flow Filtration system for the purification of mRNA vaccine formulations.



PhD candidates, Ms Keila Neves and Ms Nyasha Gorogodo (medical laboratory technician), at the bench working on their respective projects involving viral vector- and mRNA-based vaccine development.

Developing affordable, locally produced vaccine delivery systems has great potential to support vaccine manufacturing in LMICs.

Viral vector and gene therapy approaches

Research focused on the use of adenoviral and adeno-associated viral vectors to prevent or treat HBV infection. Interventions included delivery of HBV surface antigen-encoding sequences, as well as gene-silencing and gene-editing tools such as CRISPR/Cas and TALENs. These approaches demonstrated strong immunogenicity and sustained suppression of viral replication in preclinical models, highlighting their potential for clinical translation.

Organoid and infection models

The Unit developed liver organoid models of HBV infection to address the lack of physiologically relevant systems for evaluating therapies. These models provide improved platforms for screening antiviral drugs and vaccines.

C1 subunit vaccine platform

Using the highly efficient C1 fungal expression system, the Unit developed candidate vaccines targeting diseases such as Rift Valley fever and brucellosis. These vaccines have advanced to preclinical testing and contribute to efforts to address threats to agricultural livestock health.

Building Capacity Through Training, Mentorship, and Support

AGTRU's initiatives promote equity and inclusion by strengthening research capacity, enabling local innovation, and improving access to advanced health technologies in underserved settings.

The Unit has played a leading role in training scientists from South Africa and other LMICs through the WHO/MPP mRNA technology transfer programme. Training includes hands-on experience in mRNA production, vaccine formulation, and viral vector technologies, contributing to equitable global research capacity and reducing reliance on expertise from high-income countries.

The Unit supports a large cohort of postgraduate students, postdoctoral fellows, and early-career researchers, including individuals from historically underrepresented groups. Structured supervision, mentorship, and participation in high-impact

research projects contribute to building a diverse and highly skilled biomedical workforce in South Africa.

Staff and trainees receive advanced training in applied molecular biology, mRNA and viral vector vaccinology, experimental pharmaceutical manufacturing, organoid systems, and entrepreneurship. These initiatives strengthen scientific excellence and enhance career mobility within the health innovation sector.

AGTRU also trains scientists from other South African institutions and industry partners, including Afrigen and Biovac, thereby extending expertise in gene therapy and vaccine technologies across the national innovation ecosystem.

Through its leadership in the mRNA vaccine hub and partnerships with industry, AGTRU contributes to the development of local manufacturing and research infrastructure. These efforts support health sovereignty and equitable access to vaccines and therapies in LMICs.

The Unit participates in multinational consortia, including African-led HIV vaccine initiatives, fostering equitable partnerships and ensuring that African scientists contribute to and benefit from global health innovation.



Professor Betty Maepa and her doctoral graduate, Dr Ridhwaanah Bhana, employ bioreactors for large-scale production of recombinant viral vectors for use in prophylactic and therapeutic applications.



Drs Rebecca van Dorsten and Kubendran Naidoo are exploring the use of the C1 fungal platform (Dyadic, Inc) to produce therapeutic and vaccine proteins.

AI in Medical and Health Research

The Wits/SAMRC Antiviral Gene Therapy Research Unit is highly data-driven and well-placed to incorporate artificial intelligence (AI) and machine learning into predictive design, optimisation, and translational decision-making in health innovation.

The Unit applies rational, data-driven approaches based on DNA and RNA sequence information to develop mRNA vaccines and gene therapies, including TALEN-based technologies. Antigen selection strategies, such as TB targets derived from T-cell datasets, rely on computational and predictive methods to optimise immunogenicity.

The development of extensive libraries of cashew nutshell-derived ionisable lipids has generated substantial datasets relating to mRNA encapsulation efficiency, particle size, polydispersity, delivery efficiency, toxicity, and immune responses. These datasets support data-driven optimisation of LNP systems and future machine learning applications.

Access to next-generation sequencing and bioinformatics platforms enables the analysis of viral genomes, immune responses, and therapeutic targets, providing a foundation for advanced computational analysis and future AI integration.

The Unit's use of organoid systems, animal models, bioluminescence imaging, and flow cytometry generates high-content quantitative datasets for evaluating vaccine and gene therapy performance, supporting evidence-based and data-guided decision-making.

Standard operating procedures developed through participation in the WHO/MPP mRNA hub ensure reproducible and harmonised datasets across multiple sites. These standardised datasets are essential for future AI and machine learning applications.

Scale-up activities, including GMP preparation and lipid production, generate process and quality datasets that can support predictive modelling, optimisation, and decision-support systems for translational and manufacturing processes.



Cardiometabolic Health Research Unit

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Overview of the Research Unit

Cardiometabolic disease is rising rapidly in Africa and South Africa. It is hypothesised that the development of these diseases and their complications is due to the complex interaction between epigenetic, genetic, behavioural, and environmental factors, which result in chronic inflammation and the onset of cardiovascular disease, diabetes, renal disease, and other non-communicable diseases. Many individuals in Africa and South Africa remain undiagnosed and untreated.

To address this challenge, the SAMRC/CPUT Cardiometabolic Health Research Unit's mandate is to investigate the unique risk factors and pathophysiological changes behind this group of diseases and to develop and propose early biomarkers to identify patients at risk. These studies and investigations have the potential to significantly impact the rising burden of disease and could lead to strategies to prevent the onset of cardiovascular disease.

The SAMRC/CPUT Cardiometabolic Health Extramural Unit aims to investigate cardiometabolic disease using an integrated approach. The unit focuses on four key areas: the role of epigenetic mechanisms, the oral microbiota, immune function and endothelial dysfunction, and the impact of environmental and lifestyle factors. A further goal is to translate these studies into strategies that will improve the prevention, early detection, and treatment of cardiovascular disease in South Africa.

Key Milestones and Achievements

Goal 1: Investigating immune responses in the development of systemic inflammation and cardiovascular disease (CVD)

Systemic inflammation is a major contributor to CVD, and endothelial dysfunction (ED) serves as an early indicator. The study aimed to measure endothelial-associated molecules (V-CAM, I-CAM, TNF) and to correlate the findings with the CIMT ultrasound test to evaluate whether these cytokines could act as early markers of ED and support the use of less expensive and standardised tests. The work has been completed, and the results are currently under analysis, showing promising outcomes.

Goal 2: Investigating the role of single nucleotide polymorphisms (SNPs) and miRNAs in the pathogenesis of diabetes in this mixed-ancestry community

Two studies were conducted. One examined two SNPs (CRY2 and G6PC) and found that both could predict the risk of diabetes in this population. The other measured SNPs in the Fructosamine-3-Kinase gene and found that these could explain the discordance between HbA1c and other measures of glycaemia. Both investigations have been published and provide valuable insights into current and future biomarkers of diabetic control.

A third study examined the expression of three miRNAs and inflammatory cytokines over two time points in a cohort of patients with diabetes. The study evaluated how potential biomarkers change

throughout the disease course, how they influence interpretation, and whether the disease could potentially be reversed.

Goal 3: Evaluating the relationship between oral dysbiosis, periodontal disease, and systemic inflammation

This work has demonstrated that simple dental hygiene practices and gum disease prevention can help reduce cardiometabolic traits. Research continues in collaboration with the UWC Dental School and is supported by a SIR grant. This work has led to publications and raised public awareness through articles published in The Conversation.

Goal 4: Investigating the impact of environmental factors on cardiometabolic health

This work is ongoing and has the potential to explain the causes of the increase in cardiometabolic disease, as well as identify possible prevention strategies.

Goal 5: Investigating simple anthropometric measurements as predictors of insulin resistance

This project has been completed with positive results and has been published. The findings have the potential to make a significant impact in clinics where glycaemic tests are not readily available.

Building Capacity Through Training, Mentorship, and Support

During the 2025/2026 year, the extramural unit hosted postdoctoral fellows, PhD students, and MSc students from diverse backgrounds. The unit recognises that African women scientists and academics remain underrepresented in higher education and research. Therefore, a primary goal is to mentor and empower young emerging researchers in the field of clinical research.

During 2025/2026, the co-director actively engaged in the NIH D43 supplementary Fogarty trainee programme, which aims to enhance research skills among young scientists in South Africa and SADC countries. The unit also made a notable contribution to improving staff qualifications within the Department of Biomedical Sciences.

The unit further enhances capacity development beyond the research unit and department. These activities include hosting a weekly academic seminar accredited for continued professional development (CPD) points and participating in the African Society of Laboratory Medicine writing workshop, where young scientists from across Africa are mentored and guided in manuscript writing.

The unit has made several significant contributions to communities and society in the area of cardiovascular disease. To create public awareness, the research unit regularly publishes articles in The Conversation and participates in media interviews to ensure that the public can engage with the unit's findings. In addition, members of the unit engage with surrounding communities and schools to ensure meaningful social impact. Examples include hosting a nutrition day at a community school and participating in a dental hygiene awareness drive.

AI in Medical and Health Research

The unit has made significant progress in understanding and implementing big data and bioinformatic analyses for research on the oral microbiome. Dr Saarah Davids is leading this effort, and the unit has registered as a user on the national high-performance computer (CHPC). The unit has also organised courses offered by Diplomics to train students and young scientists in bioinformatics. As the unit generates increasingly complex genomic data, these skills will become essential.

ChatGPT and other large language models are being used in various ways, including helping with the structure of presentations and literature reviews. With suitable prompts, they can also generate diagrams to explain complex concepts. The university has strict rules regarding the use of AI in thesis and dissertation writing, and each thesis is checked with tools such as Turnitin.

By hosting international congresses on point-of-care testing and cardiometabolic health, the unit is also investigating how artificial intelligence and algorithms can aid in screening and early disease detection. These technologies could become valuable tools in encouraging the early diagnosis of non-communicable diseases and remain a significant area of ongoing research and development.



Genomics of Brain Disorders Research Unit

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Overview of the Research Unit

The Unit aims to identify genomic biomarkers for a range of brain disorders (BDs) across the lifespan using a systems biology approach informed by clinically derived data and multidisciplinary expertise. Its research goes beyond traditional clinical classifications of mental disorders to enable the phenotyping and analysis of biologically valid cross-disorder subgroups and subtypes that may better predict disease onset, progression, and treatment response.

This work is driven by translational neuroscience research aimed at reducing the burden of BDs in South Africa. The Unit employs innovative multi-omics, cognitive-affective, and brain-imaging platforms to explore complex interactions among molecular, clinical, psychosocial, and environmental determinants of brain health. The research encompasses both molecular and clinical fields, with a strong focus on integrating biological findings with contextual and environmental factors.

The Unit's research has provided new insights into the genetic and environmental factors affecting the risk and progression of BDs throughout life. It has also improved understanding of disease mechanisms in South African and wider African populations, laying the groundwork for future development of effective, culturally suitable, and contextually relevant treatments. Additionally, the Unit's findings may assist in integrating genomic data into clinical practice and help improve approaches to diagnosis, prevention, and intervention. Through its research-enabled framework, the Unit promotes cutting-edge investigation and generates evidence to better understand vulnerability and protective factors linked to BDs.

Key Milestones and Achievements

The Unit seeks to advance understanding and improve prediction of BDs in African populations by generating scalable, contextually relevant evidence to inform risk prediction, biomarker identification, and the development of novel therapeutic targets for disorders prevalent in South Africa.

A key strategic focus has been developing and analysing multimodal datasets to support data-driven, AI-enabled approaches to BD research. The Unit has made significant contributions to genomic research through its Parkinson's disease (PD) programme, including conducting the first genome-wide association study of PD in southern Africa. This work identified a novel PD susceptibility locus and sex-specific associations, emphasising the importance of including African populations in global genomic research and laying a foundation for future biomarker discovery.

The Unit has also initiated research exploring the role of the exposome in neuropsychiatric risk. Current studies integrate social, environmental, and biological dimensions of trauma to examine how cumulative exposures influence brain health and vulnerability to mental disorders in South African populations.

In addition, the Unit is conducting a longitudinal multimodal study using brain imaging, behavioural assessments, and prospective data collection to investigate how environmental factors shape emotion regulation and mental health outcomes at behavioural and neurobiological levels. The research aims to identify mechanisms of resilience that can inform scalable and culturally grounded interventions. By combining advanced statistical methods and machine learning with a rare

adolescent cohort exposed to cumulative adversity, the study seeks to identify multi-level causal mechanisms with greater precision.

The Unit is further integrating multimodal physiological and behavioural data to study emotional regulation through VR-based paradigms and physiological monitoring. This work supports the development of objective, ecologically valid measures of stress reactivity, enabling earlier identification and intervention for anxiety-related disorders. Simultaneously, the Unit's low-field MRI project has completed initial feasibility testing and will advance towards developing a custom gradient amplifier to support scalable, low-cost neuroimaging solutions suitable for low- and middle-income country (LMIC) settings.

The Unit's Africa Neuroethics Research Group has also advanced ethical, inclusive, and Africa-centred governance of AI in health. In addition, the Unit is working towards integrating lived-experience data into its research frameworks to strengthen the cultural relevance, equity, and translational impact of its work.

Building Capacity Through Training, Mentorship, and Support

The Unit's capacity development initiatives are designed to strengthen equitable participation in health research by developing technical expertise, critical thinking, and ethical awareness. These efforts ensure that research training remains responsive to local contexts while promoting more inclusive research practices.

A central component of this work is the MSc (Neuroscience) degree programme, which trains the next generation of African neuroscientists through a cross-disciplinary approach. Many student projects are embedded within the Unit, providing hands-on experience in advanced neuroscience research while fostering collaborative learning in a locally relevant context.

To strengthen technical competencies, the psychiatry molecular laboratories hosted a three-day laboratory capacity development initiative focused on foundational molecular laboratory techniques for postgraduate trainees from Honours to postdoctoral level. The programme was conceptualised and led by PhD students within the Unit, reflecting a strong culture of peer-led mentorship and sustainable skills transfer.

The Unit has also contributed to broader continental capacity development through the African Neuroscience, Neuroethics and Society short course, offered in partnership with the Dana Foundation. The blended programme combines virtual and in-person teaching, group mentoring, and community-engaged activities. Co-led by Dr Olivia Matshabane and Prof. Soraya Seedat in collaboration with African and international experts, the course addresses themes including neuroethics and AI, with a strong emphasis on equity, cultural context, and responsible innovation.

AI in Medical and Health Research

The Unit builds capacity in AI and data-driven methodologies by leveraging large multimodal datasets to improve prediction, measurement, and mechanistic understanding of BDs. For example, machine learning approaches are being used to predict PTSD risk through the integration of genomic, demographic, trauma-related, and clinical data, addressing a significant gap in global research.

Additional research includes brain-age modelling, an AI-based approach that uses brain imaging data to estimate biological brain age. This methodology is being applied to HIV-associated neurocognitive disorders in South African women and to investigate relationships between brain ageing, cognitive function, and genetic influences.

The Unit is also integrating its cognitive test battery with multimodal physiological and VR-derived data to enable more ecologically valid assessments of executive function and behaviour. This creates opportunities for AI-driven pattern recognition across cognitive, behavioural, and physiological domains.

AI is further transforming the conduct of systematic reviews and evidence synthesis by improving efficiency, scalability, and methodological rigour. The Unit has applied machine learning and natural language processing tools to support literature searches, de-duplication, and rapid screening of titles and abstracts, substantially reducing reviewer burden while maintaining high sensitivity. The Unit has already conducted systematic reviews using AI-supported software and is curating AI tools for a large evidence synthesis project funded by the Wellcome Trust.

The Unit's Africa Neuroethics Research Group also advances AI governance through research and stakeholder engagement initiatives, including the Ethical Dilemmas of Neuroscience Workshop in Nairobi, which convenes diverse stakeholders to promote ethical, inclusive, and Africa-relevant AI-driven neurotechnologies.



Platform for Pharmacogenomics Research and Translation Research Unit

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Overview of the Research Unit

The Research Unit is dedicated to identifying inherited genetic variation, epigenetic modifications, and microbial profiles that contribute to differences in patient responses to therapeutic treatments, including conventional and herbal medicines. The Unit advances pharmacogenomics research and its clinical translation within African populations to support the development of personalised, safe, and effective treatment strategies.

Its research focuses on the extensive genomic diversity within African populations and how this influences treatment selection, efficacy, and safety. The Unit also investigates the genetic and epigenetic determinants of drug response across infectious and non-communicable diseases, while examining how microbial profiles affect therapeutic outcomes, including drug metabolism and efficacy. Through this work, the Unit generates evidence to inform clinical dosing guidelines, optimise therapeutic interventions, and support healthcare policy development tailored to African populations.

Key Milestones and Achievements

During the 2025/2026 financial year, the Platform for Pharmacogenomics Research and Translation focused primarily on hypertension, preeclampsia, breast cancer, and chronic kidney disease (CKD), resulting in several publications from the Unit.



Activities during Eastern Cape Career Expo.

A key objective of the preeclampsia project is to identify genomic and epigenetic factors associated with disease susceptibility, while also assessing the genetic risk of developing chronic kidney and cardiovascular disease among African women living in South Africa.

The breast cancer project identified genetic biomarkers associated with differences in disease-free survival among patients receiving tamoxifen treatment. In parallel, the project is investigating potential drug-drug interactions using cell-line models informed by drug combinations observed in real-world patient data.

Collectively, these projects are advancing understanding of disease susceptibility and treatment response, with the aim of supporting more personalised and effective interventions for African populations.

Building Capacity Through Training, Mentorship, and Support

The Unit provides structured mentorship and training in genomics, bioinformatics, data analysis, and the ethical, legal, and social implications of research within African contexts. These initiatives support early-career researchers, postgraduate students, and technical staff.



Learners attending the learners open day 2025 from Limpopo and Eastern Cape schools.



Learners open day 2025 during information session.



Learners open day 2025 with Dr Mnika.



Dr Mnika demonstrating how to do DNA extractions to honours and new PhD student.



PREMED EMU Staff.



Prof Dandara-setting up NGS with Postdoc and PhD student.

In partnership with the African Pharmacogenomics Network, the Unit hosts monthly webinars that promote continuous learning, skills development, and knowledge exchange across the continent. Capacity-building activities include the training and supervision of postgraduate students, postdoctoral fellows, and early-career researchers, as well as workshops, journal clubs, and short courses. The Unit also supports conference participation, enabling researchers to present findings from ongoing projects.

In addition, the Unit prioritises strengthening laboratory infrastructure and expanding collaborative research networks to advance pharmacogenomics research in Africa. These initiatives foster an inclusive and supportive research environment, promote equitable access to opportunities, and contribute to sustainable, locally relevant research capacity that supports equitable healthcare outcomes.



Dr Mnika at the Eastern Cape career expo as an invited speaker.



Ms Mabizela illustrating to honours and MSc students how to use qPCR machine.



Mr Katsukunya discussing with honours and PhD colleague on how to analyse Sanger Sequencing results



Dr Immelman explaining to use Nanodrop for DNA quantification to honours and MSc students.

During this reporting period, the Unit celebrated the graduation of Honours students and MMed student, and recruited a postdoctoral fellow.

AI in Medical and Health Research

The Unit uses advanced bioinformatics and statistical approaches to analyse complex genomic data and identify genetic factors that influence treatment response in African populations, thereby supporting more personalised healthcare approaches.

At the same time, the Unit is actively building capacity in artificial intelligence through targeted training initiatives and strategic collaborations, enabling researchers to confidently apply AI-driven tools in pharmacogenomics research. Current and planned work includes the application of machine learning and data-driven approaches to predict drug responses more accurately, optimise dosing strategies, and identify novel biomarkers from integrated multi-omics datasets.

The Unit is also strengthening its data systems and computational infrastructure to support large-scale analyses, secure data sharing, and reproducible research. These efforts contribute to more informed clinical decision-making and the generation of contextually relevant evidence to inform healthcare policy and practice in Africa.



Precision Oncology Research Unit

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Overview of the Research Unit

The SAMRC Precision Oncology Research Unit (PORU), based at the University of Pretoria, is dedicated to addressing the growing burden of infection-associated and inflammation-driven cancers in South Africa and across Africa, with a primary focus on cervical, oesophageal, and colorectal cancers. These malignancies are closely linked to HIV, HPV, helminth infections, and adverse social determinants of health, particularly in underserved communities.

PORU aims to generate molecular, genomic, and exposomic insights that can be translated into precision diagnostics, biomarkers, and therapeutic strategies tailored to African populations. The Unit has established an integrated research platform that combines genomics, transcriptomics, spatial biology, systems oncology, digital pathology, and community-engaged research. Its work focuses on identifying ancestry-linked molecular vulnerabilities through the study of RNA splicing, non-coding RNA networks, tumour mutational profiles, and microbiome-immune interactions.

Aligned with national research priorities and global efforts to decolonise cancer research, PORU places African data and perspectives at the centre of precision oncology. The Unit's research programmes investigate the molecular mechanisms underlying cancer development and treatment resistance, integrate environmental and social determinants of health into cancer research, and advance drug discovery through patient-derived models and innovative pathology technologies.

PORU has generated important findings in oesophageal, cervical, and colorectal cancers, including the identification of novel alternative splicing signatures, immune dysregulation pathways, and epigenetic mechanisms with significant translational potential.

Beyond its research outputs, PORU plays a vital role in capacity development through the training of postgraduate students, postdoctoral fellows, clinician-scientists, and early-career researchers. Through strategic collaborations, educational initiatives, and community engagement programmes, the Unit continues to strengthen Africa's precision oncology research ecosystem and contribute to improved cancer outcomes across the continent.

Key Milestones and Achievements

Between April 2025 and March 2026, the SAMRC Precision Oncology Research Unit (PORU) consolidated its leadership in infection-associated and inflammation-driven cancer research. The Unit advanced systems oncology research in oesophageal, cervical, and colorectal cancers while expanding multi-omics, spatial biology, and non-coding RNA studies in HIV-, HPV-, and helminth-co-infected cohorts to refine biomarker discovery and identify novel therapeutic targets aligned with national precision medicine priorities.

A major highlight was the hosting of the 4th PACRI International Annual Cancer Meeting in Johannesburg, themed "*Bridging Cancer Science and Medicine in Africa*." The meeting brought together African and international leaders to address cancer inequities and foster collaboration. PORU's Director served as Programme Co-Chair, while Unit investigators contributed extensively to the scientific programme.

Scholarly output remained strong, with the Director editing three international volumes that foreground African perspectives in oncology, artificial intelligence, and treatment resistance. These contributions complemented ongoing research on colorectal cancer, melanoma, and cancer disparities. The Director also served as a Principal Investigator in the US$25 million Cancer Grand Challenges Team SAMBAI initiative, leading African components focused on ancestry, societal, and molecular determinants of cancer.

International recognition included appointments to the Global Exposome Moonshot Forum and the GA4GH Study Group on Human Exposome Data Standards, visiting professorships at the University of Glasgow and Columbia University, nomination for the Order of Mapungubwe, and the award of an Oppenheimer Memorial Trust Sabbatical Grant.

Translational impact continued through the expansion of patient-derived organoid and xenograft platforms, further development of the AI-driven "Virtual Histopathologist," and the implementation of rural HPV DNA screening pilots. These initiatives helped bridge laboratory discoveries and real-world cancer care.

Capacity development remained central to PORU's mission. The Unit provided structured mentorship to postdoctoral fellows, doctoral and master's students, and clinician-scientists through journal clubs, research meetings, grant-writing workshops, and collaborative authorship opportunities. Collectively, these achievements demonstrate PORU's growing scientific, translational, and convening impact, while strengthening research infrastructure and advancing Africa-led precision oncology.

Building Capacity Through Training, Mentorship, and Support

During the year under review, PORU implemented several capacity development initiatives aimed at promoting equity and excellence in health research and healthcare. These included a six-week Basic Cancer Genomics 101 course, offered twice annually to scientists and clinicians across the SADC region, and the University of Pretoria Cancer Research Elective (UPCRE) programme for third-year medical students, designed to nurture future clinician-scientists.

Researcher development was further supported through monthly journal clubs, weekly research meetings, grant-writing workshops, NRF rating workshops, and book chapter authorship mentoring programmes targeting postgraduate students, postdoctoral fellows, and early-career researchers.

A community-based mobile HPV DNA screening clinic provided self-collected HPV testing, healthcare worker-assisted sampling, and on-site treatment or referral services for previously unscreened rural women. This initiative directly addressed inequities in access to cancer screening and prevention services. Collaboration with patient advocacy organisations, including Genesis in Soweto, ensured that community perspectives were incorporated into research priorities and programme design.

Structured mentorship and networking opportunities were also provided through the 4th PACRI International Annual Cancer Meeting, held in March 2026 under the theme "*Bridging Cancer Science and Medicine in Africa: Driving Innovation and Equity for Transformative Impact.*" The conference connected trainees with leading African and international experts.

International collaborations through Cancer Grand Challenges Team SAMBAI and the African Academy of Integrated Morphology and Health Sciences (AAIMHS) further exposed trainees to interdisciplinary and equity-focused research approaches. During the reporting period, several PhD and MSc candidates graduated, the majority of whom were Black South African or SADC-region scholars, reflecting PORU's deliberate commitment to transformative and inclusive human capital development in precision oncology.

AI in Medical and Health Research

PORU is actively applying and expanding artificial intelligence (AI) and data-driven technologies across multiple areas of its research and innovation pipeline. The most advanced application is the Tissue Annotation and Virtual Histopathologist Project, which is built on the TissueFAXS PLUS digital pathology platform (TissueGnostics, Vienna). Through this initiative, PORU and its anatomical pathology partners are training machine-learning models to automatically classify tumour cells, immune infiltrates, and stromal components. The goal is to enable rapid, reproducible, and

standardised digital diagnostics that can be deployed within the public health sector to address human resource and infrastructure constraints in South Africa's pathology services.

In the field of multi-omics and precision oncology, PORU uses data-driven platforms that integrate genomics, transcriptomics, spatial biology, and systems oncology to identify RNA splicing signatures, tumour mutational profiles, and microbiome-immune interactions in African cancer cohorts. These approaches support biomarker discovery, molecular characterisation, and risk stratification.

AI is also being applied in the clinical and translational research domain. This is demonstrated by PORU's contributions to a peer-reviewed publication on AI-powered advances in Type II endometrial cancer, as well as AI-focused chapters in major international volumes on precision oncology.

At the collaborative level, PORU's participation in the GA4GH Study Group on Human Exposome Data Standards ensures that African cohorts are represented in emerging global precision health data frameworks. In addition, its involvement in the National Comprehensive Cancer Research Consortium (NCCRC) contributes to shared platforms that integrate precision oncology, molecular diagnostics, and AI-enabled technologies to address South Africa's growing cancer burden.





Wound and Keloid Scarring Translational Research Unit

UNIT DIRECTOR:
Prof. Nonhlanhla Khumalo
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Overview of the Research Unit

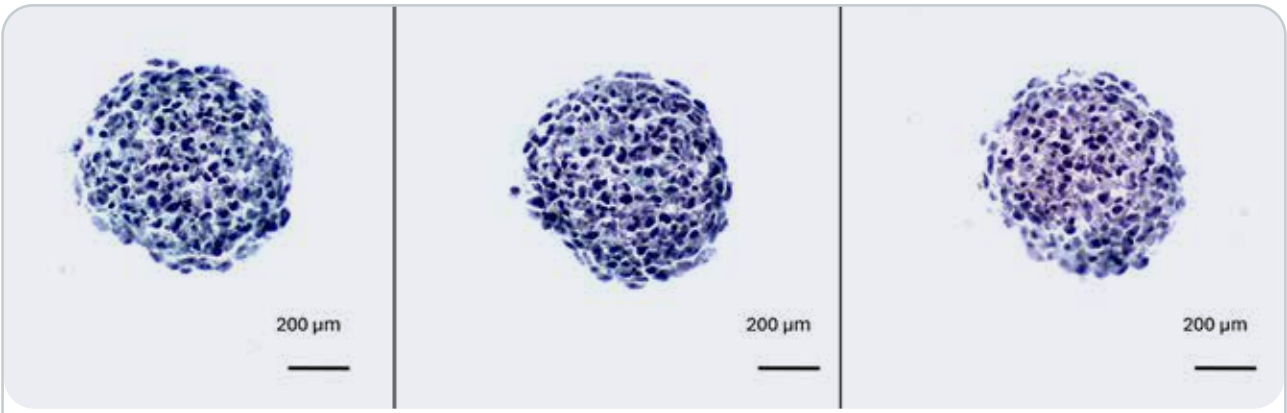
The Unit focuses on understanding the molecular mechanisms behind wound healing and keloid pathogenesis. Its research includes developing high-fidelity 3D scar models and advanced experimental platforms to enhance disease modelling and therapeutic testing. A key focus is multi-omic biomarker discovery through transcriptomic and proteomic profiling to uncover molecular drivers of dermal fibrosis and wound repair. The Unit also explores bioactive plant-derived therapies and novel compounds with therapeutic potential, while progressing the development of bioengineered scaffolds and skin substitutes for treating chronic wounds.

Key Milestones and Achievements

The Unit established Africa's first immortalized keloid cell line, representing a significant milestone in scar and fibrosis research on the continent. It has also validated 3D keloid spheroid models that streamline and accelerate drug testing processes. Through its multi-omic research platforms, the Unit has identified first-in-class biomarkers associated with dermal fibrosis. Its innovation portfolio includes proprietary patents for novel compounds and cell line technologies, while high-impact industry collaborations continue to drive translational research and commercial innovation.

Building Capacity Through Training, Mentorship, and Support

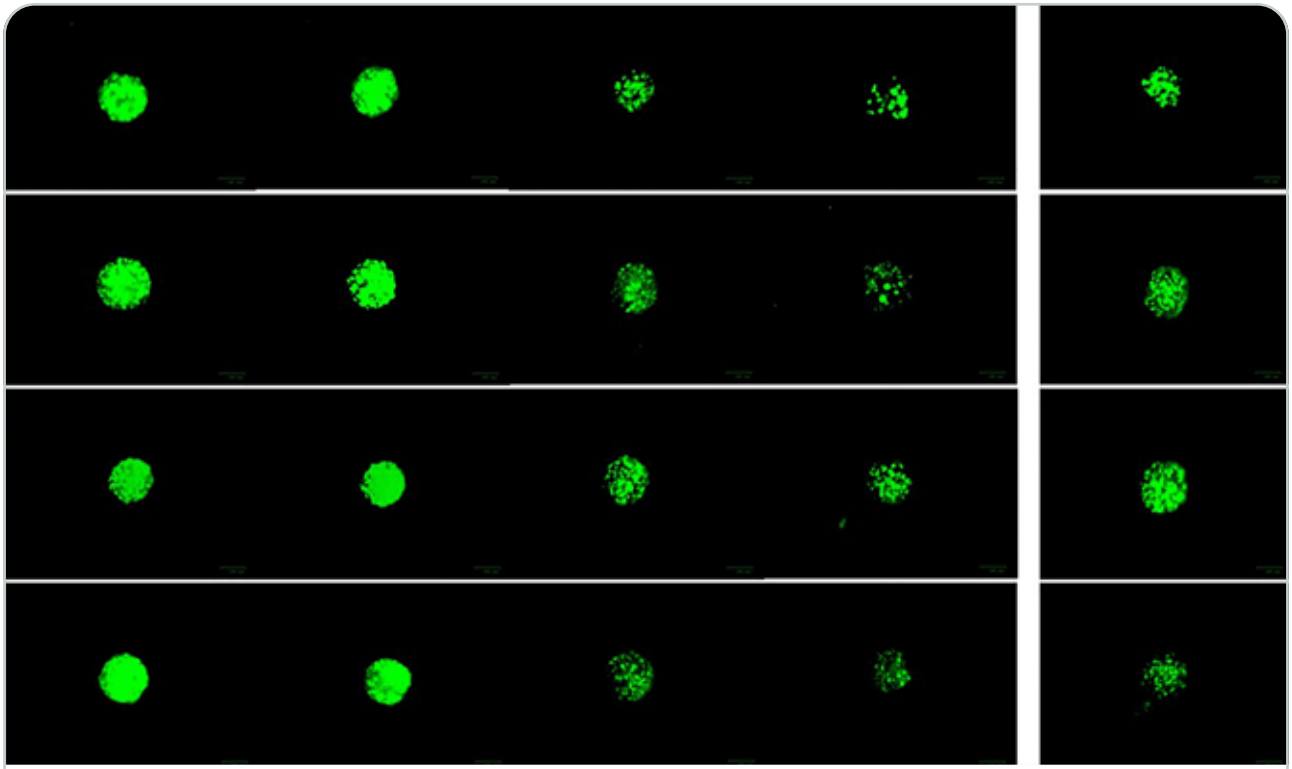
The Unit has played an important role in developing scientific capacity by training and supporting PhD, MSc, and postdoctoral fellows. It also pioneered the SAQA-accredited Cosmetic Formulation Science programme, which has produced more than 90 graduates to date. In addition, the Unit provides targeted mentorship and research development opportunities aimed at nurturing the next generation of African scientists.



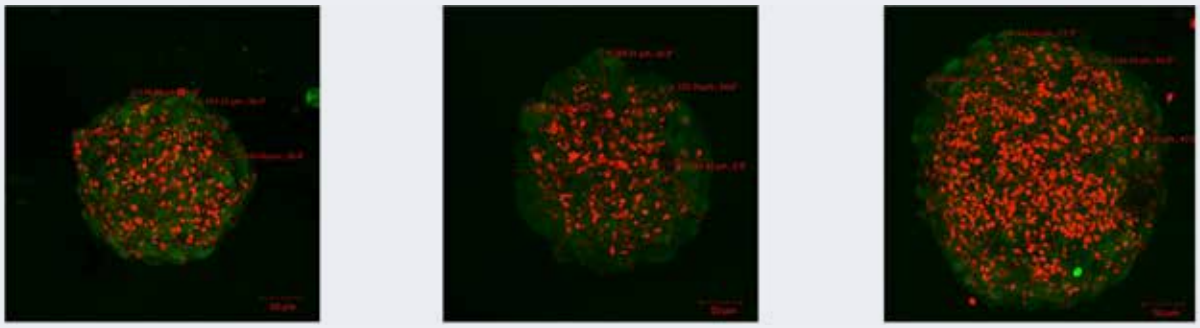
Keloid spheroids.

AI in Medical and Health Research

The Unit currently applies data-driven and bioinformatics approaches, particularly transcriptomic and proteomic analyses, to advance understanding of wound healing and keloid pathogenesis. Although its current use of artificial intelligence (AI) remains limited, the Unit is actively laying the groundwork for future AI integration by developing high-quality multi-omic datasets. These datasets will support the application of machine learning tools for biomarker discovery, predictive modelling, and accelerated therapeutic development. By strengthening its data infrastructure, the Unit is positioning itself to deploy AI responsibly and effectively to enhance research, innovation, and future clinical decision-making.



Keloid spheroids.



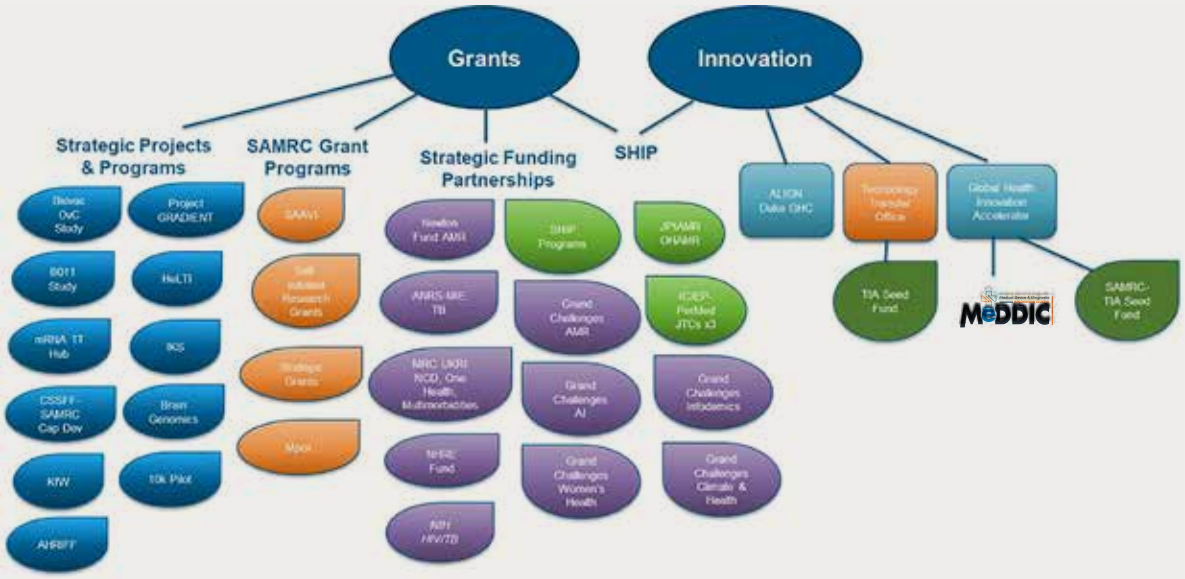
Keloid spheroids.

FUNDING HEALTH INNOVATION

Grants Innovation and Product Development

The Grants Innovation and Product Development (GIPD) Unit of the SAMRC supports research and innovation through a number of grant programmes, strategic partnerships, strategic programmes, and innovation initiatives, as depicted in the Figure below, thereby contributing to two of the organisation's core functions and strategic objectives. These enable the SAMRC to support and build the health research and innovation ecosystem in South Africa, drive cutting-edge scientific advancement and facilitate the development and testing of novel health solutions.

OVERVIEW OF THE GRANT AND INNOVATION PROGRAMMES AND STRATEGIC PROJECTS MANAGED BY THE GRANTS INNOVATION AND PRODUCT DEVELOPMENT UNIT



The total expenditure on research and innovation grants during the 2025/2026 financial year was over R300 million. GIPD's rigorous grant management standard operating procedures ensure that health research funding is administered effectively and efficiently by the SAMRC. Alongside consistent clean audits, these have helped attract significant funding from various local and international strategic partners. Additional substantial funding raised to support the National Health Research Enterprise (NHRE), to mitigate against US funding cuts and a renewed emphasis on innovation within the unit, has contributed to an expanded portfolio of research and innovation grants. This portfolio exceeded the SAMRC's targets for indicators 2.3.1, 3.1.1, and 3.2.1 in 2025/2026.

GIPD Programmes and Strategic Projects

Strategic Health Innovation Partnerships (SHIP)

SHIP is a major programme through which the SAMRC, in collaboration with the Department of Science, Technology and Innovation (DSTI), supports the development and testing of novel health solutions aimed at HIV, malaria, TB, non-

communicable diseases (NCDs), antimicrobial resistance (AMR), maternal and child health (MCH), and emerging diseases such as COVID-19. A notable achievement in the financial year was the approval of the SHIP Business Plan for 2026–2032. This milestone will secure the future of this vital innovation initiative beyond 2025/2026.

Additional key highlights in 2025/2026 include:

› Seven new projects were selected for funding through the SHIP HIV Request for Applications (RFA) released in 2025. One of the projects, led by Dr T Chetty from the SAMRC, which aims to determine the safety and pharmacokinetics of broadly neutralising antibodies administered to HIV-exposed neonates and infants born without HIV, has secured R 8 000 000 in co-funding from ELMA Philanthropies.

› The late lead compound for TB developed by the UCT H3D team, led by Prof K Chibale, has secured support to be advanced towards preclinical candidate drug nomination under the European Regimen Accelerator for Tuberculosis (ERA4TB) in collaboration with the Gates Medical Research Institute (Gates MRI). This represents a significant milestone in the TB drug discovery efforts of South Africa. The H3D team has continued to provide support for drug discovery capacity building efforts at the University of Limpopo and University of Venda by providing in-house training opportunities and workshops to postgraduate students enrolled on SHIP-funded projects at these universities.

› Results from a small field trial of the Sterile Insect Technique (SIT) against KwaZulu-Natal's main malaria mosquito (Anopheles gambiae) demonstrated that releasing sterile males reduced mosquito numbers by over 90% over 5 months. The biggest drop came within the first month – down more than 75% (from 175/month to 40.45). Numbers rose again about a month after releases stopped, reinforcing that the releases drove the decline. The project team is in advanced discussions to secure funding to scale up mosquito mass-rearing and conduct feasibility testing of X-ray sterilisation (as an alternative to gamma irradiation) ahead of the next phase, which will assess the public health impact.

› The HAMLET (Human African Molecular Placental Research Platform), hosted at UCT under Prof. M Matjila, has successfully established a continental placental research hub, trained early-career researchers, and developed a biobank of over 500 participants. As a result of SHIP's catalytic funding to initiate placental research, the team has received requests and hosted researchers from other LMICs.

› Core Needle Biopsies to Detect Hidden HIV Reservoirs in Hard-to-Reach Tissue Compartments of Deceased Virologically Suppressed and Unsuppressed HIV Positive Patients. One of the most significant roadblocks to an HIV cure is the ability of the virus to hide in the body. Even when treatment suppresses HIV in the blood, the virus might remain in hidden "reservoirs" and reappear once therapy is discontinued. This innovative project has seen researchers develop a comprehensive archive of blood and tissue samples from HIV patients. This one-of-a-kind database will enable scientists to map HIV's hiding places, track its evolution, and identify the exact cells that contain the virus. This project has the potential to lead to new biomarkers to track hidden HIV, deeper insights into viral persistence, and stronger foundations for designing targeted cure strategies.

› In 2025, the DSTI facilitated the participation of the SAMRC as an implementing partner in the European Partnership on One Health Antimicrobial Resistance (OHAMR), committing up to R5 million per annum (through SHIP) to support the participation of South African PIs in consortia responding to RFAs released by the OHAMR partnership. The OHAMR brings together 53 organisations from 30 countries to address AMR across different sectors. The SAMRC's participation was approved by the NDoH, and South Africa is the only African country participating in this important global initiative. The partners developed a proposal and submitted it to the European Commission to request a top-up grant, which was approved in November 2024. The first RFA, focusing on "Treatments and adherence to treatment protocols", was developed by the partners in 2025, announced during AMR Week in November 2025, and closed in February 2026. Ten projects, which include a South African applicant, were deemed eligible and are currently undergoing peer review. Successful projects from this stage will be invited to submit full proposals, and awards are expected to be made by the end of 2026.

Precision Medicine is a key priority within the SHIP programme, advancing through a portfolio of funded projects focused on pharmacogenomics and large-scale human genome sequencing. Pharmacogenomics offers hope that prescribed drug treatments can move away from the so-called "one-dose-fits-all" approach. The SAMRC and DSTI, through SHIP, launched a Precision Medicine programme in 2020 with investments in projects aimed at understanding the pharmacogenomics behind treatment failures with essential drugs (or drug classes) for non-communicable diseases, specifically hypertension, cardiovascular disease, diabetes, and cancer, in the South African population. Following the 2024 expert review of the initial portfolio of 9 pharmacogenomics projects selected through the MRC-RFA-SHIP 01-2019, two projects were chosen for follow-on funding, led by Prof Kotze (GKnowmix) and Prof Peter (UCT). The third project in this portfolio was selected via the ERA PerMed Joint Transnational Call 2020, led by Prof J Goedecke (SAMRC/Wits).

Key developments on these during the current reporting period include:

› Prof Kotze's team has created the Pharmacogenomics Information Technology (PGx-I) platform, developed since 2020, along with a rapid Nextflow pipeline for variant prioritisation – Variant Calling Format (VCF)-prioritise – that can convert variant data into an actionable spreadsheet of results in just 20-40 minutes using laptop-grade hardware, thereby reducing turnaround times. The pipeline replicated previously obtained results across all studied patients while also uncovering new findings (e.g., EXO1 variant in a patient with triple-negative breast cancer). Additionally, the ParaDNA system accurately identified all nine variants, achieving sensitivity and specificity above 95%, with full concordance to reference results. With the streamlined workflow, results were delivered in under two hours, facilitating same-visit clinical decisions. These outcomes demonstrate that the ParaDNA system is a dependable and efficient tool for detecting South African BRCA1/2 founder and recurrent variants. Its integration into primary healthcare could support the national objective of decentralised breast cancer risk management, increasing access to early genetic assessment in primary care. Discovery Health has approved the team's application for a health technology assessment to reimburse tumour-based next-generation sequencing. The goal is to use the BRCA point-of-care assay as a first-tier test, coupled with genetic counselling. This successful initiative marks a significant step towards incorporating germline whole-genome sequencing and tumour genetics via next-generation sequencing to advance precision oncology.

› Julia Goedeke and team underwent a peer review evaluation in a review meeting hosted by the ERA-PerMed call secretariat in Paris for their OPTIMA study, which was highlighted as a success story in the EU Africa Research Collaboration in Personalised Medicine (https://www.euafrica-permed.eu/optima-2/ and also placed on the EU-AFRICA Innovation strategy dashboard).

The South African 110K Human Genome Programme

The South African 110K Human Genome programme aims to support a cohesive omics ecosystem and invest in a national genome-phenome archive through the establishment of the 10K pilot phase. This approach will help South Africa establish the workflows and ultimately deliver 110,000 human genome sequences. This level of data generation and storage will bolster the health innovation ecosystem in scaled genomics research, big data analytics, and a population registry that will be used to develop relevant biomarkers and innovative digital health tools for diagnosis, to inform better treatments, and to understand the pharmacogenomics profiles of South Africa's diverse population. This rich database will aid in developing relevant drugs and vaccines for our patient populations and uncover African human genomic diversity, creating new opportunities for the country's overall bioeconomy.

The SHIP Steering Committee and the SAMRC EMC approved the initiation of the 10K pilot phase of the 110K Genome Programme, with an initial investment of R30,9 million that has now increased to a total commitment of R56 million from the DSTI SHIP Programme. An RFA process was run in the last financial year to select cohorts, resulting in 10 feasible projects. The available budget will be used to sequence approximately 4400 samples from the first 4 selected longitudinal cohorts. Additional fundraising is required to complete the full 10,000 sequences.

Strategic partnerships in this programme also included global industry leaders MGI Tech Co and Illumina Pty Ltd. During the reporting period, the



On 29 October 2025, the DSTI–SAMRC–Illumina Memorandum of Understanding for the South African 110K Human Genome Programme was signed by Dr Kenny Tenza, Acting Director-General of DSTI (front row, left), Prof Ntobeko Ntusi, CEO & President of the SAMRC (front row, centre), and Dr Swaroop Aradhya, Vice President for Medical and Scientific Affairs at Illumina (front row, right). Also pictured are members of the SAMRC and Illumina teams supporting the programme's implementation.



On 7 November, the DSTI–SAMRC–MGI Memorandum of Understanding for the South African 110K Human Genome Programme was signed by Dr Kenny Tenza, Acting Director-General of DSTI (front row, left), Prof Ntobeko Ntusi, CEO & President of the SAMRC (front row, centre), and Duncan Yu, President of MGI Tech Co. (front row, right). Also featured are the core programme implementation team and the full staff complement of the SAMRC Genomics Centre.

SAMRC, in collaboration with the DSTI, finalised strategic alliances with both MGI Tech Co. and Illumina Pty Ltd to support the implementation of the South African 110K Human Genome Programme. These alliances strengthen the national precision medicine initiative by ensuring access to advanced sequencing and genomic technologies, technical training, bioinformatics and data stewardship capacity-building, and support for scalable local infrastructure. Collectively, these partnerships enhance South Africa's capacity to execute the 10 000-genome pilot, establish a National Genome Archive and genomic reference resource, reduce the underrepresentation of African populations in global genomics, and position South Africa as a regional leader in locally driven genomic research, innovation, and health equity.

Illumina supports two national laboratories with recently installed Illumina Novaseq X plus systems to participate in the South African 110K Human Genome Pilot phase of the programme, while a central feature of the partnership with MGI Tech Co. was the installation of Africa's first DNBSEQ-T7 ultra-high-throughput sequencing platform at the SAMRC Genomics Centre in Cape Town. The collective infrastructure provides South Africa with advanced local sequencing capability at scale, aiming to lower sequencing costs, improve accessibility, strengthen bioinformatics and technical expertise, and enable African researchers to lead high-impact genomic studies from within the continent.

European Partnerships in Personalised Medicine

In the past year the SAMRC officially joined the European Partnerships in Personalised Medicine (EP-PerMed) as a full beneficiary member. This co-fund, established under the European Commission, is a 10 year programme (now in its 3rd year) with a total investment of EUR 400 million. The SAMRC successfully participated in three joint funding calls, Joint Transnational Call JTC2025 – Pharmacogenomics; a Research, Innovation and Technology Call (RITC 2026) and a Joint Transnational Call on Cardio metabolic disease (JTC2026-CARMEN). These calls afford South African researchers the opportunity to work within larger global consortia to conduct cutting edge research that can be ultimately translated into personalised medicine solutions for South African healthcare.

Policy Level Engagements

The SAMRC co-developed content for and participated in the United Nations Fourth International Conference on Financing for Development (FfD4) in Seville, Spain, from 30 June to 3 July 2025. This high-level summit, which takes place only once every 10 years, brings together global funders, senior policymakers, scientists, innovators, development banks, and private sector leaders to explore how scientific and digital innovation can drive sustainable finance and economic transformation.

Over the past year, the SAMRC has collaborated closely with the DSTI and the Africa-Europe Science and Innovation Platform (AERAP) to develop a more inclusive agenda that introduces a dedicated focus on health research financing, an area historically absent from the FfD agenda. This partnership has enabled the SAMRC to secure a seat at the table of one of the most strategically important global financing discussions. While past FfD summits have successfully shaped the global development finance architecture, health and particularly NCDs has not featured prominently. Until recently, global health funding within development finance has focused almost exclusively on infectious diseases. However, as the burden of NCDs grows, especially across Africa, there is an urgent need to advocate for a shift in funding priorities.

With health research now newly incorporated into the global financing agenda, this presented a critical opportunity for Africa to assert a strong and unified voice. It is imperative that we influence future development finance models to ensure meaningful investment in NCD research, precision medicine, and underfunded national genomics initiatives. FfD4 provided a strategic platform to position scientific research, innovation, and digital transformation at the core of resilient and inclusive financing strategies, and to ensure Africa's health research priorities are no longer overlooked.



The SAMRC President & CEO and SAMRC Senior Programme Manager for Precision Medicine presented in-person at several sessions at the United Nations Fourth International Conference on Financing for Development (FfD4) held in Seville, Spain, from 30 June to 3 July 2025.

The SAMRC team participated in several high-level sessions exploring the role of science, innovation, and strategic partnerships in advancing sustainable development, including:

› Advancing Science, Innovation, and Global Partnership for a Shared Future

› Innovative Financing and Partnerships for Sustainable STI Development in Africa

› Investing in Health Research Capacity for Sustainable Development

› The SA 110K Human Genome Programme: Building a Converged Model for Data-Driven Health Investment in Africa

› Prioritising Financing for Food Systems Transformation

The Europe- Africa Personalised Medicine (EU-Africa PerMed) Consortium

EU-Africa PerMed (www.euafrica-permed.eu) is an international coordinated support action project funded by the European Commission Horizon 2020 framework programme. The project has the objective of integrating African countries in the development of a global Personalised Medicine (PM) research agenda by facilitating their participation in the activities of the International Consortium for Personalised Medicine (ICPerMed) and by strengthening the collaborations in PM between Africa and Europe. Incorporating African countries in the global PM agenda can contribute to reducing existing health disparities between developed and developing countries, as well as facilitating access of African countries to new tools and technologies that have the potential to make healthcare more efficient and equitable. To advance this objective, the project organised an ICPerMed engagement meeting in Nairobi, Kenya on the 10-11 June 2025, hosted by the Kenyan National Commission for Science, Technology and Innovation (NACOSTI).

Representatives of African Ministries of Health and research funding organisations from Ethiopia, Kenya, Malawi, Morocco, Senegal, Tanzania and Uganda, together with ICPerMed leadership and members from Estonia, Tunisia, France and South Africa, joined the meeting. The aim of the meeting was to bring together organisations interested in joining the ICPerMed, to discuss PM in general, the benefits and opportunities coming from global collaborations, and the ICPerMed consortium specifically, and how those joint collaborations can support local, national and regional developments.



The EU-Africa PerMed Consortium: Building links between Africa and Europe in Personalised Medicine (PM). Partners engaged in a joint meeting with ICPerMed in June 2025.

Grand Challenges South Africa Programme

Established in 2014, the Grand Challenges South Africa (GCSA) programme is a member of the Global Grand Challenges partner network, which is a family of initiatives fostering innovation to address key global health development priorities. During 2025/2026, the SAMRC managed a portfolio of projects falling under the following topics: Climate and Health; Infodemics/Public Health Data Systems; and Artificial Intelligence.

› **GC Climate and Health Portfolio:** The goal of this RFA, which was launched in collaboration with Grand Challenges Canada, was to support

research addressing the health impacts of climate change. An important highlight from the portfolio is the completion of a project led by Dr M Sibanda (African Applied Chemical), whose goal was the design and development of a next-generation mosquito net to address insecticide-resistant mosquitoes. The net was successfully manufactured and demonstrated to be effective against insecticide resistant mosquitoes under laboratory conditions, passing the standard mortality rate of more than 85% for each section of the net. The net also passed the wash resistance test, meeting the WHO cone bioassays criteria with greater than 80% mortality achieved after 20 washes. The team also discovered that the net could be reloaded with the insecticide once depleted, making the nets reusable and thus reducing environmental impact and potentially improving affordability.



Sample prototype of the AAC dual insecticide net (courtesy of Dr M Sibanda).

› **Infodemics/Public Health Information Systems:** Funded with a grant received from the Gates Foundation, this portfolio aimed to strengthen the use of research evidence, surveillance data, and communication tools to support public health decision-making and address misinformation. A key highlight was the completion and launch of DataBridge360°, a digital platform designed to make trusted HIV and TB information accessible, actionable, and user-friendly. The platform integrates real-time dashboards, public sentiment monitoring, and geospatial mapping to identify emerging misinformation and support more informed decision-making. DataBridge360° strengthens public health systems by improving access to validated information, enabling policymakers, healthcare workers, and communities to respond more effectively to misinformation and emerging health challenges.

› **Artificial Intelligence in Global Health:** The Grand Challenges network partners released a request for applications to fund locally led innovations that harness large language models (LLMs) to address pressing health challenges in South Africa and other low- and middle-income countries. Through this initiative, the partners aimed to promote responsible, equitable, and community-informed AI solutions that strengthen health systems, support frontline health workers, and improve patient communication. The SAMRC supported 11 projects from this RFA. A notable success story is the MzansiMed project, led by Prof Mariam Parker at the University of the Western Cape. The project developed a specialised AI language model and functional prototype application capable of translating medicine instructions into multiple South African languages in real time. The tool demonstrated strong translation accuracy and contextual relevance during preliminary testing and simulated dispensary trials, outperforming general-purpose language models in handling complex medical terminology. By enabling healthcare providers to communicate treatment instructions clearly in patients' preferred languages, the innovation has strong potential to improve medication adherence, patient understanding, and equitable access to healthcare. It is especially important to note that the team demonstrated that the solution can be easily integrated into the existing computer systems currently used by pharmacies in the public sector, thus significantly improving its potential for adoption and scale-up.

› **Grand Challenges African Drug Discovery Accelerator (GC ADDA):** Through its Grand Challenges South Africa programme, the SAMRC has committed R6 million to strengthen early-stage drug discovery at North-West University, focusing on antimicrobial resistance and toxicology capability. Both projects are led by emerging African female scientists, promoting gender equity and African leadership in research. The investment augments South Africa's position as a continental hub for translational drug discovery, builds sustainable research capacity, and expands the SAMRC's footprint beyond the major metropolitan centres.

The Newton Fund and International Science Partnerships Fund (ISPF)

In 2015, the SAMRC established a co-funding initiative with the Newton Fund, executed through the UKRI MRC (United Kingdom Research and Innovation, Medical Research Council), which, over a number of years, supported a total of 21 projects across 12 institutions in priority areas such as NCDs, mental health, TB implementation science and AMR drug discovery. The latter programme funded 2 AMR Drug Discovery Partnership Hubs at Rhodes University and the University of Pretoria, supported by H3D at the University of Cape Town. In 2024, a new call was launched to fund additional projects focusing on drug discovery to address AMR using alternative sources of compounds/antimicrobials and/or novel assays and/or targeting other pathogens of high relevance in the South African setting. In 2025, awards were made to three female researchers from Rhodes University, University of Pretoria and Stellenbosch University, focusing on natural products, scorpion antimicrobial peptide analogues and novel antifungals, respectively. These projects are expanding and diversifying the drug discovery capability in the country while addressing critical product gaps in the AMR arena.

In 2023, the SAMRC established a new partnership with the MRC UKRI under the umbrella of the UK's International Science Partnerships Fund (ISPF) to address African health challenges in the areas of NCDs co-morbidity or multimorbidity of infectious diseases and non-communicable diseases, and one health, climate and health. The aim is to support research that further improves our understanding of disease mechanisms, presentation and progression and informs innovative prevention and treatment strategies that are likely to be efficacious, cost-effective, affordable, potentially sustainable, and acceptable to the key stakeholders in Africa. The programme also aims to support collaboration between researchers in South Africa and the UK as well as scientists from other African countries and to strengthen research capacity by supporting training and mentoring of the next generation of researchers, with a focus on those from previously disadvantaged ethnic groups and institutions. Thirteen new awards were made under this programme in 2024, with four in NCDs, three in multimorbidity and six in One Health. The 10 female and 3 male PIs are from Rhodes University, Stellenbosch University, University of Pretoria, University of Cape Town, University of the Free State, University of the Witwatersrand, SAMRC, the Council for Scientific and Industrial Research (CSIR) and the National Institute for Communicable Diseases (NICD). In 2026, an additional two awards in One Health were made to 2 female PIs from Stellenbosch University and the University of Pretoria.

US-South Africa Programme for Collaborative Biomedical Research

The US-South Africa Programme for Collaborative Biomedical Research was established through a Memorandum of Understanding between the SAMRC and the US National Institutes of Health (NIH) in 2013 with the intent to establish or expand long-term relations between scientists from South Africa and the United States in order to perform high-quality biomedical and behavioural research leading to scientific discovery, as well as to foster the expansion of health research skills among programme participants, with a particular focus on the transformational agenda in South Africa. Phase 1 of the collaborative programme ran from 2014 for 5 years and supported a total of 34 awards to SA-US collaborative research projects on tuberculosis, HIV/AIDS, and HIV/AIDS-associated malignancies, while Phase 2 ran from 2019/20 and supported 18 awards. Phase 3 of the collaborative programme was initiated in 2024 with the release of a Notice of Funding Opportunity (NOFO) on 17 September 2024, with closing date 12 March 2025. Research areas to be supported under this programme include HIV/AIDS, HIV/AIDS co-morbidities and co-infections, HIV/AIDS-associated implementation science, and HIV/AIDS-associated data science. While the applications received were processed by the NIH through full peer review and selection, the funding of the successful projects remains uncertain as a result of the US funding cuts and Executive Orders.

SAMRC-ANRS Partnership to Support Tuberculosis Research

Initiated in 2024, the SAMRC–ANRS-MIE (Agence Nationale du Recherche du SIDA, Maladies Infectieuses Emergentes, France) TB Research Partnership has moved from planning into full implementation, with all five approved projects now underway. The projects focus on cutting-edge research on mRNA vaccine strategies; AI-powered assessment of pulmonary and subclinical TB; individualised therapy approaches; innovative screening techniques; and cost-effective case-finding approaches. The programme is fostering new collaborations between South African and French teams, expanding access to research platforms,

THE MZANSIMED SOLUTION

The MzansiMed tool developed by the University of the Western Cape

MzansiMed: AI-powered Clarity in Every Conversation

MzansiMed, an AI solution that breaks down linguistic walls, offering real-time translation and cultural understanding. Leveraging advanced AI, MzansiMed aims to go beyond conventional word-for-word interpretation, ensuring that the core message is conveyed, without loss of meaning in translation.

Machine Learning

Utilising cutting edge AI and machine learning technologies to provide accurate translations and cultural insights.

Academic Collaboration

Fusion of expertise from two prominent universities, leveraging AI, healthcare, computer sciences and linguistic knowledge to drive this transformative project.

Multi-Language Support

Developing an App that is capable to translate across multiple languages, thereby addressing diverse linguistic needs in healthcare advancement in South Africa and beyond.

Transforming Healthcare Communication

Our goal is a South Africa where every patient understands their healthcare, irrespective of their language.







promoting researcher mobility and capacity development, and strengthening South Africa's TB research ecosystem. SAMRC remains committed to guiding the partnership to ensure all projects achieve their intended scientific and public health outcomes.

MPox Programme

The SAMRC, in collaboration with DSTI through the SHIP programme, launched an RFA in 2024 to support research and product development on MPox in South Africa, resulting in 6 grant awards. These projects span vaccine development, monoclonal antibodies for therapeutic application, diagnostics and surveillance across a range of institutions.

On 2 June 2025, the SAMRC convened the first MPox Programme Workshop, chaired by Ms. Candice Roux, GIPD Programme Manager, and attended by all funded PIs. The workshop was hosted by Prof. Wendy Stevens and Prof. Lesley Scott at the Wits Diagnostic Innovation Hub (Wits DIH) in Johannesburg. The workshop aimed to explore and leverage synergies among the funded projects, and encourage a more integrated, collaborative approach to MPox research in South Africa to address the epidemic. The workshop brought together representatives from various institutions engaged in the MPox response, preparedness, and regulation, including delegates from the Africa CDC and SAHPRA. Key outcomes of the workshop included enhanced data and knowledge sharing, expanded collaborations, strengthened research networks, regulatory insights and advice, and a collective call for ongoing engagement. The planning of a second SAMRC MPox workshop is underway.



MPox workshop held at the Wits Diagnostic Innovation Hub in Johannesburg on 2 June 2025 with representatives from the SAMRC, MPox project PIs, collaborators, Africa CDC and SAHPRA.

Project Africa GRADIENT (Genomic Research Approach for Diversity and Optimising Therapeutics)

Project Africa GRADIENT is an innovative initiative funded by GlaxoSmithKline R&D Ltd (GSK) and Novartis SA (Pty) Ltd and administered by the SAMRC's GIPD unit. The programme focuses on understanding how genetic diversity in African populations influences variability in drug exposure, efficacy, and safety – particularly for TB and malaria treatments. Given the continued burden of these diseases across the continent, identifying genetic factors that affect treatment response is essential to advancing more effective, personalised therapies.

The programme, launched in 2022 with fellowships and investigator led grants across Africa, is scheduled to conclude in December 2026, with six of the nine projects already closed out. Through this programme, the students gained essential skills and experience in this cutting-edge field of research, contributing significantly to research capacity development in personalised medicine.

In April 2025, the SAMRC convened the 3rd GRADIENT Workshop and hosted an Administrative Steering Committee meeting to review programme outcomes and agree on priorities for the final GRADIENT initiative. The meeting was co-chaired by Ms. Candice Roux (GIPD Programme Manager), Mr. Javier Gamo (GSK representative) and Mr. David Barros (GSK representative). The event was attended by funder representatives from Spain, the funded PIs and students from various provinces across SA. The workshop strengthened the GRADIENT research community by fostering collaboration and enhancing knowledge sharing. A key highlight was the announcement of a new initiative to be launched in 2026.

Following the success of the 3rd GRADIENT workshop, the funders and the SAMRC have established the scope and guidelines to launch the final initiative for GRADIENT. This new initiative seeks to maximize the impact of the data and insights generated by the GRADIENT programme thus far, and to ensure a lasting legacy of innovative research that will directly benefit patients in Africa.

Healthy Life Trajectories Initiative (HeLTI)

The Healthy Life Trajectories Initiative (HeLTI) is a long-term collaborative programme between national research funding agencies in Canada, China, India, South Africa and the WHO that involves linked international intervention cohorts implementing and testing approaches to prevent overweight and obesity in children and risk factors for NCDs and improve early childhood development. The goal of HeLTI is to generate evidence that will inform national policy and



Third GRADIENT workshop held at the SAMRC Cape Town on 4 April 2025 with representatives from SAMRC, GSK, funded PIs and students.

decision-making in these areas. The SAMRC is supporting participation of South Africa in HeLTI through the BUilding Knowledge and a foundation for HeALthy lIfe trajectories: BUKHALI Trial led by the University of the Witwatersrand. Bukhali is a randomised controlled trial to test the efficacy of a complex continuum of care intervention. Starting preconception and continuing through pregnancy, infancy and childhood, the intervention is designed to improve nutrition, physical and mental health, and health behaviours of South African women to offset obesity-risk (adiposity) in their offspring.

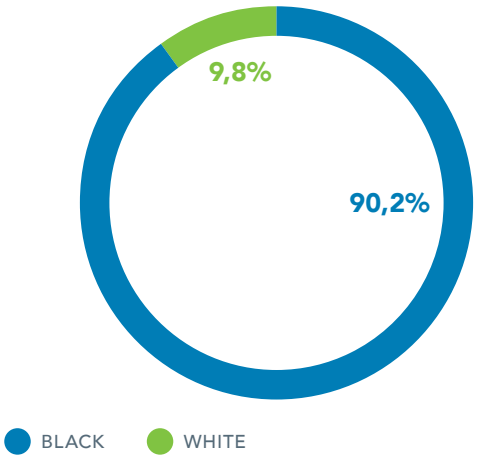
The project completed its 9th year in 2025/2026, with completion of the preconception phase of the trial. Baseline data has been collected on 7735 individuals and analysed to address four topics, namely characterising the burden of disease among young women living in Soweto, examining both the prevalence and clustering of chronic conditions, and exploring the social and behavioural factors that shape these patterns; investigating the direct and indirect effects of household socioeconomic status (SES) and probable anxiety and depression among young women aged 18 to 28 years in an urban-poor community and determining the extent to which household- and individual-level factors mediate the relationship between SES and anxiety and depression; determining the prevalence of self-reported intention for self-harm or suicidal thoughts in a sample of young women and the association between social vulnerability and intention for self-harm or suicidal thoughts; and systematic characterisation of body composition by whole-body Dual Energy X-ray Absorptiometry and its associations with glucose tolerance and blood pressure in young women residing in Soweto. Although the final trial read-outs are only expected once the infants born during the study reach early childhood, the study has to date generated valuable data on the baseline disease burden and practical realities and challenges faced by young women in this community and their impact on health and well-being.

Self-Initiated Research Grants

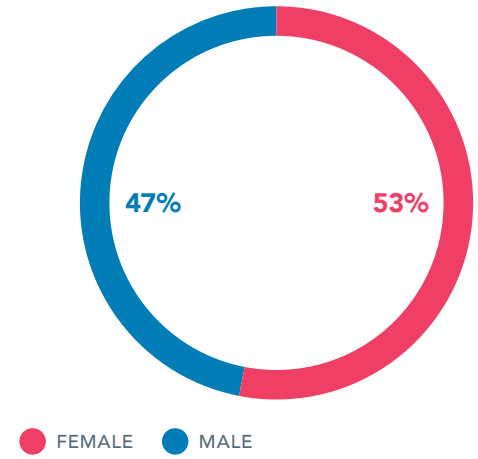
The distribution of these grants by ethnic group, gender, and institution is presented in the figures below. The application of a transformation matrix has led to a significant year-on-year increase in awards to black applicants, with the proportion of awards to black applicants rising from 27% in 2012/13 to 90% in 2025/2026. The portfolio is split between early-career scientists and mid-career to established researchers, with 45% of the grants awarded to early-career researchers and 55% to mid-career and established researchers. The SAMRC continues to prioritise increasing support to early-career researchers, reflecting a significant effort to support the development of emerging scientists.

A new request for applications for SIR grants was issued in October 2025, with a closing date for submissions at the end of December 2025. Proposals

2025/2026 SIR GRANT PORTFOLIO BY RACE

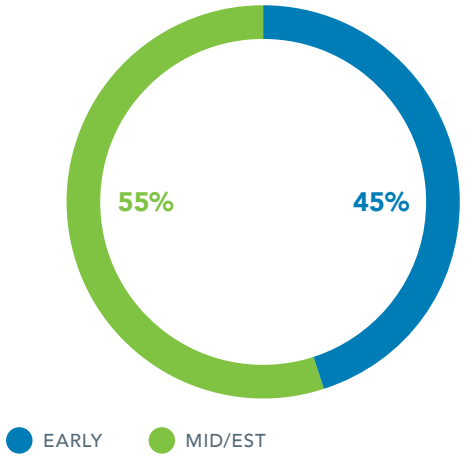


2025/2026 SIR GRANT PORTFOLIO BY GENDER



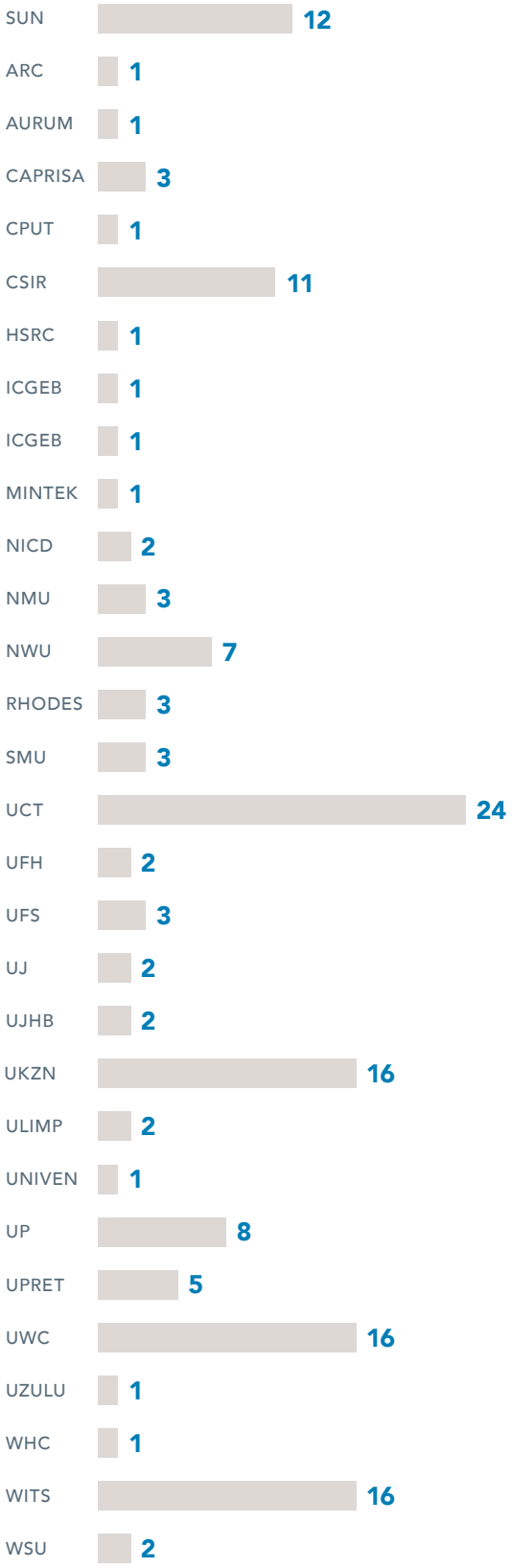
were invited across 11 priority research areas: Health Economics and National Health Insurance (NHI); Brain, Behaviour, and Mental Health (including neuroscience and brain injury); Disease Prevention and Health Promotion; HIV and TB; Maternal, Infant, Child and Adolescent Health; Non-Communicable Diseases; Other Infectious Diseases (including fungal diseases endemic to Africa and Antimicrobial Resistance [AMR]); Vaccines, Diagnostics and Drug Discovery; African Traditional Medicines; Behavioural Science in relation to the uptake and use of health interventions; and Climate Change, Environmental Health, Occupational Health, and One Health. The online Research and Innovation Management System (RIMS) was again used for this call. Despite applicants' unfamiliarity with the system, we received 269 eligible applications. These applications are currently being peer-reviewed by national and international reviewers, and approximately 50 awards will be made for the 2026/27 financial year.

2025/2026 SIR GRANT PORTFOLIO BY RESEARCHER CATEGORY



SIR GRANTS PER INSTITUTION

2025/2026 SIR grant portfolio by institution



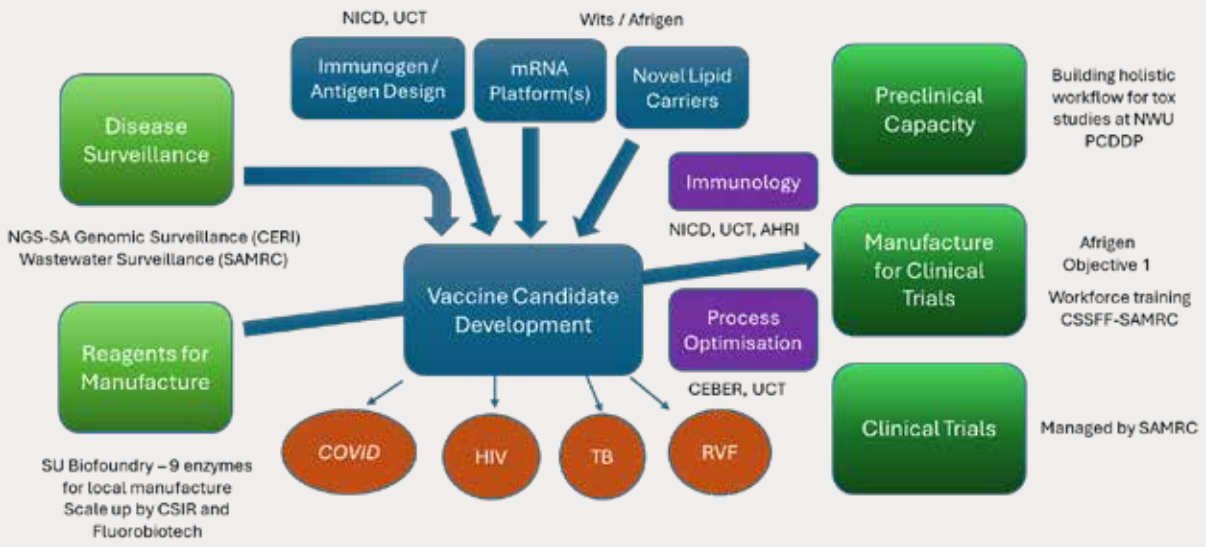
SAMVAC-mRNA Technology Transfer Programme

mRNA PROGRAMME PARTNERS AND SUPPORTERS

mRNA PROGRAMME FUNDERS

The mRNA Technology Transfer Programme, established by the WHO in partnership with MPP in 2021, has three objectives being executed by Afrigen (establishment and transfer of mRNA vaccine manufacturing capability), Biovac (establishment of commercial mRNA vaccine manufacturing capability) and the SAMRC (establishment of an mRNA R&D programme). The latter is being executed by the South African mRNA Vaccine Consortium (SAMVAC), established in 2022 with a total of 11 consortium members that include public universities, science councils and private companies, with the main aim being to drive the research, development and testing of mRNA vaccine candidates, focusing on the priority diseases of South Africa and Africa. Each consortium member plays a critical role in the product development value chain and a key goal has been to fill any existing gaps and ensure that South Africa has the capability to take an mRNA vaccine candidate all the way through the product development process from identification of the immunogens to first in human studies.

KEY COMPONENTS OF SAMVAC



The SAMVAC consortium has grown considerably over the past 4 years with the addition of new consortium members and substantial progress has been made in the R&D programmes under the following thematic areas.

The **TB TITAN** (**T**owards a First-**I**n-Human **T**rial of the TCR-Informed **AN**tigen) vaccine development programme is led by the SATVI team at UCT in collaboration with the AGTRU Wits team and Afrigen. TB TITAN aims to develop candidate mRNA vaccines for TB. Following the evaluation of multiple candidates, two mRNA vaccine constructs were selected for further preclinical development, with substantial preclinical data supporting their movement to first in human studies. Efforts have now shifted towards scaling up production under GMP conditions and confirmatory preclinical testing. A draft Phase I clinical trial plan is under development to guide planning and fund raising for a first-in-human evaluation of both vaccine candidates.



TB TITAN stakeholders annual face-to-face meeting held at the Vineyard Hotel, Cape Town, on 7 August 2025.

The HIV programme has made encouraging progress towards developing mRNA-based HIV vaccine candidates targeting locally identified subtype C strains. This programme was being partly funded through the USAID-funded BRILLIANT Programme, which was abruptly halted in early 2025 due to the US funding cuts. Interim funding was received from the ELMA Relief Fund to continue the work and the programme was awarded funding through the SAMRC's National Health Research Enterprise programme to continue the vaccine development.

The novel ionizable lipid programme focuses on designing and testing new lipid molecules that can improve how mRNA material is packaged, protected, and transported into cells. The Chemistry Department and AGTRU at Wits have developed over 100 novel ionizable lipids from natural waste products and demonstrated their ability to form stable delivery systems. These novel lipids are currently being optimized to further enhance delivery efficiency while reducing potential toxicity, and a selection of them are being scaled up in a GMP facility for further pre-clinical testing to evaluate performance and safety. This SAMVAC programme is an important step toward improving the cost and effectiveness of mRNA vaccines and treatments and ensuring freedom to operate.

National Health Research Enterprise (NHRE) Programme

A major new programme initiated in 2026 in response to the US funding cuts was the National Health Research Enterprise (NHRE) Programme. This was made possible through funding raised by the SAMRC President, with support from the NDOH, from National Treasury, the Gates Foundation, Wellcome Trust and the ELMA Foundation. A total of 64 awards have been made to salvage projects and platforms affected by the US funding cuts in 2025 – see Part A for further details.

Chan Soon-Shiong Family Foundation (CSSFF)-SAMRC Biomanufacturing Capacity Development Programme

This programme supports studentships, internships, and scholarships to develop a workforce for vaccine development and manufacturing. Studentships train graduates in laboratory science, process engineering, quality assurance, and research skills, delivered by SAMRC's BRIP, UCT, and SU. Promising candidates receive industry internships or postgraduate study opportunities. Four cohorts have been trained: 15 in cohort 1, 11 in cohort 2 (2023), 22 in cohort 3 (2024), and 20 in cohort 4 (2025). The SAMRC arranged internships for four trainees from cohort 1 who became trainers for cohort 3, and five trainees in 2024. Many trainees have secured placements in industry and academia. Industry feedback is positive, highlighting improved employability skills. The programme duration has been extended to 10 months for longer industry placements, with more industry partners involved.

The CSIR led an initiative to establish a WHO Southern African Biomanufacturing Training Centre. In January 2025, a WHO panel visited and engaged with the CSIR and partners, including SAMRC, Biovac, Afrigen, UVU Bio, and UCT CeBER, about the proposed regional centre in South Africa. In August 2025, SAMRC joined a workshop hosted by CSIR and Africa CDC to explore regional training priorities, map programmes, and discuss operationalising the Southern African RCCN.

In 2024, two mechanical engineering graduates interned at CSIR and were offered jobs afterwards. Six interns also gained experience at SAHPRA in regulatory affairs, quality assurance, and clinical evaluation. In 2025, the SAHPRA internships were reviewed: three funded by SAHPRA and three by CSSFF-SAMRC. Two CSSFF-SAMRC interns were subsequently employed by SAHPRA.



SAHPRA interns appointed through the CSSFF-SAMRC Biomanufacturing Capacity Development Programme.

The CSSFF-SAMRC programme includes scholarships for master's and doctoral degrees. The students were selected through two open RFAs and are funded to complete their studies on vaccine-related topics, with the aim of developing future vaccinology researchers. The scholars attended the 17th Early Career Scientist Convention hosted by SAMRC and presented at several international conferences, including the World Conference on Lung Health, World Society for Virology, and others. They received four presentation awards and a travel award.

In 2024, four candidates received scholarships to pursue an MSc in Pharmacy Administration and Policy Regulation at UWC. This two-year course includes theoretical modules and a dissertation. It equips regulators and pharmaceutical regulatory staff to lead drug development, licensing, and pharmacovigilance. The candidates are in their final year and will submit dissertations in 2026.

Finally, the programme offers scholarships for medical students at Nelson Mandela University to complete their training. The first group of 6 medical students was funded starting in 2023, and a second group of 11 students was awarded support from 2024 and will be helped throughout their studies. The first graduation from this programme is expected in 2026/27.

The CSSFF-SAMRC capacity development programme trains the next generation of vaccine professionals, researchers, and experts, building capacity and a network to foster vaccine R&D and innovation. Most awardees are graduates from HDIs, contributing to transformation in health, science, and related fields.



The 2025 CSSFF-SAMRC Biomanufacturing Capacity Development Programme studentships cohort.



CSSFF-SAMRC Biomanufacturing Capacity Development Programme MSc and PhD scholarship awardees showcasing their work at various conferences.

Support for Vaccine Research, Development, Pilot-Scale Production and Regulation in South Africa through the KfW-DSTI Infrastructure Programme

The KfW-DSTI vaccine infrastructure programme, co-funded by the Government of South Africa through the DSTI and the German Federal Government through KfW Development Bank (KfW), is supporting infrastructure and equipment for vaccine research, development, pilot-scale production and regulation in South Africa in order to fill critical gaps and bottlenecks that hamper progress in establishing the country as a significant vaccine development and manufacturing hub. The German Government has committed up to €20 million (about R442 million) for this purpose, with the long-term goal of creating a more resilient vaccine innovation and production landscape with higher local content, enabling South Africa to address current and prepare for future health threats. The SAMRC has been appointed by the DSTI as the Project Executing Agent to implement the programme on its behalf.

Project implementation started on 1 April 2024. A national open RFA process invited proposals from vaccine research, development, testing, and pilot-scale production stakeholders in South Africa needing equipment and infrastructure support to boost their capacity within the vaccine ecosystem. After an international peer review, the DSTI, with KfW approval, awarded support to 18 organisations, including universities, science councils, and private entities. Additionally, SAHPRA received support to leverage technology for efficiency in regulatory tasks related to vaccine R&D, manufacturing, and registration. Digitalising SAHPRA's processes aims to help it become a WHO ML4 country and Listed Authority.

The SAMRC is currently working with beneficiaries to procure the necessary equipment and infrastructure to support the programme's objectives. A total of approximately 98 individual items in the following categories were awarded:

- Implementation Consultancy Services
- Software Development Services
- IT Infrastructure (hardware and software)
- Upstream cell-culture hardware
- Chromatography & Purification
- Perfusion Bioreactor System
- Flow Cytometers
- Imaging Systems
- Analytical Instruments
- Centrifugation
- High-Pressure Homogenizers
- Cryostorage LN2
- Filtration QC
- Plate Handling Instruments
- Animal (Rodents) Housing/Cages
- UHPLC MS System
- Electrophoresis Systems
- Biosafety Cabinets
- Incubators
- Lab Mixers & Heat Blocks
- PCR Thermal Cyclers
- Sequencing & Genomics
- Construction: Laboratory renovations & Animal (non-human primates) holding cages
- Construction: Laboratory building expansion

With many of the awarded equipment items similar across institutions, the SAMRC, with the support of the Implementation Consultant (BioMedHelix joint venture with management4health AG), has grouped the different items into 27 coherent procurement lots/grouped categories by market segment. This approach was implemented to avoid fragmented tenders, reduce duplication, increase competition (potentially resulting in cost savings) and improve overall efficiency.

To date, the following tenders have been concluded:

1) Provision of Software Development, Support and Maintenance services for SAHPRA
2) Supply and delivery of high-performance servers and high-capacity storage solutions capable of storing and processing large datasets for the SAMRC
3) Supply and delivery of the Upstream Cell Culture hardware, which includes 22 Bioreactors and 4 shaking incubators to be distributed to multiple institutions

The following tenders are in progress:

4) Supply and delivery of a Complete Filter Integrity Tester
5) Supply and delivery of a Cryogenic Freezer
6) Provision of AI Tools development and maintenance
7) Provision of ICT Hardware

8) Supply and delivery of 12 Analytical Instruments for multiple beneficiaries

The outstanding tenders are planned and scheduled for 2026/27. Monitoring and evaluation of the awards (use of the infrastructure and equipment, and their impact) will take place for 5 years after installation and commissioning.

Managing Vaccine Clinical Trials

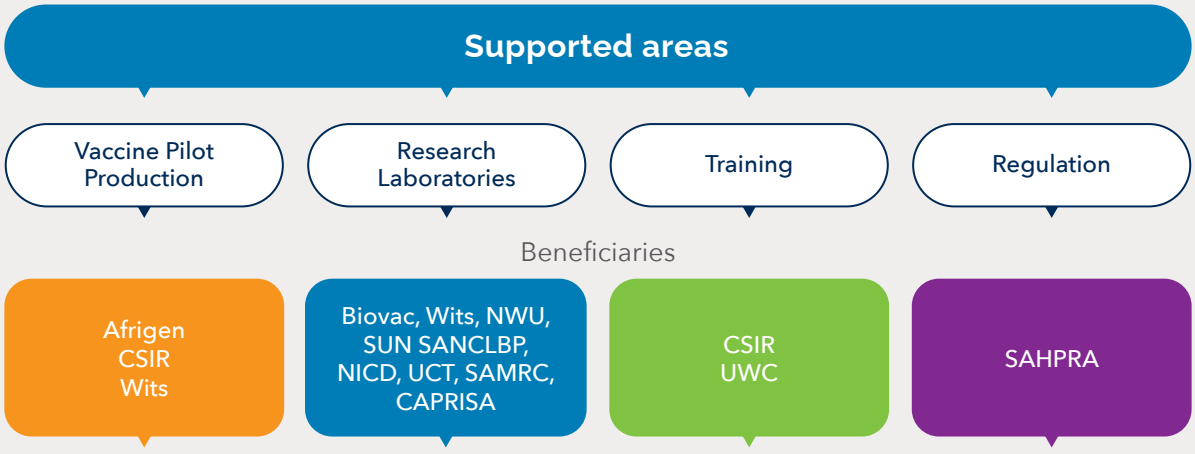
BRILLIANT 011

The BRILLIANT Consortium, an African-led HIV vaccine research partnership established in 2023 with SAMRC as lead, aimed to develop HIV vaccines from Africa, conducting pioneering clinical and discovery studies. In early 2025, USAID funding withdrawal led to a strategic redesign, with new funding from the Gates Foundation and SAMRC. Its first trial, BRILLIANT-011, was redesigned with a better adjuvant, simplified schedule, and a single Cape Town site. Participant screening started in December 2025, with enrolment expected in early 2026.

Meanwhile, GIPD supported the development and SAHPRA submission of the BRILLIANT-002 protocol, a first-in-human Phase 1 trial assessing an mRNA prime-boost HIV vaccine regimen developed in collaboration with the Amsterdam University Medical Centers, with trial initiation planned for Q4 2026. Samples from both trials will be analysed using an advanced B-cell analytics platform established at the Wits Antibody Immunity Research Unit (AIRU), enhancing South African capacity in a specialised area of HIV vaccine immunological assessment.

Although the original grant has been terminated, GIPD continues to support BRILLIANT partners Desmond Tutu Health Foundation and Wits with the management and execution of these trials.

THE ACTIVITIES WITHIN THE VACCINE VALUE CHAIN AND THE BENEFICIARIES SUPPORTED THROUGH THE KFW-DSTI VACCINE INFRASTRUCTURE PROGRAMME



Targeted activities in the vaccine value chain

- Genetic sequencing for immunogen identification
- Immunogen design
- Development of vaccine platforms/technologies
- Development of vaccine candidates
- Development of vaccine delivery mechanisms and carrier molecules
- Formulation of vaccines
- Preclinical testing of vaccine candidates
- Immunogenicity assessment of vaccine candidates
- Data management for the above activities
- Pilot-scale manufacture of mRNA-based vaccines under GMP
- Pilot-scale manufacture of non-mRNA-based vaccines under GMP
- Quality testing of vaccines
- Production of reagents for vaccine manufacture
- Laboratory training on vaccine technology (potentially linked to a pilot plant or equivalent facility)
- Regulation of clinical trials and vaccines (limited to the national regulator)
- Other vaccine-related research and/or development activities


SA launches first human HIV vaccine trial

Sunday Times Article on the launch of BRILLIANT-011.

SAMRC-IVI-BIOVAC Collaboration

Cholera cases have been increasing globally since 2021, with high case fatality rates. The large number of outbreaks has led to unprecedented demand for vaccines. While global oral cholera vaccine supply has increased 18-fold between 2013 and 2023, the large and sustained increase in demand has strained the global stockpile of cholera vaccines. A major global challenge in cholera control remains a limited vaccine supply relative to demand.

The SAMRC, together with the International Vaccine Institute (IVI), Korea, and the Biovac Institute, South Africa, are collaborating on a Phase I/III, multicentre, observer-blinded, randomised, active-controlled trial to evaluate the immune non-inferiority, safety, and lot-to-lot consistency of the BIOVAC-manufactured oral cholera vaccine (OCV) in healthy participants aged 1 to 45 years. This clinical trial aims to establish the immunogenicity and safety profile of the Biovac OCV compared to the available WHO pre-qualified vaccine Euvichol®-Plus. The SAMRC has secured and is managing a grant of R78 million from the ELMA Vaccines and Immunisation Foundation for this clinical trial.

During the financial year, this programme successfully secured SAPHRA approval for BIOVAC to manufacture the clinical trial material in May 2025, obtained SAHPRA approval for the clinical trial in September 2025, and received ethics approvals for all five clinical trial sites. The trial also gained approval and endorsement from the South African Department of Health. It commenced in October 2025 and was widely publicised and celebrated worldwide. All predefined targets for the clinical trial are being achieved. Data quality is actively monitored and remains satisfactory, while community engagement and support continue. The trial's conduct is supported by the SAMRC and the IVI in Korea.

Once Biovac obtains WHO prequalification for the oral cholera vaccine, this will increase manufacturing capacity and add to global stockpiles. Biovac will then be the sole manufacturer in Africa. This



Attendees at the Biovac OCV trial investigators' meeting held in Cape Town in August 2025.



Prof Glenda Gray, Dr Michelle Mulder, Dr Morena Makhoana, together with representatives from the Department of Science, Technology and Innovation, the National Department of Health, and the Gauteng Department of Health, at the launch of the trial in Johannesburg in November 2025.



The launch of the clinical trial for South Africa's first locally developed Oral Cholera Vaccine (OCV-S), held at Chris Hani Baragwanath Academic Hospital.

expanded supply will improve equity in global distribution and strengthen the ability of countries, especially African countries, to plan preventive campaigns and to respond to emergencies. There is much support for this groundbreaking study.

Aligning Research and Innovation Funding in Africa

The SAMRC is involved in several forums that bring together funders to better coordinate and align their investments in research and innovation projects and programmes on the African continent and beyond. They include the African Health Research and Innovation Funders Forum (AHRIFF), the CEPI Medicines Counter Measures (MCM) Forum, GLOPID-R and ESSENCE.

The 5th AHRIFF meeting took place from 5–7 November 2025 at The President Hotel, Cape Town, held jointly with the Grand Challenges Network Strategy & Coordination Meeting and the Calestous Juma Science Leadership Fellows meeting. The forum, co-hosted by the SAMRC, Gates Foundation, Science for Africa Foundation, Virgin Unite, and DSTI, brought together approximately 100 participants representing funders investing in African health research, under the theme: "*How can we ensure a multiplier impact of funding?*"

Convening for Climate & Health Innovation

The Climate & Health Innovation Meeting, hosted by SAMRC as a side event of the AHRIFF and in partnership with the Science for Africa Foundation and Grand Challenges Canada, gathered senior leaders to promote a coordinated, locally driven response to climate-related health issues in low- and middle-income countries. Discussions referenced the 2025 Global Climate & Health Survey and emphasised community-centred innovation, resilient health systems, stronger governance, equitable research leadership, sustainable financing, and digital integration. The meeting supported early funding for the NEXA Climate & Health Innovation Programme to coordinate investment and partnerships for scalable, climate-resilient health systems. Initial commitments showed growing momentum for long-term action.

SWEAT Africa

Following discussions at AHRIFF 2025 on capacity-building across the continent, SWEAT Africa convened from 13–14 February 2026 in Stellenbosch, South Africa, bringing together approximately 400 participants, including ecosystem enablers, startups, investors, and funders such as Limited Partners (LPs), philanthropic foundations, and venture capitalists. The event was organised by accelerators, venture capital firms, and startups from across Africa and co-founded by the SAMRC.

Designed as a community accelerator rather than a traditional conference, SWEAT Africa emphasises active collaboration, idea-sharing, and network-building. Participants, including founders, students, investors, and operators, engaged in hands-on activities to strengthen Africa's tech and biotech ecosystems, foster partnerships, and accelerate innovative solutions. By creating a space for collaboration, trust-building, and collective effort, SWEAT Africa contributes directly to developing the next generation of African innovators and leaders.



Participants at the AHRIFF 2025 held in Cape Town in November 2025.

Supporting Innovation

GIPD manages internal and external funding programmes to deliver new health solutions, including the SHIP programme and Grand Challenges South Africa. The innovation component additionally hosts the SAMRC's Technology Transfer Office (TTO), the Global Health Innovation Accelerator (GHIA), the Medical Device and Diagnostic Innovation Cluster (MeDDIC) and the SAMRC-TIA Seed Fund, all of which provide innovation support to advance technologies towards commercialised products to address strategic goal 3 of the SAMRC.

Technology Transfer Office

The SAMRC Technology Transfer Office's main mandate is to identify, evaluate, protect, and where possible, commercialise intellectual property (IP) developed by SAMRC researchers, as well as to raise awareness of IP issues within the organisation. The TTO also provides advice on IP matters in contracts with external parties. During FY2025/2026, two new actionable invention disclosures were received, relating to nutrient supplementation aimed at improving maternal and child health outcomes and the development of a linkage platform connecting data from the new DIASA app to the FoodFinder dietary analysis programme. Additionally, the TTO is part of the World Intellectual Property Organization (WIPO) Technology and Innovation Support Centre (TISC) initiative in South Africa. TISC seeks to enhance the operations and efficiency of the Offices of Technology Transfer and SMEs to stimulate innovation and economic growth.



Participants at the Convening for Climate and Health Innovation, held in Cape Town in November 2025.

As part of this initiative, the SAMRC facilitated access to WIPO Intellectual Property courses in 2024 and 2025.

Global Health Innovation Accelerator

The Global Health Innovation Accelerator (GHIA) is an innovation support programme within GIPD focused on advancing global health innovation and strengthening capacity. Specifically, GHIA helps with the local development and implementation of a portfolio of affordable, affordable and appropriate health-focused technologies as well as broader health innovation ecosystem development. This is currently facilitated through the MeDDIC and seed fund programmes.





SWEAT Africa 2026 participants, Stellenbosch February, 2026. Credit: SWEAT Africa Communications.

MeDDIC

The Medical Device and Diagnostic Innovation Cluster (MeDDIC) is a nationwide initiative established in 2021, supported by the Technology Innovation Agency and the Department of Science, Technology and Innovation. Its aim is to stimulate and strengthen technological innovation in the medical devices and diagnostics sector, as well as promote an integrated health innovation ecosystem. The first phase of MeDDIC, which lasted five years, was completed in March 2026. During this period, MeDDIC made significant progress in addressing challenges within the medical devices and diagnostics sector, efficiently utilising limited resources through the activities listed below.

- SAHPRA received a direct grant to collect and analyse data from medical device and IVD establishment licenses. This helped identify license holders and the types of devices circulating in South Africa. SAHPRA will use this data to prepare for registration of individual device categories.
- MeDDIC hosted the Medical Devices Stakeholder Forum (MDSF), holding meetings during phase 1 for information sharing, networking, coordination, and discussion of industry challenges. The MDSF also facilitated stakeholder engagement with SAHPRA on sector-specific regulatory issues.
- Stakeholder collaboration and information sharing were facilitated by the Innovation Bridge Medical Devices portal (https://innovationbridge.info/ibportal/meddic), launched by the CSIR in February 2023 within the national Innovation Bridge portal. It includes sections for manufacturers, R&D, support, funding, innovations, and opportunities, allowing for the showcasing of capabilities, partnerships, licensing, and funding to boost local device production and sector collaboration.
- MeDDIC supported a small portfolio of four localisation projects aimed at increasing the locally manufactured content of medical devices and IVDs that were largely imported, with the goal of reducing the trade imbalance and the country's reliance on imports. All four products have been taken up in the market, and the host companies now hold SAHPRA-approved licences to manufacture.
- MeDDIC has funded a regulatory support programme, managed by the CSIR Industrial Sensors Impact Area within the manufacturing cluster, aimed at assisting local companies, entrepreneurs, and higher education institutions to navigate the medical device compliance and registration requirements. More than 20 companies, institutions and individual entrepreneurs have been assisted through this mechanism.
- A Medical Devices and Diagnostics Technical Support Platform was created to improve access to local technology, expertise, and platforms for development, testing, registration, manufacturing, and commercialization of medical devices and diagnostics. After a September 2023 Request for Information, over 50 responses from service providers were received, all invited to present at MDSFs held virtually from 22–24 November 2023. An Interactive Stakeholder Map listing available technologies, platforms, capabilities, and service providers in South Africa's medical tech sector was developed. A closed call for projects previously funded by the SAMRC was conducted to utilise these services for product development and commercialization. Six applications were approved for funding and are now in progress.
- MeDDIC is piloting an internship programme placing science graduates in medical device companies, science councils, and academic units involved in certification processes. It aims to provide hands-on training in industry environments to boost skills in regulatory compliance for medical devices and diagnostics. A request for expressions of interest from host companies was

issued in September 2025, following which 9 interns and 8 companies were selected to participate. The six-month program started in February 2026.

- The MeDDIC team participated actively in the Medical Technology Master Plan working groups, directly contributing to the development of a national plan and compact (launched in May 2024). Two GIPD staff members continue to serve on the MedTech Master Plan Steering Committee, which is driving the plan's implementation.
- Completion of phase 1 of MeDDIC was celebrated in March 2026 through a stakeholder event held in Johannesburg. The attendees included the funder (TIA), the DSTI, industry bodies, NDoH, DTIC, as well as representatives from the Medtech Masterplan, HEIs, and the medtech industry. The purpose of the engagement was to reflect on the programme's successes and challenges over the past years and to solicit insights to inform its future direction.

The value of MeDDIC is demonstrated by the strong interest from the Medical Technology Master Plan initiative in leveraging MeDDIC's activities to date and using the cluster to implement some of the actions supported in the Master Plan. It is also evidenced by representation on the MeDDIC Steering Committee from key government departments, including the DTIC, DSTI, National Treasury and NDoH, as well as the three relevant industry associations, SAMED, MDMSA and SALDA. An external service provider is currently finalising an evaluation of MeDDIC. The recommendations from this, the Medical Technology Master Plan, and general inputs received from stakeholders have been incorporated into the design of MeDDIC Phase 2.

SAMRC-TIA Seed Fund

The SAMRC serves as an implementing partner for the Technology Innovation Agency's national seed fund programme. Additionally, the SAMRC and TIA co-fund a specific seed fund programme dedicated to medical devices and diagnostics. These seed funds aim to offer bridging support to help translate research outputs into fundable ideas for further development. Here are some highlights from the SAMRC-TIA Seed Fund.

SINAPI Negative Pressure Wound Therapy (NPWT) with innovative wall suction application

Negative Pressure Wound Therapy (NPWT), or vacuum-assisted wound closure, effectively treats acute and chronic wounds. It removes fluids and microorganisms, reduces oedema, boosts blood flow, and promotes tissue growth via moderate suction with a sealed foam dressing. Commonly used for surgical wounds, burns, pressure ulcers, and diabetic ulcers, access can be limited in resource-poor countries due to high costs. SINAPI Biomedical's affordable, versatile NPWT system can operate as a mobile unit or with wall-mounted suction – a unique feature. Clinical trials show the device's effectiveness in managing complex wounds, including infections, open abdomens, and soft-tissue wounds, with wound closure comparable to high-cost products and over 70% reduction in treatment expenses. The technology is fully developed, with the first version commercialised and the improved version under industrialisation, with validated new components. The Sinapi NPWT offers a practical, cost-efficient solution that improves access and patient outcomes.

COBA BioManufacturing Disposable Atraumatic Bulldog Clamps

COBA Manufacturing has developed an innovative disposable bulldog clamp with soft textured foam jaws that provide consistent, safe clamping pressure. Designed for cardiovascular, plastic, and orthopaedic surgeries, the clamp temporarily controls blood flow while safeguarding delicate vessels, reducing tissue damage and supporting faster patient recovery. Unlike traditional metal clamps that lose pressure over time and can damage vessel walls, COBA's single-use polymer design ensures reliable, atraumatic performance with every procedure. Lightweight and cost-effective, these clamps are produced using injection moulding technology, making them accessible without

compromising quality. With this breakthrough, COBA Manufacturing is setting a new standard for surgical tools, combining precision, safety, and affordability to improve surgical outcomes and patient care.

Medi-Safe Surgicals and Myco Medical's Innovative Safe Shave Biopsy Device

Medi-Safe Surgicals, in collaboration with Myco Medical (USA), has created an innovative shave biopsy device with integrated safety features that greatly decrease the risk of sharp injuries. Designed for extracting skin or lesion samples for biopsy testing, the device keeps the razor blade securely behind a protective guard, which extends only when the surgeon activates it. Building on Medi-Safe's expertise in surgical safety – already proven by their three market-leading safety scalpel devices – this new innovation provides surgeons with improved ambidextrous grips for better control, secure blade fixation that preserves the bowed profile of the razor blade, and a pioneering safety design for shave biopsy procedures. Fully developed and ready for distribution in South Africa and the USA, this device establishes a new standard in surgical safety, empowering healthcare professionals with confidence in precision and protection within a single tool.

Rapid Point-of-Care Test for Early Detection of Kidney Injury in HIV Patients

In South Africa and many other developing countries, Tenofovir disoproxil fumarate (TDF) is a key component of HIV treatment; however, up to 10% of patients experience acute kidney injury (AKI) as a serious side effect, with current diagnostic methods often detecting damage too late. To address this, researchers at the CSIR have developed a point-of-care multiplex rapid test that uses non-invasive urine or blood samples to identify early biomarkers of AKI within 10 minutes. Based on a low-cost, paper-based immunochromatographic assay, the test is simple to use, requires no laboratory facilities, and is ideally suited for deployment in resource-limited settings. Multiplex prototypes with three biomarkers have already been developed and are undergoing clinical validation, positioning this innovation to transform HIV care by enabling earlier intervention, reducing complications, lowering healthcare costs, and ultimately saving lives.

ALIGN: Advancing Country-Led Innovation Introduction through Government Engagement and Evidence

ALIGN is a multi-country programme led by Duke University's Global Health Innovation Center (funded by the Gates Foundation) and implemented in South Africa by GIPD in partnership with the SAMRC's Health Systems Research Unit, Cochrane South Africa, the Office of AIDS and TB Research and Biostatistics Research Unit, PATH South Africa, and the Aurum Institute. The programme runs from July 2025 to December 2027, with a total SAMRC sub-award of USD 2,6 million. The programme collaborates with the national government to strengthen the systems through which new health products are prioritised, financed, and introduced into the public health sector across four areas: whole-of-government coordination, data-driven decision-making, whole-of-market engagement, and portfolio-based planning. A growing pipeline of health innovations reaching the market in the coming years makes the efficiency and coherence of these decision-making and implementation processes and systems more critical than ever, and ALIGN positions the SAMRC and the products it supports within its broader research and innovation portfolio to benefit from the evidence and tools this work is generating.

In the first reporting period, the project established its governance structure, including a national Steering Committee and thematic working groups with participation from the NDoH, DSTI, National Treasury, and provincial health authorities. A landscape assessment, mapping current pathways for the introduction of medicines, vaccines, devices, and diagnostics, is in progress. This will help identify gaps, bottlenecks, and opportunities to build the evidence base and systems that remove guesswork about which innovations to prioritise and how to introduce them. Simultaneously, a local market intelligence hub linked to a global platform is being developed. The hub aims to consolidate the data decision-makers need to prioritise and plan for incoming health product innovations into a single, accessible platform.



Members of the ALIGN consortium executive committee at the first in-person meeting in Nairobi, Kenya, 2025.

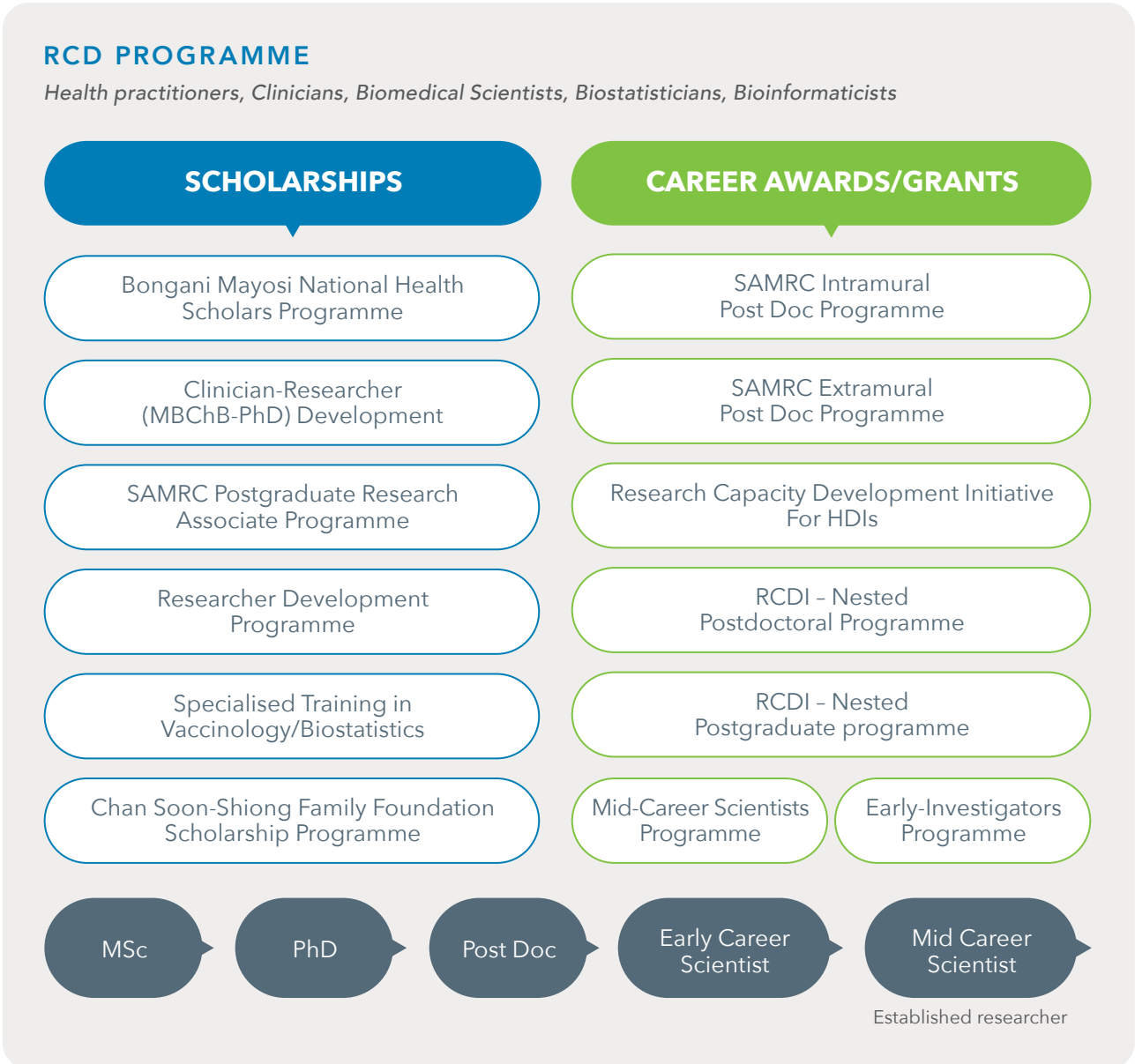
Early findings from the stakeholder and landscape work have highlighted the medical devices and diagnostics space as a particular opportunity, given ongoing reforms to procurement and the implementation of the national MedTech Master Plan – both of which create an opening for ALIGN to shape introduction systems at a formative moment.

DIVISION OF RESEARCH CAPACITY DEVELOPMENT

Overview

The primary aim of the SAMRC's Division of Research Capacity Development (RCD) is to promote the long-term sustainability of health research in South Africa by funding the next generation of health scientists. The division supports capacity building by offering scholarships, fellowships, and research grants or career awards to postgraduate students, postdoctoral fellows, and early- and mid-career scientists at South African universities. Since most of these awards target individuals from historically disadvantaged backgrounds, the division's activities also significantly contribute to transformation in health research. In 2025/2026, RCD's programmes continued to support the SAMRC's strategic goals of managing health research effectively and efficiently, fostering the creation of new knowledge, and developing human capacity for the sustained growth of health research in South Africa.

RCD's programmes are divided into Scholarships and Career Awards/Grants as depicted in the figure below.



The number of beneficiaries and the amount invested in 2025/2026 for each programme are listed in the Table below. The total number of funded beneficiaries (career awards/grants and scholarships), including new intake for the 2025/2026 reporting period, exceeded the annual target of 110. The total performance for indicator 4.1.1 is 226.

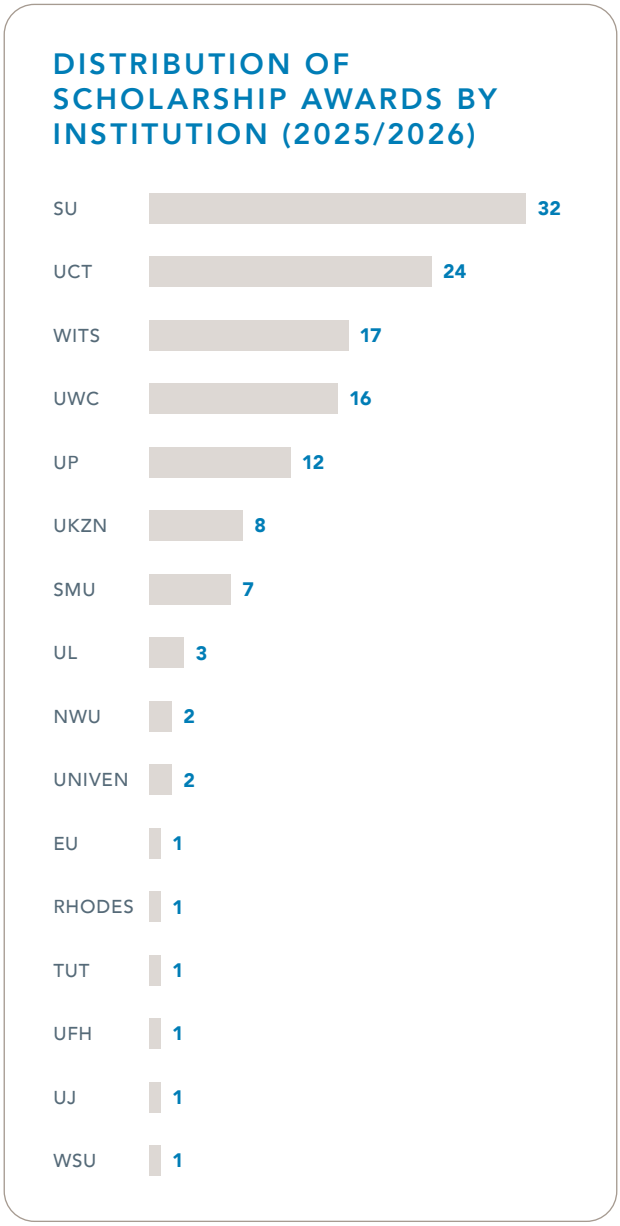
SCHOLARSHIP PROGRAMME	NUMBER OF BENEFICIARIES	CATEGORY	AMOUNT AWARDED
SAMRC Researcher Development Grant	7	PhD	1,439,291.00
Bongani Mayosi-National Health Scholars Programme	8	PhD	1,544,401.90
Biostatistics Capacity Development Programme	17	MSc	3,643,000.00
SAMRC Clinician Researcher Development Programme	36	PhD	11,216,961.04
SAMRC Postgraduate Research Associate Programme (previously SAMRC Internship Scholarship Programme)	37	MSc and PhD	7,870,000.00
The Chan Soon-Shiong Family Foundation Scholarship Programme	18	MSc and PhD	6,657,075.00
CSSFF-SAMRC UWC MSc in Pharmacy Administration and policy regulation	4	MSc	390,000.00
PhD Nodal SAPRIN Fellowship	2	PhD	1,040,000.00
TOTAL SCHOLARSHIPS	**129**		**33,800,728.94**

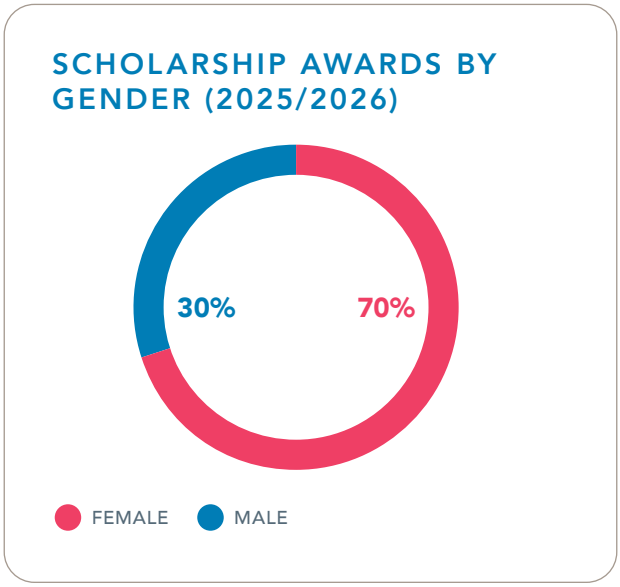
CAREER AWARD/GRANT PROGRAMME	NUMBER OF BENEFICIARIES	CATEGORY	AMOUNT AWARDED
SAMRC Mid-Career Scientists	7	Scientists (PI)	10,500,000.00
Scientists	30	Scientists (PI)	6,580,600.00
Postdoctoral Fellows	3	Post-doctoral Fellows	1,050,000.00
PhD Students	15	PhD	2,280,000.00
RCDI – Nested Postgraduate Programme	15	Post-doctoral Fellows	5,250,000.00
SAMRC Intramural Post-doctoral Fellowship Programme	16	Post-doctoral Fellows	4,585,833.00
SAMRC Early Investigators Programme	11	Scientists (PI)	5,500,000.00
TOTAL CAREER AWARDS/GRANTS	**97**		**35,746,433.00**

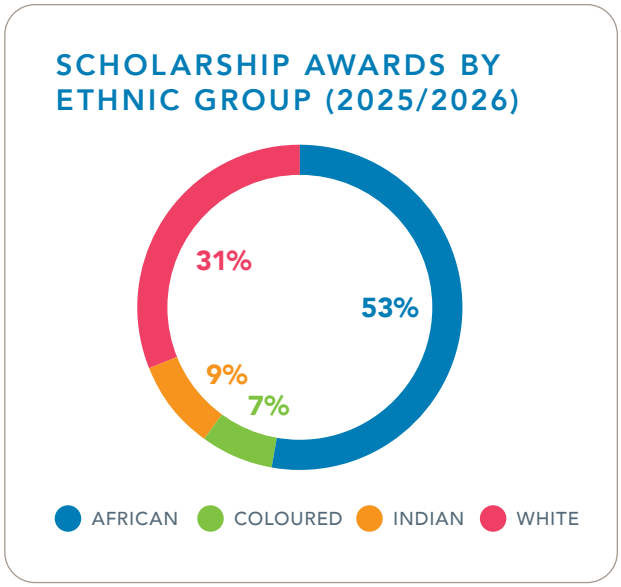
RCD Scholarships Portfolio

The scholarships portfolio at RCD includes six main programmes. During this reporting period, RCD also supported the management of several scholarship programmes run by various SAMRC units, including the Chan Soon-Shiong Family Foundation Scholarship Programme hosted by GIPD, which aims to develop biomanufacturing capacity in Africa; the Biostatistics MSc Scholarships hosted by GHRU, intended to improve statistical modelling skills among women researchers and students; and the PhD Nodal SAPRIN Fellowships (SAPRIN), which seeks to enhance knowledge and build capacity within SAPRIN nodes.

Research capacity development is essential for closing the evidence-practice gap and supports high-quality, cost-effective healthcare as well as a well-prepared healthcare workforce. The RCD scholarship programmes therefore aim to enhance and transform health research capacity in South Africa, aligning with the broader goal of producing high-quality research that advances scientific knowledge, clinical care, and evidence-based public policies. In 2025/2026, RCD supported 129 scholars: 95 (74%) PhD and 34 (26%) MSc scholarships, of which 70% were awarded to female candidates and 69% to Black candidates (African, Coloured, and Indian). The distribution of scholarships by gender, ethnic group, and institution for 2025/2026 are shown in the figure below.







Distribution of SAMRC scholarships by gender, ethnic group and institution in 2025/2026

Addressing the gaps in the RCD scholarship programme portfolio

In 2024, RCD undertook an review of all its funding programmes, identifying several gaps within the scholarship portfolio. These included: (1) scholarship values that were inadequate and did not fully meet scholars' needs or align with national funder benchmarks, (2) process inefficiencies, particularly around contracting and disbursements, requiring improved streamlining with academic institutions, (3) the inclusion of nurses within the SAMRC Clinician-Researcher Development Programme, (4) the inclusion of other scarce and strategic fields, such as bioinformatics and data science, as priorities within the Biostatistics Capacity Development Programme, and expanding the programme to cover doctoral candidates, (5) the need to include Behavioural Sciences in RFAs, and (6) establishing a new PhD programme to offer opportunities for candidates currently ineligible to apply within the existing RCD scholarship programme portfolio.

During this reporting period, RCD has successfully closed all identified gaps, except for establishing a new scholarship programme. In 2025, notable progress was achieved, with key highlights including increased scholarship amounts across all programmes, the development and implementation of standardised scholarship terms and conditions resulting in fewer administrative delays in contracting and disbursement, and the inclusion of nurses in the SAMRC Clinician Researcher Development Programme.

In addition, the Biostatistics Capacity Development Initiative was expanded for the first time to include doctoral candidates and participants in strategic fields such as Bioinformatics, Data Science, Health Informatics, and Computer Science. With this new cohort, RCD has further strengthened the pool of candidates working at the intersection of statistics, mathematics, biomedicine, computer science, data science, Bioinformatics, epidemiology, and health informatics. Within this cohort, Bioinformatics candidates are contributing to critical areas such as vaccinology, genomic epidemiology, and precision medicine. Meanwhile, candidates in Statistics and Mathematics are advancing work in advanced analytics, health risk profiling, and predictive modelling in clinical research, with a strong emphasis on applying statistical and machine learning methods to improve health outcomes and support evidence-based decision-making.

Redefining Possibility:

RCD Funded PhD Graduates Driving Innovation in Machine Learning and the Prevention of Infant Blindness

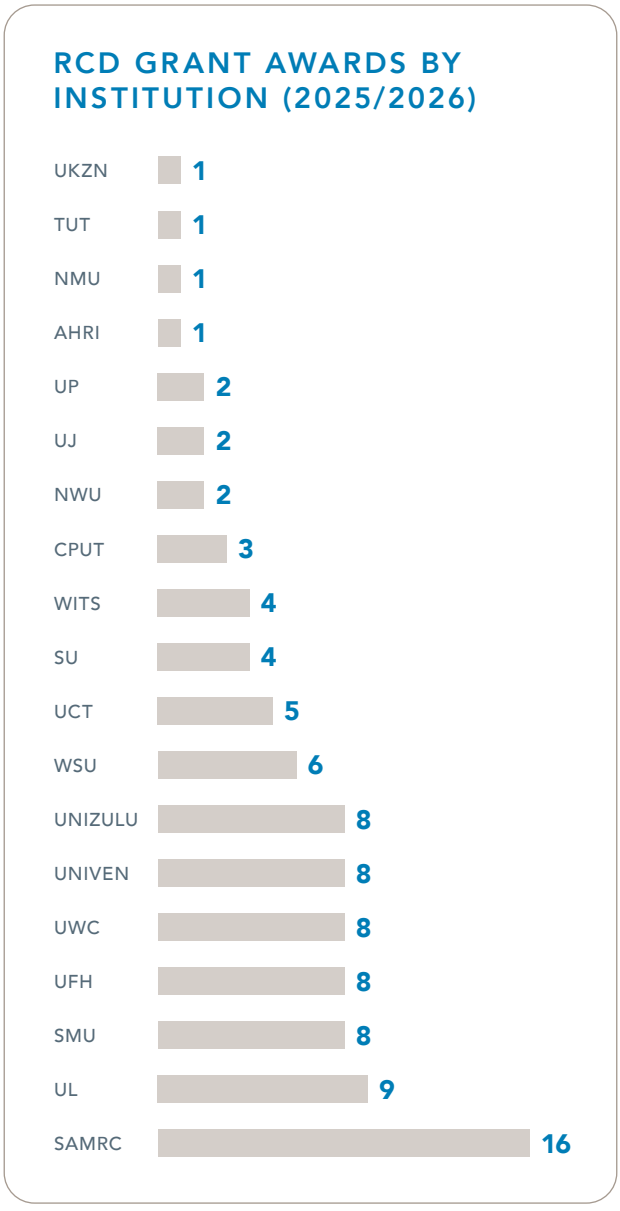
Dr Mpho Mokoatle, funded through the Postgraduate Research Associate Programme, was awarded a PhD in Computer Science by the University of Pretoria on 4 September 2025. Her doctoral research focused on applying artificial intelligence (AI) and machine learning to DNA analysis to enable early detection of diseases such as cancer. By developing advanced computational models that accurately interpret genetic data, her work demonstrates the potential of AI to significantly improve early diagnosis, reduce treatment costs, and save lives. A key achievement of her research was the development of a DNA representation model that outperformed DNABERT-6, a leading genomics model. Dr Mokoatle is committed to advancing machine learning in healthcare by collaborating with medical specialists to develop practical, real-world AI solutions that improve patient outcomes.

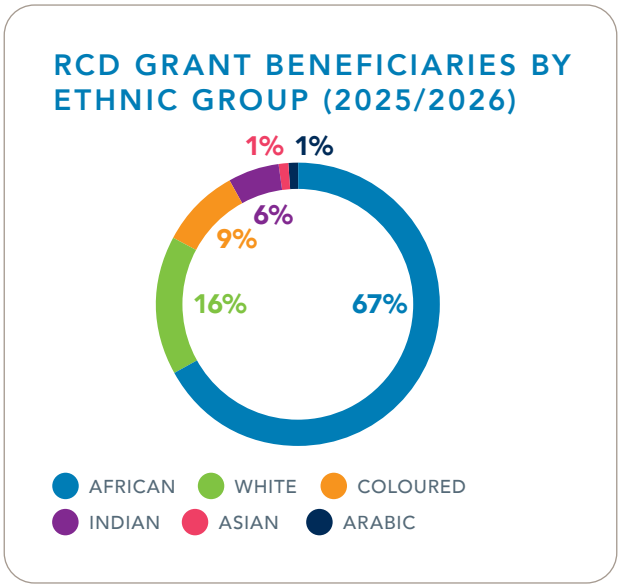


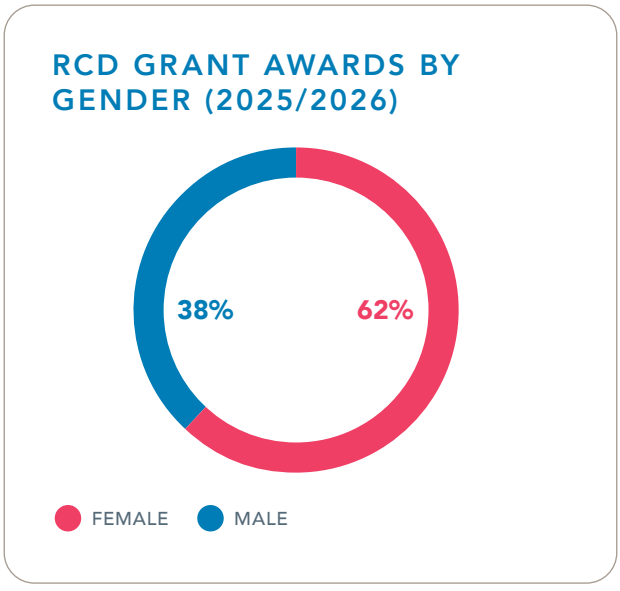
Dr Tshilidzi van der Lecq, funded through the Clinician-Researcher Development Programme, was awarded a PhD by the University of Cape Town on 31 March 2026, and is the first black South African Ophthalmologist to be awarded a PhD. Her doctoral research addressed critical gaps in the epidemiology of retinopathy of prematurity (ROP) in South Africa, a leading yet preventable cause of childhood blindness. As part of her work, Dr van der Lecq established the first regional ROP registry in sub-Saharan Africa, capturing data from screened infants in the Cape Town Metropole.

RCD Grant Portfolio

The aim of the RCD grant programmes is to provide opportunities to accelerate and support early- and mid-career scientists in becoming independent research leaders. The distribution of grants and career awards by gender, ethnic group, and institution for 2025/2026 is illustrated in the figure below.







Distribution of beneficiaries holding RCD Grant Programme awards in 2025/2026 by institution, gender, and ethnic group.

During the 2025/2026 financial year, the RCD Grant Portfolio held four calls for applications, leading to an overall intake of 30 new beneficiaries, including a new cohort of 21 PIs under the RCDI programme at historically disadvantaged universities (UL, UNIVEN, UNIZULU, and UFH). After a successful pilot, the SAMRC Extramural Postdoctoral Programme enrolled its third group of 6 fellows in 2025/2026. Additionally, 3 new fellows were awarded under the SAMRC Intramural Postdoctoral Programme.

There has been ongoing focus on transformation, including capacity building in HDIs and other under-resourced institutions, with 60 (62%) of

the grant holders being hosted by historically disadvantaged and under-resourced institutions. These include the University of Fort Hare, University of Zululand, University of Limpopo, University of Venda, Mangosuthu University of Technology, Walter Sisulu University, Sefako Makgatho Health Sciences University, the University of the Western Cape, Tshwane University of Technology, and Cape Peninsula University of Technology. Similar to previous years, during 2025/2026, the RCD Grant/Career Award programmes showed an increase in the number of postdoctoral fellowships awards in the extramural research units from 10 to 16 awards (60% increase).

Overall, 62% of the Grant beneficiaries in 2025/2026 were female, while 84% were black and 68% African black. The priority research areas funded include, inter alia, HIV, TB and other infectious diseases, non-communicable diseases, COVID-19, health systems, public health, maternal and child health, and biomedical research.

Impact of RCD Grant Funding

The total number of students involved in funded projects was 209, an increase from 186 in 2024/25, with 67% of these being female. This supports the ongoing RCD commitment to enhancing the capacity of the next generation of researchers and generating new knowledge. The number of postdoctoral fellowship and early investigator programme awards accounted for 45 (46%) of all RCD Grant awards, with 46% of the RCD Grant budget dedicated to supporting the priority of expanding the early investigator pipeline.

It is also important to emphasise that the impact of RCD career support extends beyond the duration of the award. Former and current RCD beneficiaries are generally successful in securing research funding, gaining employment, and earning recognition in their specific fields. This is particularly evident in the Mid-career Scientist, Research Capacity Development Initiative, and Intramural Postdoctoral Programmes. Of the 16 postdoctoral fellowship awards made in 2024/2025, 9 awardees have secured positions within the SAMRC or at other institutions. Beneficiaries in the Mid-Career Scientist Programme continue to demonstrate significant career growth, with their funding evident in the graduation of students and both national and international recognition.

SAMRC-Mid Career Scientist Programme Grant-holders Honoured at 2025 SAWISA Awards

The SAMRC's Mid-Career Scientist Programme has once again demonstrated its vital role in fostering scientific excellence, with two of its beneficiaries receiving top honours at the 2025 South African Women in Science Awards (SAWISA). Hosted annually by the Department of Science, Technology and Innovation (DSTI), the SAWISA awards recognise the contributions of women to science, innovation, and public engagement in South Africa. Professor Zilungile Mkhize-Kwitshana and Professor Alison September, both beneficiaries of the SAMRC's Mid-Career Scientist Programme, were recognised for their outstanding achievements, highlighting the impact of SAMRC's Research Capacity Development grant programmes.

Professor Zilungile Mkhize-Kwitshana: A Year of Accolades



Professor Zilungile Mkhize-Kwitshana.

Professor Mkhize-Kwitshana, Professor of Immunology at the University of South Africa (UNISA and UKZN), won the SAWISA prize in the Public Engagement with Research category. This honour crowns an exceptional year of recognition, which she attributes to strong support from the SAMRC's RCD unit.

Her 2025 awards include:

- An inaugural winner of the SAMRC Scientific Merit Award for Research Capacity Development and Transformation
- Pan African Cancer Research Institute's (PACRI) International Meeting Advancement Excellence Award
- Medical Laboratory Sciences Excellence Award
- SAWISA Award for Public Engagement with Research

Professor Alison September: Global Impact

Professor Alison September, Professor of Physiological Sciences at the University of Cape Town (UCT), was a finalist in the Natural and Engineering Sciences and Public Engagement with Research categories at SAWISA 2025.

Her research concentrates on the genetics of musculoskeletal injuries, particularly those involving the anterior cruciate ligament (ACL), and she is an internationally respected leader in sports and exercise genomics.

She was recently appointed Deputy Director of UCT's Health through Physical Activity, Lifestyle and Sport (HPALS) Research Centre, which is ranked 25th globally in sport science. Professor September's achievements this year extend well beyond national recognition. In a historic milestone, she is the only African scientist elected to the prestigious U.S. National Academy of Kinesiology (NAK) – joining an elite group that includes Nobel laureates and globally renowned scholars.



Professor Alison September

SAMRC EIP Beneficiary Wins Prestigious NSTF/SAMRC Clinician Scientist Award

The SAMRC proudly congratulated Professor Shahida Moosa, a beneficiary under the SAMRC Early Investigators Programme (EIP), on receiving the prestigious NSTF/SAMRC Clinician Scientist Award for 2025 widely regarded as the "Science Oscars" of South Africa.

Professor Moosa, the Head of Medical Genetics at Tygerberg Hospital and a Professor at Stellenbosch University, was honoured for her pioneering Genomics for Health in Africa project – the first



Professor Shahida Moosa

initiative of its kind in sub-Saharan Africa. The project aims to provide life-changing diagnoses for millions of Africans living with undiagnosed rare diseases and familial cancers.

RCD Beneficiary Honoured with Prestigious L'Oréal–UNESCO For Women in Science Award

Dr Nonhlakanipho "Nonhle" Sangweni received the L'Oréal–UNESCO For Women in Science Award. This esteemed international accolade honours exceptional women researchers whose work advances scientific understanding and tackles global issues. Dr Sangweni's feat exemplifies her talent, dedication, and perseverance, qualities that continue to inspire the next generation of women in science.

Dr Sangweni began her research journey at the University of Zululand, collaborating with and hosted by the Biomedical Research and Innovation Platform (BRIP), and later received a PhD scholarship from the SAMRC's RCD to pursue her doctoral studies at Stellenbosch University. She now continues her scientific career as a SAMRC Intramural Postdoctoral Fellow, funded through the SAMRC Intramural Postdoctoral Fellowship Career Development Programme, contributing to impactful biomedical research within BRIP.



Dr Nonhlakanipho Sangweni received the L'Oréal-UNESCO For Women in Science.

The South African Population Research Infrastructure Network (SAPRIN)

SAPRIN continued to strengthen South Africa's population science infrastructure by expanding longitudinal health and demographic surveillance systems (HDSSs), releasing nationally significant datasets, and promoting collaborative research to guide health and social policies. SAPRIN's initiatives addressed the need for reliable, long-term population-based data to better understand changing health, social, and demographic trends in under-resourced communities across South Africa.

A major milestone during the reporting period was the release of the SAPRIN Individual Surveillance Episodes 2025 Datasets. These datasets provide longitudinal population data covering the period from 1 January 1993 to 31 December 2024 across four HDSS nodes: Agincourt, DIMAMO, AHRI, and the urban GRT-INSPIRED node. The inclusion of data from SAPRIN's first urban HDSS node marked a significant advancement in understanding urban health and demographic transitions. The datasets capture evolving population dynamics across entire surveillance populations rather than sampled groups, thereby offering robust evidence for epidemiological, demographic, and public health research. By making the datasets publicly accessible through the SAPRIN data repository, the network enhanced research accessibility and enabled scientists and students to perform analyses that can inform health interventions, planning, and policy development at a national level.

SAPRIN also made significant progress in expanding its national surveillance infrastructure by establishing its seventh HDSS node, the Bafokeng Health and Demographic Surveillance System (BAMMISHO), in the Bojanala district of the North-West province. Baseline surveillance activities commenced in October 2025 following extensive preparatory work. The expansion addresses geographical gaps in longitudinal population surveillance and enhances SAPRIN's ability to generate representative evidence from diverse rural and urban communities. The increased surveillance capacity is expected to improve understanding of disease burden, migration patterns, socioeconomic conditions, and health outcomes in underserved populations, thereby supporting more equitable and evidence-based health and social interventions.

Another strategic initiative during the reporting period was the launch of the SAPRIN Strategic Plan 2025–2030. The strategic plan established a long-term framework for strengthening the network's national research infrastructure and promoting equitable health and social wellbeing through longitudinal population science. The strategy reinforces SAPRIN's role in generating high-quality evidence to support public health decision-making, policy development, and national data calibration initiatives.

SAPRIN advanced knowledge exchange and scientific collaboration through its Annual SAPRIN Conference held in July 2025 under the theme "Advancing Health and Social Well-being through Population Science." The conference created a



SAPRIN Map.



Annual SAPRIN Conference.



Kagiso Seakamela SAPRIN Nodal PhD Fellow.



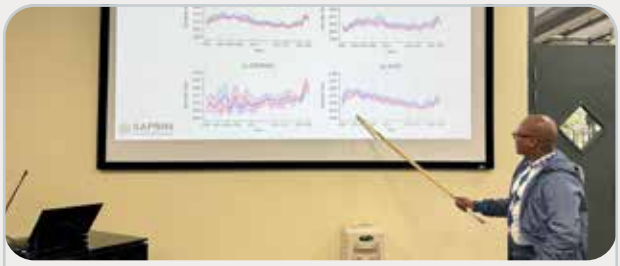
Dr André Rose Launching SAPRIN Strategic Plan.



Stanley Carries SAPRIN Nodal PhD Fellowship.



Gen-S Learners meet and greet with the SAMRC President and CEO, Prof Ntobeko Ntusi.



Dr Linda Maoyi Course at Wits University School of Public health.

national platform for researchers, students, and stakeholders to share emerging findings related to epidemiology, surveillance, public health, and social well-being. Sharing research findings helps to strengthen evidence-informed approaches to health systems planning and community well-being.

SAPRIN continued to prioritise capacity development initiatives to strengthen scientific skills, promote equitable participation in health research, and empower emerging researchers and learners.

The SAPRIN Nodal PhD Fellowship programme supported the development of early-career researchers working in epidemiology, public health and population science. Fellowship recipients Kagiso Seakamela, Stanley Carries and Tlangelani Hlongwane contributed to advancing research on multimorbidity, mortality and wellbeing among vulnerable populations. Their participation and presentations at the SAPRIN conference provided opportunities for scientific engagement, knowledge dissemination and professional development.

SAPRIN also took part in the SAMRC's Generation Science (GenS) Youth Job Shadowing Programme in collaboration with the AHRI HDSS node. The programme introduced learners to laboratory science and health research through hands-on demonstrations, mock experiments, and interactions with scientists. The initiative aimed to encourage youth engagement in science, technology, and health research careers while promoting inclusivity and fair access to scientific learning opportunities.

Furthermore, SAPRIN enhanced academic and technical training through a specialised course on Health and Demographic Surveillance Systems delivered by SAPRIN Data Scientist Dr Linda Maoyi at the Wits University School of Public Health. The course familiarised MSc Epidemiology students with longitudinal surveillance methodologies and offered direct access to SAPRIN datasets for research, thereby bolstering local expertise in public health informatics and population-based research.

Leadership development was further advanced through SAPRIN's Acting Director, Dr André Rose's participation in the prestigious Kofi Annan Fellowship in Global Health Leadership, coordinated by the Africa Centres for Disease Control and Prevention. The fellowship enhanced leadership capacity in global health governance and strategic public health management, contributing to strengthening health research leadership in South Africa and across the African continent.

PART C

GOVERNANCE



INTRODUCTION

Corporate governance embodies processes and systems by which an organisation is directed, controlled, and held to account. As a Section 3A public entity, corporate governance at the SAMRC is guided by its enabling legislation, the SAMRC Act 58 of 1991, the prescripts of the Public Finance Management Act 1 of 1999, as amended and the principles contained within the King Report on Corporate Governance.

The SAMRC is accountable to Parliament for its performance and management of its budget. The SAMRC Act provides for the appointment of a Board by its executive authority, the National Minister of Health. The Board as the accounting authority, in turn, is responsible for the corporate governance of the SAMRC. This includes fiduciary responsibilities and ensuring compliance with legislative and regulatory requirements. Furthermore, the SAMRC Board appoints the SAMRC President, who is responsible for implementing the Board's mandate. The SAMRC President heads the SAMRC Executive Management Committee, which, under the SAMRC Act, is responsible for the day-to-day management of the organisation.

Portfolio Committee on Health

Engagements:

› 22 April 2025 – Briefing on the SAMRC Strategic Plan, Annual Performance Plan and Budget for 2025/2026 financial year

› 8 October 2025 – Annual Report Presentation

Executive Authority

The Executive Authority of the SAMRC is the Minister of Health. The Accounting Authority of the SAMRC is the SAMRC Board, duly appointed by the Minister. The Practice Note issued by National Treasury dealing with the Submission of Corporate Plans requires the inclusion of the following in the Corporate Plan:

› Five-year Strategic Plan

› Annual Performance Plan

› Governance Structures

› Risk Plan

› Fraud Plan

› Financial Plan

› Materiality/Significance Framework

The Executive Authority requires the SAMRC to report quarterly on prescribed dates. For the 2025/2026 financial year, the following reports were submitted:

› Quarter 1 Report – submitted on 31 July 2025

› Quarter 2 Report – submitted on 31 October 2025

› Quarter 3 Report – submitted 31 January 2026

› Quarter 4 Report – submitted on 30 April 2026

No issues were raised by the Executive Authority regarding the submitted reports.

THE ACCOUNTING AUTHORITY/BOARD

The role of our Board is set out in the South African Medical Research Council Act of 1991 and states that "the affairs of the SAMRC shall be managed and controlled by a Board, which shall, subject to the provisions of this Act, determine the policy and objectives of the SAMRC and exercise control generally over the performance of its functions, the exercise of its powers and the execution of its duties".

Board Charter

The Board Charter sets out the Board's role and responsibilities, as well as the requirements for its composition and meeting procedures.

The Charter is reviewed annually to ensure that the Board remains compliant with legislation and trends in corporate governance. The review of the Charter took place at the Board meeting held on 30 July 2025 and no amendments to the Charter were deemed necessary.

The Board Charter requires an annual assessment of the Board, its committees, and individual members, including the Chairperson. The evaluation takes the form of a self-assessment completed by each member of the Board and was carried out in October 2025.

The role of the Board is as follows:

1. The Board is ultimately accountable and responsible for the management and control of the affairs of the SAMRC, subject to the provisions of the SAMRC Act. The Board determines the policies and objectives of the SAMRC and generally exercises control over the performance of its functions, the exercise of its powers, and the execution of its duties.

2. To the extent that it is not contrary to the provisions enabling legislation or the powers of the Executive Authority, the Board or its Committees have the responsibility to manage the conduct of individual members of the Board/Board Committee, as the case may be, including referral to the Executive Authority for appropriate intervention.

3. The Board constitutes the focal point and custodian of corporate governance in the SAMRC by managing its relationship with management and stakeholders along sound corporate governance principles. Accordingly, the SAMRC must be headed and controlled by an effective and efficient Board comprising Executive and Non-Executive members, to ensure independence and objectivity in decision-making.

4. The Board must appreciate that strategy, risk, performance and sustainability are inseparable and to give effect to this by:

   - Contributing to and approving the SAMRC's strategy
   - Satisfying itself that the strategy and business plans do not give rise to risks that have not been thoroughly assessed by management
   - Identifying key performance and risk areas
   - Ensuring that the strategy will result in sustainable outcomes
   - Considering sustainability as a business opportunity that guides strategy formulation

5. The Board has absolute responsibility for the performance of the entity and is accountable for such Performance. As a result, the Board should give strategic direction to the SAMRC.

6. The Board must appoint and evaluate the performance of the President, Vice Presidents, the Chief Financial Officer and other members of the EMC and ensure that an effective succession plan is in place and adhered to for all key executive posts.

7. The Board must retain full and effective control over the SAMRC and monitor management in implementing Board decisions, plans and strategies.

8. The Board must ensure that the SAMRC is and is seen to be a responsible corporate citizen by having regard to not only the financial aspects of the business of the SAMRC but also the impact that business operations have on the environment and the society within which it operates.
9. The Board must ensure that the SAMRC ethics are managed effectively.
10. The Board must ensure that the SAMRC establishes and maintains:
    - effective, efficient, and transparent systems of financial management, risk management and internal control.
    - a system of internal audit under the control and direction of an audit committee complying with, and operating in accordance with, the regulations and instructions which are set out in Sections 76 and 77 of the PFMA.
    - an appropriate procurement and provisioning system that is fair, equitable, transparent, competitive and cost effective.
    - a system for properly evaluating all major capital projects prior to the final decision on a project.
11. The Board is responsible for the governance of risk.
12. The Board is responsible for information technology (IT) governance.
13. The Board must ensure that the SAMRC complies with applicable laws and considers adherence to non-binding rules and standards.
14. The Board must approve and ensure that the SAMRC submits all reports, returns, notices and other information required by Parliament, the Executive Authority and Treasury.
15. The Board must appreciate that stakeholder's perceptions affect the SAMRC's reputation.
16. The Board must approve the SAMRC's five-year Strategic Plan before submission to the Executive Authority.
17. The Board must approve the SAMRC's Annual Report, Compliance Report(s), Strategic Plan and Annual Performance Plan before submission to the Executive Authority.
18. The Board must approve the SAMRC's Annual Financial Statements before submission to the Auditor General and subsequently to the executive authority.
19. The Board must approve the SAMRC's budget for the financial year in the prescribed format before submission to Treasury and the executive authority.
20. The Board must take effective and appropriate steps to prevent irregular and fruitless and wasteful expenditure, losses resulting from criminal conduct, and expenditure not complying with the operational policies of the SAMRC.
21. The Board must ensure that the SAMRC conducts an independent institutional review every five years.
22. The Board must act in the best interests of the SAMRC by ensuring that individual members of the Board:
    - adhere to legal standards of conduct.
    - are permitted to take independent advice in connection with their duties following an agreed procedure.
    - participate in the deliberations and are enabled to vote for the approval or rejection of a motion/proposal/or recommendation placed before them.
    - disclose real or perceived conflicts to the Board and deal with them accordingly. As such, the Board must compile and retain a register of interests for all Board members and update this register once every year.
23. The Board should do everything necessary to fulfil its role set out above.

BOARD MEMBERS (1 NOVEMBER 2022 – 31 OCTOBER 2025)

Board Term: 1 November 2022 to 31 October 2025



PROF JOHNNY MAHLANGU
CHAIRPERSON



PROF BONGINKOSI CHILIZA
DEPUTY CHAIRPERSON



PROF LUFUNO MATHIVHA



PROF TIMOTHY TUCKER



PROF THANDISIZWE MAVUNDLA



PROF RONELLE CAROLISSEN



DR MZIWANDILE MADIKIZELA



PROF EUNICE SEEKOE



PROF EMMANUEL MUKWEVHO



PROF BRUCE BICCARD



DR ZINHLE MAKATINI



PROF TRACEY NALEDI



PROF TAHIR PILLAY



ADV DOROTHY KHOSA



MS DORIS DONDUR



PROF NTOBEKO NTUSI
SAMRC PRESIDENT AND CEO

BOARD MEMBERS (1 NOVEMBER 2025 – 31 OCTOBER 2028)

Board Term: 1 November 2025 to 31 October 2028



PROF TYRONE PRETORIUS
CHAIRPERSON



PROF BONGINKOSI CHILIZA
DEPUTY CHAIRPERSON



PROF DAVID R. KATERERE



PROF LIMAKATSO LEBINA



DR ZINHLE MAKATINI



PROF LUFUNO RUDO MATHIVHA



MS DORIS DONDUR



PROF SHARON PRINCE



PROF TAHIR PILLAY



ASSOC PROF TRACEY NALEDI



DR VATHISWA PAPU-ZAMXAKA



DR NICO PATRICK SWARTZ



ASSOC PROF RAZIA ADAM



PROF CHARLENE AFRICA



ASSOC PROF SEAN CHETTY



PROF XIKOMBISO MBHENYANE



PROF NTOBEKO NTUSI
SAMRC PRESIDENT AND CEO

COMPOSITION OF BOARD

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. J Mahlangu	Member (Chairperson)	1 Nov 2016	n/a	• MBBCH (WITS) • MMED (Wits) • FCPath (SA) • BSc (Wits) • Cert Clin Haem (SA)	• Clinical Haematologist with special interest in haemostasis and thrombosis, clinical trials and other aspects of clinical and diagnostic haematology and pathology.	• BloodSA • Colleges of Medicine of South Africa	• Board • Exco	5 1
Prof. E Seekoe	Member	1 Nov 2019	n/a	• D Cur;MBA Health; • M SocSc Nursing Education; • Advanced Diploma in Psychiatric Nursing Science; • B A Cur Nursing Education and Community Health Nursing; • Diploma in General Nursing Science and Midwifery; • Certificate in Reproductive Health (Family Planning); • Certificate in Quality of Health Services; • Certificate in Decentralisation of Health Services; • Certificate in Strengthening • Human Resource in Health.	• Health Systems strengthening through mentoring and leadership.	• National Research Ethics Council. • Community Health Care Worker Think Tank Committee. • The Association for Health Professions Education and Leadership.	• Board • R&D • EXCO	4 1 1

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. E Mukwevho	Member	1 Nov 2019	n/a	• PhD Anatomy and Cell Biology; MSc Molecular & Cell Biology; BSc Honours Biochemistry; Bachelor of • Science; MBA; Certificate in Project Management; • Certificate in Financial Management	• Obesity and Diabetes Metabolic syndrome; Mitochondrial Energy • metabolism; Epigenetics of the Obesogenes.	• SASBMB (South African Society of Biochemistry and Molecular Biology)	• Board • ARIC	4 6
Prof. T Tucker	Member	1 Nov 2019	n/a	• MBChB; • PhD; • F.C.Path (SA)Viro.	• Clinical Virology Health Systems Strengthening Digital Health • Pathology Laboratory Service • Clinic-Laboratory-Interface • Public-private-partnerships	• SEAD Consulting (Pty) LTD • Mothers-2-Mothers NOP – board member • NIH Strategy Working group on HIV/AIDS – US Gov – Committee Member • Tucker Family Trust	• Board • REMCO • EXCO	4 4 2
Prof. R Carolissen	Member	1 Nov 2019	n/a	• DPhil Psychology; MA Clinical Psychology; • Higher Diploma in Education; • BA Hons Psychology; Bachelor of Arts; • Registered Clinical Psychologist.	• Feminist social justice approaches to teaching and learning and critical community psychology perspectives on youth citizenship, identities, belonging and community engagement in educational contexts.	• President of Psychological Society of South Africa	• Board • REMCO	2 2

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Advocate D Khosa	Member	1 Nov 2019	n/a	• Bachelor of Laws (LLB); • Master of Management: Public and Development Management; • Practice Management Training; • Design Thinking Course; • Labour Dispute Resolution Practice; • Certificate in Principles of Business and Management; • Diploma in Labour Law; Certificate in Gender Policy Management; • BA Honours in Human Resource Management: • Labour Relations; • Post Higher Education Diploma; • Bachelor of Arts.	• Human Resource Management; • Law; • Mediation; • Arbitration; • Negotiation; • Research.	• Bula Maseve Trading CC (Directorship) • Council Member of Sedibeng TVET College • Director of Constructive Employment Relations Services (Pty) Ltd • Member of the Legal Practice Council (LPC in South Africa):53419 • Member pf the South African Board for People Practices (SABPP): 48962493 • Commissioner at the South African Local Government Bargaining Council (SALGBC) • Commissioner at Tokiso Dispute Settlement • Committee member responsible for disciplinary matters and an arbitrator/ mediator at the Legal Practice Council, Gauteng Region	• Board • REMCO • EXCO	3 4 1

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. T Mavundla	Member	1 Nov 2019	n/a	• B Cur (Nursing & Midwifery); • IPHC Intensive Primary Health Care; • PGDEL (Education Management & Leadership) • M Cur Advanced Psych-Mental Health; • AUDNE Nursing Education; • PhD Mental Health.	• Male Sexual and Reproductive Health; • Psychiatric-Mental Health; • Qualitative Research and Theory Development.	• Forum for University Nursing Deans in South Africa – FUNDISA. • Sigma Theta Tau International – STTI. • South African Nursing Council – SANC	• Board • ARIC	3 5
Dr. M Madikizela	Member	1 Nov 2019	n/a	• BSc Biochemistry; • BSc Hons Biochemistry; • MSc Biochemistry; • PhD Biochemistry; • MBA.	• Bioeconomy, Life Sciences, Technology Management and Commercialization of Public Research Results and Business Management	• n/a	• Board • ARIC	4 4
Prof. B Biccard	Member	1 Nov 2022	n/a	• PhD; (UKZN); • FCA(SA); • FFARCSI; • MMedSc; • MBChB.	• Anaesthesiology; • Perioperative outcomes; • Global Surgery.	• Safe Surgery South Africa	• Board • R&D	4 1
Prof. B Chiliza	Member	1 Nov 2022	n/a	• PhD, Stellenbosch University, 2015; • Fellow of the College of Psychiatrists of South Africa (FC Psych), 2003; • Bachelor of Medicine and Bachelor of Surgery (MB ChB) University of Natal, 1997.	• Psychiatry; • Psychosis; • Clinical psycho-pharmacology; • Health services research; • Psych epidemiology;	• Makhalempongo Chicken Ltd	• Board • REMCO • EXCO	4 3 2

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Ms. D Dondur CA(SA) CD(SA)	Member	1 Nov 2022	n/a	• Masters in Business Administration; • Honours in Business Administration; • Honours in Accounting; • Bachelors in Accounting; • International Executive Development Programmes; • Certificate in Labour Relations; • Chartered Accountant (South Africa); • Chartered Director (South Africa).	• Auditing; • Finance and Accounting; • Combined Assurance and Enterprise Risk Management; • Corporate • Governance; • Strategy; • Human Resources and Labour Relations.	• PPS Holdings Trust • PPS Insurance Company • PPS Retirement Annuity Fund • PPS Beneficiaries Trust • South African Institute of Professional Accountants (SAIPA) • Tshikululu Social Investments NPC • Vaal Orange Catchment management Agency (VOCMA) • Doris Dondur Consulting CC (Dormant)	• Board • ARIC • EXCO	4 6 2
Prof. Z Makatini	Member	1 Nov 2022	n/a	• BSc (Hons) Univ London (Kings College); • MSc Immunology (Univ of London LSTM&H); • MBChB (Univ Sheffield), FC Path Viro (CMSA); • PhD Virology (SMU); • Dip Travel Med (Univ of • Glasgow); • DTM&H (Wits); • Dip HIV in Workplace (Stellenbosch Univ).	• Clinical virology and immunology with focus on HIV and clinical trials.	• SAHPRA Boad – Resigned SAHPRA Clinical Trials Committee – Member and Chair. • CMSA College of Pathologists – Councillor • (Virology)	• Board • REMCO	4 4

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Prof. LR Mathivha	Member	1 Nov 2022	n/a	• FCPaed – Critical Care Medicine; • Post Graduate Diploma in Health Sciences Education; • Diploma in Business Administration; • MBChB; • USMLE 1 & 2 • Course in Mediation in Medical Negligence.	• Critical Care Medicine (Adult & Pediatric); • Fellowship Programme Director Organizational skills in ICU setting and HR Capacitation; • Principal Investigator in multi-national RCT trials; • Scientific Advisory Committee work (National and International); • Enabling work and research environment; • Utilisation of resources in a constrained environment.	• Scientific Advisory Committee Member for GARDP on Antimicrobial Resistance. • Member of the Society of critical care Medicine, USA.	• Board • R&D	4 1

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Prof. T Naledi	Member	1 Nov 2022	n/a	• FCPHM(SA); • MBChB.	• Translation of research into policy and practice; • Health Equity, Social and Structural Determinants of Health, Youth and adolescent Health; • HIV Prevention.	• Children's Institute • SHAWCO Global Brain Health Institute Governing Board Member • (University of California, San Francisco (UCSF) and Trinity College Dublin (Trinity) • Africa Centre for HIV/ AIDS Management (Advisory Board Chair) • Council for Public Health Medicine (South Africa) • Tekano (Founding Board Chairperson) • Perinatal Mental Health Project (Board of Advisors) • Health Justice Initiative – Reference Advisory group • UCT Lung Institute-Secondee Director for the Dean • Colleges of Medicine • Board of Directors	• Board • ARIC	4 6

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. T Pillay	Member	1 Nov 2022	n/a	• PhD (Cantab); • FRCPath (London); • FCPath (SA); • MBChB cum laude.	• Molecular & cellular biology; • Expression cloning of proteins; • Single domain antibodies (nanobodies); • Assay of glycated proteins • Molecular modelling of ligands and receptors	• Treasurer, South African Association for Clinical Biochemistry & Laboratory Medicine. • Chair, Executive committee, Communications & Publications Division, IFCC. • Clinical Director of International Activities, Royal College of Pathologists, London.	• Board • R&D	4 1
Prof. T Pretorius	Member	1 Nov 2025	n/a	• Dphil, PhD, MA, BA (Hons) BA	• Mental health		• Board • EXCO	5
Prof. B Chiliza	Member	1 Nov 2022	n/a	• PhD, Stellenbosch University, 2015; • Fellow of the College of Psychiatrists of South Africa (FC Psych), 2003;	• Psychiatry; • Psychosis; • Clinical • Psychopharmacology • Health Services • Psych Epidemiology	• Makhalempongo Chicken Ltd	• Board • EXCO	3 2
Prof. D Katerere	Member	1 Nov 2025	n/a	• PhD – Pharmaceutical Science • Bachelor of Pharmacy (Hons) • Certificate in Management	• Pharmacognosy & phytochemistry • Medicine regulation • Pharmaceutical analysis • Cannabis and cannabinoid chemistry and clinical validation • Herbal/Traditional medicine regulation • Pharmaceutical and nutraceutical product development • Public Health • Mycotoxicology	• PharmaVision (Botswana)	• Board • R&D	4 1

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Prof. L Lebina	Member	1 Nov 2025	n/a	• PhD • Masters in Public Health • MBChb • Diploma in HIV & Aids Management Diploma in Business Management	• Public Health • Implementation of science research • Clinical trials • Health Policy • HIV and TB prevention and management. • Health economics • Strategy and Leadership		• Board • R&D	3 1
Prof. R Adam	Member	1 Nov 2025	n/a	• PhD • MSc • PgDip (Interceptive Orthodontics) BChD	• Oral Health and Clinical Dentistry. • Green nanodentistry • Dental Public health • Dental Education		• Board • ARIC	4 3
Dr. N Swartz	Member	1 Nov 2025	n/a	• Doctor Legum (In Constitutional Law and Legal Philosophy) (LL.D) • Magister Legum (In Constitutional Law and Legal Philosophy) (LL.M) • Magister Artium (Latin) M.A. (Latin) • Baccalaureus Legum (Advanced) (LL.B) • Baccalaureus Artium Honores (Latin) • Baccalaureus Procurationis (B.Proc)	• Constitutional Law, Legal Philosophy) • Compliance Governance • Research	• Non-Executive Director (Alexekor SOC (PYT) Ltd	• Board • REMCO	5 1
Prof. S Chetty	Member	1 Nov 2025	n/a	• PhD (WITS) • Cert-Crit.Care (SA) • FCA (SA) • DA (SA) • DCH (SA) • MBChB (Natal)	• Anaesthesiology • Critical Care • Pain Medicine	• South African Society of Anaesthesiologists – President (2024 – 2026) • Critical Care Society of Southern Africa (Honorary Secretary 2024 – present)	• Board • REMCO	4 1

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. S Chetty (continued)						• World Federation Societies of Anaesthesiologists Council (2024-2026)		
Prof. S Prince	Member	1 Nov 2025	n/a	• Ph.D., awarded 25 June1999, Cell Biology, University of Cape Town (UCT) • B.Sc (Med)(Hons) Cell Biology, UCT • Post-graduate Diploma in Education, Mathematics & Physical Science, UCT • B.Sc, Microbiology and Chemistry, UCT	• Cancer cell and molecular biology, focusing on mechanistic drivers of tumour initiation and progression. • Oncogenic T-box transcription factors TBX2 and TBX3 in cancer: their roles in senescence bypass, proliferation, invasion, migration, DNA repair and therapy resistance, their interactions with key partners (e.g. nucleolin, HPV proteins), and the development of TBX2/3-targeted therapies (drug repurposing, natural products, aptamers and other preclinical strategies). • Drug repurposing for cancer, including repositioning non-cancer drugs (e.g. anti-malarial and anti-psychotic agents) for anti-tumour activity. • Natural product-based therapeutics, especially marine-derived compounds with anti-cancer potential.	n/a	• Board • R&D	5 1

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Prof. S Prince (continued)					• Organometallic/ PGM complexes (e.g. palladacycles) as early-lead anti-cancer compounds in multiple tumour types. • Human Papilloma Virus (HPV)-related oncogenesis and cooperation between viral oncoproteins and host factors in cervical and other cancers. • Academic leadership and capacity building in cancer research, including large-scale grant management and postgraduate/ postdoctoral training.			
Prof. LR Mathivha	Member	1 Nov 2022	n/a	• FCPaed – Critical Care Medicine; Post Graduate Diploma in Health Sciences Education; • Diploma in Business Administration; MBChB; • USMLE 1 & 2 • Course in Mediation in Medical Negligence.	• Critical Care Medicine (Adult & Pediatric); Fellowship Programme Director Organizational skills in ICU setting and HR Capacitation; • Principal Investigator in multi-national RCT trials; • Scientific Advisory Committee work (National and International); Enabling work and research environment; Utilisation of resources in a constrained environment.	• Univen MER Mathivha Center for African Languages	• Board • ARIC	5 3

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Prof. Z Makatini	Member	1 Nov 2022	n/a	• BSc (Hons) Univ London (Kings College); • MSc Immunology (Univ of London LSTM&H); • MBChB (Univ Sheffield), FC Path Viro (CMSA); • PhD Virology (SMU); • Dip Travel Med (Univ of Glasgow);	• Clinical virology and immunology with focus on HIV and clinical trials.	• SAHPRA Boad – Resigned SAHPRA Clinical Trials Committee – Member and Chair. • CMSA College of Pathologists – Councillor • (Virology)	• Board • REMCO	5 1
Prof. X Mbhenyane	Member	1 Nov 2025	n/a	• PhD Nutrition (NWU, South Africa) • MBA (Regent Business School, SA) • MSc Dietetics and Nutrition • Postgraduate Diploma in Hospital Dietetics • BSc Honours Dietetics	• Public Health Nutrition • Indigenous Food Systems • Food environments, nutrition and health. • Community based health research. • Research leadership and capacity development. • Curriculum development • Academic leadership		• Board • R&D	3 1
Prof. T Pillay	Member	1 Nov 2022	n/a	• PhD (Cantab); FRCPath (London); FCPath (SA); • MBChB cum laude.	• Molecular & cellular biology; • Expression cloning of proteins; • Single domain antibodies (nanobodies); • Assay of glycated proteins Molecular modelling of ligands and receptors.	• n/a	• Board • R&D	5 1

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. T Naledi	Member	1 Nov 2022	n/a	• FCPHM(SA); MBChB.	• Translation of research into policy and practice; Health Equity, Social and Structural. • Determinants of Health, Youth and adolescent Health; HIV Prevention.	• Children's Institute • SHAWCO • Global Brain Health Institute Governing Board Member	• Board • ARIC	5 3
Ms. D Dondur	Member	1 Nov 2022	n/a	• Masters in Business Administration; • Honours in Business Administration; • Honours in Accounting; • Bachelors in Accounting; • International Executive Development Programmes; • Certificate in Labour Relations; • Chartered Accountant (South Africa); • Chartered Director (South Africa).	• Auditing; • Finance and Accounting; • Combined Assurance and Enterprise Risk Management; • Corporate Governance; • Strategy; • Human Resources and Labour Relations.	• PPS Holdings Trust • PPS Insurance Company • PPS Retirement Annuity Fund • PPS Beneficiaries Trust • South African Institute of Professional Accountants (SAIPA) • Tshikululu Social Investments NPC • Vaal Orange Catchment management Agency (VOCMA) • Doris Dondur Consulting CC (Dormant)	• Board • ARIC • EXCO	5 7

NAME	DESIGNATION (IN TERMS OF THE PUBLIC ENTITY BOARD STRUCTURE)	DATE APPOINTED	DATE RESIGNED	QUALIFICATIONS	AREA OF EXPERTISE	BOARD DIRECTORSHIPS (LIST THE ENTITIES)	OTHER COMMITTEES OR TASK TEAMS (E.G: AUDIT COMMITTEE/ MINISTERIAL TASK TEAM)	NO. OF MEETINGS ATTENDED
Prof. C Africa	Member	1 Nov 2025	n/a	• PHD (Med) • MSc (Dent) • Specialist Diploma Medical Microbiology. • Diploma Clinical Pathology	• Oral/Medical Microbiology. • Antimicrobial resistance (Bacteria and Fungi) • Female endogenous/ opportunistic infections. • Vertical transmission of maternal endogenous infections. • Antimicrobial activity of indigenous plants.	n/a	• Board • ARIC • REMCO	4 3 1
Dr. V Papu-Zamxaka	Member	1 Nov 2025	n/a	• Doctor Philosophy • Degree of Masters of Science in Public Health. • Bachelor of Science Honours	• Research and Innovation Management. • Organizational Leadership. • Health Research Conduct	• Sci-Bono Board Member. • Esther-Naledzi Non-profit Corporation. • CPT Pharma (Chemical process technologies)	• Board • R&D	4 1

COMMITTEES

COMMITTEE	NO. OF MEETINGS HELD	NO. OF MEMBERS	NAME OF MEMBERS
Board	4	15	Prof. J Mahlangu
			Prof. T Tucker
			Prof. R Carolissen
			Advocate D Khosa
			Prof. T Mavundla
			Dr. M Madikizela
			Prof. E Seekoe
			Prof. E Mukwevho
			Ms. D Dondur CA(SA)
			Prof. T Naledi
			Prof. B Chiliza
			Prof. Z Makatini
			Prof. L R Mathivha
			Prof. B Biccard
			Prof. T Pillay
ARIC	6	7	Ms. D Dondur CA(SA)
			Prof. T Naledi
			Dr. M Madikizela
			Prof. T Mavundla
			Prof. E Mukwevho
			Ms. J Williams CA(SA)
			Mr. J Watson CA(SA)
HR & REMCO	4	5	Prof. T Tucker
			Prof. R Carolissen
			Advocate D Khosa
			Prof. B Chiliza
			Prof. Z Makatini
R&D	1	5	Prof. E Seekoe
			Prof. L R Mathivha
			Prof. B Biccard
			Prof. T Pillay
EXCO	2	5	Prof. J Mahlangu
			Prof. E. Seekoe
			Prof. T Tucker
			Ms. D Dondur CA(SA)
			Advocate D Khosa
			Prof. B Chiliza

NEW BOARD

COMMITTEE	NO. OF MEETINGS HELD	NO. OF MEMBERS	NAME OF MEMBERS
Board	5	15	Prof. T Pretorius
			Prof. B Chiliza
			Prof. C Africa
			Prof. D Katerere
			Prof. L Lemakatso
			Prof. R Adam
			Dr. N Swartz
			Prof. S Chetty
			Prof. S Prince
			Prof. LR Mathivha
			Prof. V Papu-Zamxaka
			Prof. Z Makatini
			Prof. X Mbhenyane
			Prof. NT Naledi
			Prof. T Pillay
			Ms. D Dondur CA(SA)
ARIC	7	7	Ms. D Dondur CA(SA)
			Prof. T Naledi
			Prof. S Chetty
			Prof. C Africa
			Prof. LR Mathivha
			Prof. R Adam
			Ms. J Williams CA(SA)
HR & REMCO	2	6	Prof. B Chiliza
			Prof. Z Makatini
			Dr. N Swartz
			Ms. D Dondur CA(SA)
			Prof. S Chetty
			Prof. C Africa
R&D	1	6	Prof. T Pillay
			Prof. S Prince
			Prof. L Lebina
			Prof. V Papu-Zamxaka
			Prof. D Katerere
			Prof. X Mbhenyane
EXCO	0	4	Prof. T Pretorius
			Prof. B Chiliza
			Prof. T Pillay
			Ms. D Dondur CA(SA)

Remuneration of Board members

Remuneration of Board members is based on the daily remuneration rate prescribed by National Treasury, as amended from time to time.

- Board and committee members receive a meeting fee for attending meetings of the SAMRC Board and Board committees, as well as meetings members are invited to attend to represent the SAMRC Board in an official capacity. The Meeting Fee to be equivalent to the daily remuneration rate prescribed by National Treasury, as amended from time to time.
- Board and committee members receive a meeting allowance in addition to the daily meeting fee as compensation for time spent preparing for meetings, travelling, unavoidable stayovers, follow-up activities relating to meetings etc. The daily meeting allowance is equivalent to the daily meeting fee prescribed by National Treasury, as amended annually.
- Board members are allowed to receive a data allowance equivalent to the allowance payable to executive managers of the SAMRC, as amended from time to time. The data allowance is currently R307 per month.
- The Board Chairperson receives a Cellphone allowance of R700 per month.
- Employees of the State are nor remunerated for serving on the SAMRC Board. There are currently no employees of the State serving on the SAMRC Board.
- The Board reviews annually the dispensation for remunerating Board members. The last review was conducted at the Board meeting held on 30 July 2025.

The SAMRC pays all travel costs related to Board members' attendance at Board meetings and Board Committee meetings.

- Board members make use of economy class on air travel.
- The amount for overnight accommodation and breakfast is in accordance with the amount prescribed by the National Treasury, as amended from time to time.
- If required, class A or B car rental is provided.
- Shuttle services is provided only for travel to and from the airport, hotel and meeting venue.
- Members are responsible for their own transportation to and from local meeting venues. Reimbursement for the use of a member's own vehicle for travelling to a local meeting or official event is in accordance with the rate prescribed by the National Treasury, as amended from time to time.



The amount of remuneration paid to each board member is as follows:

(Previous Board)

Name	Remuneration	Other allowance (Data & Cellphone)	Other re-imbursements (Mileage, Toll fees & Parking)	Total
Prof. J Mahlangu	R92 580.00	R7 049.00	R1 534.52	R101 163.52
Prof. T Tucker	R94 874.00	R2 149.00	0	R97 023.00
Prof. R Carolissen	R30 899.00	R2 149.00	0	R33 048.00
Advocate D Khosa	R61 798.00	R2 149.00	0	R63 947.00
Prof. T Mavundla	R67 416.00	R2 149.00	R550.00	R70 115.00
Dr M Madikizela	R75 843.00	R2 149.00	0	R77 992.00
Prof. E Seekoe	R58 831.00	R2 149.00	0	R60 980.00
Prof. E Mukwevho	R84 270.00	R2 149.00	R6 774.68	R93 193.68
Ms D Dondur CA(SA)	R110 581.00	R2 149.00	R436.16	R113 166.16
Prof. T Naledi	R78 652.00	R2 149.00	0	R80 801.00
Prof. B Chiliza	R61 798.00	R2 149.00	0	R63 947.00
Prof. Z Makatini	R70 225.00	R2 149.00	0	R72 374.00
Prof L R Mathivha	R44 944.00	R2 249.00	0	R47 093.00
Prof B Biccard	R44 944.00	R2 149.00	0	R47 093.00
Prof T Pillay	R44 944.00	R2 149.00	0	R47 093.00

(New Board since 1 November 2025)

Name	Remuneration	Other allowance (Data & Cellphone)	Other re-imbursements (Mileage, Toll fees & Parking)	Total
Prof. T Pretorius	R46 290.00	R5 035.00	0	R51 325.00
Prof. B Chiliza	R35 370.00	R1 535.00	0	R36 905.00
Prof. C Africa	R42 135.00	R1 535.00	0	R43 670.00
Prof. D Katerere	R25 281.00	R1 535.00	0	R26 816.00
Prof. L Lebina	R16 854.00	R1 535.00	0	R18 389.00
Prof. R Adam	R33 708.00	R1 535.00	0	R35 243.00
Dr. N Swartz	R39 326.00	R1 535.00	0	R40 861.00
Prof.LR Mathivha	R36 517.00	R1 535.00	0	R38 052.00
Prof. V Papu-Zamxaka	R25 281.00	R1 535.00	0	R26 816.00
Prof. Z Makatini	R30 899.00	R1 535.00	0	R32 434.00
Prof. T Naledi	R28 090.00	R1 535.00	0	R29 625.00
Prof. T Pillay	R33 550.00	R1 535.00	0	R35 085.00
Ms D Dondur	R92 896.00	R1 535.00	R17 928.24	R112 359.25
Prof. X Mbhenyane	R22 472.00	R1 535.00	0	R24 007.00
Prof. S Chetty	R42 135.00	R1 535.00	0	R43 670.00

ENTERPRISE RISK MANAGEMENT/ RISK AND OPPORTUNITY MANAGEMENT

The SAMRC Board bears ultimate responsibility for risk management, with the Audit and Risk Committee (ARIC) supporting this role by overseeing the effectiveness of risk processes and internal controls. Risk management is integrated into corporate governance, involving proactive participation from executives and accountability at all employee levels. The SAMRC adopts an iterative risk management process that begins with risk identification, which is the responsibility of every employee. The ARIC also supervises both internal and external auditors to ensure prompt reviews of any control weaknesses.

The risk management approach aligns with international frameworks such as COSO and ISO 31000, and complies with the recommendations of King IV. It emphasises ongoing risk identification, assessment, and mitigation, integrated with opportunity management. The Board has reviewed the comprehensive Risk Management Policies and systems implemented by management, which include continuous risk and opportunity identification and assessment, embedding of internal controls, as well as risk reduction. The Risk Management Policies and systems are reviewed annually to reflect changes in industry practices and the SAMRC's activities, and any proposed amendments are submitted to the ARIC for consideration and recommendation to the Board for approval.

The Board closely oversees committee activities and receives regular updates from ARIC on risk management and strategic mitigation, with reviews included in the SAMRC Annual Report.

Risks are reviewed throughout the year, and this continuous process informs any updates to the SAMRC's risk registers at both strategic and operational levels. Strategic risk assessment includes consideration of probable future scenarios, taking cognisance of, inter alia, political, environmental, social, technological, economic, and legislative developments in both the SAMRC and global environments.

The ongoing review of the risk management process ensures that best practices are considered while maintaining a practical, business-minded approach.

The SAMRC's comprehensive risk management system is designed to identify and assess the organisation's emerging and significant risks. The Corporate Risk Management unit at SAMRC is a dedicated department that reports directly to the ARIC and has primary responsibility for the design, implementation and monitoring of corporate enterprise-wide risk management across the SAMRC.

SAMRC's philosophy of risk management entails the proactive management and mitigation of risks, and the exploitation of related opportunities, under the guidance of the SAMRC Board, President, and Executive Management. The SAMRC's risk management policies are established to identify and analyse the risks faced by the SAMRC, to set appropriate mitigating strategies, and to monitor risks and adherence to the strategies.

The Board maintains a balanced approach to risk, enabling the SAMRC to pursue opportunities that are risk-adjusted without unnecessary constraints. To address various risk dimensions, both the Board and the CEO rely on the expertise of the Executive Management Committee and senior management.

Our risks and opportunities

Significant risks and opportunities are identified through a comprehensive strategic risk review, during which the Executive Management and Board assess their implications for achieving SAMRC's strategic objectives. When warranted, supplementary mitigation strategies are formulated and executed to strengthen risk management processes. Each business unit is accountable for identifying, assessing, and managing risks pertinent to its operations. For each risk, appropriate mitigation measures are determined, and the residual exposure is evaluated against established criteria.

Risks and opportunities are continuously recognised throughout the year via ongoing engagement with business units, involving assessments of probability and potential impact on SAMRC. The most material risks are submitted to ARIC for evaluation. Risk dashboards monitor quarterly progress and report outcomes to the Executive Management Committee and ARIC as part of SAMRC's risk management framework. These quarterly reports facilitate communication regarding emergent issues, risks,

and opportunities, and track the implementation of management action plans. Internal audit provides independent assurance regarding the effectiveness of controls intended to reduce the probability and consequences of identified risks.

Key business risks and opportunities, grouped by strategic priority, together with the principal mitigating actions aligned with strategic objectives, are detailed further below.

RISK CATEGORY	RISK CONTEXT TO VALUE CREATION	RISK MITIGATIONS	OPPORTUNITIES TO CREATE VALUE
Administer health research effectively and efficiently, and in accordance with good corporate governance practices			
Legal and regulatory requirements	Onerous legislative requirements and complexity of the POPI Act	› Policies, guidelines, legal compliance staff, training programmes, and dedicated internal resources	› Improved legislative compliance and bespoke training and support
Data management	Cyberthreats over SAMRC data/intellectual property and misuse of research data	› Firewall protection, penetration testing, data security tools, monitoring, policies, and training	› Continuous monitoring and enhanced data security, training and innovation
People management function	Complexity of the research ecosystem to enable people to flourish	› Development programmes, training databases, surveys, remuneration revision, and leadership programmes	› Bespoke capacity building programmes to improve staff retention
Lead the generation of new knowledge and funding of research			
Research integrity	Inconsistent data processes, mentorship challenges, negative media publicity and onerous new legislative requirements	› Established Research Integrity Office, ethics committees, peer reviews and data management guidelines	› Ongoing strengthening digital and in-house training to enhance research quality and integrity
Transformation	Progression in staff transformation at senior levels	› EE Strategy, transformation forums, diversity initiatives, leadership programmes	› Ongoing enhancement of leadership development and diversity & inclusion programmes
Funding landscape	Geoeconomic volatility: Difficulty in maintaining and diversifying funding sources	› New co-funding partnerships, proposal tracking, continuous funding opportunity investigations	› Dedicated on-going investigation for further local and international funding opportunities in both the private and public sector
Supporting health innovation and technology development through funding to improve health			
Innovation Commercialisation	Limited funding for the value proposition of the innovation, reducing interest from the industry to commercialize or target market to implement	› IP policy, portfolio reviews, project follow-ups, external partnerships	› Active engagement for external partnering to pursue commercialisation opportunities
Building sustainable health research human capacity in South Africa			
Capacity building in scarce skills	Further development of research scientists is needed to assist in growing the pool of South African HDI medical research scientists	› Capacity building strategy for supporting the development of HDI research scientists	› Continuous engagement with HDI universities to further grow clinical research capacity
Research translation into policy and practice to improve health			
Knowledge translation	The risk of funding invested in interventions not progressing into the next phase of development/translation	› Strategic plans, success sharing, ongoing funding investigations	› Ongoing translation of research into policy through sharing success of research translation stories

INTERNAL CONTROL UNIT

The SAMRC has established and sustained a strong control environment, featuring a comprehensive internal control system that helps manage enterprise risks and supports the consistent achievement of objectives. This system is built on the principle that a certain level of risk is acceptable within a cost-effective internal control framework. It also utilises monitoring tools and mitigation strategies to swiftly address any shortcomings as they arise.

The Board is responsible for the internal control system, which includes clearly defined delegations of authority, financial management policies, IT controls, and assurance processes. The Audit and Risk and IT Committee (ARIC) assists the Board by overseeing financial reporting integrity, internal audit, compliance, and risk management systems. As such, the Board approved certain governance functions and structures to effectively undertake the risk management function and to ensure the efficiency and effectiveness of internal control within the organisation.

The ARIC supports the Board by monitoring financial statement integrity, overseeing internal audit and compliance systems, and ensuring adequate management controls over assets, risk, and financial systems. The ARIC also ensures timely, accurate financial reporting in line with applicable requirements and legislation.

The SAMRC makes use of an outsourced internal audit function which is closely aligned with the risk management function and reports independently to the ARIC. The internal audit plans, as approved by the ARIC, are designed following a risk-based assurance approach and are focused on adding value to the control environment while rendering independent assurance to the ARIC and to the Board on, inter alia: the effectiveness of internal financial control; the effectiveness of internal control over operational and compliance activities; the adequacy of governance systems, including the "tone at the top"; the effectiveness of the combined assurance process and risk management process.

A combined assurance model is applied to provide a coordinated approach to all assurance activities. The model aims to optimize the assurance coverage obtained from management, internal assurance providers and external assurance providers on the strategic risk facing the SAMRC.

Internal audit provides annual assessments to the Audit Committee and quarterly updates to Executive Management and ARIC, including reports on major control issues and progress addressing deficiencies across SAMRC.

The Board, via the ARIC, is satisfied that an effective risk management process is in place and that no significant failings or weaknesses were identified in the system of internal control during the period under review.

The Auditor-General South Africa (AGSA) is responsible for expressing an opinion on the financial statements and reporting on findings relating to the audit of predetermined objectives, and material non-compliance with specific requirements in key applicable legislation. The AGSA is invited to all ARIC meetings and receives copies of all relevant papers and meeting minutes.

FRAUD AND CORRUPTION

SAMRC adopts a zero-tolerance stance on unethical behaviour, prioritising fraud and corruption prevention through a comprehensive strategy encompassing prevention, detection, investigation, and response. The Fraud and Corruption Prevention Policy integrates a prevention plan, response plan, and whistle-blowing policy. The SAMRC has developed an online whistle-blower hotline where staff can report fraudulent activities/ incidents anonymously. The webpage, 'Report fraudulent activities at the SAMRC', is available to all staff on the SAMRC Intranet home page. Staff who have knowledge of an occurrence of fraud or corruption, or who have good reason to suspect that a fraudulent or corrupt act has occurred, have a duty to promptly report any reasonable suspicions.

All reported cases are handled confidentially to protect whistle-blowers and alleged parties.

The core fraud risks facing the SAMRC under the Fraud Prevention Plan Strategy were revisited during the annual fraud risk assessment. The identified controls to mitigate these were evaluated for effectiveness, and where deemed necessary, action plans to further strengthen certain areas were developed to further strengthen the control environment.

MINIMISING CONFLICT OF INTEREST

The SAMRC maintains high ethical standards through a Board-approved Code of Business Conduct Framework Policy designed to prevent unethical behaviour and promote integrity among internal and external stakeholders. The Code of Ethics and Conduct governs professional behaviour, embodying core values of integrity, accountability, transparency, and professionalism. It is regularly reviewed and accessible to all employees and external stakeholders. The Code helps to define the principles guiding the spirit of the SAMRC's business, research conduct, ethics, and staff's personal ethos.

The Code is available to all employees on SAMRC's in-house intranet and to external stakeholders on the SAMRC external website. In the event that an employee breaches the provisions of the policy, this will be addressed in accordance with the SAMRC's Employment Relations Policy.

SAMRC employees must annually declare any potential conflicts of interest. Failing to disclose interests or providing false information may result in misconduct charges. Declared interests are not automatically conflicts; most employees have a professional stake in their work. All external work, financial or private interests, business activities, and gifts must be reported when completing the SAMRC Online Declaration of Interest.

In addition, a code of conduct for supply chain management (SCM) practitioners and other role players is in place, whereby conflicts of interest are declared on an annual basis in addition to the SAMRC-wide annual online declaration process.

SAMRC'S MATERIALITY AND SIGNIFICANCE FRAMEWORK: 2025/2026

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 for approval and National Treasury for noting
b) participation in a **significant** partnership, trust, unincorporated joint venture or similar arrangement;	Qualifying transactions exceeds R15Mil (based on 1% – 2% guidance of total average SAMRC assets, as at 31 March 2024). This includes research collaborative arrangements	
c) acquisition or disposal of a **significant** shareholding in a company;	Greater than 20% of shareholding.	

PFMA SECTION	QUANTITATIVE [AMOUNT]	QUALITATIVE [NATURE]
d) acquisition or disposal of a significant asset;	Qualifying transactions exceeds R15Mil (based on 1% – 2% guidance of total average SAMRC assets, as at 31 March 2024). 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 R15Mil transaction value (based on 1% – 2% guidance of total average SAMRC assets, as at 31 March 2024).	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 R15Mil (based on 1% – 2% guidance of total SAMRC assets, as at 31 March 2024).	

Section 55: Annual report and financial statements

2) The annual report and financial statements referred to in subsection (1) (d) ("financial statements") must –

a) fairly present the state of affairs of the Public Entity, its business, its financial results, its performance against predetermined objectives and its financial position as at the end of the financial year concerned;

b) include particulars of–

PFMA SECTION	QUANTITATIVE [AMOUNT]	QUALITATIVE [NATURE]
(i) any material losses through criminal conduct and any irregular expenditure and fruitless and wasteful expenditure that occurred during the financial year:	All instances	› Report quarterly to the Minister of Health. › Report annually in the Annual Financial Statements
(ii) any criminal or disciplinary steps taken as a consequence of such losses or irregular expenditure or fruitless and wasteful expenditure;		
(iii) any losses recovered or written off;		
(iv) any financial assistance received from the state and commitments made by the state on its behalf; and		
(v) any other matters that may be prescribed.	All instances, as prescribed	

Section 56: Assignment of powers and duties by accounting authorities:

PFMA SECTION	QUANTITATIVE [AMOUNT]	QUALITATIVE [NATURE]
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.
1) 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 R15 Million;

2) Notify National Treasury of 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 guidance parameters below, the SAMRC materiality level calculation outcomes are as follows:

ELEMENT RANGE	% TO BE APPLIED AGAINST R VALUE	AUDITED VALUE AT 31 MARCH 2023	CALCULATED MATERIALITY & SIGNIFICANCE VALUE
Total Assets (1%-2%)	1.49%	R1 009 310 825	R15 000 000

The SAMRC materiality and significance value will be R15 Million 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.

COMPANY/BOARD SECRETARY

The SAMRC's Board Secretary plays a vital role in overseeing various aspects of board operations. This includes facilitating both Board and Board Committee meetings, as well as managing the induction process for new Board members. He is responsible for handling processes related to the Board Plan, agenda, meeting documentation, and logistics, ensuring smooth proceedings and operations of the Board. Additionally, he provides guidance during meetings and ensures compliance with proper decision-making protocols, carefully documenting outcomes. Moreover, he prepares action lists and accurate minutes for Board and Board Committee meetings. Acting as a formal communication link, the Board Secretary liaises between the Board and management, as well as with the Executive Authority, particularly on administrative matters. Throughout his duties, the Board Secretary remains committed to acting in the best interests of the SAMRC.

SOCIAL RESPONSIBILITY

The SAMRC has implemented several initiatives to uplift communities and foster sustainable development during the 2025/2026 financial year.

Generation Science (Gen S): Creating Space and Time for Curious Minds

Investing in the future of health research begins with creating opportunities for young people to explore science, innovation, and discovery firsthand. The SAMRC's Generation Science (Gen S) Job Shadowing Programme continued to inspire curious young minds in 2025, welcoming Grade 11 learners across the organisation's three operating cities, Cape Town, Durban and Pretoria.

In its fourth year, the programme has grown into a meaningful collaborative initiative made possible through the support of the Western Cape Education Department (WCED), participating scientists, and research units that generously shared their expertise and time with learners. Scientists served as mentors, offering learners practical exposure to the world of health research and demonstrating how science directly addresses real-world health challenges.

In 2025, the programme placed greater emphasis on aligning learners' school subject interests with the SAMRC's research disciplines, ensuring a more impactful and enriching experience. This approach strengthened both the relevance and effectiveness of the initiative for participating learners.

Participating units included Genomics, the Non-Communicable Diseases Research Unit, Environment and Health Research Unit, Biomedical Research and Innovation Platform, SAFoods, Gender and Health Research Unit, Biostatistics, Mental Health, Alcohol, Substance Use and Tobacco Research Unit, South African Population Research Infrastructure Network, the Centre for TB Research at Stellenbosch University and the Africa Health Research Institute.



The Gen S Job Shadowing Programme continued to inspire curious young minds in 2025, welcoming Grade 11 learners across the organisation's three operating cities, Cape Town, Durban and Pretoria.



Grade 11 boys who were part of Talking to the Boy Child Initiative with Dr Ismail Teladia from Western Cape Education Department and Professor Ntobeko Ntusi, SAMRC President and CEO.

Talking to the Boy Child Initiative

The SAMRC hosted 10 Grade 11 boys from schools across the Cape Metropolitan area at the Old Main Building of Groote Schuur Hospital to commemorate Professor Ntobeko Ntusi's first year in office as President and CEO of the SAMRC.

Central to the initiative was Professor Ntusi's personal and professional journey as a clinician-scientist and leader in cardiovascular medicine. Learners gained insight into his upbringing in the Eastern Cape, his academic journey abroad, and his eventual return to South Africa to pursue medicine at the University of Cape Town. His story highlighted the importance of resilience, discipline, and purposeful decision-making in shaping future opportunities.

The learners also engaged with medical specialists from various disciplines, including radiology and magnetic resonance imaging, gaining valuable exposure to the breadth of careers within the healthcare sector. These interactions reinforced the importance of academic commitment, perseverance, and service in pursuing careers in medicine and science.

The initiative showed the importance of mentorship and positive role models in empowering young men to pursue meaningful futures. By investing in the development of the boy child, the SAMRC contributes to nurturing a generation of professionals who are compassionate, responsible, and committed to making a positive societal impact.



The Talking to the Boy Child initiative showed the importance of mentorship and positive role models in empowering young men to pursue meaningful futures.

Nelson Mandela Day

In honour of Nelson Mandela and guided by the SAMRC's core value of Citizenship, employees undertook community outreach initiatives aimed at supporting vulnerable members of society. Demonstrating a strong culture of compassion and social responsibility, staff members used personal contributions to purchase hygiene and essential care items, with no taxpayer funding utilised for the initiative.

Donations were distributed to the Iphupha Lam After School Programme and the Elim Night Shelter, providing support to children and individuals in need.

Through these acts of generosity and service, SAMRC employees continued to embody the legacy of Mandela by contributing meaningfully to the wellbeing of communities and demonstrating the organisation's commitment to social impact beyond research.



For the Nelson Mandela Day, the SAMRC staff members used their own money to purchase hygiene and essential care items and donated them to shelters providing support to children and people in need.

AUDIT COMMITTEE REPORT

We are pleased to present our report for the financial year ending March 31, 2026.

Audit committee members and attendance

The audit committee comprises the members listed below and should meet at least four times per year in accordance with its approved terms of reference. During the current year, eight meetings were held. The unaudited annual financial statements were reviewed and discussed at a meeting held on 25 May 2026.

AUDIT COMMITTEE MEMBERS: 1 APRIL 2025 – 31 OCTOBER 2025	
NAME OF MEMBER	**NUMBER OF MEETINGS ATTENDED**
Ms Doris Dondur CA(SA) Committee Chairperson	6
Prof Tracey Naledi	6
Ms June Williams CA(SA)	6
Prof Mzwandile Madikizela	4
Prof Thandisizwe Mavundla	5
Prof Emmanuel Mukwevho	5
Mr John Watson CA(SA)	5

AUDIT COMMITTEE MEMBERS: 1 NOVEMBER 2025-31 MARCH 2026	
NAME OF MEMBER	**NUMBER OF MEETINGS ATTENDED**
Ms Doris Dondur CA(SA) Committee Chairperson	2
Prof Tracey Naledi	2
Ms June Williams CA(SA)	2
Prof Sean Chetty	2
Prof Charlene Africa	2
Prof Razia Adam	2



Ms Doris Dondur
Chairperson of the Audit Committee
South African Medical Research Council
31 August 2026

B-BBEE COMPLIANCE PERFORMANCE INFORMATION

The following table has been completed in accordance with the compliance to the BBBEE requirements of the BBBEE Act of 2013 and as determined by the Department of Trade, Industry and Competition.

HAS THE DEPARTMENT/PUBLIC ENTITY APPLIED ANY RELEVANT CODE OF GOOD PRACTICE (B-BBEE CERTIFICATE LEVELS 1 – 8) WITH REGARDS TO THE FOLLOWING:		
CRITERIA	**RESPONSE YES/NO**	**DISCUSSION** (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	No	Not Applicable
Developing and implementing a preferential procurement policy?	Yes	In All SAMRC RFQ/ RFP/ Tenders priority or advantages are given to specific groups, sectors, or partners. EME companies are appointed irrespective of them being higher in pricing compared to SME and SSME company. BBBEE are allocated to woman, youth, disability, locality.
Determining qualification criteria for the sale of state-owned enterprises?	No	Not Applicable
Developing criteria for entering into partnerships with the private sector?	No	Any Public-Private Partnership (PPP) that the SAMRC may enter into will be in line with the Treasury Regulations. However, SAMRC receives some funding from the private sector, and these funds don't constitute PPP.
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	However, two of the indicators of Programme 4 address the issue of capacitating black/historically disadvantaged individuals.

B-BBEE CERTIFICATE

NTSIKELELO
VERIFICATION AGENCY

Company Address: 18 Prospect Road, Cowies Hill Park 3610
Registration Number: 2012/221535/07
VAT Number: 4460287826

B-BBEE Verification Generic Certificate
South African Medical Research Council
Registration Number: Not Applicable
VAT Number: 4890103718
Address: Francie van Zijl Drive, Parow Valley, Cape Town

Legally assured verification

THE SCORE OBTAINED COMPRISES THE FOLLOWING:

Element	Actual Score	Target Score
Management Control	16.20	20
Skills Development	19.13	25
Enterprise and Supplier Development	39.49	50
Socio Economic Development	00.00	05
Total Points	74.82	100

B-BEE CONTRIBUTOR STATUS LEVEL: LEVEL 7
B-BEE PROCUREMENT RECOGNITION LEVEL: 50%

Scorecard Sector	Codes of Good Practice issued in terms of section 9(1) of B-BBEE Act (Act53 of 2003) as amended on 11October 2013- Generic (Gazette Specialized No: 36928 and 42496)
Financial Period Measured	1 April 2024 to 21 March 2025
Enhanced Recognition Level	No
Discounting Principle applied	Yes
Modified Flow Through Applied	No
Exclusion Principle applied	No
Empowering Supplier	Yes
Designed Group Supplier	No

Black New Entrant	0%	Designated Group Ownership	0.00%
Black Ownership	0%	Black Disabled Ownership	0.00%
Black Women Ownership	0%	Black Military Veterans	0.00%
		Ownership Procurement Recognition	0.00%
Participated in Y.E.S	NO	Black People Living in Rural Areas	0.00%
Y.E.S Enhancement Level	N/A	Black Unemployed	0.00%
		Achieved Y.E.S Target & 2.5% Absorption	No
Verification Number	1 NVA G09 2025 REV 0	Achieved 1.5 x Y.E.S Target & 5% Absorption	No
Technical Signatory	Sibongile Mahlangu	Achieved 2 x Y.E.S Target & 5% Absorption	No

Signature:

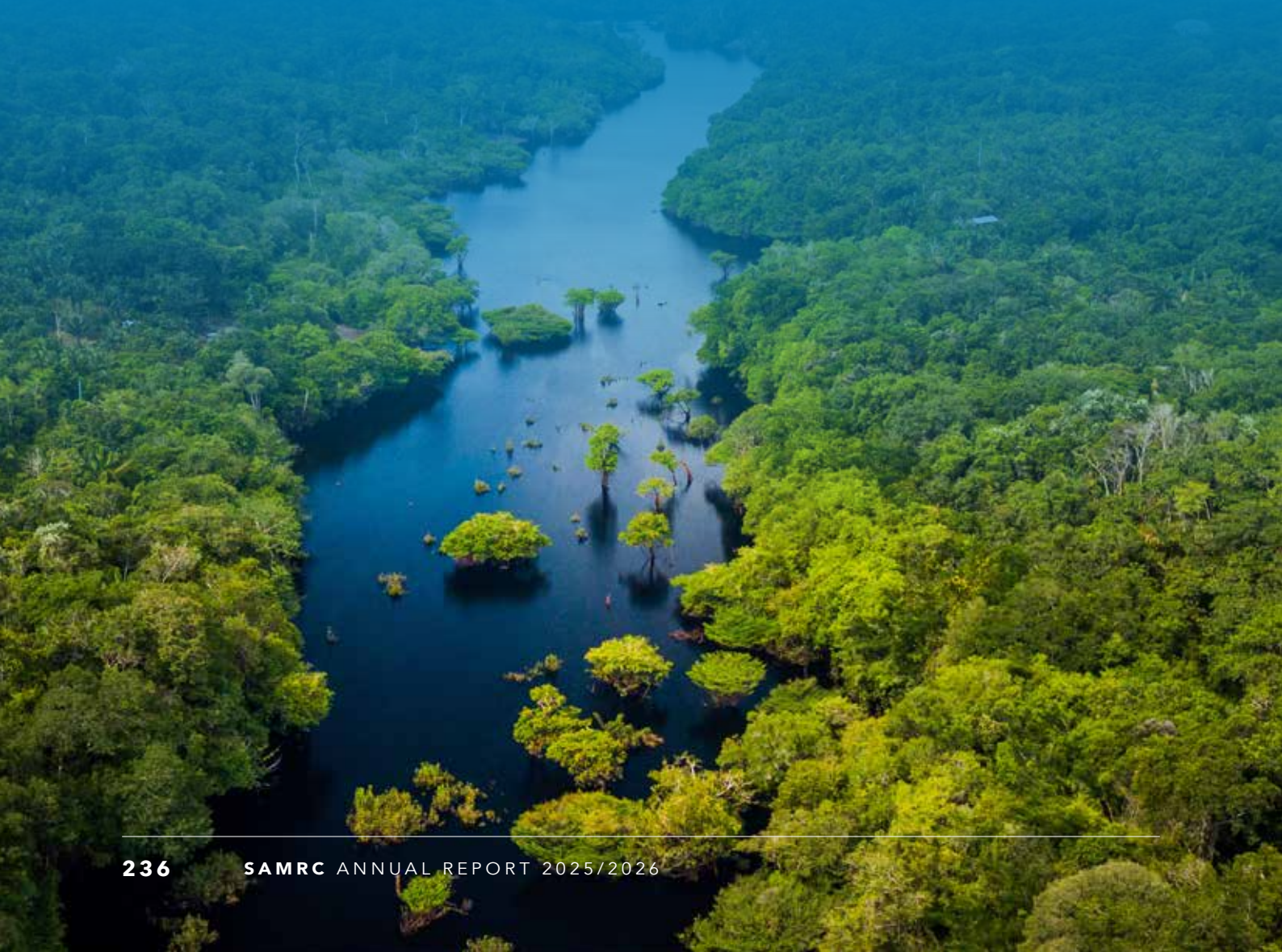
Initial Issue Date:	29 October 2025
Revision Date:	N/A
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PART D

HUMAN RESOURCES MANAGEMENT



INTRODUCTION

The evolving landscape of global geopolitics and the increasing influence of artificial intelligence (AI) continue to generate volatility, uncertainty, complexity, and ambiguity, all of which require organisations to be agile and resilient. SAMRC continued to undergo leadership transition, with the recruitment and selection process unfolding smoothly, marking a pivotal shift at the senior management level for the organisation. These changes strengthened the organisation's mission to enhance the nation's health and quality of life and have a significant impact on organisational culture, offering valuable opportunities for innovation, renewal, and strategic alignment. SAMRC remains dedicated to fostering an inclusive organisational culture that embraces and promotes a diversity of ideas, experiences, and perspectives.

In February 2026, during his State of the SAMRC Address, President and CEO Professor Ntobeko Ntusi emphasised that a key organisational priority is to strengthen our culture. He highlighted that culture is not merely a concept but the foundation of how we work, lead, and succeed together. Our focus is on creating an inclusive, respectful, and high-trust environment where every employee feels valued and empowered. This includes fostering psychological safety, encouraging open dialogue, and creating opportunities for collaboration and innovation at all levels of the organisation.

To this end, the Human Resource Management Directorate remains committed to leveraging digital transformation opportunities to advance human resource effectiveness and future preparedness, ensuring SAMRC remains agile and maintains its strong brand and reputation within an increasingly flexible, knowledge-driven economy. Furthermore, HR continues to support the advancement of impactful science through its people by deploying a transformative, human capital-enhancing Integrated Talent Management Framework (ITMF) to attract, retain, and develop current and future capacity in healthcare research skills.

HR Priorities and Key Achievements

The HR directorate has successfully implemented various initiatives in HR and payroll as part of our commitment to enhancing organisational culture. The transition to an integrated HR and payroll system, combined with the automation of payroll processes for short-term contracts (services rendered), has improved accuracy, minimised manual intervention, and enhanced the employee experience. Furthermore, aligning payroll banking practices and standardising salary payment dates have promoted greater equity and consistency among staff, contributing to a more unified and inclusive workplace environment.

Consistent with the state of address by the SAMRC President and CEO and the Integrated Talent Management Framework, the SAMRC recognises that improvement initiatives cannot be viewed in isolation; the interconnectedness and mutual dependency of organisational elements require a comprehensive and coordinated approach. With this perspective, three strategic HR priorities remain:

i. Driving cultural and organisational change.

ii. Building human capacity for the long-term sustainability of South African research.

iii. Investing in HR technology to strengthen digital capabilities.

Capacity Development:

Building human capacity for sustainable research excellence, in alignment with South Africa's long-term strategy to strengthen its research ecosystem, depends on establishing a resilient talent pipeline. Customised leadership and management programmes are implemented to advance expertise in critical skill areas and foster transformative leadership across all career streams.

These initiatives are designed to support the growth of emerging and independent researchers, with a focus on promoting diversity and inclusivity.

Capacity development initiatives aimed to foster a culture of continuous learning. The Lunch and Learn series, a voluntary one-hour knowledge-sharing session, became a favoured platform for peer-led skill development. The online educational platform continues to play a significant role in developing our employees, offering expert-led video courses on leadership, behavioural science, digital literacy, and creativity, and promoting lifelong learning and employee ownership of professional development. We offer targeted development initiatives to meet our workforce's diverse needs, and study support prioritises helping employees pursue further education and training opportunities.

The STAR Programme is an innovative leadership initiative focused on strengthening capacity within the SAMRC. This two-year programme aims to develop a talent pool by equipping individuals with the skills and knowledge necessary to meet the organisation's leadership needs. By fostering a culture of collaboration and inclusion, the STAR Programme includes all career pathways within the organisation, offering opportunities for growth and addressing challenges related to SAMRC's mission. Additionally, the programme provides participants with essential knowledge and insights to help them build their professional reputation and progress in their research careers.

In order to strengthen our talent pipeline, we have secured discretionary grants from the ETDP SETA following the submission of the Workplace Skills Plan (WSP) and Annual Training Report (ATR). These funds will facilitate skills development initiatives for the 2025/2026 financial year. Furthermore, SAMRC partners with a range of funders and sponsors, including the ETDP SETA, to support its formal Internship Programme. The internship programmes offer unemployed South African graduates valuable practical work experience, thereby improving their employability and addressing future capacity requirements.

Workforce Planning and Strategies for Attracting and Retaining Skilled Employees:

The Integrated Talent Management Framework's first component focuses on effective workforce planning through strategic talent management aligned with SAMRC strategic objectives. The HR practitioners are making progress toward equity targets at senior management by promoting internally to retain skills and organisational continuity, while also recruiting externally to diversify capabilities.

Performance Engagement System:

The SAMRC adopts a performance management philosophy centred on engagement, underscoring the importance strengthening principles of performance engagement. This approach supports both employees and managers in comprehending and effectively navigating the performance process. Notable advancements have been made in implementing HR practices that foster consistent, transparent alignment among individual, team, and organisational performance objectives. These measures also reinforce equitable performance assessment throughout the organisation.

The ongoing re-imaging of the Performance Engagement System at SAMRC, through the integration and standardisation of key performance management areas for managers, as well as the introduction of team KPAs and values-driven behaviours, is closely aligned with the priorities set by President and CEO Professor Ntusi. Leadership has emphasised the need to cultivate a strong organisational culture that encourages both performance and engagement. Incorporating these elements into the performance contracting process reinforces the strategic direction outlined by leadership, while ensuring employees are well-informed and accountable for embodying these values and behaviours in their daily activities. Successfully implementing this initiative will require proactive change management to facilitate cultural transition and deliberate stakeholder engagement in adopting these new expectations.

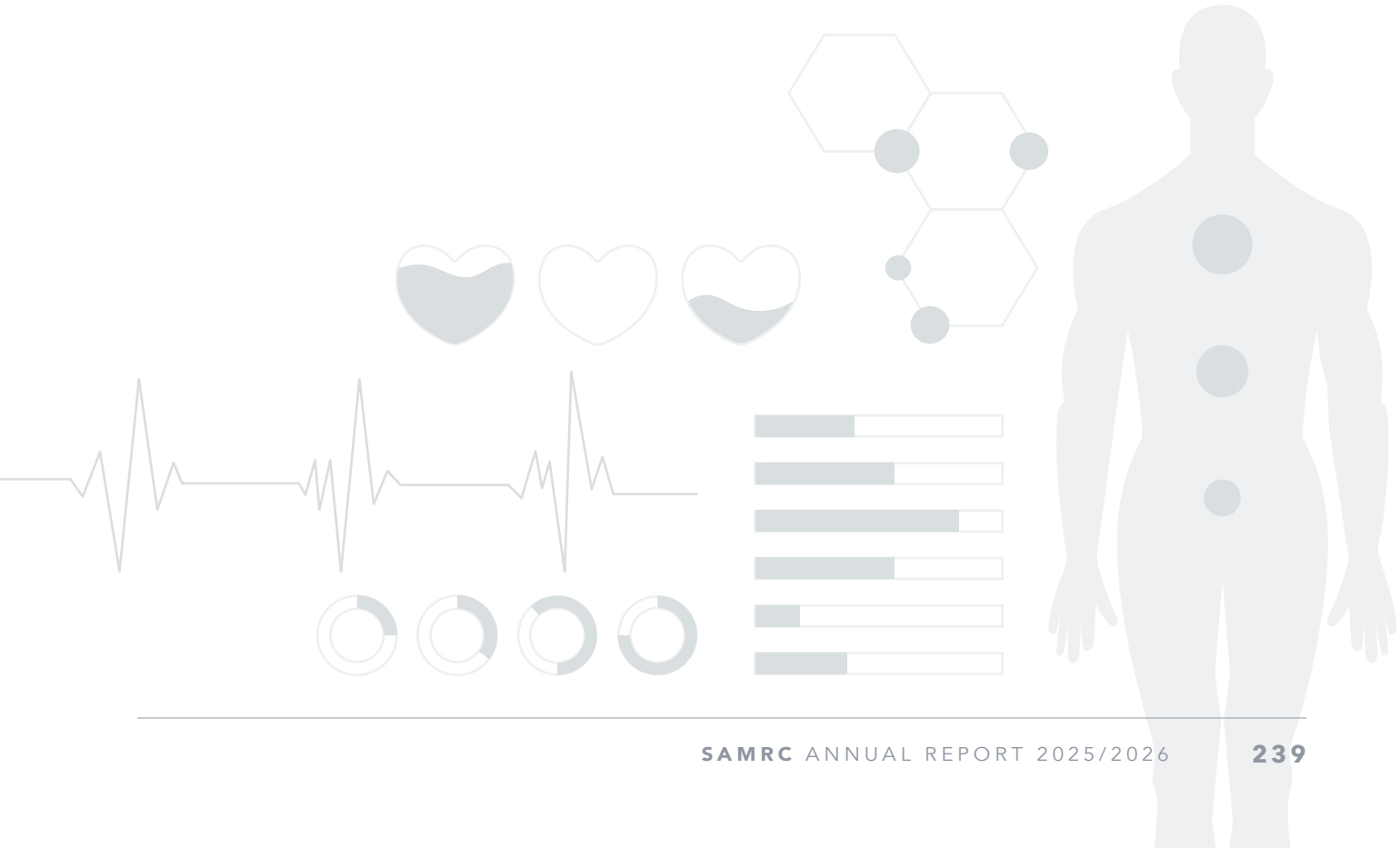
Employee Wellness:

The SAMRC is committed to cultivating a healthy, productive work environment by adopting a comprehensive, proactive approach to employee wellness. Our employee wellness programmes encompass a variety of initiatives designed to support the physical, mental, and emotional health of all staff members. The annual Wellness Awareness campaign seeks to establish a sustained culture of well-being across the SAMRC by promoting awareness and motivating employees to take proactive steps to manage their well-being. This initiative also provides an annual opportunity to reflect on and review the employee value proposition (EVP), ensuring that the organisation consistently prioritises employee well-being.

A range of resources, including a free 24-hour counselling helpline, are available to employees and their families. Customised support programmes are continually introduced for staff exposed to vicarious trauma through their research work. Training is provided to team leaders so they can offer initial trauma debriefing for their teams. As frontline contacts, managers have gradually learned to recognise trauma symptoms, respond appropriately, and refer employees for further assistance. To support this, additional trauma debriefing sessions are offered to help staff members manage challenging, sensitive, or potentially traumatic information in their research.

Future HR Plans/Goals:

Looking ahead, the Human Resources department prioritises reinforcing the SAMRC culture, promoting value-based decision-making through ongoing engagement, and utilising advanced technologies to boost operational efficiency and effectiveness. These objectives will be supported by targeted capacity development initiatives designed to facilitate and embed the necessary cultural and organisational changes. Achieving these outcomes will require robust change management practices to ensure alignment across the organisation, minimise disruption, and enable sustainable impact over time. The primary focus will be on developing a skilled and adaptable HR team capable of meeting evolving workforce demands while also strengthening strategic collaborations with line management. Through these combined efforts, HR will be positioned as a proactive contributor to organisational excellence and as a catalyst for a more integrated, efficient, and future-oriented workplace.



HUMAN RESOURCE OVERSIGHT STATISTICS

The public entity must provide the following key information on human resources. All financial amounts must match those disclosed in the annual financial statements. Where appropriate, provide reasons for any variances.

PERSONNEL RELATED EXPENDITURE

Personnel Cost by programme/activity/objective

PROGRAMME/ ACTIVITY/OBJECTIVE	TOTAL EXPENDITURE FOR THE ENTITY	PERSONNEL EXPENDITURE	PERSONNEL EXP. AS A % OF TOTAL EXP.	NO. OF EMPLOYEES	AVERAGE PERSONNEL COST PER EMPLOYEE
Programme 1: Administration	R273,284,000.00	R124, 583,144.93	7.86	226	R551,252.85
Programme 2: Core Research	R744,474,000.00	R396,744,899.94	25.04	839	R472,878.31
Programme 3: Innovation and Technology	R502,696,000.00	R87,305,620.97	5.51	206	R423,813.69
Programme 4: Capacity Development	R63,825,000.00	R6,487,548.20	0.41	14	R463,396.30
Programme 5: Research Translation	R0	R0	0.00	0	R0
TOTAL	**R1,584,279,000.00**	**R615,121,214.04**	**38.83**	**1,285**	**R478,693.55**

Personnel cost by salary band

LEVEL	PERSONNEL EXPENDITURE	% OF PERSONNEL EXP. TO TOTAL PERSONNEL COST	NO. OF EMPLOYEES	AVERAGE PERSONNEL COST PER EMPLOYEE
Top Management	R23,561,534.45	4.37	8	R2,945,191.81
Senior Management	R123,306,225.72	22.85	72	R1,712,586.47
Professional qualified	R220,220,614.76	40.81	221	R996,473.37
Skilled	R131,123,958.89	24.30	295	R444,488.00
Semi-skilled	R35,363,984.19	6.55	155	R228,154.74
Unskilled	R6,057,315.70	1.12	42	R144,221.81
TOTAL	**R539,633,633.71**	**100.00**	**793**	**R680,496.39**

Personnel cost for Personnel expenditure for Postdocs, Interns, European and Developing Countries Clinical Trials Partnership (EDCTP) and Post retirement contracts

LEVEL	PERSONNEL EXPENDITURE	% OF PERSONNEL EXP. TO TOTAL PERSONNEL COST	NO. OF EMPLOYEES	AVERAGE PERSONNEL COST PER EMPLOYEE
EDCTP	R10,964,976.77	27.05	6	R1,827,496.13
Post Doctoral Fellowship	R8,709,661.75	21.49	30	R290,322.06
Post Retirement	R14,248,082.91	35.15	15	R949,872.19
Interns	R6,523,014.11	16.09	74	R88,148.84
Post Retirement Performance Bonus	R89,927.34	0.22	4	R22,481.84
TOTAL	**R40,535,662.88**	**100**	**125**	**R324,285.30**

**Total head count excludes the 4 employees under post-retirement performance bonus as they are already included in the post-retirement total head count.*

Personnel cost for Temporary employees

LEVEL	PERSONNEL EXPENDITURE	% OF PERSONNEL EXP. TO TOTAL PERSONNEL COST	NO. OF EMPLOYEES	AVERAGE PERSONNEL COST PER EMPLOYEE
Temporary Employees	**R27,486,550.74**	**100**	**367**	**R74,895.23**

Performance Rewards

PROGRAMME/ ACTIVITY/OBJECTIVE	PERFORMANCE REWARDS	PERSONNEL EXPENDITURE	% OF PERSONNEL EXP. TO TOTAL PERSONNEL COST
Top Management	8	R331,647.30	0.06
Senior Management	72	R1,813,472.27	0.33
Professional qualified	221	R2,846,985.12	0.53
Skilled	295	R1,935,278.88	0.36
Semi-skilled	155	R461,948.94	0.09
Unskilled	42	R76,034.20	0.01
TOTAL	**793**	**R7,465,366.71**	**1.38**

**The above table excludes the 4 post-retirement employees in head count and performance rewards. These 4 employees are included in table "Personnel cost for Personnel expenditure for Postdocs, Interns, European and Developing Countries Clinical Trials Partnership (EDCTP) and Post retirement contracts."*

Training Costs

PROGRAMME/ ACTIVITY/OBJECTIVE	PERSONNEL EXPENDITURE	TRAINING EXPENDITURE	TRAINING EXPENDITURE AS A % OF PERSONNEL COST	NO. OF EMPLOYEES TRAINED	AVERAGE TRAINING COST PER EMPLOYEE
Learning and Development Initiatives, including: • Study Support (bursaries) • Coaching • Leadership Development – People Management and Change Management • General Training (Technical and Behavioural competencies), incl. Health and Safety training Online (LinkedIn Learning)	R539,633,633.71	R4,029,167.82	0.75%	389	R10,357.76

Employment and vacancies

PROGRAMME/ ACTIVITY/OBJECTIVE	2024/2025 NO. OF EMPLOYEES*	2025/2026 APPROVED POSTS	2025/2026 NO. OF EMPLOYEES**	2025/2026 VACANCIES	% OF VACANCIES
Top Management	8	8	7	1	12.5
Senior Management	60	71	69	2	2.8
Professional qualified	211	213	200	13	6.1
Skilled	280	248	234	14	5.6
Semi-skilled	146	107	107	0	0
Unskilled	40	42	41	1	2.4
TOTAL	**745**	**689**	**658**	**31**	**4.5**

*Note: The table above excludes postdocs, interns, post retirees and EDCTP. *Includes the terminations as of 31 March 2025 **Includes the terminations as of 31 March 2026*

Two Unit Director positions (Senior Management) were filled entirely from the internal talent pool, while one Unit Director position was filled externally during the reporting period. Additionally, a structured capacity development programme has been designed to enhance the skills and potential of internal employees, enabling them to assume senior leadership roles when opportunities arise.

When a vacancy arises, the relevant manager uses the opportunity to analyse the position to determine whether the role is still needed or whether any restructuring is required. At a minimum, vacancies have remained unfilled for a month, except for a scarcity of critical skills posts, which could take a bit longer.

Employment changes

SALARY BAND	EMPLOYMENT AT THE BEGINNING OF THE PERIOD*	APPOINTMENTS	TERMINATIONS**	EMPLOYMENT AT END OF THE PERIOD
Top Management	8	0	[1]	7
Senior Management	70	2	3	69
Professional qualified	209	10	19	200
Skilled	264	23	53	234
Semi-skilled	141	8	42	107
Unskilled	40	2	1	41
TOTAL	**732**	**45**	**119**	**658**

*Note: The table above excludes postdocs, interns, post retirees and EDCTP. *Employment at the beginning of period, excludes appointments with a start date of 1 April 2025 and includes staff movements e.g. CPA and **Terminations, exclude the employees with a termination date of the 31 March 2026.*

Reasons for staff leaving

REASON	NUMBER*	% OF TOTAL NO. OF STAFF LEAVING
Death	1	0.8
Resignation	28	23.5
Dismissal	4	3.4
Retirement	10	8.4
Ill health	3	2.5
Expiry of contract	71	59.7
Other	2	1.7
TOTAL	**119**	**100**

Note: The table above excludes postdocs, interns, post retirees and EDCTP.
**The above terminations exclude the employees with a termination date of the 31 March 2026.*

Based on the exit interviews that have been conducted, employees have resigned due to varied reasons such as lack of career advancement opportunities, family circumstances, lack of Management support and workload (overworked). Where there is still a need for the position, the job will be advertised in accordance with the SAMRC's Recruitment and Selection Policy.

Labour Relations: Misconduct and Disciplinary Action

NATURE OF DISCIPLINARY ACTION	NUMBER
Verbal Warning	0
Written Warning	1
Final Written warning	1
Dismissal	4

Equity Target and Employment Equity Status

It is important to note that the Employment Equity targets align with the EE reporting period from 01 September 2025 to 30 August 2026 and exclude foreign nationals. These targets are continually monitored to enable intervention and reduce variances. The development and implementation of a customised leadership development programme to empower SAMRC leaders and create a pipeline for senior leadership within the organisation is a key strategy to address challenges identified at senior management level.

LEVELS	MALE							
	AFRICAN		COLOURED		INDIAN		WHITE	
	CURRENT	TARGET	CURRENT	TARGET	CURRENT	TARGET	CURRENT	TARGET
Top Management	4	4	0	0	0	0	0	0
Senior Management	5	7	8	6	2	2	5	5
Professional qualified	24	42	10	10	4	4	4	6
Skilled	41	70	18	18	7	6	1	6
Semi-skilled	30	49	7	8	1	2	0	2
Unskilled	11	15	2	2	0	0	0	0
TOTAL	**115**	**187**	**45**	**44**	**14**	**14**	**10**	**19**

Note: The above total excludes the foreign nationals as at March 2026: Total Males – 12.

LEVELS	FEMALE							
	AFRICAN		COLOURED		INDIAN		WHITE	
	CURRENT	TARGET	CURRENT	TARGET	CURRENT	TARGET	CURRENT	TARGET
Top Management	1	2	2	1	0	0	0	1
Senior Management	12	15	10	8	6	4	12	9
Professional qualified	58	67	39	36	26	26	24	21
Skilled	109	112	34	35	17	17	6	9
Semi-skilled	51	81	14	18	2	5	2	3
Unskilled	17	15	11	10	0	0	0	0
TOTAL	**248**	**292**	**110**	**108**	**51**	**52**	**44**	**43**

Note: The above total excludes the foreign nationals as at March 2026: Total Females – 9.

LEVELS	DISABLED STAFF			
	MALE		FEMALE	
	CURRENT	TARGET	CURRENT	TARGET
Top Management	0	0	0	0
Senior Management	3	3	0	1
Professional qualified	0	1	4	5
Skilled	0	3	1	1
Semi-skilled	0	2	1	3
Unskilled	0	2	0	0
TOTAL	**3**	**11**	**6**	**10**

PART E

PFMA COMPLIANCE REPORT



IRREGULAR, FRUITLESS AND WASTEFUL EXPENDITURE AND MATERIAL LOSSES

Irregular expenditure

a) Reconciliation of irregular expenditure

DESCRIPTION	2025/2026 R'000	2024/2025 R'000
Opening balance	217	–
Adjustment to opening balance	2,680	–
Opening balance as restated	2,897	–
Add: Irregular expenditure confirmed	3,914	217
Less: Irregular expenditure condoned	–	–
Less: Irregular expenditure not condoned and removed	–	–
Less: Irregular expenditure recoverable	–	–
Less: Irregular expenditure not recoverable and written off	–	–
CLOSING BALANCE	**6,811**	**217**

Reconciling notes

DESCRIPTION	2025/2026 R'000	2024/2025 R'000
Irregular expenditure that was under assessment	–	60,874
Irregular expenditure that relates to 2024/2025 and identified in 2025/2026	2,680	–
Irregular expenditure for the current year	3,914	217
TOTAL	**6,594**	**61,091**

During the previous financial year, SAMRC identified 2 transactions that did not adhere to procurement legal requirements. These transactions were conducted using a Request for Quotes process. SAMRC decided that all transactions carried out this way (RFQs) from April 2024 to 31 March 2025 would be reviewed, amounting to a total of R60.87 million.

An Independent Review of these R60.87 million transactions revealed that R2.7 million was procured in an irregular manner. The independent review was extended to include 9 months of this reporting period (01 April 2025 to 31 December 2025), resulting in the discovery of R3.9 million in irregular expenditure.

Consequence management processes are currently in progress as the disciplinary procedures are underway. SAMRC has considered extending consequence management to external service providers suspected of bypassing Supply Chain Management processes and has served these providers with letters informing them of SAMRC's intention to restrict their ability to do business with Organs of State, in accordance with National Treasury's SCM Instruction Note No. 3 of 2021/22. SAMRC is presently reviewing their responses before reporting them to the National Treasury.

b) Details of irregular expenditure (under assessment, determination, and investigation)

	2025/2026	2024/2025
DESCRIPTION[1]	R'000	R'000
Irregular expenditure under assessment	–	60,874
Irregular expenditure under determination	–	–
Irregular expenditure under investigation	–	–
TOTAL	**–**	**60,874**

c) Details of irregular expenditure condoned

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Irregular expenditure condoned	–	–
TOTAL	**–**	**–**

d) Details of irregular expenditure removed – (not condoned)

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Irregular expenditure NOT condoned and removed	6,811	217
TOTAL	**6,811**	**217**

e) Details of irregular expenditure recoverable

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Irregular expenditure recoverable	–	–
TOTAL	**–**	**–**

f) Details of current and previous year irregular expenditure written off (irrecoverable)

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Irregular expenditure written off	–	–
TOTAL	**–**	**–**

[1] *Group similar items*

Additional disclosure relating to Inter-Institutional Arrangements

g) Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution *is not* responsible for the non-compliance)

DESCRIPTION	2025/2026	2024/2025
N/A	0	0
N/A	0	0
N/A	0	0
N/A	0	0
TOTAL	**0**	**0**

h) Details of disciplinary or criminal steps taken as a result of irregular expenditure

Disciplinary processes are currently in progress regarding the Irregular expenditures incurred in 2024/2025 and 2025/2026.

Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Opening balance	–	–
Add: Fruitless and wasteful expenditure confirmed	88	47
Less: Fruitless and wasteful expenditure recoverable	–	(2)
Less: Fruitless and wasteful expenditure not recoverable and written off	–	(45)
Closing balance	**88**	**0**

Reconciling notes

During the financial year, an amount of R88, 000 was incurred as Fruitless and Wasteful Expenditure. Of this, R60,000 relates to the payment of student interns whose contracts had ended but were not fully terminated in the payroll system. Measures are being taken to recover the amount; however, since these students are currently unemployed, recovery is challenging. The employee responsible for this error is negotiating a repayment plan with SAMRC to reimburse this amount.

SAMRC incurred R17,000 for accommodation booked but not utilised, and R2,000 for changing a flight ticket.

Penalties of R6.300 were paid on behalf of an employee who did not renew professional membership timeously. An amount of R2.300 was incurred in traffic fines.

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Fruitless and wasteful expenditure that was under assessment	0	0
Fruitless and wasteful expenditure that relates to the prior year and identified in the current year	0	0
Fruitless and wasteful expenditure for the current year	0	0
TOTAL	**0**	**0**

b) Details of fruitless and wasteful expenditure (under assessment, determination, and investigation)

	2025/2026	2024/2025
DESCRIPTION[4]	R'000	R'000
Fruitless and wasteful expenditure under assessment	8,111	0
Fruitless and wasteful expenditure under determination	0	0
Fruitless and wasteful expenditure under investigation	0	0
TOTAL	**8,111**	**0**

An amount R7.7 million has been spent on a Research project called South African Diabetes Prevention Programme (SA-DPP) since 2020 financial year to 31 March 2026. SA-DPP expenditure is under assessment as a Fruitless and Wasteful Expenditure due to fabrication of results by a Courier Service Provider who did not carry out instructions to deliver blood samples to a Laboratory. The likelihood is that the results gained from this project to date cannot be relied upon and thus all expenditure on it was incurred in vain.

Also, SAMRC is yet to determine if there was value for money gained in 2 consultancy services costing about R411,000 that had been classified as an Irregular Expenditure in financial year ending 31 March 2025 and 31 March 2026.

c) Details of fruitless and wasteful expenditure recoverable

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Fruitless and wasteful expenditure recoverable	0	-45
TOTAL	**0**	**-45**

d) Details of fruitless and wasteful expenditure not recoverable and written off

	2025/2026	2024/2025
DESCRIPTION	R'000	R'000
Fruitless and wasteful expenditure written off	0	-2
TOTAL	**0**	**-2**

e) Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

There's no disciplinary or criminal steps taken for current and previous year.

Additional disclosure relating to material losses in terms of PFMA Section 55(2)(b)(i) &(iii))[2]

Details of material losses through criminal conduct

	2025/2026	2024/2025
MATERIAL LOSSES THROUGH CRIMINAL CONDUCT	R'000	R'000
Theft	–	–
Other material losses	–	–
Less: Recoverable	–	–
Less: Not recoverable and written off	–	–
TOTAL	**–**	**–**

[2] *Information related to material losses must also be disclosed in the annual financial statements.*

a) Details of other material losses

	2025/2026	2024/2025
NATURE OF OTHER MATERIAL LOSSES	R'000	R'000
(Group major categories, but list material items)	–	–
	–	–
	–	–
	–	–
	–	–
TOTAL	–	–

b) Other material losses recoverable

	2025/2026	2024/2025
NATURE OF LOSSES	R'000	R'000
(Group major categories, but list material items)	–	–
	–	–
	–	–
	–	–
TOTAL	–	–

c) Other material losses not recoverable and written off

	2025/2026	2024/2025
NATURE OF LOSSES	R'000	R'000
(Group major categories, but list material items)	–	–
	–	–
	–	–
	–	–
	–	–
TOTAL	–	–

Late and/or non-payment of suppliers

	NUMBER	CONSOLIDATED VALUE
DESCRIPTION	OF INVOICES	R'000
Valid invoices received	14,407	1,719,101,063.93
Invoices paid within 30 days or agreed period	–	1,715,741,680.69
Invoices paid after 30 days or agreed period	–	3,359,383.24
Invoices older than 30 days or agreed period **(unpaid and without dispute)**	–	–
Invoices older than 30 days or agreed period **(unpaid and in dispute)**	–	–

SUPPLY CHAIN MANAGEMENT

Procurement by other means

PROJECT DESCRIPTION	NAME OF SUPPLIER	TYPE OF PROCUREMENT BY OTHER MEANS	CONTRACT NUMBER	VALUE OF CONTRACT R'000
Internet and National Site Connectivity	TENET	Single Source	SS9063	R10,000,000.00
Conference Venue and Accommodation	LABADI BEACH HOTEL	Single Source	SS9069	R2,000,000.00
Microsoft Azure Services, Microsoft Server, Desktop Licenses	Microsoft Ireland Operations Ltd	Single Source	SS9068	R45,000,000.00
Pyro Mark Q48 Pyro sequencer and five-year service and maintenance plan	Qiagen SA (Pty) Ltd	Single Source	SS9076	R2,086,050.00
TOTAL				**R59,086,050.00**

Contract variations and expansions

There were no expansions and variations above 15% for goods/services and 20% for construction-related for 2025/2026 Financial Year.

OTHER NOTABLE RELATIONSHIPS

National government departments who provide contract/grant funding to SAMRC:

Dept of Science, Technology and Innovation
Dept of Social Development

BOARD MEMBERS	TERM START	TERM END	EMPLOYED BY UNIVERSITIES WHO CONTRACT WITH SAMRC FOR GRANT INCOME OR COLLABORATIVE RESEARCH
Prof. T Pretorius (Chairperson)	Saturday, 01 November 2025	Current	University of The Western Cape
Prof. R Adam	Saturday, 01 November 2025	Current	University of The Western Cape
Prof. C Africa	Saturday, 01 November 2025	Current	University of The Western Cape
Prof. S Chetty	Saturday, 01 November 2025	Current	University of Stellenbosch
Prof. D Katerere	Saturday, 01 November 2025	Current	Tshwane University of Technology
Prof. L Lebina	Saturday, 01 November 2025	Current	Africa Health Research Institute (AHRI)
Prof. X Mbhenyane	Saturday, 01 November 2025	Current	University of Stellenbosch
Dr. V Papu-Zamxaka	Saturday, 01 November 2025	Current	Tshwane University of Technology
Prof. S Prince	Saturday, 01 November 2025	Current	University of Cape Town
Dr. N Swartz	Saturday, 01 November 2025	Current	–
Prof. J Mahlangu (Chairperson)	1 November 2019	31 October 25	University of Witwatersrand
Prof. B Biccard	1 November 2022	31 October 25	University of Cape Town
Prof. R Carolissen	1 November 2019	31 October 25	University of Stellenbosch
Prof. B Chiliza	1 November 2022	Current	University of KwaZulu- Natal
Prof. C Dandara	1 November 2022	31 October 25	University of Cape Town
Ms. DT Dondur	1 November 2022	Current	–
Adv. D Khosa	1 November 2019	31 October 25	–
Dr. M Madikizela	1 November 2019	31 October 25	University of Pretoria
Prof. Z Makatini	1 November 2022	Current	University of Witwatersrand
Prof. LR Mathivha	1 November 2022	Current	University of Witwatersrand
Prof. T Mavundla	1 November 2019	31 October 25	University of South Africa
Prof. M Moshabela	1 November 2022	31 August 2023	University of KwaZulu- Natal
Prof. E Mukwevho	1 November 2019	31 October 25	North West University
Associate Prof. T Naledi	1 November 2022	Current	University of Cape Town
Prof. T Pillay	1 November 2022	Current	University of Pretoria
Prof. WID Rae	1 November 2016	31 October 2022	–
Prof. E Seekoe	1 November 2019	31 October 25	University of Fort Hare
Prof. B Shaw	1 November 2016	31 October 2022	–
Prof. L Skaal	1 November 2016	31 October 2022	University of Limpopo

BOARD MEMBERS	TERM START	TERM END	EMPLOYED BY UNIVERSITIES WHO CONTRACT WITH SAMRC FOR GRANT INCOME OR COLLABORATIVE RESEARCH
Prof. T Sodi	1 November 2016	31 October 2022	University of Limpopo
Dr. T Tucker	1 November 2019	31-Oct-25	University of Cape Town
Prof. S Velaphi	1 November 2016	31 October 2022	University of Witwatersrand
Ms. J Williams	1 November 2019	31 October 2022	–
Prof. L Zungu	1 November 2019	31 October 2022	University of South Africa

Executive management

NAME	POSITION	ENTITY	BOARD MEMBER
Prof. N Ntusi	CEO/PRESIDENT		
Mr, S Ngqongwa	Chief Financial Officer	–	
Ms. N Bam	Executive Director: Human Capacity Development	–	
Prof. A Mathee	Executive Director: Transformation	Public Health Association of South Africa	
Dr M Mdhluli	Chief Research Operation Officer	–	
Prof M Mulder	Executive Director:	The Biologicals and Vaccine Institute of Southern Africa	
Adv. M Popo	Legal Counsel	–	
Prof. L Zulke	Vice President	–	

SAMRC staff members who are directors of suppliers or debtors

STAFF MEMBER	ENTITY
Mr. S Ngqongwa	Tertiary Education and Research Network of South Africa
Mr. P Charls	Tertiary Education and Research Network of South Africa
Dr. A Rose	Public Health Association of South Africa
Prof. A Mathee	Public Health Association of South Africa
Prof. G Gray	Hutchinsons Centre Research Institute of South Africa
	University of Cape Town
	Wits Health Consortium
	National Research Foundation
	GARDP Foundation
Dr. M Mulder	The Biological and Vaccine Institute of Southern Africa (BIOVAC)
Prof. L Zuhlke	South African Heart Association

	2026				2025			
	TRADE RECEIVABLES	TRADE PAYABLES	DEFERRED INCOME	COMMIT-MENTS	TRADE RECEIVABLES	TRADE PAYABLES	DEFERRED INCOME	COMMIT-MENTS
Dept of Science, Technology and Innovation (DSI)	2 300		203 198 827		–	–	168 841 896	
African Health Research Institute	234 365				–	–	–	
Caprisa					–	–	–	
Hutchinson Centre Research Institute of SA					–	223 400	–	
National Research Foundation		4 307 000	2 771 627		–	–	2 923 977	
North West University					–	–	–	
Public Health Association of South Africa					–	–	1 928 405	
Tertiary Education and Research Network of South Africa		104 991		29 760	–	318 100	–	
University of Cape Town	5 352 902	9 351 613	2 364 043		629 391	10 202 364	775 307	
UCT Lung Institute					–	–	–	
University of Limpopo					–	–	–	
University of Pretoria	3 455 590	3 945			3 270 062	350 000	–	
University of Stellenbosch	1 449 749	11 213 976	153 351		90 097	5 727 269	–	
University of South Africa					–	–	–	
WITS Health Consortium		8 582 966			–	2 097 043	–	
University of the Western Cape	483 408							
Lubombo Spatial develop					–	–	–	
GARDP					–	1 284 023	–	
University of Fort Hare					–	–	–	
University of Free State					–	4 852 964	–	
University of KwaZulu-Natal		1 014 300			1 193 856	1 147 014	–	
University of Witwatersrand	177 383				3 324 824	598 000	–	
	11 155 698	**34 578 791**	**208 487 848**		**8 508 230**	**26 800 177**	**174 469 586**	**0**

Revenue

DESCRIPTION	2026	2025
Dept of Science, Technology and Innovation (DSTI)	174 108 627	144 443 257
Dept of Social development	368 900	386 839
Africa Health Research Institute	703 017	–
CAPRISA	–	–
GARDP	–	–
Lubombo Spatial develop	–	–
National Research Foundation	11 390 221	20 929 428
North West University	5 217	14 261
Public Health Association of South Africa	–	173 913
University of Cape Town	10 068 077	7 789 229
UCT Lung Institute	–	–
University of Fort Hare	–	–
University of Free State	21 739	11 609
University of Kwa-Zulu Natal	3 426 474	1 247 108
University of Limpopo	–	–
University of Pretoria	5 578 551	3 387 455
University of South Africa	–	–
University of Stellenbosch	7 750 441	3 631 952
University of the Western Cape	420 355	–
University of Witwatersrand	1 718 530	203 227
WITS Health Consortium	5 263 336	4 781 311
	220 823 485	**186 999 589**

Expenditure such as grants awarded, extra-mural unit grants and collaborative research grants incurred with notable parties

	2026	2025
African Health Research Institute	9 224 771	–
CAPRISA	–	–
DNDI GARDP	2 214 468	1 647 192
Hutchkinson Centre	608 372	4 269 194
National Research Foundation	4 867 000	5 135 270
North West University	1 148 910	3 119 544
Public Health Association of South Africa	1 384 304	1 013 258
University of Cape Town	105 139 282	76 918 171
UCT Lung Institute	–	6 414 274
SA Heart Association	3 583	14 817
Tekano	9 440	–
TENET	1 249 304	385 335
Tshwane University of Technology	924 272	–
University of KwaZulu-Natal	28 076 619	23 478 732
University of Pretoria	33 248 421	11 955 497
University of Fort Hare		–
University of Free State	5 073 948	5 000 963
University of South Africa	1 292 069	3 075 390
University of Stellenbosch	56 260 321	39 349 182
University of the Western Cape	5 259 338	–
University of Witwatersrand	24 434 026	20 555 299
Wits Health Consortium	119 648 792	63 849 161
	400 067 238	**266 181 281**

PART F

FINANCIAL INFORMATION



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The reports and statements set out below comprise the annual financial statements:

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NATURE OF BUSINESS AND PRINCIPAL ACTIVITIES

The South African Medical Research Council (SAMRC) is a Schedule 3A public entity, it is accountable to Republic of South Africa parliament for its performance and budget. The mandate of the SAMRC, 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, capacity development and technology transfer. SAMRC focuses on the top ten causes of death and disability associated risk factors. SAMRC acquires the most accurate healthcare information and provides policy makers with tools to enhance the quality of life for the people in South Africa. The address of the SAMRC's principal place of business is Francie Van Zijl Drive, Parowvalley, Cape Town.

REPORT OF THE CHIEF EXECUTIVE OFFICER AND PRESIDENT

General financial review

(All figures R'000, prior financial year in parenthesis.)

Actual Performance

Revenue for the year showed an increase of 13% to R1 591 560 (R1 408 845). This consists of an increase in government grants of 5.7% to R765 298 (R724 161) supported by an increase in contract income of 20.7% to R826 262 (R684 684).

Other income has increased by 15.4% to R30 913 (R26 792) due to increase in recoupment of research grants not fully spent.

Operating expenses reflected an increase of 11.1% to R1 589 019 (R1 430 555) due to an increase of 27.3% in collaborative research costs.

The preceding has resulted in an operating surplus of R33 454 (R5 083) for the year.

The organisation remains financially strong with accumulated reserves of R581 019 (R473 614).

Total assets have increased by 30% to R1 536 908 (R1 182 631) due mainly to an increase in cash and cash equivalents by R272 986 and an increase in Property, Plant and Equipment by R62 887 due to increased capital expenditure on buildings, computer equipment and the donation of laboratory equipment.

Deferred income has increased by 30.2% to R701 523 (R538 756) due to earning more contract funding in the reporting period.

SAMRC generated operating cashflow of R329 339 (R222 844) mainly due to an increase in cash generated from customers and grants which had increased by R186 000 whilst payments to suppliers only increased by R93 000.

Net cash flows from investing activities were negative representing cash outflow due mainly to capital expenditure of R51 940 (R60 193) of which about R48 000 was spent on information technology high-performance servers and high-capacity storage solutions.

The net impact of the above is an increase of R274 814 (R157 774) in cash and cash equivalents.

Budget vs Actual Performance

For the 2025/2026 financial year, SAMRC had budgeted for a nil surplus/deficit however during the year an adjustment budget was submitted and approved by the National Minister of Health. The budget had to be adjusted for a surplus of R32 669 due to anticipated capital equipment donations and the subsequent accounting treatment of such entries.

Actual Revenue of R1 695 217 was under budget by R634 495 (27.2%) against a budget of R2 329 712. This was mainly due to lower than anticipated contract revenue (sale of goods and services). The underperformance in revenue was matched by underperformance in expenditure of R1 591 088 resulting in underspend of R705 954 (with 94% being Contracts R660 749) against an expenditure budget of R2 297 043.

The nett result of the budget to actual is a surplus of R71 459 against a budget of R32 669 which agrees to the actual surplus of R104 128.

Requests to retain cash reserves

The organisation remains financially strong with accumulated surplus reserves of R581 019 (R473 614). The necessary approvals will be sought from National Treasury for permission to retain the surplus of R104 128 as required by the Public Finance Management Act (PFMA).

Supply chain management

There was no unsolicited bid proposals received during the financial year. The revised Materiality Framework was approved by the National Minister of Health.

Audit report matters

There were no matters to report.

Events after the reporting date

No significant events were identified after the reporting date that may have an impact on the financial statements.

Economic viability

Funding allocations of R902 835 for 2026/27 have been approved by National Treasury. This together with accumulated reserves of R581 019 and the increase anticipated in the value of grants received will ensure that the SAMRC will continue to operate as a going concern.

REPORT OF THE AUDITOR-GENERAL TO PARLIAMENT ON THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

Report on the audit of the financial statements

Options

1. I have audited the financial statements of the South African Medical Research Council (the Institution) set out on pages 269 to 357, which comprise the statement of financial position as at 31 March 2026, statement of financial performance, statement of changes in net assets, cash flow statement and statement of comparison of budget information with actual information for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. 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 2026 and its financial performance and cash flows for the year then ended in accordance with the Standards of Generally Recognised Accounting Practice (GRAP) and the requirements of the Public Finance Management Act 1 of 1999 (PFMA).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
4. I am independent of the Institution in accordance with the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other matter

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedule

7. The supplementary information set out on page 358 does not form part of the financial statements and is presented as additional information. I have not audited this schedule and, accordingly, I do not express an opinion on it.

Responsibilities of the accounting authority for the financial statements

8. The accounting authority is responsible for the preparation and fair presentation of the financial statements in accordance with Standards of Generally Recognised Accounting Practice (Standards of GRAP) and the requirements of the Public Finance Management Act of 1990 (PFMA); and for such internal control as the accounting authority determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
9. In preparing the financial statements, the accounting authority is responsible for assessing the Institution's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the Institution or to cease operations, or has no realistic alternative but to do so.

Responsibilities of the auditor-general for the audit of the financial statements

10. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at pages 264 to 265, forms part of my auditor's report.

Report on the annual performance report

12. In accordance with the Public Audit Act 25 of 2004 (PM) and the general notice issued in terms thereof; I must audit and report on the usefulness and reliability of the reported performance information against predetermined objectives for the selected material performance indicators presented in the annual performance report. The accounting authority is responsible for the preparation of the annual performance report.
13. I selected the following material performance indicators related to Programme 2 presented in the annual performance report for the year ended 31 March 2026. I selected those indicators that measure the Institution's performance on its primary mandated functions and that are of significant national, community or public interest.
    - 2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors
    - 2.1.2 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders with acknowledgement of the SAMRC support
    - 2.2.1. Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books where the first and/or last author is affiliated to the SAMRC
    - 2.3.1 Number of research grants funded by the SAMRC
14. I evaluated the reported performance information for the selected material performance indicators against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the Institution's planning and delivery on its mandate and objectives.
15. I performed procedures to test whether:
    - the indicators used for planning and reporting on performance can be linked directly to the Institution's mandate and the achievement of its planned objectives
    - all the indicators relevant for measuring the Institution's performance against its primary mandated and prioritised functions and planned objectives are included
    - the indicators are well defined and verifiable to ensure that they are easy to understand and applied consistently and that I can confirm the methods and processes to be used for measuring achievements
    - the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated

REPORT OF THE AUDITOR-GENERAL TO PARLIAMENT ON THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (CONTINUED)

- the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents
- the reported performance information is presented in the annual performance report in the prescribed manner
- there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.

16. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.
17. I did not identify any findings on the reported performance information for the selected indicators.

Other matter

18. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Achievement of planned targets

19. The annual performance report includes information on reported achievements, against planned targets and provides explanations for over- or under-achievements.

Report on compliance with legislation

20. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting authority is responsible for the Institution's compliance with legislation.
21. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.
22. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the Institution, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.
23. I did not identify any material non-compliance with the selected legislative requirements.

Other information in the annual report

24. The accounting authority is responsible for the other information included in the annual report. The other information referred to does not include the financial statements, the auditor's report and those selected material performance indicators in the annual performance report that have been specifically reported on in this auditor's report.
25. My opinion on the financial statements, my reports on the audit of the annual performance report and compliance with legislation do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.

26. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected material indicators in the scoped-in programme presented in the annual performance report or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
27. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report on that fact.
28. I have nothing to report in this regard.

Internal control deficiencies

29. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
30. I did not identify any significant deficiencies in internal control.

Auditor-General

AUDITOR-GENERAL
SOUTH AFRICA

Cape Town
31 July 2026

ANNEXURE TO THE AUDITOR'S REPORT

The annexure includes the following:

- The auditor-general's responsibility for the audit
- The selected legislative requirements for compliance testing

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected material performance indicators and on the institution's compliance with selected requirements in key legislation.

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the institution's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the institution to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a Institution to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting authority with a statement that I have complied with relevant ethical requirements regarding independence and communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

LEGISLATION	SECTIONS OR REGULATIONS
South African Medical Research Council Act 58 of 1991	Regulations and instructions issued in terms of the act
Public Finance Management Act 1 of 1999	Section 51(1)(b)(i); 51(1)(b)(ii); 51(1)(e)(iii); 53(4); 54(2)(c); 54(2)(d); 55(1)(a); 55(1)(b); 55(1)(c)(i); 56; 57(b); 66(3)(c); 66(5)
Treasury Regulations, 2005	Regulation 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a); 16A6.2(b); 16A6.3(a); 16A6.3(a); 16A6.3(b); 16A6.3(c); 16A6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A.7.1; 16A.7.3; 16A.7.6; 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A 9.1(d); 16A9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii); 30.1.1; 31.1.2(c); 30.1.3(a); 30.1.3(b); 30.1.3(d); 30.2.1; 31.2.1; 31.2.5; 31.2.7(a); 31.3.3; 32.1.1(a); 32.1.1(b); 32.1.1(c); 33.1.1; 33.1.3
Construction Industry Development Board Regulations, 2004	Regulation 17; 25(7A); 25(9)(a); 25(10)
National Treasury Instruction No. 5 of 2020/21	Paragraph 4.8; 4.9; 5.3
National Treasury SCM Instruction No. 4A of 2016/17	Paragraph 6
National Treasury SCM Instruction No. 03 of 2021/22	Paragraph 4.1; 4.2(b); 4.3; 4.4; 4.4(a); 4.17; 7.2; 7.6
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.1
National Treasury Practice Note 5 of 2009/10	Paragraph 3.3
National Treasury Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Regulations, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)

ACCOUNTING AUTHORITY'S RESPONSIBILITIES AND APPROVAL

The Accounting Authority is required by the Public Finance Management Act (Act 1 of 1999), to maintain adequate accounting records and is responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is the responsibility of the Accounting Authority to ensure that the annual financial statements fairly present the state of affairs of the entity as at the end of the financial year and the results of its operations and cash flows for the period then ended. The external auditors are engaged to express an independent opinion on the annual financial statements and were given unrestricted access to all financial records and related data.

The annual financial statements have been prepared in accordance with Standards of Generally Recognised Accounting Practice (GRAP) including any interpretations, guidelines and directives issued by the Accounting Standards Board.

The annual financial statements are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates. On a quarterly basis the Accounting Authority approved revised estimates in response to additional income received and progress with research projects.

The Accounting Authority acknowledges that it is ultimately responsible for the system of internal financial control established by the entity and place considerable importance on maintaining a strong control environment. To enable the Accounting Authority to meet these responsibilities, the Accounting Authority sets standards for internal control aimed at reducing the risk of error or fraud in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the entity and all employees are required to maintain the highest ethical standards in ensuring the entity's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the entity is on identifying, assessing, managing and monitoring all known forms of risk across the entity. While operating risk cannot be fully eliminated, the entity endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The Accounting Authority is of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement.

The Accounting Authority has reviewed the entity's cash flow forecast for the year to 31 March 2027 and, in the light of this review and the current financial position, is satisfied that the entity has access to adequate resources to continue in operational existence for the foreseeable future.

Although the Accounting Authority are primarily responsible for the financial affairs of the entity, they are supported by the entity's external auditors.

The external auditors are responsible for independently reviewing and reporting on the entity's annual financial statements. The annual financial statements have been examined by the entity's external auditors and their report is presented on pages 260 to 265.

The annual financial statements set out on pages 269 to 357, which have been prepared on the going concern basis, were approved by the Accounting Authority on 29 July 2026 and were signed on its behalf by:



Professor T. Pretorius
Chairperson of the Board

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

AUDIT COMMITTEE REPORT

We are pleased to present our report for the financial year ended 31 March 2026.

Audit committee members and attendance

The audit committee consists of the members listed hereunder and should meet 4 times per annum as per its approved terms of reference. During the current year 8 number of meetings were held. The unaudited annual financial statements were reviewed and discussed at a meeting held on 25 May 2026.

NAME OF MEMBER	NUMBER OF MEETINGS ATTENDED
Ms D Dondur (Chairperson from 1 November 2022)	8
Doctor M Madikizela (term 1 November 2019 – 31 October 2025)	4
Professor T Mavundla (term 1 November 2019 – 31 October 2025)	4
Professor E Mukwevho (term 1 November 2022 – 31 October 2025)	5
Associate professor T Naledi (appointed 1 November 2022)	8
Ms J Williams (independent audit committee member from 1 November 2022)	8
Mr J. Watson (independent audit committee member from 1 November 2022 – 31 October 2025)	5
Professor R Adam (appointed 1 November 2025)	3
Professor C Africa (appointed 1 November 2025)	3
Professor S Chetty (appointed 1 November 2025)	3
Professor L Mathiva (appointed 1 November 2025)	3

Audit committee responsibility

The audit committee reports that it has complied with its responsibilities arising from section 55(1)(a) of the PFMA and Treasury Regulation 27.1.

The audit committee also reports that it has adopted appropriate formal terms of reference as its audit committee charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The effectiveness of internal control

The system of internal controls applied by the entity over financial and risk management is effective, efficient and transparent. In line with the PFMA and the King IV Report on Corporate Governance requirements, Internal Audit provides the audit committee and management with assurance that the internal controls are appropriate and effective. This is achieved by means of the risk management process, as well as the identification of corrective actions and suggested enhancements to the controls and processes. From the various reports of the Internal Auditors, the Audit Report on the annual financial statements, and the management report of the Auditor-General South Africa, it was noted that no matters were reported that indicate any material deficiencies in the system of internal control or any deviations therefrom.

Accordingly, we can report that the system of internal control over financial reporting for the period under review was efficient and effective.

The audit committee is satisfied with the content and quality of monthly and quarterly reports prepared and issued by the Accounting Authority of the entity during the year under review.

Evaluation of annual financial statements

The audit committee has:

- reviewed and discussed the audited annual financial statements to be included in the annual report, with the Auditor-General and the Accounting authority;
- reviewed changes in accounting policies and practices;
- reviewed the entities compliance with legal and regulatory provisions;

AUDIT COMMITTEE REPORT (CONTINUED)

Internal audit

The audit committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the entity and its audits.

Auditor-General of South Africa

The audit committee has met with the Auditor-General of South Africa to ensure that there are no unresolved issues.

Risk Management

The risk management activity has received corporate endorsement and risk management processes have been formalised and adopted. Risk management activities are reported on a quarterly basis.

Information Systems

During the year under review hardware and infrastructural upgrades were implemented. Additional functionality was implemented on the research management platform. During the year under review a new Payroll and HR management system was implemented. Security processes were reviewed during the period under review. Security training was conducted throughout the year under review.



Ms Doris Dondur
Chairperson of the Audit Committee
Date: 30 July 2026

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2026

	NOTE(S)	31 MARCH 2026 R	31 MARCH 2025 R
Assets			
Current Assets			
Financial assets at fair value	3	13,976,057	11,237,073
Receivables from exchange transactions	4	49,412,957	74,485,043
Receivables from non-exchange transactions	5	65,372,836	21,723,586
VAT receivable	6	8,247,296	13,248,404
Prepayments	7	18,195,897	17,066,984
Cash and cash equivalents	8	952,793,063	679,806,132
		1,107,998,106	**817,567,222**
Non-Current Assets			
Biological assets that form part of an agricultural activity	9	15,000	20,000
Property, plant and equipment	10	400,579,914	337,692,725
Intangible assets	11	11,618,253	15,681,700
Living resources	12	1,246,743	1,233,985
Investments in controlled entities	13	2	2
Employee benefit asset	18	15,450,882	10,436,000
		428,910,794	**365,064,412**
Total Assets		**1,536,908,900**	**1,182,631,634**
Liabilities			
Current Liabilities			
Payables from exchange transactions	14	133,044,169	103,019,401
Payables from non-exchange	15	64,996,908	–
Provisions	16	46,149,505	56,765,448
Deferred income	17	701,523,065	538,756,205
		945,713,647	**698,541,054**
Non-Current Liabilities			
Employee benefit obligation	18	4,303,000	4,931,000
Earmarked funds	19	5,872,292	5,544,761
		10,175,292	**10,475,761**
Total Liabilities		**955,888,939**	**709,016,815**
Net Assets		**581,019,961**	**473,614,819**
Accumulated surplus	20	581,019,961	473,614,819

STATEMENT OF FINANCIAL PERFORMANCE

	NOTE(S)	31 MARCH 2026 R	31 MARCH 2025 R
Revenue	21	1,591,560,839	1,408,845,749
Other income	22	30,913,433	26,792,641
Operating expenses	24	(1,589,019,764)	(1,430,555,110)
Operating surplus	33	**33,454,508**	**5,083,280**
Investment revenue	23	70,259,969	54,392,992
Fair value adjustments	31	2,482,462	1,477,299
Finance costs	26	(2,068,931)	(287,363)
Surplus for the year		**104,128,008**	**60,666,208**

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

STATEMENT OF CHANGES IN NET ASSETS

	ACCUMULATED SURPLUS/DEFICIT R	TOTAL NET ASSETS R
Balance at 1 April 2024	**412,948,611**	**412,948,611**
Changes in net assets		
Surplus for the year	60,666,208	60,666,208
Total changes	60,666,208	60,666,208
Opening balance as previously reported	473,614,819	473,614,819
Adjustments		
Adjustment on transition to GRAP 104 (Revised)	3,277,134	3,277,134
Balance at 1 April 2025 as restated *	**476,891,953**	**476,891,953**
Changes in net assets		
Surplus for the year	104,128,008	104,128,008
Total changes	104,128,008	104,128,008
Balance at 31 March 2026	**581,019,961**	**581,019,961**

* *The opening balance at 1 April 2025 has been restated to reflect the cumulative effect of the adoption of the revised GRAP 104 on Financial Instruments, applied using the modified retrospective approach. Comparative figures for the year ended 31 March 2025 have not been restated. Refer to the accounting policies note for further details.*

CASH FLOW STATEMENT

	NOTE(S)	31 MARCH 2026 R	31 MARCH 2025 R
Cash flows from operating activities			
Receipts			
Interest income		70,033,419	54,210,410
Dividends or similar distributions received		226,550	182,582
Cash received from customers and grants		1,721,839,697	1,535,687,961
		1,792,099,666	1,590,080,953
Payments			
Suppliers		(1,460,691,518)	(1,366,948,773)
Finance costs		(2,068,931)	(287,363)
		(1,462,760,449)	(1,367,236,136)
Net cash flows from operating activities	34	**329,339,217**	**222,844,817**
Cash flows from investing activities			
Purchase of property, plant and equipment	10	(51,940,352)	(60,193,366)
Proceeds from sale of property, plant and equipment	10	105,801	827,541
Purchase of other intangible assets	11	(3,017,240)	(6,093,820)
Net cash flows from investing activities		**(54,851,791)**	**(65,459,645)**
Cash flows from financing activities			
Movement in earmarked funds		327,531	389,471
Net cash flows from financing activities		**327,531**	**389,471**
Net increase/(decrease) in cash and cash equivalents		**274,814,957**	**157,774,643**
Cash and cash equivalents at the beginning of the year		679,806,132	522,082,612
Effect of exchange rate movement on cash balances		(1,828,026)	(51,123)
Cash and cash equivalents at the end of the year	8	**952,793,063**	**679,806,132**

An amount of R701,523,065 (31 March 2025: R538,756,205) included in cash and cash equivalents is due to cash received from funders for research projects in progress or not yet completed.

The accounting policies on pages 274 to 313 and the notes on pages 314 to 357 form an integral part of the annual financial statements.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

STATEMENT OF COMPARISON OF BUDGET AND ACTUAL AMOUNTS

Budget on Accrual Basis

	APPROVED BUDGET R	ADJUSTMENTS R	FINAL BUDGET R	ACTUAL AMOUNTS ON COMPARABLE BASIS R	DIFFERENCE BETWEEN FINAL BUDGET AND ACTUAL R	REFERENCE
Statement of Financial Performance						
Revenue						
Non-Tax Revenue						
Sale of goods and services	1,020,769,000	471,999,000	**1,492,768,000**	826,262,228	**(666,505,772)**	41
Other non-tax revenue	70,344,000	–	**70,344,000**	103,655,864	**33,311,864**	41
Transfers received	908,824,000	(142,224,000)	**766,600,000**	765,298,611	**(1,301,389)**	
Total revenue	**1,999,937,000**	**329,775,000**	**2,329,712,000**	**1,695,216,703**	**(634,495,297)**	
Expenditure						
Compensation of employees	(674,750,000)	–	**(674,750,000)**	(620,298,488)	**54,451,512**	41
Goods and services	(1,169,645,000)	(415,518,000)	**(1,585,163,000)**	(924,413,704)	**660,749,296**	41
Depreciation	(37,000,000)	–	**(37,000,000)**	(46,376,503)	**(9,376,503)**	
Transfers and Subsidies	(118,542,000)	118,412,000	**(130,000)**	–	**130,000**	
Total expenditure	**(1,999,937,000)**	**(297,106,000)**	**(2,297,043,000)**	**(1,591,088,695)**	**705,954,305**	
Surplus/(deficit)	**–**	**32,669,000**	**32,669,000**	**104,128,008**	**71,459,008**	
Actual Amount on Comparable Basis as Presented in the Budget and Actual Comparative Statement	**–**	**32,669,000**	**32,669,000**	**104,128,008**	**71,459,008**	

SIGNIFICANT ACCOUNTING POLICIES

1. Presentation of Annual Financial Statements

The annual financial statements have been prepared in accordance with the Standards of Generally Recognised Accounting Practice (GRAP), issued by the Accounting Standards Board in accordance with Section 91(1) of the Public Finance Management Act (Act 1 of 1999).

These annual financial statements have been prepared on an accrual basis of accounting and are in accordance with historical cost convention as the basis of measurement, unless specified otherwise. They are presented in South African Rand, which is also the functional currency. The amounts presented in the annual financial statements are rounded to the nearest Rand.

In the absence of an issued and effective Standard of GRAP, accounting policies for material transactions, events or conditions were developed in accordance with paragraphs 8, 10 and 11 of GRAP 3 as read with Directive 5.

Assets, liabilities, revenues and expenses were not offset, except where offsetting is either required or permitted by a Standard of GRAP.

A summary of the significant accounting policies, which have been consistently applied in the preparation of these annual financial statements, are disclosed below.

These accounting policies are consistent with the previous period.

1.1 Going concern assumption

These annual financial statements have been prepared based on the expectation that the entity will continue to operate as a going concern for at least the next 12 months.

1.2 Materiality

Omissions or misstatements of items are material if they could, individually or collectively, influence the decisions or assessments of users made on the basis of the financial statements. Materiality depends on the nature or size of the omission or misstatement judged in the surrounding circumstances. The nature or size of the information item, or a combination of both, could be the determining factor.

Assessing whether an omission or misstatement could influence decisions of users, and so be material, requires consideration of the characteristics of those users. The Framework for the Preparation and Presentation of Financial Statements states that users are assumed to have a reasonable knowledge of government, its activities, accounting and a willingness to study the information with reasonable diligence. Therefore, the assessment takes into account how users with such attributes could reasonably be expected to be influenced in making and evaluating decisions.

1.3 Significant judgements and sources of estimation uncertainty

In preparing the annual financial statements, management is required to make estimates and assumptions that affect the amounts represented in the annual financial statements and related disclosures. Use of available information and the application of judgement is inherent in the formation of estimates. Actual results in the future could differ from these estimates which may be material to the annual financial statements. Significant judgements include:

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.3 Significant judgements and sources of estimation uncertainty (continued)

Trade receivables and loans and receivables

The entity assesses its trade receivables and loans and receivables for impairment at the end of each reporting period. In determining whether an impairment loss should be recorded in surplus or deficit, the entity makes judgements as to whether there is observable data indicating a measurable decrease in the estimated future cash flows from a financial asset.

The impairment for trade receivables and loans and receivables is calculated on a portfolio basis, based on a review of the full trade debtors book, adjusted for national and industry-specific economic conditions and other indicators present at the reporting date that correlate with defaults on the portfolio.

Fair value estimation

The fair value of financial instruments traded in active markets (such as trading) is based on quoted market prices at the end of the reporting period. The quoted market price used for financial assets held by the entity is the current bid price.

The fair value of financial instruments that are not traded in an active market (for example, over-the-counter derivatives) is determined by using valuation techniques. The entity uses a variety of methods and makes assumptions that are based on market conditions existing at the end of each reporting period. Quoted market prices or dealer quotes for similar instruments are used for financial assets. Other techniques, such as estimated discounted cash flows, are used to determine fair value for the remaining financial instruments.

The carrying value less impairment loss of trade receivables and payables are assumed to approximate their fair values. The fair value of financial liabilities for disclosure purposes is estimated by discounting the future contractual cash flows at the current market interest rate that is available to the entity for similar financial instruments.

Impairment testing

The entity reviews and tests the carrying value of current and non-current assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. Assets are grouped at the lowest level for which identifiable cash flows are largely independent of cash flows of other assets and liabilities. If there are indications that impairment may have occurred, estimates are prepared of expected future cash flows for each group of assets. Expected future cash flows used to determine the value in use of tangible assets are inherently uncertain and could materially change over time. They are significantly affected by a number of factors including supply demand, together with economic factors such as research units closed as part of the revitalisation process.

Provisions

Provisions were raised and management determined an estimate based on the information available. Additional disclosure of these estimates of provisions are included in note 16 – Provisions.

Post-retirement benefits

The present value of the post-retirement obligation depends on a number of factors that are determined on an actuarial basis using a number of assumptions. The assumptions used in determining the net cost (income) include the discount rate. Any changes in these assumptions will impact on the carrying amount of post-retirement obligations.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.3 Significant judgements and sources of estimation uncertainty (continued)

The entity determines the appropriate discount rate at the end of each year. This is the interest rate that should be used to determine the present value of estimated future cash outflows expected to be required to settle the pension obligations. In determining the appropriate discount rate, the entity considers the interest rates of high-quality corporate bonds that are denominated in the currency in which the benefits will be paid, and that have terms to maturity approximating the terms of the related pension liability.

Other key assumptions for pension obligations are based on current market conditions. Additional information is disclosed in Note 18.

Useful lives of property, plant and equipment and Intangible assets

Management assesses the appropriateness of the useful lives of property, plant and equipment and Intangible assets at the end of each reporting period. The useful lives of motor vehicles; furniture and office equipment; computer equipment; laboratory equipment; certain components of buildings and intangible assets are determined based on the entity's replacement practices for the various assets and factors such as technological innovation.

When the estimated useful life of an asset differs from previous estimates, the change is accounted for as a change in estimate.

Recognition of an asset acquired through a non-exchange transaction

An item of property, plant and equipment acquired by means of a donation, the cost recognised is at its fair value as at the date of acquisition.

Biological assets

The fair value of biological assets is determined by the last selling price per biological animal type.

Budget judgements

Variance amounts above materiality is disclosed in note 41.

Disclosure of items

Where the deemed fair value of services in-kind was below materiality the note is not included in the financial statements.

1.4 Biological assets that form part of an agricultural activity

The entity recognises biological assets or agricultural produce when, and only when:

- the entity controls the asset as a result of past events;
- it is probable that future economic benefits or service potential associated with the asset will flow to the entity; and
- the fair value or cost of the asset can be measured reliably..

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.4 Biological assets that form part of an agricultural activity (continued)

Biological assets that form part of an agricultural activity are measured at their fair value less costs to sell.

Agricultural produce harvested from an entity's biological assets shall be measured at its fair value less estimated costs to sell at point of harvest.

A gain or loss arising on initial recognition of biological assets at fair value less costs to sell and from a change in fair value less costs to sell of biological assets is included in surplus or deficit for the period in which it arises.

An unconditional government grant related to biological assets measured at its fair value less costs to sell is recognised as income when the government grant becomes receivable.

Where fair value cannot be measured reliably, biological assets are measured at cost less any accumulated impairment losses.

Horses are classified as biological assets.

1.5 Property, plant and equipment

Property, plant and equipment are tangible non-current assets (including infrastructure assets) that are held for use in the production or supply of goods or services, rental to others, or for administrative purposes, and are expected to be used during more than one period.

The cost of an item of property, plant and equipment is recognised as an asset when:

- it is probable that future economic benefits or service potential associated with the item will flow to the entity; and
- the cost of the item can be measured reliably.

Property, plant and equipment is initially measured at cost.

The cost of an item of property, plant and equipment is the purchase price and other costs attributable to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Trade discounts and rebates are deducted in arriving at the cost. Subsequent costs of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the asset if it is probable that the future economic benefits embodied within the part will flow to the entity and its costs can be measured reliably. The cost of the replaced part is derecognised. The costs of day to day servicing of property, plant and equipment are recognised in the surplus or deficit.

Where an asset is acquired through a non-exchange transaction, its cost is its fair value as at date of acquisition.

When significant components of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

The entity identified the following major components of buildings as generators; buildings; prefabricated buildings; borehole tanks and pumps; water meters; water pipes; air conditioners and the solar system.

The entity identified the following major components of laboratory equipment as laboratory equipment and irrigation equipment.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.5 Property, plant and equipment (continued)

The entity identified the following major components of furniture and office equipment as furniture and office equipment and signage.

Property, plant and equipment is carried at cost less accumulated depreciation and any impairment losses.

Property, plant and equipment are depreciated on the straight-line basis over their expected useful lives to their estimated residual value.

The useful lives of items of property, plant and equipment have been assessed as follows:

ITEM	DEPRECIATION METHOD	AVERAGE USEFUL LIFE
Land (including boreholes)	Not depreciated	Indefinite
Buildings	Straight-line	40 – 50 years
Vehicles and containers	Straight-line	5 – 10 years
Furniture and office equipment	Straight-line	3 – 15 years
Computer equipment	Straight-line	5 – 10 years
Generators	Straight-line	20 – 30 years
Borehole tanks and pumps	Straight-line	10 – 15 years
Air conditioners	Straight-line	10 – 15 years
Irrigation equipment	Straight-line	10 – 15 years
Signage	Straight-line	10 – 15 years
Prefabricated buildings	Straight-line	20 – 30 years
Water pipes	Straight-line	20 – 30 years
Water meter	Straight-line	10 – 15 years
Solar system	Straight-line	5 – 25 years
Laboratory equipment	Straight-line	5 – 30 years

The items listed above are grouped in land; buildings; vehicles and containers; furniture and office equipment; computer equipment and laboratory equipment classes.

The residual value, the useful life and depreciation method of each asset is reviewed at the end of each reporting date. If the expectations differ from previous estimates, the change is accounted for as a change in accounting estimate. The useful lives of assets are based on management's estimation. The actual useful lives of assets and residual values are assessed annually and may vary depending on a number of factors. In re-assessing asset useful lives, factors such as technology, innovation, product life cycles and maintenance programmes are taken into account. The estimation of residual values of assets determines whether they will be sold or used to the end of their useful lives and what their condition would be like at that time. Residual value assessments consider issues such as the remaining life of the asset and the estimated amount which the entity would currently obtain.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each period is recognised in surplus or deficit unless it is included in the carrying amount of another asset.

Items of property, plant and equipment are derecognised when the asset is disposed of or when there are no further economic benefits or service potential expected from the use of the asset.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.5 Property, plant and equipment (continued)

The gain or loss arising from the derecognition of an item of property, plant and equipment is included in surplus or deficit when the item is derecognised. The gain or loss arising from the derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item.

Assets which the entity sells via auction when it is obsolete or can no longer be used by the entity, are not accounted for as current assets held for sale. Proceeds from sales of these assets are recognised as profit or loss on disposal of assets. All cash flows on these assets are included in cash flows from investing activities in the cash flow statement.

Reviewing the impairment of assets is performed on an annual basis. Assets impaired as a result of restructuring are not accounted for as non-current assets held for sale as these assets will be transferred to institutions of higher learning.

The entity separately discloses expenditure to repair and maintain property, plant and equipment in the notes to the financial statements (see note 10).

1.6 Intangible assets

An asset is identifiable if it either:

- is separable, i.e. is capable of being separated or divided from an entity and sold, transferred, licensed, rented or exchanged, either individually or together with a related contract, identifiable assets or liability, regardless of whether the entity intends to do so; or
- arises from binding arrangements (including rights from contracts), regardless of whether those rights are transferable or separable from the entity or from other rights and obligations.

An intangible asset is recognised when:

- it is probable that the expected future economic benefits or service potential that are attributable to the asset will flow to the entity; and
- the cost or fair value of the asset can be measured reliably.

Intangible assets are initially recognised at cost.

Where an intangible asset is acquired through a non-exchange transaction, its initial cost at the date of acquisition is measured at its fair value as at that date.

Intangible assets are carried at cost less any accumulated amortisation and any impairment losses.

The amortisation period and the amortisation method for intangible assets are reviewed at each reporting date and any change is accounted for as a change in estimates.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.6 Intangible assets (continued)

Amortisation is provided to write down the intangible assets, on a straight-line basis, to their residual values. The estimated useful lives for current and comparative periods are as follows:

ITEM	DEPRECIATION METHOD	AVERAGE USEFUL LIFE
Computer software	Straight-line	3 – 10 years

Intangible assets are derecognised:

- on disposal; or
- when no future economic benefits or service potential are expected from its use or disposal.

The gain or loss arising from the derecognition of intangible assets is included in surplus or deficit when the asset is derecognised (unless the Standard of GRAP on leases requires otherwise on a sale and leaseback).

1.7 Investments in controlled entities

Investments in controlled entities are carried at cost less any accumulated impairment. The financial statements of the entity is not consolidated with those of the controlled entities, as the entities have had no trading activities and they are not material.

1.8 Financial instruments

Applied for the year ended 31 Mach 2026, being the first year of adoption. The revised standard is effective for annual periods beginning on or after 1 April 2025 as prescribed by the Minister of Finance and Directive 5. Any references to paragraph numbers in this accounting policy relates to paragraphs in GRAP 104 (revised 2019), relating Appendices or relating Basis for Conclusions.

Definitions

Residual interests represent a claim on the entity's net assets after deducting all liabilities and include contributions from owners, equity instruments such as shares, or formal arrangements establishing an interest in the net assets of the entity.

The amortised cost of a financial asset or liability is the amount at which it is measured initially, minus principal repayments, plus or minus cumulative amortisation using the effective-interest rate method, and less any loss allowance.

12 month expected credit losses is the portion of lifetime expected credit losses that represent the expected credit losses that result from default events on a financial instrument that are possible within the 12 months after the reporting date.

Credit-adjusted effective interest rate is the rate that exactly discounts the estimated future cash payments or receipts through the expected life of the financial asset to the amortised cost of a financial asset that is a purchased or originated credit-impaired financial asset. When calculating the credit-adjusted effective interest rate, an entity shall estimate the expected cash flows by considering all contractual terms of the financial asset (for example, prepayment, extension, call and similar options) and expected credit losses. The calculation includes all fees and points paid or received between parties to the contract that are an integral part of the effective interest rate, transaction costs, and all other premiums or discounts. There is a presumption that the cash flows and the expected life of a group of similar financial instruments can be estimated reliably. However, in those rare cases when it is not possible to reliably estimate the cash flows or the remaining life of a financial instrument (or group of financial instruments), the entity shall use the contractual cash flows over the full contractual term of the financial instrument (or group of financial instruments).

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Credit-impaired financial asset is a financial asset that is credit-impaired when one or more events that have a detrimental impact on the estimated future cash flows of that financial asset have occurred. Evidence that a financial asset is credit-impaired include observable data about the following events:

(a) significant financial difficulty of the issuer or the borrower;

(b) a breach of contract, such as a default or past due event;

(c) the lender(s) of the borrower, for economic or contractual reasons relating to the borrower's financial difficulty, having granted to the borrower a concession(s) that the lender(s) would not otherwise consider;

(d) it is becoming probable that the borrower will enter bankruptcy or other financial reorganisation;

(e) the disappearance of an active market for that financial asset because of financial difficulties; or

(f) the purchase or origination of a financial asset at a deep discount that reflects the incurred credit losses.

It may not be possible to identify a single discrete event – instead, the combined effect of several events may have caused financial assets to become credit-impaired.

Credit loss is the difference between all contractual cash flows that are due to an entity in accordance with the contract and all the cash flows that the entity expects to receive (i.e. all cash shortfalls), discounted at the original effective interest rate (or credit-adjusted effective interest rate for purchased or originated credit-impaired financial assets). An entity shall estimate cash flows by considering all contractual terms of the financial instrument (for example, prepayment, extension, call and similar options) through the expected life of that financial instrument. The cash flows that are considered shall include cash flows from the sale of collateral held (where applicable) or other credit enhancements that are integral to the contractual terms. There is a presumption that the expected life of a financial instrument can be estimated reliably. However, in those rare cases when it is not possible to reliably estimate the expected life of a financial instrument, the entity shall use the remaining contractual term of the financial instrument.

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

Credit risk rating grades are the ratings of credit risk based on the risk of default occurring on the financial instrument.

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

Derecognition is the removal of a previously recognised financial asset or financial liability from an entity's statement of financial position.

(c) It is settled at a future date.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability. When calculating the effective interest rate, an entity shall estimate the expected cash flows by considering all the contractual terms of the financial instrument (for example, prepayment, extension, call and similar options) but shall not consider the expected credit losses. The calculation includes all fees and points paid or received between parties to the contract that are an integral part of the effective interest rate, transaction costs, and all other premiums or discounts. There is a presumption that the cash flows and the expected life of a group of similar financial instruments can be estimated reliably. However, in those rare cases when it is not possible to reliably estimate the cash flows or the expected life of a financial instrument (or group of financial instruments), the entity shall use the contractual cash flows over the full contractual term of the financial instrument (or group of financial instruments).

Expected credit losses are the weighted average of credit losses with the respective risks of a default occurring as the weights.

Fair value is the amount for which an asset could be exchanged, or a liability settled, between knowledgeable willing parties in an arm's length transaction.

A financial asset is:

(a) cash;

(b) a residual interest of another entity; or

(c) a contractual right to:

  (i) receive cash or another financial asset from another entity; or

  (ii) exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity.

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or a residual interest of another entity.

A financial liability is any liability that is a contractual obligation to:

(a) deliver cash or another financial asset to another entity; or

(b) exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity.

Financial liability at fair value through surplus or deficit is a financial liability that meets one of the following conditions:

(a) It meets the definition of held for trading.

(b) Upon initial recognition it is designated by the entity as at fair value through surplus or deficit in accordance with paragraph 4.8 or 4.13.

Firm commitment is a binding agreement for the exchange of a specified quantity of resources at a specified price on a specified future date or dates.

Forecast transaction is an uncommitted but anticipated future transaction.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Gross carrying amount of a financial asset is the amortised cost of a financial asset, before adjusting for any loss allowance.

A financial asset or financial liability that is held for trading:

(a) is acquired or incurred principally for the purpose of selling or repurchasing it in the near term;

(b) on initial recognition is part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit-taking; or

(c) is a derivative (except for a derivative that is a financial guarantee contract).

Impairment gain or loss is a gain or loss that is recognised in surplus or deficit in accordance with paragraph 5.23 and 5.36.

Lifetime expected credit losses are the expected credit losses that result from all possible default events over the expected life of a financial instrument.

Loss allowance is the allowance for expected credit losses on financial assets measured in accordance with paragraph 4.2 , lease receivables and the provision for expected credit losses on loan commitments and financial guarantee contracts.

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Loan commitment is a firm commitment to provide credit under pre-specified terms and conditions.

Loans payable are financial liabilities, other than short-term payables on normal credit terms.

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Modification gain or loss is the amount arising from adjusting the gross carrying amount of a financial asset to reflect the renegotiated or modified contractual cash flows. The entity recalculates the gross carrying amount of a financial asset as the present value of the estimated future cash payments or receipts through the expected life of the renegotiated or modified financial asset that are discounted at the financial asset's original effective interest rate (or the original credit-adjusted effective interest rate for purchased or originated credit-impaired financial assets). When estimating the expected cash flows of a financial asset, an entity shall consider all contractual terms of the financial asset (for example, prepayment, call and similar options) but shall not consider the expected credit losses, unless the financial asset is a purchased or originated credit-impaired financial asset, in which case an entity shall also consider the initial expected credit losses that were considered when calculating the original credit-adjusted effective interest rate.

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

A financial asset is past due when a counterparty has failed to make a payment when that payment was contractually due.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Reclassification date is:

(a) the first day of the first reporting period following the change in management model that results in an entity reclassifying financial assets; and

(b) the date on which a reliable measure of fair value ceases to be, or becomes, available for an investment in a residual interest that meets the criteria in paragraph 4.5.

Transaction costs are incremental costs that are directly attributable to the acquisition, issue or disposal of a financial asset or financial liability (see Appendix A paragraph AG5.57). An incremental cost is one that would not have been incurred if the entity had not acquired, issued or disposed of the financial instrument.

Initial Recognition

The entity recognises a financial asset or a financial liability in its statement of financial position when it becomes a party to the contractual provisions of the instrument.

Classification

Classification of Financial Assets

The entity classifies financial assets as subsequently measured at amortised cost or fair value through surplus or deficit on the basis of both:

(a) the entity's management model for managing the financial assets; and

(b) the contractual cash flow characteristics of the financial asset.

A financial asset is measured at amortised cost if both of the following conditions are met:

(a) the financial asset is held within a management model whose objective is to hold financial assets in order to collect contractual cash flows; and

(b) the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

For the purpose of applying (b) above:

- Principal is the fair value of the financial asset at initial recognition
- Interest consists of consideration for the time value of money, for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs, as well as a profit margin (where applicable).

A financial asset is measured at fair value through surplus or deficit unless it is measured at amortised cost or cost.

Investments in residual interests are measured at fair value through surplus or deficit. As a practical expedient, an investment in a residual interest whose fair value cannot be reliably measured is measured at cost. If a reliable measure of fair value becomes available, the investment is measured at fair value through surplus or deficit.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Classification of Financial Liabilities

The entity classifies all financial liabilities as subsequently measured at amortised cost, except for:

(a) Financial liabilities at fair value through surplus or deficit. Such liabilities, including derivatives that are liabilities, are subsequently measured at fair value.

(b) Financial liabilities that arise when a transfer of a financial asset does not qualify for derecognition.

Measurement

Initial measurement

Except for, where at initial recognition, the entity measures receivables and payables at their transaction price if they do not contain a material financing transaction, the entity measures a financial asset or financial liability at its fair value plus or minus, in the case of a financial asset or a financial liability not at fair value through surplus or deficit, transaction costs that are directly attributable to the acquisition or issue of the financial asset or financial liability.

However, if the fair value of the financial asset or financial liability at initial recognition differs from the transaction price, the entity applies the relevant paragraphs in GRAP 104 (revised 2019).

Despite the above, at initial recognition, the entity measures receivables and payables at their transaction price if they do not contain a material financing transaction.

Subsequent measurement of financial assets

After initial recognition, the entity measures a financial asset at:

(a) amortised cost;

(b) fair value through surplus or deficit; or

(c) cost.

The entity applies the impairment requirements in paragraphs 5.17 to 5.35 to financial assets that are measured at amortised cost in accordance with paragraph 4.2 and paragraph 5.36 to financial assets measured at cost in accordance with paragraph 4.5.

Subsequent measurement of financial liabilities

After initial recognition, the entity measures a financial liability in accordance with the section on "Classification of Financial Liabilities".

Fair value measurement

In determining the fair value of a financial asset or a financial liability for the purpose of applying GRAP 104 (revised 2019), the entity applies paragraphs AG5.35 to AG5.49 of Appendix A.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

The best evidence of fair value is quoted prices in an active market. If the market for a financial instrument is not active, the entity establishes fair value by using a valuation technique. The objective of using a valuation technique is to establish what the transaction price would have been on the measurement date in an arm's length exchange motivated by normal operating considerations. Valuation techniques include using recent arm's length market transactions between knowledgeable, willing parties, if available, reference to the current fair value of another instrument that is substantially the same, discounted cash flow analysis and option pricing models. If there is a valuation technique commonly used by market participants to price the instrument and that technique has been demonstrated to provide reliable estimates of prices obtained in actual market transactions, the entity uses that technique. The chosen valuation technique makes maximum use of market inputs and relies as little as possible on entity-specific inputs. It incorporates all factors that market participants would consider in setting a price and is consistent with accepted economic methodologies for pricing financial instruments. Periodically, the entity calibrates the valuation technique and tests it for validity using prices from any observable current market transactions in the same instrument (i.e. without modification or repackaging) or based on any available observable market data.

The fair value of a financial liability with a demand feature (e.g. a demand deposit) is not less than the amount payable on demand, discounted from the first date that the amount could be required to be paid.

Impairment

Recognition of expected credit losses

General approach

The entity recognises a loss allowance for expected credit losses on a financial asset that is measured in accordance with paragraphs 4.2, a lease receivable, or a loan commitment and a financial guarantee contract to which the impairment requirements apply in accordance with paragraphs 1.3(e), 4.7(c) or (d).

Subject to paragraphs 5.28 to 5.30, at each reporting date, an entity measures the loss allowance for a financial instrument at an amount equal to the lifetime expected credit losses if the credit risk on that financial instrument has increased significantly since initial recognition.

If the entity measured the loss allowance for a financial instrument at an amount equal to lifetime expected credit losses in the previous reporting period, but determines at the current reporting date that the above paragraph is no longer met, the entity measures the loss allowance at an amount equal to 12-month expected credit losses at the current reporting date.

Subject to paragraphs 5.28 to 5.30, if, at the reporting date, the credit risk on a financial instrument has not increased significantly since initial recognition, the entity measures the loss allowance for that financial instrument at an amount equal to 12-month expected credit losses.

The entity recognises in surplus or deficit, as an impairment gain or loss, the amount of expected credit losses (or reversal) that is required to adjust the loss allowance at the reporting date to the amount that is required to be recognised in accordance with GRAP 104 (revised 2019).

The entity applies a low credit risk exemption to cash and cash equivalents. Bank balances are held with the Corporation for Public Deposits (wholly owned SARB subsidiaries) and Public Investment Corporation; ABSA Bank Ltd and at First National Bank, which both have a national scale rating to zaA-1. These instruments are assessed as low credit risk at the reporting date. A 12-month expected credit loss (ECL) is applied and the resulting ECL allowance is nil.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Determining significant increases in credit risk

At each reporting date, the entity assesses whether the credit risk on a financial instrument has increased significantly since initial recognition. When making the assessment, the entity uses the change in the risk of a default occurring over the expected life of the financial instrument instead of the change in the amount of expected credit losses. To make that assessment, the entity compares the risk of a default occurring on the financial instrument as at the reporting date with the risk of a default occurring on the financial instrument as at the date of initial recognition and consider reasonable and supportable information, that is available without undue cost or effort, that is indicative of significant increases in credit risk since initial recognition.

Simplified approach for receivables and lease receivables

Despite paragraphs 5.18 and 5.20, the entity always measures the loss allowance at an amount equal to lifetime expected credit losses for receivables and lease receivables.

The requirements for purchased or originated credit impaired financial assets do not apply to receivables.

The entity has elected the simplified approach for all trade debtors. No staging is required. The expected credit loss is determined by assessing all its debtors individually as the book is not large.

Measurement of expected credit losses

The entity measures expected credit losses of a financial instrument in a way that reflects:

(a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;

(b) the time value of money; and

(c) reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions.

Write-off policy

A financial asset is written-off when there is no reasonable expectation of recovery following exhaustive collection efforts. Write-offs are approved by the delegated official and are recognised by debiting the loss allowance and crediting the gross carrying amount of the financial asset. Amounts subsequently recovered are recognised in surplus or deficit.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Derecognition

Derecognition of financial assets

The entity derecognises financial assets using trade date accounting.

Before evaluating whether, and to what extent, derecognition is appropriate under paragraphs 6.6 to 6.13, the entity determines whether those paragraphs should be applied to a part of a financial asset (or a part of a group of similar financial assets) or a financial asset (or a group of similar financial assets) in its entirety, as follows:

(a) Paragraphs 6.3 to 6.8 are applied to a part of a financial asset (or a part of a group of similar financial assets) if, and only if, the part being considered for derecognition meets one of the following three conditions:

  (i) The part comprises only specifically identified cash flows from a financial asset (or a group of similar financial assets).

  (ii) The part comprises only a fully proportionate (pro rata) share of the cash flows from a financial asset (or a group of similar financial assets

  (iii) The part comprises only a fully proportionate (pro rata) share of specifically identified cash flows from a financial asset (or a group of similar financial assets.

(b) In all other cases, paragraphs 6.3 to 6.8 are applied to the financial asset in its entirety (or to the group of similar financial assets in their entirety).

In paragraphs above, the term "financial asset" refers to either a part of a financial asset (or a group of similar financial assets) as identified in (a) above or, otherwise, a financial asset (or a group of similar financial assets) in its entirety.

The entity derecognises a financial asset only when:

(a) the contractual rights to the cash flows from the financial asset expire, are settled or waived;

(b) the entity transfers to another party substantially all of the risks and rewards of ownership of the financial asset; or

(c) the entity, despite having retained some significant risks and rewards of ownership of the financial asset, has transferred control of the asset to another party and the other party has the practical ability to sell the asset in its entirety to an unrelated third party, and is able to exercise that ability unilaterally and without needing to impose additional restrictions on the transfer.

  In this case, the entity:

  (i) derecognises the asset; and

  (ii) recognises separately any rights and obligations created or retained in the transfer.

The carrying amounts of the transferred asset are allocated between the rights or obligations retained and those transferred on the basis of their relative fair values at the transfer date. Newly created rights and obligations are measured at their fair values at that date. Any difference between the consideration received and the amounts recognised and derecognised in accordance with this paragraph is recognised in surplus or deficit in the period of the transfer.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.8 Financial instruments (continued)

Derecognition of financial liabilities

The entity removes a financial liability (or a part of a financial liability) from its statement of financial position when it is extinguished.

An exchange between an existing borrower and lender of debt instruments with substantially different terms is accounted for as having extinguished the original financial liability, and a new financial liability recognised. Similarly, a substantial modification of the terms of an existing financial liability or a part of it (whether or not attributable to the financial difficulty of the debtor) is accounted for as having extinguished the original financial liability and having recognised a new financial liability.

The difference between the carrying amount of a financial liability (or part of a financial liability) extinguished or transferred to another party and the consideration paid, including any non-cash assets transferred or liabilities assumed, is recognised in surplus or deficit. Any liabilities that are waived, forgiven or assumed by another entity by way of a non-exchange transaction, are accounted for in accordance with GRAP 23.

If the entity repurchases a part of a financial liability, the entity allocates the previous carrying amount of the financial liability between the part that continues to be recognised and the part that is derecognised based on the relative fair values of those parts on the date of the repurchase. The difference between (a) the carrying amount allocated to the part derecognised and (b) the consideration paid, including any non-cash assets transferred or liabilities assumed, for the part derecognised is recognised in surplus or deficit.

1.9 Financial instruments – GRAP 104 (Previous policy applied in comparative period)

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or a residual interest of another entity.

A concessionary loan is a loan granted to or received by an entity on terms that are not market related.

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

Derecognition is the removal of a previously recognised financial asset or financial liability from an entity's statement of financial position.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.9 Financial instruments – GRAP 104 (Previous policy applied in comparative period) (continued)

The effective interest method is a method of calculating the amortised cost of a financial asset or a financial liability (or group of financial assets or financial liabilities) and of allocating the interest income or interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial instrument or, when appropriate, a shorter period to the net carrying amount of the financial asset or financial liability. When calculating the effective interest rate, an entity shall estimate cash flows considering all contractual terms of the financial instrument (for example, prepayment, call and similar options) but shall not consider future credit losses. The calculation includes all fees and amounts paid or received between parties to the contract that are an integral part of the effective interest rate, transaction costs, and all other premiums or discounts. There is a presumption that the cash flows and the expected life of a group of similar financial instruments can be estimated reliably. However, in those rare cases when it is not possible to reliably estimate the cash flows or the expected life of a financial instrument (or group of financial instruments), the entity shall use the contractual cash flows over the full contractual term of the financial instrument (or group of financial instruments).

Fair value is the amount for which an asset could be exchanged, or a liability settled, between knowledgeable willing parties in an arm's length transaction.

A financial asset is:

- cash;
- a contractual right to:
  - receive cash or another financial asset from another entity; or
  - exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity.

A financial liability is any liability that is a contractual obligation to:

- deliver cash or another financial asset to another entity; or
- exchange financial assets or financial liabilities under conditions that are potentially unfavourable to the entity.

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Liquidity risk is the risk encountered by an entity in the event of difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Loan commitment is a firm commitment to provide credit under pre-specified terms and conditions.

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.9 Financial instruments – GRAP 104 (Previous policy applied in comparative period) (continued)

A financial asset is past due when a counterparty has failed to make a payment when contractually due.

Transaction costs are incremental costs that are directly attributable to the acquisition, issue or disposal of a financial asset or financial liability. An incremental cost is one that would not have been incurred if the entity had not acquired, issued or disposed of the financial instrument.

Financial instruments at amortised cost are non-derivative financial assets or non-derivative financial liabilities that have fixed or determinable payments, excluding those instruments that:

- the entity designates at fair value at initial recognition; or
- are held for trading.

Financial instruments at cost are investments in residual interests that do not have a quoted market price in an active market, and whose fair value cannot be reliably measured.

Financial instruments at fair value comprise financial assets or financial liabilities that are:

- derivatives;
- combined instruments that are designated at fair value;
- instruments held for trading. A financial instrument is held for trading if:
  - it is acquired or incurred principally for the purpose of selling or repurchasing it in the near-term; or
  - on initial recognition it is part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short term profit-taking;
  - non-derivative financial assets or financial liabilities with fixed or determinable payments that are designated at fair value at initial recognition; and
  - financial instruments that do not meet the definition of financial instruments at amortised cost or financial instruments at cost.

Classification

The entity has the following types of financial assets (classes and category) as reflected on the face of the statement of financial position or in the notes thereto:

CLASS	CATEGORY
Trade debtors	Financial asset measured at amortised cost
Shares	Held for trading at fair value
Unit trusts	Held for trading at fair value
Cash and cash equivalents	Financial asset measured at amortised cost
Loans and receivables	Financial asset measured at amortised cost
Employee costs in advance	Financial asset measured at amortised cost
Deposits	Financial asset measured at amortised cost

The entity has the following types of financial liabilities (classes and category) as reflected on the face of the statement of financial position or in the notes thereto:

CLASS	CATEGORY
Trade payables	Financial liabilities measured at amortised cost

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.9 Financial instruments – GRAP 104 (Previous policy applied in comparative period) (continued)

Initial recognition

The entity recognises a financial asset or a financial liability in its statement of financial position when the entity becomes a party to the contractual provisions of the instrument.

The entity recognises financial assets using trade date accounting.

Initial measurement of financial assets and financial liabilities

The entity measures a financial asset and financial liability initially at its fair value plus, in the case of a financial asset or a financial liability not subsequently measured at fair value, transaction costs that are directly attributable to the acquisition or issue of the financial asset or financial liability.

Subsequent measurement of financial assets and financial liabilities

The entity measures all financial assets and financial liabilities after initial recognition using the following categories:

- Financial instruments at fair value.
- Financial instruments at amortised cost.

All financial assets measured at amortised cost, or cost, are subject to an impairment review. The factors taken into account when considering impairment are solvency and whether the account holder is a slow payer.

Impairment and uncollectability of financial assets

The entity assesses at the end of each reporting period whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets are measured at amortised cost:

If there is objective evidence that an impairment loss on financial assets measured at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in surplus or deficit.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting an allowance account. The reversal does not result in a carrying amount of the financial asset that exceeds what the amortised cost would have been had the impairment not been recognised at the date the impairment is reversed. The amount of the reversal is recognised in surplus or deficit.

If there is objective evidence that an impairment loss has been incurred on an investment in a residual interest that is not measured at fair value because its fair value cannot be measured reliably, the amount of the impairment loss is measured as the difference between the carrying amount of the financial asset and the present value of estimated future cash flows discounted at the current market rate of return for a similar financial asset. Such impairment losses are not reversed.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.9 Financial instruments – GRAP 104 (Previous policy applied in comparative period) (continued)

Presentation

Interest relating to a financial instrument is recognised as revenue in surplus or deficit.

Dividends or similar distributions relating to a financial instrument or a component that is a financial liability is recognised as revenue or expense in surplus or deficit.

Losses and gains relating to a financial instrument or a component that is a financial liability is recognised as revenue or expense in surplus or deficit.

1.10 Statutory receivables

Identification

Statutory receivables are receivables that arise from legislation, supporting regulations, or similar means, and require settlement by another entity in cash or another financial asset.

Carrying amount is the amount at which an asset is recognised in the statement of financial position.

The cost method is the method used to account for statutory receivables that requires such receivables to be measured at their transaction amount, plus any accrued interest or other charges (where applicable) and, less any accumulated impairment losses and any amounts derecognised.

The transaction amount (for purposes of this Standard) for a statutory receivable means the amount specified in, or calculated, levied or charged in accordance with, legislation, supporting regulations, or similar means.

Recognition

The entity recognises statutory receivables as follows:

- if the transaction is an exchange transaction, using the policy on Revenue from exchange transactions;
- if the transaction is a non-exchange transaction, using the policy on Revenue from non-exchange transactions (Taxes and transfers); or
- if the transaction is not within the scope of the policies listed in the above or another Standard of GRAP, the receivable is recognised when the definition of an asset is met and, when it is probable that the future economic benefits or service potential associated with the asset will flow to the entity and the transaction amount can be measured reliably.

Initial measurement

The entity initially measures statutory receivables at their transaction amount.

Subsequent measurement

The entity measures statutory receivables after initial recognition using the cost method. Under the cost method, the initial measurement of the receivable is changed subsequent to initial recognition to reflect any:

- interest or other charges that may have accrued on the receivable (where applicable);
- impairment losses; and
- amounts derecognised.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.10 Statutory receivables (continued)

Derecognition

The entity derecognises a statutory receivable, or a part thereof, when:

- the rights to the cash flows from the receivable are settled, expire or are waived;
- the entity transfers to another party substantially all of the risks and rewards of ownership of the receivable; or
- the entity, despite having retained some significant risks and rewards of ownership of the receivable, has transferred control of the receivable to another party and the other party has the practical ability to sell the receivable in its entirety to an unrelated third party, and is able to exercise that ability unilaterally and without needing to impose additional restrictions on the transfer. In this case, the entity:
  - derecognise the receivable; and
  - recognise separately any rights and obligations created or retained in the transfer.

The carrying amounts of any statutory receivables transferred are allocated between the rights or obligations retained and those transferred on the basis of their relative fair values at the transfer date. The entity considers whether any newly created rights and obligations are within the scope of the Standard of GRAP on Financial Instruments or another Standard of GRAP. Any difference between the consideration received and the amounts derecognised and, those amounts recognised, are recognised in surplus or deficit in the period of the transfer.

1.11 Taxes

The SAMRC is exempt from income tax in terms of section 10 (1) (cA) (i) of the Income Tax Act (Act No. 58 of 1962).

1.12 Leases

Operating leases – lessor

Operating lease revenue is recognised as revenue on a straight-line basis over the lease term.

Initial direct costs incurred in negotiating and arranging operating leases are added to the carrying amount of the leased asset and recognised as an expense over the lease term on the same basis as the lease revenue.

Income for leases is disclosed under revenue in statement of financial performance.

Operating leases – lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. The difference between the amounts recognised as an expense and the contractual payments are recognised as an operating lease asset or liability.

1.13 Cash and cash equivalents

Cash and cash equivalents comprise bank balances, cash on hand, deposits held at call with banks.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.14 Impairment of cash-generating assets

Cash-generating assets are assets used with the objective of generating a commercial return. Commercial return means that positive cash flows are expected to be significantly higher than the cost of the asset.

Impairment is a loss in the future economic benefits or service potential of an asset, over and above the systematic recognition of the loss of the asset's future economic benefits or service potential through depreciation (amortisation).

Carrying amount is the amount at which an asset is recognised in the statement of financial position after deducting any accumulated depreciation and accumulated impairment losses thereon.

A cash-generating unit is the smallest identifiable group of assets used with the objective of generating a commercial return that generates cash inflows from continuing use that are largely independent of the cash inflows from other assets or groups of assets.

Costs of disposal are incremental costs directly attributable to the disposal of an asset, excluding finance costs and income tax expense.

Depreciation (Amortisation) is the systematic allocation of the depreciable amount of an asset over its useful life.

Fair value less costs to sell is the amount obtainable from the sale of an asset in an arm's length transaction between knowledgeable, willing parties, less the costs of disposal.

Recoverable amount of an asset or a cash-generating unit is the higher its fair value less costs to sell and its value in use.

Useful life is either:

- the period of time over which an asset is expected to be used by the entity; or
- the number of production or similar units expected to be obtained from the asset by the entity.

1.15 Impairment of non-cash-generating assets

Cash-generating assets are assets used with the objective of generating a commercial return. Commercial return means that positive cash flows are expected to be significantly higher than the cost of the asset.

Non-cash-generating assets are assets other than cash-generating assets.

Impairment is a loss in the future economic benefits or service potential of an asset, over and above the systematic recognition of the loss of the asset's future economic benefits or service potential through depreciation (amortisation).

Carrying amount is the amount at which an asset is recognised in the statement of financial position after deducting any accumulated depreciation and accumulated impairment losses thereon.

Depreciation (Amortisation) is the systematic allocation of the depreciable amount of an asset over its useful life.

Fair value less costs to sell is the amount obtainable from the sale of an asset in an arm's length transaction between knowledgeable, willing parties, less the costs of disposal.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.15 Impairment of non-cash-generating assets (continued)

Recoverable service amount is the higher of a non-cash-generating asset's fair value less costs to sell and its value in use.

Useful life is either:

- the period of time over which an asset is expected to be used by the entity; or
- the number of production or similar units expected to be obtained from the asset by the entity.

Criteria developed by the financial statements to distinguish non-cash-generating assets from cash-generating assets are as follows:

Assets used for administration and in daily operation of the entity is classified as non-cash-generating assets.

Where a substantial part of the asset is hired out, the asset is classified as cash generating assets.

Identification

When the carrying amount of a non-cash-generating asset exceeds its recoverable service amount, it is impaired.

The entity assesses at each reporting date whether there is any indication that a non-cash-generating asset may be impaired. If any such indication exists, the entity estimates the recoverable service amount of the asset.

Irrespective of whether there is any indication of impairment, the entity also tests a non-cash-generating intangible asset with an indefinite useful life or a non-cash-generating intangible asset not yet available for use for impairment annually by comparing its carrying amount with its recoverable service amount. This impairment test is performed at the same time every year. If an intangible asset was initially recognised during the current reporting period, that intangible asset was tested for impairment before the end of the current reporting period.

Value in use

Value in use of non-cash-generating assets is the present value of the non-cash-generating assets remaining service potential.

The present value of the remaining service potential of a non-cash-generating assets is determined using the following approach:

Restoration cost approach

Restoration cost is the cost of restoring the service potential of an asset to its pre-impaired level. The present value of the remaining service potential of the asset is determined by subtracting the estimated restoration cost of the asset from the current cost of replacing the remaining service potential of the asset before impairment. The latter cost is determined as the depreciated reproduction or replacement cost of the asset, whichever is lower.

Recognition and measurement

If the recoverable service amount of a non-cash-generating asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable service amount. This reduction is an impairment loss.

An impairment loss is recognised immediately in surplus or deficit.

Any impairment loss of a revalued non-cash-generating asset is treated as a revaluation decrease.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.15 Impairment of non-cash-generating assets (continued)

When the amount estimated for an impairment loss is greater than the carrying amount of the non-cash-generating asset to which it relates, the entity recognises a liability only to the extent that is a requirement in the Standards of GRAP.

After the recognition of an impairment loss, the depreciation (amortisation) charge for the non-cash-generating asset is adjusted in future periods to allocate the non-cash-generating asset's revised carrying amount, less its residual value (if any), on a systematic basis over its remaining useful life.

Reversal of an impairment loss

The entity assesses at each reporting date whether there is any indication that an impairment loss recognised in prior periods for a non-cash-generating asset may no longer exist or may have decreased. If any such indication exists, the entity estimates the recoverable service amount of that asset.

An impairment loss recognised in prior periods for a non-cash-generating asset is reversed if there has been a change in the estimates used to determine the asset's recoverable service amount since the last impairment loss was recognised. The carrying amount of the asset is increased to its recoverable service amount. The increase is a reversal of an impairment loss. The increased carrying amount of an asset attributable to a reversal of an impairment loss does not exceed the carrying amount that would have been determined (net of depreciation or amortisation) had no impairment loss been recognised for the asset in prior periods.

A reversal of an impairment loss for a non-cash-generating asset is recognised immediately in surplus or deficit.

Any reversal of an impairment loss of a revalued non-cash-generating asset is treated as a revaluation increase.

After a reversal of an impairment loss is recognised, the depreciation (amortisation) charge for the non-cash-generating asset is adjusted in future periods to allocate the non-cash-generating asset's revised carrying amount, less its residual value (if any), on a systematic basis over its remaining useful life.

1.16 Employee benefits

Employee benefits are all forms of consideration given by SAMRC in exchange for services rendered by employees. An annual valuation of the SAMRC Pension Fund and Post Retirement Medical Aid is performed.

A qualifying insurance policy is an insurance policy issued by an insurer that is not a related party (as defined in the Standard of GRAP on Related Party Disclosures) of the reporting entity, if the proceeds of the policy can be used only to pay or fund employee benefits under a defined benefit plan and are not available to the reporting entity's own creditors (even in liquidation) and cannot be paid to the reporting entity, unless either:

- the proceeds represent surplus assets that are not needed for the policy to meet all the related employee benefit obligations; or
- the proceeds are returned to the reporting entity to reimburse it for employee benefits already paid.

Termination benefits are employee benefits payable as a result of either:

- an entity's decision to terminate an employee's employment before the normal retirement date; or
- an employee's decision to accept voluntary redundancy in exchange for those benefits.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.16 Employee benefits (continued)

Short-term employee benefits

Short-term employee benefits are employee benefits (other than termination benefits) that are due to be settled within twelve months after the end of the period in which the employees render the related service.

When an employee has rendered service to the entity during a reporting period, the entity recognises the undiscounted amount of short-term employee benefits expected to be paid in exchange for that service:

- as a liability (accrued expense), after deducting any amount already paid. If the amount already paid exceeds the undiscounted amount of the benefits, the entity recognises that excess as an asset (prepaid expense) to the extent that the prepayment will lead to, for example, a reduction in future payments or a cash refund.

The expected cost of compensated absences is recognised as an expense as the employees render services that increase their entitlement or, in the case of non-accumulating absences, when the absence occurs. The entity measures the expected cost of accumulating compensated absences as the additional amount that the entity expects to pay as a result of the unused entitlement that has accumulated at the reporting date.

The entity recognises the expected cost of bonus, incentive and performance related payments when the entity has a present legal or constructive obligation to make such payments as a result of past events and a reliable estimate of the obligation can be made. A present obligation exists when the entity has no realistic alternative but to make the payments.

Post-employment benefits

Post-employment benefits are employee benefits (other than termination benefits) which are payable after the completion of employment.

SAMRC offers its employees post-employee benefits to the SAMRC Pension Fund.

Post-employment benefits: Defined contribution plans

Defined contribution plans are post-employment benefit plans under which an entity pays fixed contributions into a separate entity (a fund) and will have no legal or constructive obligation to pay further contributions if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods.

When an employee has rendered service to the entity during a reporting period, the entity recognises the contribution payable to a defined contribution plan in exchange for that service:

- as a liability (accrued expense), after deducting any contribution already paid. If the contribution already paid exceeds the contribution due for service before the reporting date, an entity recognises that excess as an asset (prepaid expense) to the extent that the prepayment will lead to, for example, a reduction in future payments or a cash refund; and
- as an expense, unless another Standard requires or permits the inclusion of the contribution in the cost of an asset.

Where contributions to a defined contribution plan do not fall due wholly within twelve months after the end of the reporting period in which the employees render the related service, they are discounted. The rate used to discount reflects the time value of money. The currency and term of the financial instrument selected to reflect the time value of money is consistent with the currency and estimated term of the obligation.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.16 Employee benefits (continued)

Post-employment benefits: Defined benefit plans

Defined benefit plans are post-employment benefit plans other than defined contribution plans.

Actuarial gains and losses comprise experience adjustments (the effects of differences between the previous actuarial assumptions and what has actually occurred) and the effects of changes in actuarial assumptions. In measuring its defined benefit liability, the entity recognises actuarial gains and losses in surplus or deficit in the reporting period in which they occur.

Assets held by a long-term employee benefit fund are assets (other than non-transferable financial instruments issued by the reporting entity) that are held by an entity (a fund) that is legally separate from the reporting entity and exists solely to pay or fund employee benefits and are available to be used only to pay or fund employee benefits, are not available to the reporting entity's own creditors (even in liquidation), and cannot be returned to the reporting entity, unless either:

- the remaining assets of the fund are sufficient to meet all the related employee benefit obligations of the plan or the reporting entity; or
- the assets are returned to the reporting entity to reimburse it for employee benefits already paid.

Current service cost is the increase in the present value of the defined benefit obligation resulting from employee service in the current period.

Interest cost is the increase during a period in the present value of a defined benefit obligation which arises because the benefits are one period closer to settlement.

Past service cost is the change in the present value of the defined benefit obligation for employee service in prior periods, resulting in the current period from the introduction of, or changes to, post-employment benefits or other long-term employee benefits. Past service cost may be either positive (when benefits are introduced or changed so that the present value of the defined benefit obligation increases) or negative (when existing benefits are changed so that the present value of the defined benefit obligation decreases). In measuring its defined benefit liability, the entity recognises past service cost as an expense in the reporting period in which the plan is amended.

Plan assets comprise assets held by a long-term employee benefit fund and qualifying insurance policies.

The present value of a defined benefit obligation is the present value, without deducting any plan assets, of expected future payments required to settle the obligation resulting from employee service in the current and prior periods.

The return on plan assets is interest, dividends or similar distributions and other revenue derived from the plan assets, together with realised and unrealised gains or losses on the plan assets, less any costs of administering the plan (other than those included in the actuarial assumptions used to measure the defined benefit obligation) and less any tax payable by the plan itself.

The entity accounts not only for its legal obligation under the formal terms of a defined benefit plan, but also for any constructive obligation that arises from the entity's informal practices. Informal practices give rise to a constructive obligation where the entity has no realistic alternative but to pay employee benefits. An example of a constructive obligation is where a change in the entity's informal practices would cause unacceptable damage to its relationship with employees.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.16 Employee benefits (continued)

The amount recognised as a defined benefit liability is the net total of the following amounts:

- the present value of the defined benefit obligation at the reporting date;
- minus the fair value at the reporting date of plan assets (if any) out of which the obligations are to be settled directly;
- plus any liability that may arise as a result of a minimum funding requirement.

The amount determined as a defined benefit liability may be negative (an asset). The entity measures the resulting asset at the lower of:

- the amount determined above; and
- the present value of any economic benefits available in the form of refunds from the plan or reductions in future contributions to the plan. The present value of these economic benefits is determined using a discount rate which reflects the time value of money.

Any adjustments arising from the limit above is recognised in surplus or deficit.

The entity determines the present value of defined benefit obligations and the fair value of any plan assets with sufficient regularity such that the amounts recognised in the annual financial statements do not differ materially from the amounts that would be determined at the reporting date.

The entity recognises the net total of the following amounts in surplus or deficit, except to the extent that another Standard requires or permits their inclusion in the cost of an asset:

- current service cost;
- interest cost;
- the expected return on any plan assets and on any reimbursement rights;
- actuarial gains and losses;
- past service cost;
- the effect of any curtailments or settlements; and
- the effect of applying the limit on a defined benefit asset (negative defined benefit liability).

The entity uses the Projected Unit Credit Method to determine the present value of its defined benefit obligations and the related current service cost and, where applicable, past service cost. The Projected Unit Credit Method (sometimes known as the accrued benefit method pro-rated on service or as the benefit/years of service method) sees each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation.

Actuarial valuations for GRAP 25 purposes are conducted on an annual basis by independent actuaries separately for each plan. The results of the valuation are updated for any material transactions and other material changes in circumstances (including changes in market prices and interest rates) up to the reporting date.

The entity recognises gains or losses on the curtailment or settlement of a defined benefit plan when the curtailment or settlement occurs. The gain or loss on a curtailment or settlement comprises:

- any resulting change in the present value of the defined benefit obligation; and
- any resulting change in the fair value of the plan assets.

Before determining the effect of a curtailment or settlement, the entity re-measures the obligation (and the related plan assets, if any) using current actuarial assumptions (including current market interest rates and other current market prices).

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.16 Employee benefits (continued)

When it is virtually certain that another party will reimburse some or all of the expenditure required to settle a defined benefit obligation, the right to reimbursement is recognised as a separate asset. The asset is measured at fair value. In all other respects, the asset is treated in the same way as plan assets. In surplus or deficit, the expense relating to a defined benefit plan is not presented as the net of the amount recognised for a reimbursement.

The entity offsets an asset relating to one plan against a liability relating to another plan when the entity has a legally enforceable right to use a surplus in one plan to settle obligations under the other plan and intends either to settle the obligations on a net basis, or to realise the surplus in one plan and settle its obligation under the other plan simultaneously.

Actuarial assumptions

Actuarial assumptions are unbiased and mutually compatible.

Financial assumptions are based on market expectations, at the reporting date, for the period over which the obligations are to be settled.

The rate used to discount post-employment benefit obligations (both funded and unfunded) reflect the time value of money. The currency and term of the financial instrument selected to reflect the time value of money is consistent with the currency and estimated term of the post-employment benefit obligations.

Post-employment benefit obligations are measured on a basis that reflects:

- estimated future salary increases;
- the benefits set out in the terms of the plan (or resulting from any constructive obligation that goes beyond those terms) at the reporting date; and
- estimated future changes in the level of any state benefits that affect the benefits payable under a defined benefit plan, if, and only if, either:
- those changes were enacted before the reporting date; or
- past history, or other reliable evidence, indicates that those state benefits will change in some predictable manner, for example, in line with future changes in general price levels or general salary levels.

Assumptions about medical costs take account of estimated future changes in the cost of medical services, resulting from both inflation and specific changes in medical costs.

Post retirement medical aid obligations

The SAMRC provides post-retirement health care benefits, to some of its employees and their legitimate spouses. The major portion of the liability is funded by an investment policy.

The entitlement to post-retirement health care benefits is based on the employee remaining in service up to retirement age and the completion of a minimum service period. The expected costs of these benefits are accrued over the period of employment. Independent qualified actuaries carry out valuations of these obligations.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.16 Employee benefits (continued)

The amount recognised as a liability for other long-term employee benefits is the net total of the following amounts:

- the present value of the defined benefit obligation at the reporting date;
- minus the fair value at the reporting date of plan assets (if any) out of which the obligations are to be settled directly.

The entity shall recognise the net total of the following amounts as expense or revenue, except to the extent that another Standard requires or permits their inclusion in the cost of an asset:

- current service cost;
- interest cost;
- the expected return on any plan assets and on any reimbursement right recognised as an asset;
- actuarial gains and losses, which shall all be recognised immediately;
- past service cost, which shall all be recognised immediately; and
- the effect of any curtailments or settlements.

Termination benefits

The entity recognises termination benefits as a liability and an expense when the entity is demonstrably committed to either:

- terminate the employment of an employee or group of employees before the normal retirement date; or
- provide termination benefits as a result of an offer made in order to encourage voluntary redundancy.

The entity is demonstrably committed to a termination when the entity has a detailed formal plan for the termination and is without realistic possibility of withdrawal. The detailed plan includes [as a minimum]:

- the location, function, and approximate number of employees whose services are to be terminated;
- the termination benefits for each job classification or function; and
- the time at which the plan will be implemented.

Termination benefits are payable whenever an employee's employment is terminated before normal retirement date or whenever an employee accepts voluntary redundancy in exchange for these benefits. The SAMRC recognises termination benefits as an expense when it is demonstrably committed to either terminate the employment of current employees according to a detailed formal plan without the possibility of withdrawal or to provide termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after reporting date are discounted to present value.

Pension Plan

Contributions to a pension plan in respect of service in a particular period are included in the total cost of employment and are charged to the statement of financial performance in the year in which they relate as part of the cost of employment. The amount recognised in the surplus or deficit for the period under defined benefit plans represents the movement in the present value of the defined benefit obligation and the fair value of the plan assets, after adjusting for contributions paid to the fund, as well as any unrecognised past service costs. Actuarial gains or losses are recognised in the surplus or deficit in the period in which it occurs.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.17 Provisions and contingencies

Provisions are recognised when:

- the entity has a present obligation as a result of a past event;
- it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation; and
- a reliable estimate can be made of the obligation.

The amount of a provision is the best estimate of the expenditure expected to be required to settle the present obligation at the reporting date.

Provisions are measured at the present value of the expenditure expected to be made to settle the obligation using the pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as finance charges.

Where some or all of the expenditure required to settle a provision is expected to be reimbursed by another party, the reimbursement is recognised when, and only when, it is virtually certain that reimbursement will be received if the entity settles the obligation. The reimbursement is treated as a separate asset. The amount recognised for the reimbursement does not exceed the amount of the provision.

Provisions are reviewed at each reporting date and adjusted to reflect the current best estimate. Provisions are reversed if it is no longer probable that an outflow of resources embodying economic benefits or service potential will be required, to settle the obligation.

A provision is used only for expenditures for which the provision was originally recognised.

Provisions are not recognised for future operating deficits.

A constructive obligation to restructure arises only when an entity:

- has a detailed formal plan for the restructuring, identifying at least:
  - the activity/operating unit or part of an activity/operating unit concerned;
  - the principal locations affected;
  - the location, function, and approximate number of employees who will be compensated for services being terminated;
  - the expenditures that will be undertaken; and
  - when the plan will be implemented; and
- has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement that plan or announcing its main features to those affected by it.

Contingent assets and contingent liabilities are not recognised. Contingencies are disclosed in note 42.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.18 Commitments

Items are classified as commitments when an entity has committed itself to future transactions that will normally result in the outflow of cash.

Commitments for which disclosure is necessary to achieve a fair presentation should be disclosed in a note to the financial statements, if both the following criteria are met:

- Contracts should be non-cancellable or only cancellable at significant cost (for example, contracts for computer or building maintenance services); and
- Contracts should relate to something other than the routine, steady, state business of the entity – therefore salary commitments relating to employment contracts or social security benefit commitments are excluded.

1.19 Revenue from exchange transactions

Revenue is the gross inflow of economic benefits or service potential during the reporting period when those inflows result in an increase in net assets, other than increases relating to contributions from owners.

An exchange transaction is one in which the entity receives assets or services, or has liabilities extinguished, and directly gives approximately equal value (primarily in the form of goods, services or use of assets) to the other party in exchange.

Fair value is the amount for which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Measurement

Revenue is measured at the fair value of the consideration received or receivable.

Sale of goods

Revenue from the sale of goods is recognised when all the following conditions have been satisfied:

- the entity has transferred to the purchaser the significant risks and rewards of ownership of the goods;
- the entity retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold;
- the amount of revenue can be measured reliably;
- it is probable that the economic benefits or service potential associated with the transaction will flow to the entity; and
- the costs incurred or to be incurred in respect of the transaction can be measured reliably.

Revenue derived from the sale of animal blood; dietary assessment kits and nutritional textbooks and sale of biological assets are classified as sale of goods.

Rendering of services

When the outcome of a transaction involving the rendering of services can be estimated reliably, revenue associated with the transaction is recognised by reference to the stage of completion of the transaction at the reporting date. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the economic benefits or service potential associated with the transaction will flow to the entity;
- the stage of completion of the transaction at the reporting date can be measured reliably; and
- the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.19 Revenue from exchange transactions (continued)

When services are performed by an indeterminate number of acts over a specified time frame, revenue is recognised on a straight-line basis over the specified time frame unless there is evidence that some other method better represents the stage of completion. When a specific act is much more significant than any other acts, the recognition of revenue is postponed until the significant act is executed.

When the outcome of the transaction involving the rendering of services cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recoverable.

Consulting and research service revenue is recognised by reference to the stage of completion of the transaction at the reporting date. Stage of completion is determined by the proportion that costs incurred to date bear to the total estimated costs of the transaction.

Other income includes revenue earned from conference organising and recoupment of travel costs.

Interest, royalties and dividends

Revenue arising from the use by others of entity assets yielding interest, royalties and dividends or similar distributions is recognised when:

- It is probable that the economic benefits or service potential associated with the transaction will flow to the entity, and
- The amount of the revenue can be measured reliably.

Interest is recognised, in surplus or deficit, using the effective interest rate method.

Royalties are recognised as they are earned in accordance with the substance of the relevant agreements.

Dividends or similar distributions are recognised, in surplus or deficit, when the entity's right to receive payment has been established.

Service fees included in the price of the product are recognised as revenue over the period during which the service is performed.

1.20 Revenue from non-exchange transactions

Revenue comprises gross inflows of economic benefits or service potential received and receivable by an entity, which represents an increase in net assets, other than increases relating to contributions from owners.

Conditions on transferred assets are stipulations that specify that the future economic benefits or service potential embodied in the asset is required to be consumed by the recipient as specified or future economic benefits or service potential must be returned to the transferor.

Control of an asset arise when the entity can use or otherwise benefit from the asset in pursuit of its objectives and can exclude or otherwise regulate the access of others to that benefit.

Exchange transactions are transactions in which one entity receives assets or services, or has liabilities extinguished, and directly gives approximately equal value (primarily in the form of cash, goods, services, or use of assets) to another entity in exchange.

Non-exchange transactions are transactions that are not exchange transactions. In a non-exchange transaction, an entity either receives value from another entity without directly giving approximately equal value in exchange, or gives value to another entity without directly receiving approximately equal value in exchange.

Stipulations on transferred assets are terms in laws or regulation, or a binding arrangement, imposed upon the use of a transferred asset by entities external to the reporting entity.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.20 Revenue from non-exchange transactions (continued)

Recognition

An inflow of resources from a non-exchange transaction recognised as an asset is recognised as revenue, except to the extent that a liability is also recognised in respect of the same inflow.

As the entity satisfies a present obligation recognised as a liability in respect of an inflow of resources from a non-exchange transaction recognised as an asset, it reduces the carrying amount of the liability recognised and recognises an amount of revenue equal to that reduction.

Measurement

Revenue from a non-exchange transaction is measured at the amount of the increase in net assets recognised by the entity.

When, as a result of a non-exchange transaction, the entity recognises an asset, it also recognises revenue equivalent to the amount of the asset measured at its fair value as at the date of acquisition, unless it is also required to recognise a liability. Where a liability is required to be recognised it will be measured as the best estimate of the amount required to settle the obligation at the reporting date, and the amount of the increase in net assets, if any, recognised as revenue. When a liability is subsequently reduced, because the taxable event occurs or a condition is satisfied, the amount of the reduction in the liability is recognised as revenue.

Gifts and donations, including goods in-kind

Gifts and donations, including goods in kind, are recognised as assets and revenue when it is probable that the future economic benefits or service potential will flow to the entity and the fair value of the assets can be measured reliably.

Services in-kind

The entity recognise services in-kind that are significant to its operations and/or service delivery objectives as assets and recognise the related revenue when it is probable that the future economic benefits or service potential will flow to the entity and the fair value of the assets can be measured reliably.

Where services in-kind are not significant to the entity's operations and/or service delivery objectives and/or do not satisfy the criteria for recognition, the entity disclose the nature and type of services in-kind received during the reporting period.

1.21 Revenue recognition for exchange and non-exchange transactions

Revenue represents the parliamentary grant from government as well as external income.

Parliamentary grant (Revenue from non-exchange transactions)

Government grants are recognised when it is probable that the future economic benefit will flow to the SAMRC and these benefits can be measured reliably. The grant is recognised to the extent that there are no further obligations arising from the receipt of the grant. Government grants are assistance by government in the form of transfer of resources in return for compliance with conditions related to operating activities. Grants that compensate the SAMRC for expenses incurred are recognised in surplus or deficit in the same periods in which the expense is recognised.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.21 Revenue recognition for exchange and non-exchange transactions (continued)

Revenue other than grants, donations, project revenue and council activities (Revenue from exchange transactions)

Revenue is recognised on the accrual basis. Revenue is recognised when significant risks and rewards of ownership have been transferred.

Research revenue

Revenue is recognised only to the extent of research costs incurred and is probable that it will be recoverable. Advance income received in respect of which no work has been done, is treated as deferred income until such time the expenditure is incurred or the conditions of the grant/contract are met.

Rental income

Rental income from tenants is recognised in the statement of financial performance on a straight line basis over the term of the lease. Lease incentives granted are recognised as an integral part of the total rental income, over the term of the lease.

Deferred income

Deferred income is recognised as revenue to the extent that expenses are incurred and that conditions of the grant are met.

Social outcomes based contracts

Income received from the social investor is recognised in the statement of financial performance when all the contractual commitments are met.

A liability will be recognised once the social outcomes have been verified by the verification agent.

1.22 Borrowing costs

Borrowing costs are interest and other expenses incurred by an entity in connection with the borrowing of funds.

Borrowing costs are recognised as an expense in the period in which they are incurred.

1.23 Accounting by principals and agents

Identification

An agent is an entity that has been directed by another entity (a principal), through a binding arrangement, to undertake transactions with third parties on behalf of the principal and for the benefit of the principal.

A principal is an entity that directs another entity (an agent), through a binding arrangement, to undertake transactions with third parties on its behalf and for its own benefit.

A principal-agent arrangement results from a binding arrangement in which one entity (an agent), undertakes transactions with third parties on behalf, and for the benefit of, another entity (the principal).

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.23 Accounting by principals and agents (continued)

Identifying whether an entity is a principal or an agent

When the entity is party to a principal-agent arrangement, it assesses whether it is the principal or the agent in accounting for revenue, expenses, assets and/or liabilities that result from transactions with third parties undertaken in terms of the arrangement.

The assessment of whether an entity is a principal or an agent requires the entity to assess whether the transactions it undertakes with third parties are for the benefit of another entity or for its own benefit.

Binding arrangement

The entity assesses whether it is an agent or a principal by assessing the rights and obligations of the various parties established in the binding arrangement.

Where the terms of a binding arrangement are modified, the parties to the arrangement re-assess whether they act as a principal or an agent.

Recognition

The entity, as an agent, recognises only that portion of the revenue and expenses it receives or incurs in executing the transactions on behalf of the principal in accordance with the requirements of the relevant Standards of GRAP.

The entity recognises assets and liabilities arising from principal-agent arrangements in accordance with the requirements of the relevant Standards of GRAP.

1.24 Translation of foreign currencies

Foreign currency transactions

A foreign currency transaction is recorded, on initial recognition in Rands, by applying to the foreign currency amount the spot exchange rate between the functional currency and the foreign currency at the date of the transaction.

At each reporting date:

- foreign currency monetary items are translated using the closing rate;
- non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction; and
- non-monetary items that are measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined.

Exchange differences arising on the settlement of monetary items or on translating monetary items at rates different from those at which they were translated on initial recognition during the period or in previous annual financial statements are recognised in surplus or deficit in the period in which they arise.

When a gain or loss on a non-monetary item is recognised directly in net assets, any exchange component of that gain or loss is recognised directly in net assets. When a gain or loss on a non-monetary item is recognised in surplus or deficit, any exchange component of that gain or loss is recognised in surplus or deficit.

Cash flows arising from transactions in a foreign currency are recorded in Rands by applying to the foreign currency amount the exchange rate between the Rand and the foreign currency at the date of the cash flow.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.25 VAT

The SAMRC accounts for VAT on the invoice basis.

The net amount of VAT recoverable, or payable to SARS is reflected on the Statement of Financial Position.

1.26 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure means expenditure which was made in vain and would have been avoided had reasonable care been exercised.

National Treasury instruction note no. 4 of 2022/2023 which was issued in terms of sections 76(2)(e) to 76(4)(a) and (c) of the PFMA (effective from 3 January 2023).

All expenditure relating to fruitless and wasteful expenditure is recognised as an expense in the statement of financial performance in the year that the expenditure was incurred. The expenditure is classified in accordance with the nature of the expense and where recovered, it is subsequently accounted for as revenue in the statement of financial performance. The entity records the details of all alleged fruitless and wasteful expenditure in the register; investigates the incidents and where appropriate raise a debt. Fruitless and wasteful expenditure is reported monthly to National Treasury and quarterly to the Accounting Authority.

1.27 Irregular expenditure

Irregular expenditure as defined in section 1 of the PFMA is expenditure other than unauthorised expenditure, incurred in contravention of or that is not in accordance with a requirement of any applicable legislation, including –

(a) this Act; or

(b) the State Tender Board Act, 1968 (Act No. 86 of 1968), or any regulations made in terms of the Act; or

(c) any provincial legislation providing for procurement procedures in that provincial government.

National Treasury practice note no. 4 of 2008/2009 and instruction note no. 4 of 2022/2023 which was issued in terms of sections 76(1)(b), (e) and (f), 76(2)(e) and 76(4)(a) and (c) of the PFMA requires the following:

Irregular expenditure that was incurred and identified during the current financial year and which was condoned before year end and/or before finalisation of the financial statements is recorded appropriately in the irregular expenditure register. In such an instance, no further action is required with the exception of updating the note to the annual report.

Irregular expenditure that was incurred and confirmed during the current financial year is recorded in the annual financial statements.

The Accounting Authority may condone irregular expenditure emanating from non-compliance with sections 44 and 56 of the PFMA and in a case where an employee of an entity listed in Schedule 3A to the PFMA, was responsible for exceeding the budget of the public entity.

Irregular expenditure that was identified and confirmed during the current financial year and which was not condoned must be recorded appropriately in the irregular expenditure register. If liability for the irregular expenditure can be attributed to a person, a debt account must be created if such a person is liable in law. Immediate steps will be taken to recover the amount from the person concerned. If recovery is not possible, the accounting authority may write off the amount as debt impairment and disclose such in the annual report. The irregular expenditure register will be updated accordingly.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.28 Budget information

General purpose financial reporting by entity shall provide information on whether resources were obtained and used in accordance with the legally adopted budget.

The approved budget is prepared on a accrual basis and presented by functional classification linked to performance outcome objectives.

The approved budget covers the fiscal period from 01-Apr-25 to 31-Mar-26.

The annual financial statements and the budget are on the same basis of accounting therefore a comparison with the budgeted amounts for the reporting period have been included in the Statement of comparison of budget and actual amounts.

The Statement of comparative and actual information has been included in the annual financial statements as the recommended disclosure when the annual financial statements and the budget are on the same basis of accounting as determined by National Treasury. The Statement of comparison of budget and actual amounts is presented for the revenue and expenses as this is the information submitted to the Executive Authority. The Annual Performance Plan (APP) on the SAMRC website reflect the 2025/2026 approved budget.

Comparative information is not required.

1.29 Related parties

The entity operates in a sector currently dominated by entities directly or indirectly owned by the South African Government. As a consequence of the constitutional independence of the three spheres of government in South Africa, only entities within the national sphere of government and are in the same economic entity (having the same executive authority) are considered to be related parties.

Management are those persons responsible for planning, directing and controlling the activities of the entity, including those charged with the governance of the entity in accordance with legislation, in instances where they are required to perform such functions.

Close members of the family of a person are those family members who may be expected to influence, or be influenced by that person in their dealings with the entity.

Transactions with related parties are disclosed.

Where those charged with governance are employed by an entity receiving funding or doing business with SAMRC which do not meet the definition of a related party in terms of GRAP 20 these relationships are separately disclosed in the Annual Report.

1.30 Living and non-living resources

Living resources are those resources that undergo biological transformation.

Non-living resources are those resources, other than living resources, that occur naturally and have not been extracted.

Agricultural activity is the management by an entity of the biological transformation and harvest of biological assets for:

(a) sale;

(b) distribution at no charge or for a nominal charge; or

(c) conversion into agriculture produce or into additional biological assets for sale or distribution at no charge or for a nominal charge.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.30 Living and non-living resources (continued)

Biological transformation (for purposes of this Standard) comprises the processes of growth, degeneration, production, and procreation that cause qualitative or quantitative changes in a living resource.

Carrying amount is the amount at which an asset is recognised after deducting any accumulated depreciation and accumulated impairment losses.

Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire an asset at the time of its acquisition or development and, where applicable, the amount attributed to the asset when initially recognised in accordance with the specific requirements of other Standards of GRAP.

Depreciation is the systematic allocation of the depreciable amount of an asset over its useful life.

Depreciable amount is the cost of an asset, or other amount substituted for cost, less its residual value.

Fair value is the amount for which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Group of resources means a grouping of living or non-living resources of a similar nature or function in an entity's operations that is shown as a single item for the purpose of disclosure in the annual financial statements.

The residual value of an asset is the estimated amount that an entity would currently obtain from disposal of the asset, after deducting the estimated costs of disposal, if the asset was already of the age and in the condition expected at the end of its useful life.

Useful life is the period over which an asset is expected to be available for use by an entity, or the number of production or similar units expected to be obtained from the asset by an entity.

Recognition

A living resource is recognised as an asset if it is probable that future economic benefits or service potential associated with the asset will flow to the entity, and the cost or fair value of the asset can be measured reliably.

Where the entity holds a living resource that meets the definition of an asset, but which does not meet the recognition criteria, relevant information are disclosed in the notes to the annual financial statements. When the information about the cost or fair value of the living resource becomes available, the entity recognise, from that date, the living resource and apply the measurement principles.

Measurement at recognition

A living resource that qualifies for recognition as an asset is measured at its cost.

Where a living resource is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

The cost of a living resource comprises its purchase price, including import duties and non-refundable purchase taxes, and any costs directly attributable to bringing the living resource to the location and condition necessary for it to be capable of operating in the manner intended by management.

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.30 Living and non-living resources (continued)

Measurement after recognition

Cost model

After recognition as an asset, a group of living resources are carried at its cost less any accumulated depreciation and any accumulated impairment losses.

Depreciation

Living resources are depreciated and the depreciation charge for each period is recognised in surplus or deficit unless it is included in the carrying amount of another asset, where appropriate.

The depreciable amount of a living resource is allocated on a systematic basis over its useful life.

The entity assesses at each reporting date whether there is any indication that the entity's expectations about the residual value and the useful life of a living resource have changed since the preceding reporting date. If any such indication exists, the entity revises the expected useful life and/or residual value accordingly. The change(s) is accounted for as a change in an accounting estimate.

In assessing whether there is any indication that the expected useful life of the living resource has changed, the entity considers the following indications:

(a) (The use of the living resource has changed, because of the following:
- The entity has changed the manner in which The living resource is used.
- The entity has made a decision to dispose of the living resource in a future reporting period(s) such that this decision changes the expected period over which the living resource will be used.
- Legislation, government policy or similar means have been amended or implemented during the reporting period that have, or will, change the use of the living resource.
- The living resource was idle or retired from use during the reporting period.

(b) The living resource is approaching the end of its previously expected useful life.

(c) There is evidence that the condition of the living resource improved or declined based on assessments undertaken during the reporting period.

(d) The living resource is assessed as being impaired.

In assessing whether there is any indication that the expected residual value of the living resource has changed, the entity considers whether there has been any change in the expected timing of disposal of the living resource, as well as any relevant indicators as noted above.

The depreciation method used reflects the pattern in which the future economic benefits or service potential of the living resource is expected to be consumed by the entity.

The depreciation method applied to a living resource is reviewed at least at each reporting date and, if there has been a significant change in the expected pattern of consumption of the future economic benefits or service potential embodied in the living resource, the method is changed to reflect the changed pattern. Such a change is accounted for as a change in an accounting estimate.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.30 Living and non-living resources (continued)

The depreciation methods and useful lives of items of living resources have been assessed as follows:

ITEM	DEPRECIATION METHOD	AVERAGE USEFUL LIFE
Rhesus monkeys	Straight-line	25 years
Vervet monkeys	Straight-line	30 years

Impairment

The entity assesses at each reporting date whether there is an indication that the living resource may be impaired. If any such indication exists, the entity estimates the recoverable amount or the recoverable service amount of the living resource.

Transfers

Transfers from living resources are made when the particular asset no longer meets the definition of a living resource and/or is no longer within the scope of this accounting policy.

Transfers to living resources are made when the asset meets the definition of a living resource.

Derecognition

The carrying amount of a living resource is derecognised on disposal, or when no future economic benefits or service potential are expected from its use or disposal.

The gain or loss arising from the derecognition of a living resource is included in surplus or deficit when the item is derecognised.

1.31 Earmarked funds

The Earmarked funds are donations; bequests from deceased estates or cash received for a limited period to be used for visiting eminent scientists; cancer research or tuberculosis research. The monies received have been allocated to a separate account. The monies are ring-fenced from the cash balance of the SAMRC.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

2. New standards and interpretations

2.1 Standards and interpretations effective and adopted in the current year

In the current year, the entity has adopted the following standards and interpretations that are effective for the current year and that are relevant to its operations.

iGRAP 22 Foreign Currency Transactions and Advance Consideration	1 April 2025	The impact is not material.
GRAP 104 (as revised): Financial Instruments	1 April 2025	The impact is not material, additional disclosure required.

2.2 Standards and interpretations not yet effective or relevant

The following standards and interpretations have been published and are mandatory for the entity's accounting periods beginning on or after 1 April 2026 or later periods but are relevant to its operations:

STANDARD/INTERPRETATION:	EFFECTIVE DATE: YEARS BEGINNING ON OR AFTER	EXPECTED IMPACT:
GRAP 107 Mergers	1 April 2027	Unlikely there will be a material impact
GRAP 106 Transfer of Functions Between Entities Not Under Common Control	1 April 2027	Unlikely there will be a material impact
GRAP 105 Transfer of Functions Between Entities Under Common Control	1 April 2027	Unlikely there will be a material impact
GRAP 2023 Improvements to the Standards of GRAP 2023	Undetermined	Unlikely there will be a material impact
GRAP 1 (amended): Presentation of Financial Statements (Going Concern)	1 April 2027	Unlikely there will be a material impact
GRAP 103 (as revised): Heritage Assets	1 April 2027	Unlikely there will be a material impact
Guideline on The Application of Materiality to Financial Statements	Undetermined	

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

		31 MARCH 2026 R	31 MARCH 2025 R
3.	**Financial assets at fair value**		
	Class 1 Listed shares Sanlam demutualisation shares No. of shares 12715 (2025: 12715); Old Mutual demutualisation shares No. of shares 3682 (2025: 3682); Quilter shares No. of shares 924 (2025: 924) and Nedbank Ltd shares No. of shares 145 (2025: 145)	1,257,334	1,165,577
	Class 2 Unit trusts SIM General Equity Fund R – 19207,49 units (2025: 18839,23 units) and SIM Balanced Fund R – 34288,85 units (2025: 33361,59 units)	12,718,723	10,071,496
		13,976,057	**11,237,073**
	Split between financial instruments and non-financial instruments		
	Carrying amount of financial instruments	13,976,057	11,237,073
	Split of carrying amount of financial instruments into categories		
	Financial assets measured at fair value through surplus or deficit	13,976,057	11,237,073

Financial assets at fair value

Fair value hierarchy of financial assets at fair value

For financial assets recognised at fair value, disclosure is required of a fair value hierarchy which reflects the significance of the inputs used to make the measurements. The fair value hierarchy have the following levels:

Level 1 represents those assets which are measured using unadjusted quoted prices in active markets for identical assets. Quoted selling price per share at 31 March 2026 (31 March 2025) is used.

Level 2 applies inputs other than quoted prices that are observable for the assets either directly (i.e. as prices) or indirectly (i.e. derived from prices). The valuation certificate received from Sanlam indicating the unit balance and price per unit and market value.

Level 3 applies inputs which are not based on observable market data.

Level 1		
Class 1 Listed shares	1,257,334	1,165,577
Class 2 Unit trusts	12,718,723	10,071,496
	13,976,057	**11,237,073**

The entity has not reclassified any financial assets from cost or amortised cost to fair value, or from fair value to cost or amortised cost.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

3. Financial assets at fair value (continued)

Reconciliation of financial assets at fair value through surplus or deficit measured in level 1

Reconciliation of financial assets at fair value through surplus or deficit measured in level 1 – 31 March 2026

	OPENING BALANCE R	GAINS OR LOSSES IN SURPLUS OR DEFICIT R	PURCHASES R	CLOSING BALANCE R
Class 1 Listed shares	1,165,577	91,757	–	1,257,334
Class 2 Unit trusts	10,071,496	2,390,705	256,522	12,718,723
	11,237,073	**2,482,462**	**256,522**	**13,976,057**

Reconciliation of financial assets at fair value through surplus or deficit measured in level 1 – 31 March 2025

	OPENING BALANCE R	GAINS OR LOSSES IN SURPLUS OR DEFICIT R	PURCHASES R	CLOSING BALANCE R
Class 1 Listed shares	982,286	183,291	–	1,165,577
Class 2 Unit trusts	8,568,728	1,294,008	208,760	10,071,496
	9,551,014	**1,477,299**	**208,760**	**11,237,073**

Financial instrument disclosure

Additional information on the financial instrument components of this note, as required by GRAP 104, is provided in note 46 – Financial Instruments – Risk Management and Other Disclosures.

	31 MARCH 2026 R	31 MARCH 2025 R
4. Receivables from exchange transactions		
Receivables from exchange transactions		
Trade debtors	48,968,756	74,162,784
Employee costs in advance	123,628	1,686
Deposits	320,573	320,573
Total Receivables from exchange transactions	**49,412,957**	**74,485,043**
Split between financial instruments and non-financial instruments		
Other non-financial instruments related	1,556,345	1,335,224
Carrying amount of non-financial instruments	1,556,345	1,335,224
Carrying amount of financial instruments	47,856,612	73,149,819
Total split between financial instruments and non-financial instruments	**49,412,957**	**74,485,043**
Split of carrying amount of financial instruments into categories		
Financial assets measured at amortised cost	47,856,612	73,149,819

The decrease in receivables from exchange transactions is attributed to funder/grantor accrued income.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

4. Receivables from exchange transactions(continued)

Credit quality of trade and other receivables

The credit quality of trade and other receivables that are neither past nor due nor impaired can be assessed by reference to historical information about the specific debtor.

None of the financial assets that are fully performing have been renegotiated in the last year.

Trade and other receivables impaired

The amount of the provision was RNil as of 31 March 2026 (31 March 2025: R3,340,265). All debtor balances are reviewed for expected credit losses (ECL) and a loss allowance. The ECL considerations include solvency of debtor; recoverability of amount owed and economic debtor considerations. The 2025 comparative is presented on the previous GRAP 104 basis and has not been restated. The entity has adopted GRAP 104 (Revised) using the modified retrospective approach effective 1 April 2025. Employee costs in advance are not considered for impairment as these amounts are recovered/processed within 30 days.

Age as follows:

	31 MARCH 2026 R	31 MARCH 2025 R
Less than one month (re-issue of invoice)	–	457,804
1 month but less than 2 months past due	–	1,638,229
2 months but less than 3 months past due	–	250,738
More than 3 months past due	–	993,494
The carrying amount of trade and other receivables are denominated in the following currencies:		
Rand	41,629,161	63,184,709
US Dollar	6,220,365	8,965,382
Other	–	1,129,219
Pound sterling	1,119,230	883,474
	48,968,756	**74,162,784**
Reconciliation of provision for impairment of trade and other receivables		
Opening balance	3,340,265	489,484
Recognised on transition to GRAP 104 (Revised) amount includes VAT	(3,340,265)	–
Provision for impairment – previous GRAP 104 basis	–	3,340,265
Unused amounts reversed	–	(489,484)
	–	**3,340,265**

The creation and release of provision for impaired receivables have been included in operating expenses in surplus or deficit (note 27). Amounts charged to the allowance account are generally written off when there is no expectation of recovering additional cash.

Financial instrument disclosure

Additional information on the financial instrument components of this note, as required by GRAP 104, is provided in note 46 Financial Instruments – Risk Management and Other Disclosures.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
5. Receivables from non-exchange transactions		
Research grant debtors	65,372,836	21,723,586

At 31 March 2026 there were funder/grantor non-exchange debtors including the amount owing by the Foreign donor funded project sponsor and accrued income (31 March 2025 there were funder/grantor non-exchange debtors and accrued income).

Split between financial instruments and non-financial instruments		
Carrying amount of financial instruments	65,372,836	21,723,586
Split of carrying amount of financial instruments into categories		
Financial assets measured at amortised cost	65,372,836	21,723,586

Financial instrument disclosure

Additional information on the financial instrument components of this note, as required by GRAP 104, is provided in note 46 Financial Instruments – Risk Management and Other Disclosures.

Receivables from non-exchange transactions past due but not impaired

The expected credit loss allowance on research grant receivables from non-exchange transactions at 31 March 2026: Nil (2025: Nil).

Receivables from non-exchange transactions impaired

The amount of the provision was Nil as at 31 March 2026 (2025: Nil), the amounts owing are considered fully recoverable and no expected credit loss has been identified.

Currencies

The carrying amount of other receivables from non-exchange transactions are denominated in the following currencies:

Rand	65,372,836	21,402,026
Other	–	321,560
	65,372,836	**21,723,586**

6. VAT receivable		
VAT	8,247,296	13,248,404

VAT Receivable and VAT Payable are statutory arrangements.

7. Prepayments

Prepayments – other relate to expenditure paid in advance for subscriptions; membership fees; annual computer licenses; computer software updates and maintenance; computer warranties; insurance; conference registrations; airtickets; accommodation and equipment maintenance.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
Subsistence and travel advances	348,936	302,111
Prepayments – other	17,846,961	16,764,873
	18,195,897	**17,066,984**

The increase in prepayments – other is mainly as a result of an increase in computer software updates and maintenance; computer warranties and equipment maintenance contracts paid during the period under review.

8. Cash and cash equivalents

Cash and cash equivalents consist of:

Cash on hand	29,646	25,040
Bank balances	952,763,417	679,781,092
	952,793,063	**679,806,132**

Credit quality of cash at bank and short term deposits, excluding cash on hand

The credit quality of cash at bank and short term deposits, excluding cash on hand that are neither past due nor impaired can be assessed by reference to external credit ratings (if available) or historical information about counterparty default rates:

Credit rating

ABSA; FNB and Standard Bank zaA-1+	34,648,495	37,103,376
Corporation for Public Deposits and Public Investors Corporation BB	918,114,922	642,677,716
	952,763,417	**679,781,092**

Analysis of bank balances

ABSA (2025: ABSA and Standard Bank)	3,182,458	2,573,242
ABSA funder accounts	18,615,763	33,838,124
First National Bank	12,850,274	692,010
Cash at the Reserve Bank	918,114,922	642,677,716
	952,763,417	**679,781,092**

The cash at the Reserve Bank includes funds for the Botha Trust; Bruhns Trust; Melville Douglas Trust; Q&S Abdool Karim Trust; FJ Kleynhans Trust (refer note 19) and Motor vehicle reserve fund.

The Motor vehicle reserve fund was established to provide self-insurance of motor vehicles with a low market value.

Motor vehicle reserve fund

Balance at beginning of year	5,348,802	5,095,082
Allocation for the period	242,040	253,720
	5,590,842	**5,348,802**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

9. Biological assets that form part of an agricultural activity

	31 MARCH 2026			31 MARCH 2025		
	COST/ VALUATION R	ACCUMULATED DEPRECIATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R	COST/ VALUATION R	ACCUMULATED DEPRECIATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R
Bearer mature biological assets	15,000	–	15,000	20,000	–	20,000

Reconciliation of biological assets that form part of an agricultural activity – 31 March 2026

	OPENING BALANCE	DISPOSALS	TOTAL
Bearer mature biological assets	20,000	(5,000)	15,000

Reconciliation of biological assets that form part of an agricultural activity – 31 March 2025

	OPENING BALANCE R	DISPOSALS R	TOTAL R
Bearer mature biological assets	25,000	**(5,000)**	20,000

Methods and assumptions used in determining fair value

SAMRC holds horses as biological assets, horse blood is sold to laboratories when required.

All activities are monitored and controlled to ensure humane treatment of animals.

The last selling price per biological animal type is used to determine fair value.

	31 MARCH 2026 R	31 MARCH 2025 R
Fair value less cost to sell of biological assets during the period.	15,000	20,000

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

10. Property, plant and equipment

	31 MARCH 2026			31 MARCH 2025		
	COST/ VALUATION R	ACCUMULATED DEPRECIATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R	COST/ VALUATION R	ACCUMULATED DEPRECIATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R
Land	1,769,181	–	1,769,181	1,769,181	–	1,769,181
Buildings	243,461,054	(71,873,663)	171,587,391	227,940,578	(65,172,884)	162,767,694
Vehicles and containers	27,170,354	(14,852,924)	12,317,430	24,262,175	(15,313,477)	8,948,698
Furniture and office equipment	59,828,941	(25,106,802)	34,722,139	54,547,621	(22,666,029)	31,881,592
Computer equipment	151,848,487	(63,786,214)	88,062,273	109,226,279	(56,302,980)	52,923,299
Laboratory equipment	162,077,805	(69,956,305)	92,121,500	134,542,208	(55,139,947)	79,402,261
Total	**646,155,822**	**(245,575,908)**	**400,579,914**	**552,288,042**	**(214,595,317)**	**337,692,725**

Reconciliation of property, plant and equipment – 31 March 2026

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	DEPRECIATION R	IMPAIRMENT LOSS R	IMPAIRMENT REVERSAL R	TOTAL R
Land	1,769,181	–	–	–	–	–	1,769,181
Buildings	162,767,694	15,769,497	(68,779)	(6,781,789)	(99,234)	2	171,587,391
Vehicles and containers	8,948,698	4,379,820	(545,337)	(1,314,710)	(407,280)	1,256,239	12,317,430
Furniture and office equipment	31,881,592	6,698,593	(432,690)	(3,400,646)	(239,247)	214,537	34,722,139
Computer equipment	52,923,299	48,469,914	(623,140)	(12,679,952)	(122,740)	94,892	88,062,273
Laboratory equipment	79,402,261	28,649,995	(271,051)	(15,189,817)	(1,714,279)	1,244,391	92,121,500
	337,692,725	**103,967,819**	**(1,940,997)**	**(39,366,914)**	**(2,582,780)**	**2,810,061**	**400,579,914**

Reconciliation of property, plant and equipment – 31 March 2025

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	TRANSFERS R	DEPRECIATION R	IMPAIRMENT LOSS R	IMPAIRMENT REVERSAL R	TOTAL R
Land	1,769,181	–	–	-	–	–	–	1,769,181
Buildings	140,229,570	25,273,835	(185,077)	1,054,198	(3,136,304)	(500,369)	31,841	162,767,694
Vehicles and containers	8,896,625	2,542,498	(367,103)	–	(973,635)	(1,414,319)	264,632	8,948,698
Furniture and office equipment	31,361,039	5,430,561	(980,399)	(1,054,197)	(3,049,927)	(333,084)	507,599	31,881,592
Computer equipment	53,044,299	11,589,367	(697,022)	–	(11,017,250)	(241,210)	245,115	52,923,299
Laboratory equipment	75,131,286	16,633,749	(1,166,991)	(1)	(11,282,248)	(471,331)	557,797	79,402,261
	310,432,000	**61,470,010**	**(3,396,592)**	**–**	**(29,459,364)**	**(2,960,313)**	**1,606,984**	**337,692,725**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

10. Property, plant and equipment (continued)

Carrying value of impaired assets:

IMPAIRED ASSETS 31 MARCH 2026	R
Property, plant and equipment – Laboratory equipment	5,503,036
Property, plant and equipment – Computer equipment	512,183
Property, plant and equipment – Furniture and office equipment	641,567
Property, plant and equipment – Buildings	663,774
Property, plant and equipment – Vehicles	928,509
	8,249,069

IMPAIRED ASSETS 31 MARCH 2025	R
Property, plant and equipment – Laboratory equipment	5,033,147
Property, plant and equipment – Computer equipment	484,334
Property, plant and equipment – Furniture and office equipment	616,857
Property, plant and equipment – Buildings	564,543
Property, plant and equipment – Vehicles	1,777,469
	8,476,350

During the period under review various intra-mural units and platforms identified items of property, plant and equipment that would be used for future research projects and have been impaired. The items are stored at a research site or at the unit/platform.

All items of property, plant and equipment are owned by the entity.

There are no restrictions on the title of Property, plant and equipment.

Property, plant and equipment in the process of being constructed or developed

Cumulative expenditure recognised in the carrying value of property, plant and equipment

	31 MARCH 2026 R	31 MARCH 2025 R
Buildings	569,231	3,591,971

Reconciliation of Work-in-Progress 31 March 2026

	INCLUDED WITHIN BUILDINGS R	TOTAL R
Opening balance	3,591,971	3,591,971
Additions/capital expenditure	3,950,232	3,950,232
Transferred to completed items	(6,972,972)	(6,972,972)
	569,231	**569,231**

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

10. Property, plant and equipment (continued)

Reconciliation of Work-in-Progress 31 March 2025

	INCLUDED WITHIN BUILDINGS R	TOTAL R
Opening balance	4,648,683	4,648,683
Additions/capital expenditure	14,169,511	14,169,511
Transferred to expense	(16,150)	(16,150)
Transferred to completed items	(15,210,073)	(15,210,073)
	3,591,971	**3,591,971**

Expenditure incurred to repair and maintain property, plant and equipment

	31 MARCH 2026 R	31 MARCH 2025 R
Expenditure incurred to repair and maintain property, plant and equipment included in Statement of Financial Performance		
Contracted services	24,311,632	20,103,901

11. Intangible assets

	31 MARCH 2026			31 MARCH 2025		
	COST/ VALUATION R	ACCUMULATED AMORTISATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R	COST/ VALUATION R	ACCUMULATED AMORTISATION AND ACCUMULATED IMPAIRMENT R	CARRYING VALUE R
Computer software	37,528,785	(25,910,532)	11,618,253	37,783,286	(22,101,586)	15,681,700

Reconciliation of intangible assets – 31 March 2026

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	AMORTISATION R	TOTAL R
Computer software	15,681,700	3,641,016	(762,504)	(6,941,959)	11,618,253

Reconciliation of intangible assets – 31 March 2025

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	AMORTISATION R	TOTAL R
Computer software	19,113,116	4,272,410	(4)	(7,703,822)	15,681,700

There are no restrictions on the title of intangible assets.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

12. Living resources

	31 MARCH 2026			31 MARCH 2025		
	COST/ VALUATION R	ACCUMULATED IMPAIRMENT LOSSES R	CARRYING VALUE R	COST/ VALUATION R	ACCUMULATED IMPAIRMENT LOSSES R	CARRYING VALUE R
Rhesus monkey	950,173	(298,246)	651,927	892,806	(273,395)	619,411
Vervet monkeys	931,882	(337,066)	594,816	943,332	(328,758)	614,574
Total	**1,882,055**	**(635,312)**	**1,246,743**	**1,836,138**	**(602,153)**	**1,233,985**

Reconciliation of living resources – 31 March 2026

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	DEPRE-CIATION R	TOTAL R
Rhesus monkey	619,411	95,334	(26,356)	(36,462)	651,927
Vervet monkeys	614,574	64,212	(52,802)	(31,168)	594,816
	1,233,985	**159,546**	**(79,158)**	**(67,630)**	**1,246,743**

Reconciliation of living resources – 31 March 2025

	OPENING BALANCE R	ADDITIONS R	DISPOSALS R	DEPRE-CIATION R	TOTAL R
Rhesus monkey	525,360	152,535	(26,157)	(32,327)	619,411
Vervet monkeys	537,679	128,424	(21,307)	(30,222)	614,574
	1,063,039	**280,959**	**(47,464)**	**(62,549)**	**1,233,985**

The last selling price per animal type was used to determine the fair value as there is not an active market for these animals.

13. Interests in controlled entities

Investments in controlled entities

NAME OF COMPANY	HELD BY	% HOLDING 31 MARCH 2026	% HOLDING 31 MARCH 2025	CARRYING AMOUNT 31 MARCH 2026	CARRYING AMOUNT 31 MARCH 2025
Medres (Pty)Ltd	SAMRC	100.00%	100.00%	1	1
Jirehsa Medical (Pty) Ltd	Medres (Pty)Ltd	42.00%	42.00%	1	1
				2	**2**

The carrying amounts of controlled entities are shown net of impairment losses.

The financial statements of Medres (Pty) Ltd and Jirehsa Medical (Pty) Ltd have not been consolidated with those of the SAMRC, as they are not considered material in the context of SAMRC.

Controlled entities with less than 50% voting powers held.

Although the entity holds less than 50% of the voting powers in Jirehsa Medical (Pty) Ltd the investment is considered a controlled entity because SAMRC has the power to govern the financial and operating policies of Jirehsa Medical (Pty) Ltd.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
13. Interests in controlled entities (continued)		
Split between financial instruments and non-financial instruments		
Other non-financial instruments related	2	2
Carrying amount of non-financial instruments	2	2
Total split between financial instruments and non-financial instruments	**2**	**2**
14. Payables from exchange transactions		
Trade payables	73,805,911	55,873,246
Accrued leave pay	23,964,709	24,006,362
Accruals	35,207,971	23,074,215
Interest due to funders	65,578	65,578
	133,044,169	**103,019,401**

The increase in payables from exchange transactions is attributed to amounts due in respect of grants awarded.

Split between financial instruments and non-financial instruments		
Other non-financial instruments related	27,620,807	25,892,991
Carrying amount of non-financial instruments	27,620,807	25,892,991
Carrying amount of financial instruments	105,423,362	77,126,410
Total split between financial instruments and non-financial instruments	**133,044,169**	**103,019,401**
The carrying amount of trade payables are denominated in the following currencies:		
Rand	65,085,895	55,590,814
US Dollar	5,477,295	268,484
Pound sterling	188,992	9,796
Euro	3,053,729	2,715
Other	–	1,437
	73,805,911	**55,873,246**
Leave accrual		
Balance at the beginning of the year	24,006,362	21,656,816
Leave payouts	(13,955,613)	(11,325,029)
Movement recognised in surplus or deficit	13,913,960	13,674,575
	23,964,709	**24,006,362**

Financial instrument disclosure

Additional information on the financial instrument components of this note, as required by GRAP 104, is provided in Note 46 Financial Instruments – Risk Management and Other Disclosures.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
15. Payables from non-exchange transactions		
Other payables from non-exchange transactions	**64,996,908**	–
The other payable from non-exchange transactions relate to donation payable to Afrigen (R20, 000,00) at year end and the payable that will be settled by the foreign donor funded project sponsor (R44,996,908)		
Split between financial instruments and non-financial instruments		
Other non-financial instruments related	64,996,908	–
Carrying amount of non-financial instruments	64,996,908	–
Total split between financial instruments and non-financial instruments	**64,996,908**	**–**

16. Provisions

Reconciliation of provisions – 31 March 2026

	OPENING BALANCE R	ADDITIONS R	UTILISED DURING THE YEAR R	TOTAL R
Provision for legal fees	929,019	–	–	929,019
Provision for performance bonus	24,392,312	15,381,637	(7,555,294)	32,218,655
Social impact bond liability	27,397,800	–	(27,397,800)	–
Other provisions	4,046,317	13,001,831	(4,046,317)	13,001,831
	56,765,448	**28,383,468**	**(38,999,411)**	**46,149,505**

Reconciliation of provisions – 31 March 2025

	OPENING BALANCE R	ADDITIONS R	UTILISED DURING THE YEAR R	TOTAL R
Provision for legal fees	929,019	–	–	929,019
Provision for collaborative research	188,000	–	(188,000)	–
Provision for performance bonus	15,842,307	15,319,163	(6,769,158)	24,392,312
Social impact bond liability	–	27,397,800	–	27,397,800
Other provisions	4,059,726	4,046,317	(4,059,726)	4,046,317
	21,019,052	**46,763,280**	**(11,016,884)**	**56,765,448**

Collaborative research costs

At 31 March 2026 and 31 March 2025 there were no collaborative research provisions and the 2023/2024 year's amounts were settled during 2024/2025.

Provision for legal fees

The legal fees provision relates to the estimated legal costs that is due to NEHAWU regarding a previous bonus dispute.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

16. Provisions (continued)

Other provisions

The other provisions at 31 March 2026 relate to a repayment of unspent grant funds and the Department of Labour assessment for the claim for occupational injury on duty assessment for 2026 (COIDA). (March 2025: The other provisions relate to the Department of Labour assessment for the claim for occupational injury on duty assessment for 2025 (COIDA); a repayment of unspent grant funds and building retentions).

Social impact bond liability

At 31 March 2025 the provision was recognised as the social outcomes verified by the independent verification agent indicated that the outcomes have been achieved. The amount reflected was an estimate at the reporting date of the amount to be repaid. The payment to the social investor was made during the financial year under review after the final verification of the last quarter results of the project.

Provision for performance bonus

The performance bonus cycle was changed after discussions and agreement with the union. The Accounting Authority approved the change in bonus cycle which will result in payments being made after the financial year end. The amount reflected is the 2025/2026 bonus provision and the unpaid amount of the 2023/2024 and 2024/2025 provision for performance bonuses. The basis used for the 2023/2024 and 2024/2025 bonus provision was approved by Minister of Health with concurrence Minister of Finance and payment will be made during the 2026/2027 financial year.

17. Deferred Income

The increase in deferred income can be attributed to contract funds received in advance: Department of Science and Technology; Department of Health; The ELMA Vaccine & Immunization Fund; Michelle & Susan Dell Foundation; Global Fund; UKRI MRC; The Chan – Soon Shiong Family Foundation; Bill & Melinda Gates Foundation and Wellcome Trust.

Included in the deferred income is funding received from the SA Government via the Emergency Fund to support the national projects affected by the US Federal funding cuts.

	31 MARCH 2026 R	31 MARCH 2025 R
Deferred Income	701,523,065	538,756,205
Summary of deferred income		
Research grants received in advance	701,150,056	538,571,439
Other funds received in advance	373,009	184,766
	701,523,065	**538,756,205**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

18. Employee benefit obligations

Defined benefit plans

Post retirement medical aid plan

The SAMRC took a compulsory insurance policy in order to fund post retirement medical obligations of its ex-employees. Given the nature of the policy, it is appropriate to treat this as a plan asset. Certain assets have been allocated specifically for the purpose of covering the post retirement medical aid defined benefit liability. The defined benefit medical liability has been recognised and accounted for under the requirements of GRAP 25 – Employee Benefits. The assets have been accounted for in terms of the requirements of the accounting standards to which they relate and not in terms of GRAP 25 because the plan is not registered. The Post retirement medical aid plan is valued annually in compliance with GRAP 25. The relevant assets are included in the statement of financial position. The valuation is based on an employer subsidy of a percentage of members' post-employment medical aid contributions, subject to the benchmark maximum. SAMRC considers paying the annual contribution in order to eliminate the liability. There are no in service members.

The risks to which the plan exposes the entity are the market performance of the plan in order to meet the liability.

The entity will investigate options available to eliminate the net liability as far as possible.

The basis on which the discount rate has been determined is: by reference to market yields at the balance sheet date of South African long-term bonds.

Pension funds

The SAMRC personnel are members of the following pension funds:

- State Pension Fund (Associated institutions – AIPF) (Act No. 51 of 1963)
- State Pension fund for temporary employees (Act No. 75 of 1979)
- SAMRC Pension fund (since January 1994)

(a) The first two funds were established by Law and are regulated by the respective Acts.

(b) The last-named fund is regulated by the Pension Fund Act and is managed by an independent Board of Trustees. The SAMRC Pension fund was actuarially valued at 1 April 2023. Next statutory valuation for the fund is 1 April 2026.

(c) The first two funds offer defined benefits to staff. With regard to the SAMRC Pension fund, some members are on a defined benefit scheme, while the remainder are on a defined contribution scheme. The Fund operated a closed defined benefit section for members who joined prior to 1 July 1998.

The SAMRC Pension Fund is valued annually in compliance with GRAP 25.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
18. Employee benefit obligations (continued)		
The amounts recognised in the statement of financial position are as follows:		
Carrying value		
Post retirement medical aid – Present value of the defined benefit obligation-wholly unfunded	(1,378,000)	(1,311,000)
Post retirement medical aid – Present value of the defined benefit obligation-partly or wholly funded	(19,059,000)	(19,379,000)
Post retirement medical aid – Fair value of plan assets	16,134,000	15,759,000
Pension fund – Present value of the defined benefit obligation	(38,652,901)	(45,570,000)
Pension fund – Fair value of the plan assets	54,103,783	56,006,000
	11,147,882	**5,505,000**
Non-current assets	15,450,882	10,436,000
Non-current liabilities	(4,303,000)	(4,931,000)
	11,147,882	**5,505,000**
Post Retirement Medical Aid		
The fair value of plan assets includes:		
Changes in the net defined liability (asset) are as follows:		
Opening balance	4,931,000	5,913,000
Net interest expense or revenue	606,000	766,000
Remeasurements	(223,000)	6,000
Contributions by employer	(1,011,000)	(1,754,000)
	4,303,000	**4,931,000**
Changes in the present value of the defined benefit obligation are as follows:		
Opening balance	20,690,000	19,790,000
Interest cost	2,020,000	2,177,000
Remeasurements	448,000	1,248,000
Benefits paid	(2,721,000)	(2,525,000)
	20,437,000	**20,690,000**
Net expense recognised in the statement of financial performance are as follows:		
Net interest on the net defined benefit liability (asset)	2,020,000	2,177,000
Remeasurements of the net defined benefit liability (asset)	(1,637,000)	(1,405,000)
– Actuarial gains and losses arising from:	(223,000)	6,000
– Changes in demographic assumptions	802,000	1,032,000
– Changes in financial assumptions	(1,025,000)	(1,026,000)
– Return on plan assets, excluding amounts included in net interest	(1,414,000)	(1,411,000)
Contributions from employer	(1,011,000)	(1,754,000)
	(628,000)	**(982,000)**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
18. Employee benefit obligations (continued)		
Calculation of actuarial gains and losses		
Actuarial (gains) losses – Obligation	448,000	1,248,000
Actuarial (gains) losses – Plan assets	(671,000)	(1,242,000)
	(223,000)	**6,000**
Changes in the fair value of plan assets are as follows:		
Opening balance	15,759,000	13,877,000
Return on plan assets	2,085,000	2,653,000
– Interest revenue	1,414,000	1,411,000
– Remeasurements	671,000	1,242,000
Contributions by employer	1,011,000	1,754,000
Payments from the plan	(2,721,000)	(2,525,000)
	16,134,000	**15,759,000**
Key assumptions used		
Assumptions used at the reporting date:		
Discount rates used	9.20%	10.50%
Expected rate of return on assets	9.20%	10.50%
General increases in medical aid subsidy	5.80%	6.60%
Proportion of continuing membership at retirement	100.00%	100.00%
Proportion of retiring members who are married	80.00%	80.00%
Retirement age	65	65

The plan accrued liability is taken as the aggregate of the present value of the employer's obligation required to settle the subsidies towards each member's medical scheme contributions, using the discounted cashflow approach.

The subsidies are assumed to be paid or payable, in terms of the employer subsidy policy. The subsidies are expected to grow with annual medical aid inflation increases allowing for expected future lifetimes of members and any adult dependent/spouse, in retirement, allowing for joint-life survival probabilities where applicable.

General increases to the employer's medical aid subsidy ("medical inflation") take into account the estimated future changes in the costs of medical services, resulting from both inflation and specific changes in medical costs. The inflation rate has been determined by reference to market yields at the balance sheet date of long-term bonds. The medical inflation premium has been set based on past experience for the industry.

Sensitivity analysis

Healthcare cost trends and discount rate

Assumed healthcare cost trends and discount rates have a significant effect on the amounts recognised in surplus or deficit. A one percentage point change in assumed healthcare cost trends and discount rate would have the following effects:

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

18. Employee benefit obligations (continued)

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2026		
Discount Rate	19,282,000	21,737,000
Medical inflation	21,672,000	19,324,000

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2025		
Discount Rate	19,529,000	21,996,000
Medical inflation	21,937,000	19,566,000

Discount rate

The assumed discount rate has a significant effect on the liability.

The methods and assumptions used in preparing the sensitivity analyses and the limitations of those methods are: The valuation is based on the Projected Unit Credit valuation method. The expected rate of return on plan assets is based on market expectation, at the beginning of the period, for returns over the entire life of the related obligation.

The discount rate has been determined by reference to market yields at the balance sheet date of the South African long-term bonds.

Amounts for the current period and previous four years are as follows:

	2026 R	2025 R	2024 R	2023 R	2022 R
Defined benefit obligation – partially or wholly funded	19,059,000	19,379,000	18,560,000	18,436,000	19,219,000
Defined benefit obligation wholly unfunded	1,378,000	1,311,000	1,230,000	1,226,000	1,163,000
Plan assets	16,134,000	15,759,000	13,877,000	14,135,000	14,039,000
(Deficit) in the plan	(4,303,000)	(4,931,000)	(5,913,000)	(5,527,000)	(6,343,000)

Funding arrangements and funding policy

Expected contributions

The expected contributions to the plan for the next reporting period is RNIL.

Pension fund

The SAMRC Pension Fund is subject to the provisions of the Pensions Fund Act 24 of 1956. Subject to the provisions of the Act and the Rules of the Fund, the sole responsibility for the management of the Fund is vested in the Trustees.

The nature of the benefits provided by the plan are the final salary for the defined benefit members as per the pension fund rules. The risks to which the plan exposes the entity are inflation: The risk that the future CPI inflation, which is the main driver of future salary increases, is higher than expected and uncontrolled. Open-ended, long-term liability: The risk that the liability may be volatile in the future and uncertain.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
18. Employee benefit obligations (continued)		
Changes in the net defined liability (asset) are as follows:		
Opening balance	10,436,000	8,961,000
Service cost	(1,112,065)	(1,432,000)
Net interest expense or revenue	495,488	1,060,000
Remeasurements	4,153,427	91,000
Contributions	1,478,032	1,756,000
	15,450,882	**10,436,000**
Changes in the present value of the defined benefit obligation are as follows:		
Opening balance	45,570,000	52,268,000
Service cost	1,112,065	1,432,000
Interest cost	4,921,560	5,943,000
Contributions by plan participants	517,959	614,000
Benefit payments	(13,969,133)	(16,027,000)
Actuarial (gain)	223,610	1,571,000
Re-insurance proceeds	474,864	–
Reinsurance premiums	(121,281)	(149,000)
Expenses	(76,743)	(82,000)
	38,652,901	**45,570,000**
Net expense recognised in the statement of financial performance are as follows:		
Service cost	**1,112,065**	1,432,000
– Current service cost	1,112,065	1,432,000
Net interest on the net defined benefit liability (asset)	(495,488)	(1,060,000)
Remeasurements of the net defined benefit liability (asset)	(4,153,427)	(91,000)
– Actuarial gains and losses arising from:	(4,153,427)	(91,000)
– Changes in financial assumptions	(4,153,427)	(91,000)
Contributions	(1,478,032)	(1,756,000)
	(5,014,882)	**(1,475,000)**
Calculation of actuarial gains and losses		
Actuarial (gains) losses – Obligation	223,610	1,571,000
Actuarial (gains) losses – Plan assets	(4,377,037)	(1,662,000)
	(4,153,427)	**(91,000)**
Changes in the fair value of plan assets are as follows:		
Opening balance	56,006,000	61,229,000
Return on plan assets	5,417,048	7,003,000
– Interest revenue	5,417,048	7,003,000
Contributions by employer	1,478,032	1,756,000
Contributions by members	517,959	614,000
Benefits paid	(13,969,133)	(16,027,000)
Expenses	(76,743)	(82,000)
Re-insurance proceeds	474,864	–
Actuarial gain/(loss)	4,377,037	1,662,000
Reinsurance premiums	(121,281)	(149,000)
	54,103,783	**56,006,000**

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
18. Employee benefit obligations (continued)		
Key assumptions used		
Assumptions used at the reporting date:		
General inflation rate	4.11%	5.00%
Discount rate	8.77%	10.80%
Interest income on assets	8.77%	10.80%
Salary increase rate (excluding merit increases)	5.11%	6.00%
Pension increase rate	2.74%	3.33%
Retirement age for staff who joined prior and after 1 May 1998	65	65

The net actuarial loss on the defined benefit obligation is largely as a result of the update in economic valuation assumptions. Actual salary increases granted over the valuation period for members who were present at both valuation dates, averaged 6.58% per annum and were higher than the 6.20% per annum anticipated by the previous valuation assumptions, also adding to the net actuarial loss. This was partially offset both by the release in the Minimum Individual Reserves and the update in demographic valuation assumptions.

The investment strategy in respect of the defined benefit section of the fund in March 2026 was consistent with that of the previous valuation. 88.30% of the SAMRC Pension Fund defined benefit portfolio was invested in a matched portfolio (Liability driven investment strategy) and 11.70% in an unmatched global portfolio (growth portfolio).

Sensitivity analysis

Inflation rate

Assumed inflation rates will have an impact on the value of the liability. A one percentage point change in inflation rates would have the following effects:

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2026		
Defined benefit obligation (DBO)	(42,062,150)	(35,601,297)
Total DBO	(42,062,150)	(37,601,297)

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2025		
Defined benefit obligation (DBO)	(49,312,000)	(42,239,000)
Total DBO	(49,312,000)	(42,239,000)

In 2026 there are no effects of withdrawal benefits of the DBO.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

18. Employee benefit obligations (continued)

Discount rate

Assumed discount rate have a significant effect on the amounts recognised in surplus or deficit. A one percentage point change in assumed discount rate would have the following effects:

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2026		
Defined benefit obligation (DBO)	(34,876,507)	(43,087,271)
Total DBO	(34,876,507)	(43,087,271)

	ONE PERCENTAGE POINT INCREASE R	ONE PERCENTAGE POINT DECREASE R
31 March 2025		
Defined benefit obligation (DBO)	(41,344,000)	(50,560,000)
Total DBO	(41,344,000)	(50,560,000)

The methods and assumptions used in preparing the sensitivity analyses and the limitations of those methods are: The valuation is based on the Projected Unit Credit valuation method. The expected rate of return on plan assets is based on market expectation, at the beginning of the period, for returns over the entire life of the related obligation.

The discount rate has been determined by reference to market yields at the balance sheet date of the South African long-term bonds.

In 2026 there are no effects of withdrawal benefits of the Defined benefit obligation (DBO).

Amounts for the current period and previous four years

	2026 R	2025 R	2024 R	2023 R	2022 R
Defined benefit obligation	38,652,901	45,570,000	52,268,000	83,039,000	82,304,000
Plan assets	54,103,783	56,006,000	61,229,000	89,533,000	87,186,000
Surplus in the plan	15,450,882	10,436,000	8,961,000	6,494,000	4,882,000

Expected contributions

The expected contributions to the plan for the next reporting period is R1,819,191 for both member and entity contributions.

Defined contribution plans

It is the policy of the entity to provide retirement benefits to all its employees.

The entity is under no obligation to cover any unfunded benefits.

	31 MARCH 2026 R	31 MARCH 2025 R
The amount recognised as an expense for defined contribution plans is	37,673,757	35,619,889

Defined contribution plan : SAMRC Pension Fund

The SAMRC Pension Fund has a Defined Contribution section for members who joined after 1 May 1998.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
19. Earmarked funds		
Botha trust	151,636	151,636
Bruhns trust	1,760,208	1,656,823
Melville Douglas trust	13,325	13,325
Q&S Abdool Karim trust	3,835,681	3,611,535
FJ Kleynhans trust	111,442	111,442
	5,872,292	**5,544,761**

The Earmarked funds are donations; bequests from deceased estates or cash received for a limited period to be used for visiting eminent scientists; cancer research or tuberculosis research.

The Earmarked funds are held at the Reserve Bank.

The monies are ring fenced separately from the cash balances of the SAMRC refer to note 8.

The Bruhns and Q & S Abdool Karim trust funds earned interest.

20. Accumulated surplus

Accumulated surplus	581,019,961	473,614,819

The policy of the SAMRC is to maintain a reserve of R50 million to provide for any unforeseen health emergencies. The accumulated surplus at the end of the reporting period is required to fund capital projects and other commitments as well as the maintenance of current funding levels of research projects over the MTEF period. The surplus will also be used to attract equivalent leverage funding from international funders.

21. Revenue

Income from contracts, grants and services rendered (exchange)	437,041,884	546,086,648
Rental income	6,828,433	6,023,856
Gain on exchange differences	–	122,888
Fair value adjustments	2,482,462	1,477,299
Other income	24,085,000	20,645,897
Interest received – investment	70,033,419	54,210,410
Dividends received	226,550	182,582
Government grants & subsidies	765,298,611	724,161,231
Income from contracts and grants (non-exchange)	389,220,344	138,597,870
	1,695,216,703	**1,491,508,681**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
21. Revenue (continued)		
The amount included in revenue arising from exchanges of goods or services are as follows:		
Income from contracts, grants and services rendered (exchange)	437,041,884	546,086,648
Rental income	6,828,433	6,023,856
Fair value adjustments	2,482,462	1,477,299
Gain on exchange differences	–	122,888
Other income	24,085,000	20,645,897
Interest received – investment	70,033,419	54,210,410
Dividends received	226,550	182,582
	540,697,748	**628,749,580**
The amount included in revenue arising from non-exchange transactions is as follows:		
Baseline grant	765,298,611	724,161,231
Income from contracts and grants (non-exchange)	389,220,344	138,597,870
	1,154,518,955	**862,759,101**
Revenue		
Income from contracts, grants and services rendered – exchange	437,041,884	546,086,648
Income from contracts, grants and services rendered – non-exchange	389,220,344	138,597,870
Government grants	765,298,611	724,161,231
	1,591,560,839	**1,408,845,749**
22. Other revenue		
Rental income – third party	6,828,433	6,023,856
Gain on foreign exchange	–	122,888
Other income	24,085,000	20,645,897
	30,913,433	**26,792,641**

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
23. Investment revenue		
Dividend revenue		
Listed financial assets – Local	226,550	182,582
Interest revenue		
Unit trusts	75,237	66,866
Bank	924,107	1,214,059
Interest charged (reversed) on trade and other receivables	254	595
Corporation for public deposits	69,033,821	52,928,890
	70,033,419	**54,210,410**
	70,259,969	**54,392,992**
24. Operating expenses		
Depreciation and amortisation	46,376,503	37,225,735
Collaborative research costs	602,912,153	473,670,196
Debt impairment (reversal)	–	3,166,724
Employee costs	620,298,488	599,247,707
Loss on disposals	2,376,860	2,616,517
Loss on foreign exchange	1,727,423	–
Impairment (reversal) loss of impairments on property, plant	(227,281)	1,353,329
General expenses	285,447,329	272,129,587
Lease rentals on operating lease	4,595,103	4,306,707
Repairs and maintenance	25,037,739	22,029,682
Repayment of conference registration fees	475,447	14,808,926
	1,589,019,764	**1,430,555,110**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
25. Employee related costs		
Basic	507,814,705	486,275,612
Bonus	15,381,637	15,319,163
UIF	1,718,499	1,836,672
Leave payments	14,892,428	12,410,126
Movements in retirement benefit assets and liabilities	(5,642,882)	(2,457,000)
Other salary related costs	18,654,099	17,795,555
Defined pension benefit plan expense – current service cost	1,552,093	1,810,356
Overtime payments	1,190,495	1,583,404
Temporary staff	26,052,905	27,299,547
Defined pension contribution plan expense	37,673,757	35,619,889
Post retirement medical aid contribution	1,010,752	1,754,383
	620,298,488	**599,247,707**

The bonus amount is the provision for performance bonus.

Basic salary includes other non pensionable allowances for the period under review.

Staff exercised the option to encash a maximum of ten days leave, the encashment of leave is included in the leave payments amount.

26. Finance costs

Other interest paid	2,068,931	287,363

Other interest comprises: reversed interest previously reflected as interest due to its funders for monies received in advance March 2026: RNil; (March 2025: R103,781); refund interest due to its funders/social impact investor for monies received in advance (March 2026: R1,702,445; March 2025: RNil); to the earmarked funds (March 2026: R366,221; March 2025: R389,470). Interest paid to suppliers for late payments of account is not classified as fruitless and wasteful expenditure if the invoice is received late from the supplier (March 2026: R265; March 2025: R1,674).

27. Debt impairment

Debt Impairment	–	379,074
Provision for debt impairment	–	2,787,650
	–	**3,166,724**

The expected credit loss (ECL) allowance for 2026 is RNIL, all debt is expected to be fully recovered. The entity applied modified retrospective transition approach for GRAP 104 (Revised). The cumulative effective of the initial application, being an ECL allowance of -R 3,277,134 on trade receivables at 1 April 2025, was recognised as an adjustment to the opening balance of accumulated surplus. (March 2025 provision for bad debts of R3,340,265 (including VAT of R63,131).

In 2024/2025 the debt written off relates to an amount owed by GFC Diagnostics Ltd, an overseas supplier who was paid in advance for test kits. The supplier was requested to repay SAMRC for the test kits not received. Attempts to recover the monies were unsuccessful.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
28. General expenses		
Advertising	2,264,460	2,009,679
Auditors remuneration	3,426,502	3,308,142
Bank charges	826,614	1,324,278
Cleaning consumables	3,506,049	4,680,576
Computer expenses	51,088,613	47,472,649
Consulting and professional fees	22,952,207	17,092,044
Donations	20,870,465	–
Insurance	4,143,213	4,381,777
Personal Protective Equipment	5,856	(80)
Magazines, books and periodicals	10,273,062	6,834,643
Postage and courier	1,174,041	2,351,234
Printing, stationery and publication costs	9,083,539	9,503,133
Security	12,088,129	11,839,683
Subscriptions and membership fees	1,494,643	1,732,544
Telephone and fax	940,049	756,947
Training	4,029,168	7,086,426
Travel, subsistence and conference attendance	55,725,304	56,804,097
Utilities	26,067,683	23,348,166
Laboratory operating cost	37,357,899	49,982,057
Skills Development levies	4,650,264	4,266,648
Other expenses	13,479,569	17,354,944
	285,447,329	**272,129,587**
Travel, subsistence and conference attendance		
Local travel	7,106,628	6,881,108
Overseas travel	9,054,848	12,542,654
Accommodation – local and overseas	11,954,956	9,099,296
Subsistence and travel expenditure	8,568,912	7,585,046
Conference expenditure	9,343,296	9,019,701
Participant incentives	9,696,664	11,676,292
	55,725,304	**56,804,097**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
28. General expenses (continued)		
Other expenses		
Canteen costs	529,431	672,617
Administration costs	(209,286)	1,467,120
Personnel teas	1,838,147	1,994,771
Hire of premises and equipment	9,706,721	11,549,034
Licenses	97,337	100,782
Staff recruitment costs	145,710	176,357
Employee wellness costs	838,155	838,071
Pot and plant rental	109,726	110,098
Uniforms	423,628	446,094
	13,479,569	**17,354,944**

29. Collaborative research costs

Extramural units and self initiated research grants	266,218,865	273,055,985
Collaborative research partners and research grant awards	336,503,829	200,377,254
Sponsorships	189,459	236,957
	602,912,153	**473,670,196**

Collaborative research costs include amounts that were paid to research institutions which relates to tranche payments of contractual agreements signed with institutions who will conduct research on behalf of the SAMRC as part of the entity's mandate. No goods or services are received for these payments as they relate to start-up costs for research, the 2025/2026 amount is R259,932,270 (2024/2025 amount is R173,629,542).

30. Impairment of assets

Impairments		
Property, plant and equipment	**(227,281)**	**1,353,329**

Impairment of (Reversal of previously impaired) property, plant, and equipment were processed during the period under review (March 2026: R2,810,061; March 2025: R1,606,984). Impairment of property, plant and equipment was identified at the year-end by management (2026: R2,582,780 and 2025: R2,960,313) Internal indicators such as the research sites/laboratories not being active were key factors in deciding to impair the property, plant and equipment.

31. Fair value adjustments

Other financial assets at fair value	2,482,462	1,477,299

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
32. Auditors' remuneration		
Fees	3,426,502	3,308,142
33. Operating surplus		
Operating surplus for the year is stated after accounting for the following:		
Operating lease charges		
Premises		
– Contractual amounts	4,595,103	4,306,707
Loss on disposal of assets	2,376,860	2,616,517
Impairment on property, plant and equipment	(227,281)	1,353,329
Loss (Gain) on exchange differences	1,727,423	(122,888)
Amortisation on intangible assets	6,941,959	7,703,822
Depreciation on property, plant and equipment	39,366,914	29,459,364
Depreciation on living resources	67,630	62,549
Employee costs	620,298,488	599,247,707
General expenses	285,447,329	272,129,587

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
34. Cash generated from operations		
Surplus	104,128,008	60,666,208
Adjustments for:		
Depreciation and amortisation	46,376,503	37,225,735
Loss on disposal of assets	2,376,860	2,616,517
(Loss) gain on foreign exchange	1,727,423	(122,888)
Fair value adjustments	(2,482,462)	(1,477,299)
Impairment	(227,281)	1,353,329
Reversal of Debt impairment – recognised on transition of GRAP 104 (revised)	3,277,134	–
Debt impairment – Other	–	3,166,724
Movements in operating lease assets and accruals	43,555	–
Movements in retirement benefit assets and liabilities	(5,642,882)	(2,457,000)
Movements in provisions	(10,615,943)	35,746,396
Capitalisation of financial assets	(256,522)	(208,760)
Straight lining of operating lease expenses	198,192	–
Non-cash donations and other in-kind benefits	(54,674,017)	–
Non-cash adjustment on biological assets	5,000	5,000
Non-cash adjustment on living resources	(159,546)	(280,959)
Other non-cash items: property, plant and equipment	–	16,150
Changes in working capital:		
Receivables from exchange transactions	25,271,868	10,739,057
Other receivables from non-exchange transactions	(43,649,250)	(12,668,148)
Prepayments	(1,128,913)	(1,696,054)
Payables from exchange transactions	32,149,348	(12,089,501)
VAT	5,001,108	12,191,457
Payables from non-exchange transactions	64,996,908	–
Deferred income	162,624,126	90,118,853
	329,339,217	**222,844,817**

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
35. Commitments		
Authorised commitments		
Already contracted for but not provided for		
– Property, plant and equipment – buildings	1,206,531	958,893
– Property, plant and equipment – furniture and office equipment	106,558	941,631
– Property, plant and equipment – computer equipment	716,310	9,975,937
– Property, plant and equipment – laboratory equipment	727,181	147,759
– Intangible assets	78,200	30,470
– Goods and services	32,847,975	18,346,387
– Operating leases	7,224,241	11,086,127
	42,906,996	**41,487,204**
Total capital commitments		
Already contracted for but not provided for	42,906,996	41,487,204

This committed expenditure relates to property, plant and equipment; intangible assets; goods and services and will be financed by retained surpluses, existing cash resources and funds internally generated.

Operating leases – as lessee (expense)		
Minimum lease payments due		
– within one year	4,186,429	3,875,886
– in second to fifth year inclusive	3,037,812	7,210,241
	7,224,241	**11,086,127**

Operating lease payments represent rentals payable by the entity for certain of its office properties. Leases are negotiated for an average term of three years. No contingent rent is payable.

Operating leases – as lessor (income)		
Minimum lease payments due		
– within one year	4,651,829	5,859,476
– in second to fifth year inclusive	6,491,622	10,330,466
– later than five years	632,385	1,445,370
	11,775,836	**17,635,312**

Certain of the entity's buildings generate rental income. Lease agreements have terms from 12 months to 9 years and eight months.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

36. Related parties

Relationships

Executive authority	Dept. of Health (DOH)
Public entities in the same economic entity	National Health Laboratory Services (NHLS) South African Health Products Regulatory Authority (SAHPRA)
Controlled entities	Medres (Pty) Ltd refer to note 13 Jirehsa Medical (Pty) Ltd refer to note 13
Members of key management	Prof G Gray (President appointed 1 April 2014 until 30 June 2024) Prof N Ntusi (President appointed 1 July 2024) Mr. S Nqgongwa (Chief Financial Officer appointed 4 September 2023) Prof. L Zuhlke (Vice President appointed 1 February 2022) Dr. M Mdhluli (Chief research operations officer appointed 1 September 2017). Mr. M Popo (Legal Counsel appointed 1 February 2019) Dr. M Mulder (Executive director appointed on 1 June 2021). The official is a director of the controlled entities Medres (Pty) Ltd and Jirehsa Medical (Pty) Ltd. Ms. VN Bam (Executive director appointed on 1 September 2021) Prof. A Mathee (Executive director appointed 1 March 2022)
Board members	Prof. J Mahlangu (Chairperson from 1 November 2019 to 31 October 2025. Board member from 1 November 2016) Prof. T Pretorius (Chairperson from 1 November 2025) Prof. R Carolissen, term 1 November 2019 to 31 October 2025 Dr. T Tucker, term 1 November 2019 to 31 October 2025 Prof. E Seekoe, term from 1 November 2019 to 31 October 2025 Prof. T Mavundla, term from 1 November 2019 to 31 October 2025 Dr. M Madikizela, term from 1 November 2019 to 31 October 2025 Prof. E Mukwevho, term from 1 November 2019 to 31 October 2025 Adv. D Khoza, term from 1 November 2019 to 31 October 2025 Prof. B Biccard, term from 1 November 2022 to 31 October 2025 Prof. B Chiliza, term started 1 November 2022 Ms. D Dondur, term started 1 November 2022 Prof. Z Makatini, term started 1 November 2022 Prof. LR Mathivha, term started 1 November 2022 Associate Prof. NT Naledi, term started 1 November 2022 Prof. T Pillay, term started 1 November 2022 Prof. R Adam, term started 1 November 2025 Prof. C Africa, term started 1 November 2025 Prof. S Chetty, term started 1 November 2025 Prof. D Katere, term started 1 November 2025 Prof. L Lebina, term started 1 November 2025 Prof. X Mbhenyane, term started 1 November 2025 Dr. V Papu-Zamxaka, term started 1 November 2025 Prof. S Prince, term started 1 November 2025 Dr N Swartz, term started 1 November 2025

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
36. Related parties (continued)		
Related party balances		
Loan accounts – Owing (to) by related parties		
Medres (Pty) Ltd (The loan is not considered to be recoverable and has been impaired.)	234,630	234,630
Amounts included in Trade receivable (Trade Payable) regarding related parties		
National Health Laboratory Services (NHLS)	(12,997)	(3,336)
National Health Laboratory Services (NHLS)	–	4,900
Dept. of Health (DOH)	2,819,133	13,141,640
Deferred Income (grants received in advance)		
Dept. of Health (DOH)	7,248,336	593,523
Revenue – grants received and services rendered to related parties		
Dept. of Health (DOH, revenue from non-exchange)	765,298,611	724,161,231
Dept. of Health (DOH) Contracts, revenue from exchange	154,790,208	41,103,671
National Health Laboratory Services	43	4,261
	920,088,862	**765,269,163**
Expenditure such as grants awarded, extra-mural unit grants and collaborative research grants incurred with related party suppliers. Repayment of unspent grant funds.		
National Health Laboratory Services (NHLS)	84,481	17,146
South African Health Products Regulatory Authority (SAHPRA)	190,790	117,400
	275,271	**134,546**
Executive authority information		
Minister: Dr. MJ Phaahla until 31 May 2024. Minister Dr A Motsoaledi from 30 June 2024.		
No subsistence, travel and other related re-imbursement costs have been paid.		
Director General: Dr. S Buthelezi and Acting Director General N Crisp from 11 March 2026.		
No subsistence, travel and other related re-imbursement costs have been paid.		
Executive Directors leave balances		
Ms. V Bam	225,589	180,938
Prof. N Ntusi	355,809	233,483
Prof. A Mathee	79,324	180,452
Dr. M Mdhluli	369,321	375,890
Dr. M Mulder	67,213	126,656
Mr. S Ngqongwa	150,995	176,932
Mr. M Popo	71,658	70,992
Prof. L Zuhlke	189,592	154,661
	1,509,501	**1,500,004**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

37. Board members' emoluments

Executive

31 March 2026

	EMOLUMENTS R	VEHICLE & PARKING & CELLPHONE ALLOWANCE R	ACCOMMO-DATION AND ENTERTAIN-MENT R	LOCAL AIR TRAVEL AND PARKING R	TOTAL R
*** Professor T Pretorius	46,290	5,035	–	–	51,325
* Professor J Mahlangu	92,580	8,583	1,479	7,506	110,148
*** Professor R Adam	33,708	1,535	–	–	35,243
*** Professor C Africa	42,135	1,535	–	–	43,670
* Professor B Biccard	44,944	2,149	–	8,053	55,146
* Professor R Carolissen	30,899	2,149	–	–	33,048
*** Professor S Chetty	42,135	1,535	–	–	43,670
** Professor B Chiliza	97,168	3,684	10,527	39,943	151,322
** Ms D Dondur	203,477	22,048	15,172	25,771	266,468
*** Professor D Katerere	25,281	1,535	3,081	9,291	39,188
* Advocate D Khosa	61,798	2,149	–	–	63,947
*** Professor L Lebina	16,854	1,535	–	–	18,389
* Professor M Madikizela	75,843	2,149	–	–	77,992
** Doctor Z Makatini	101,124	3,684	16,558	48,753	170,119
** Professor L Mathivha	81,461	3,684	12,221	26,547	123,913
* Professor T Mavundla	67,416	2,699	2,957	8,231	81,303
***Professor X Mbhenyane	22,472	1,535	–	–	24,007
* Professor E Mukwevho	84,270	8,924	5,913	8,315	107,422
** Associate Professor AT Naledi	106,742	3,684	5,210	–	115,636
*** Doctor V Papu-Zamxaka	25,281	1,535	5,305	18,258	50,379
** Professor T Pillay	78,494	3,684	11,180	20,398	113,756
*** Professor S Prince	28,090	1,535	–	–	29,625
* Professor E Seekoe	58,831	2,149	1,478	9,106	71,564
*** Doctor N Swartz	39,326	1,535	16,345	42,582	99,788
* Doctor T Tucker	94,874	2,149	2,896	17,274	117,193
	1,601,493	**92,418**	**110,322**	**290,028**	**2,094,261**

* *Previous Board member*
** *Previous and current Board member*
*** *New Board member*

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

37. Member's emoluments (continued)

31 March 2025

	EMOLUMENTS R	VEHICLE & PARKING & CELLPHONE ALLOWANCE R	ACCOMMO-DATION AND ENTERTAIN-MENT R	LOCAL AIR TRAVEL AND PARKING R	TOTAL R
Professor J Mahlangu	111,150	12,084	4,548	16,548	144,330
Professor B Biccard	35,074	3,684	–	–	38,758
Professor R Carolissen	45,866	3,684	1,331	8,735	59,616
Professor B Chiliza	59,356	3,684	6,026	22,661	91,727
Ms D Dondur	119,700	3,684	7,505	20,002	150,891
Advocate D Khosa	75,544	3,684	2,957	8,920	91,105
Doctor Z Makatini	78,242	3,684	6,026	27,293	115,245
Professor M Madikizela	70,148	4,105	4,548	14,765	93,566
Professor T Mavundla	75,544	4,014	6,139	23,526	109,223
Professor L Mathivha	56,658	3,684	4,435	14,410	79,187
Professor E Mukwevho	72,846	12,964	7,843	16,419	110,072
Associate Professor T Naledi	64,752	3,684	–	–	68,436
Professor T Pillay	56,658	3,684	4,435	19,064	83,841
Professor E Seekoe	83,334	3,684	6,409	29,962	123,389
Doctor T Tucker	125,096	3,684	2,661	–	131,441
	1,129,968	**73,691**	**64,863**	**222,305**	**1,490,827**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

37. Member's emoluments (continued)

EXECUTIVE DIRECTORS EMOLUMENTS

31 March 2026

	PACKAGE TOTAL INCL. LEAVE PAYOUT; ALLOWANCES AND LUMP SUM R	BONUS R	SUBSISTENCE AND TRAVEL R	COMPANY CONTRI-BUTIONS R	TOTAL R
N Ntusi (President)	3,972,472	31,092	32,584	309,726	4,345,874
S Ngqongwa (CFO)	2,910,190	42,936	1,348	338,363	3,292,837
V Bam (Executive Director)	2,484,960	42,936	10,943	337,243	2,876,082
A Mathee (Executive Director)	2,198,163	42,936	13,625	102,908	2,357,632
M Mdhluli (CROO)	2,955,387	42,936	9,646	333,126	3,341,095
M Mulder (Executive Director)	2,736,321	42,937	3,277	333,983	3,116,518
M Popo (Executive Director)	2,543,357	42,937	760	199,978	2,787,032
L Zuhlke (Vice President)	3,009,942	42,937	60,956	320,719	3,434,554
	22,810,792	**331,647**	**133,139**	**2,276,046**	**25,551,624**

31 March 2025

	PACKAGE TOTAL INCL. LEAVE PAYOUT; ALLOWANCES AND LUMP SUM R	BONUS R	SUBSISTENCE AND TRAVEL R	COMPANY CONTRI-BUTIONS R	TOTAL R
** N Ntusi (President)	2,713,559	–	19,972	218,852	2,952,383
* G Gray (President)	1,008,350	–	10,596	71,267	1,090,213
S Ngqongwa (CFO)	2,745,103	22,536	15,042	318,864	3,101,545
V Bam (Executive Director)	2,147,695	40,932	14,264	301,633	2,504,524
A Mathee (Executive Director)	1,856,384	40,932	5,263	242,274	2,144,853
M Mdhluli (CROO)	2,782,907	40,933	20,652	313,559	3,158,051
M Mulder (Executive Director)	2,203,633	40,933	7,808	285,891	2,538,265
M Popo (Executive Director)	2,243,754	40,933	1,292	180,991	2,466,970
L Zuhlke (Vice President)	2,834,259	40,933	57,929	301,879	3,235,000
	20,535,644	**268,132**	**152,818**	**2,235,210**	**23,191,804**

* *G Gray term ended 30 June 2024.*
** *N Ntusi appointed 1 July 2024.*

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

	31 MARCH 2026 R	31 MARCH 2025 R
38. Irregular expenditure and Fruitless and wasteful expenditure for the year		
Irregular expenditure	3,913,587	2,898,174
Fruitless and wasteful expenditure	87,654	47,420
	4,001,241	**2,945,594**

The 2025 Irregular expenditure amount has been restated to include transactions identified by an independent review during the 2025/2026 financial year, previously disclosed as R217,800 now disclosed as R2,898,174.

During the period under review R173 was recovered from staff (In the 2024/2025 financial year R45,447 was recovered from staff).

During the previous financial year, SAMRC discovered 2 transactions that were not procured in line with the procurement legal prescripts. These transactions were identified to have been procured via a Request for Quotes manner of procurement. SAMRC took a decision that all transactions incurred in this manner (RFQs) in the period from April 2024 to 31 March 2025 would be subject to a review and a total of those transactions was R60.87 million.

An Independent Review of these R60.87 million transactions resulted in discovery of R2,680,374 transactions being procured in an irregular manner for the 2024/2025 financial year. The independent review was extended to include 9 months (01 April 2025 to 31 December 2025) of this reporting period, resulting in an identification of R3,913,587 irregular expenditure for the 2025/2026 financial year.

Consequence management processes are currently unfolding as the disciplinary process is underway. SAMRC has considered extending the consequence management to external service providers who are suspected of circumventing Supply Chain Management processes and thus has served these service providers with letters informing them of SAMRC's intention to restrict these Service Providers from doing business with Organs of State as per National Treasury's SCM Instruction Note No. 3 of 2021/22. SAMRC is currently considering their representations before reporting them to National Treasury.

During the financial year an amount of R87,654 was incurred as Fruitless and Wasteful Expenditure. Of the R87,654, R60,000 relates to the payment of student Interns whose contracts had ended but unfortunately not terminated fully in the payroll system, attempts are being made to recoup the amount however as these students are currently un-employed, it is difficult to recover. The employee who allowed this error to happen is negotiating a payment plan with SAMRC in paying back this amount.

An amount of R16,794 was incurred by SAMRC for accommodation purposes, however some employees did not make use of the accommodation, whilst an amount of R2,050 was incurred to change the flight ticket.

Penalties of R6,322 was paid on behalf of an employee who did not renew professional membership timeously. An amount of R2,395 was incurred in traffic fines. Interest amounting to R93 was incurred on Cashsend bank accounts with debit balances.

An amount of R7.7 million has been spent on a research project called South African Diabetes Prevention Programme (SA-DPP) since 2020 financial year to 31 March 2026. SA-DPP expenditure is under assessment as a Fruitless and Wasteful Expenditure due to fabrication of results by a service provider who did not carry out instructions to deliver blood samples to a Laboratory. The likelihood is that the results gained from this project to date cannot be relied upon and thus all expenditure on it was incurred in vain.

Also, SAMRC is yet to determine if there was value for money gained in 2 consultancy services costing about R411,000 that had been classified as an Irregular Expenditure in financial year ending 31 March 2025 and 31 March 2026.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

39. Deviation from supply chain management regulations

Paragraph 12(1)(d)(Pathi) of Government gazette No. 27636 issued on 30 May 2005 states that a supply chain management policy must provide for the procurement of goods and services by way of a competitive bidding process.

Paragraph 36 of the same gazette states that the accounting officer may dispense with the official procurement process in certain circumstances, provided that he records the reasons for any deviations and reports them to the next meeting of the accounting authority and includes a note to the annual financial statements.

All deviations were documented and will be submitted to the Accounting Authority or its delegate in terms of the Delegation of Authority Framework. Deviations were motivated in advance and subsequently approved.

40. Public Finance Management Act (PFMA)

Section 55 (2)

No material losses through criminal conduct were incurred during the period ended 31 March 2026. Irregular and fruitless and wasteful expenditure incurred has been disclosed in note 38.

Section 54 (2)

In terms of the PFMA and Treasury Regulation 28.3 the entity has developed and agreed to a framework of acceptable levels of materiality and significance.

41. Budget differences

Material differences between budget and actual amounts

Other non-tax revenue were higher than anticipated. Lower than anticipated external funding from contracts and grants were received during the period under review. Although other non-tax revenue exceeded expectations, external funding from contracts and grants was lower than anticipated. As a result, expenditure on salaries and goods and services was reduced, reflecting the lower level of contract and grant income received during the period under review.

The adjustment reflects the VAT which is allocated as a transfer and subsidies expense. The SACENDU grant and funding for the Social Impact Bond (SIB) was included in the budgeted transfers received, but was allocated to the sale of goods and services as this is managed as separate contracts.

The adjustment budget for a surplus of R32,669,000 was approved on 14 December 2025.

The funding of R132,000,000 including VAT received from National Department of Health for projects affected by US funding cuts is included in sale of goods and services.

42. Contingencies

Contingent liabilities

There are three ex-staff member claims, one at the CCMA and two at the Labour court. At this stage, the outcome of the cases is unknown and it is not practical to estimate the financial effect of the claims.

There is one high court claim by a research trial participant. The matter will be defended. At this stage, the outcome of the case is unknown and it is not practical to estimate the financial effect of the claim.

The SAMRC has applied to National Treasury to retain the accumulated surplus funds of R581,019,961 if approved, the accumulated surplus funds will not have to be paid to National Treasury.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

42. Contingencies (continued)

Contingent assets

In October 2017 and November 2017 the South African Revenue Service (SARS) re-assessed the September 2016 vat period. Output vat amounting to R2,824,561 was disallowed and interest and penalties were levied amounting to R370,726 and R294,150 respectively. The amount of R3,492,222 was deducted from a refund due to SAMRC. SAMRC has lodged a dispute with SARS for the disallowed output vat and the interest and penalties. The output vat is valid and has been claimed in the 2021/2022 period. SAMRC anticipates to recover the interest and penalties amounting R 664,876 from SARS.

The South African Government recognises Afrigen as the only fully integrated, Good Manufacturing Practice (GMP)–accredited, end-to-end mRNA vaccine research, development, and manufacturing facility in Africa, and one of the very few such facilities globally located in the Global South. In addition, Afrigen has established the first human and veterinary vaccine adjuvant formulation laboratory in Africa, as part of its One Health strategy. At 31 March 2026 SAMRC recognised a donation of R20,000,000 to Afrigen Biologics (Pty) Ltd , the National Department of Health supports the funding to Afrigen and may apply to Treasury to identify and transfer the funds to SAMRC.

43. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

	31 MARCH 2026 R	31 MARCH 2025 R
44. Statutory receivables		
The entity had the following statutory receivables where the Framework for the Preparation and Presentation of Financial Statements have been applied:		
Vat receivable	8,247,296	13,248,404

Transaction(s) arising from statute

Value Added Tax Act 89 of 1991.

Determination of transaction amount

The net amount of VAT recoverable from SARS is reflected in the Statement of Financial Position as Vat Receivable.

Interest or other charges levied/charged

The Value Added Tax Act determines the rates and interest is charged.

Basis used to assess and test whether a statutory receivable is impaired

No impairment, the balance is expected to be fully recoverable.

45. BBBEE Performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures

Overview

The entity is exposed to the following risks from its use of annual financial statements.

– Credit risk;

– Liquidity risk; and

– Market risk (currency, interest rate risk and price risk)

The SAMRC Board has overall responsibility for the establishment and oversight of the entity's risk management framework. The accounting authority has established the risk committee, which is responsible for developing and monitoring the entity's risk management policies. The committee reports quarterly to the board of members on its activities.

The Entity's risk management policies are established to identify and analyse the risks faced by the entity, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the entity's activities.

The entity Audit, IT and Risk (ARIC) committee oversees how management monitors compliance with the risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks faced by the entity. ARIC is assisted in its oversight role by internal audit. Internal audit undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported to ARIC.

The quantative data disclosed as at 31 March 2026 is considered representative of the entity's exposure to financial risk during the year.

Credit risk

Credit risk is the risk that a counterparty to a financial instrument will fail to discharge an obligation and cause the entity to incur a financial loss.

Management has a debtors policy in place, and this makes provision for credit evaluation for customers requiring credit above R1 million. Investments are allowed only in liquid securities and only with the SARB, the entity considers the credit risk associated with SARB deposits to be minimal. The SARB, as the central bank of the Republic of South Africa, is regarded as the lowest-risk counterparty available to the entity for domestic cash placements.

Contract work constitutes a significant portion of the SAMRC's income, and the major exposure is delays in finalising contracts, and disputes in terms of whether or not the outputs have been produced. A certain number of contracts are started and paid on a reimbursive basis, and this poses a risk if the funder is not satisfied with the outputs.

The entity is exposed to credit risk primarily from:

– cash and cash equivalents held with banking institutions and at the subsidiaries of the South African Reserve Bank

– trade and other receivables from exchange transactions due from research contracts/grants and

– receivables from non-exchange transactions due from research contracts/grants.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures (continued)

Governance and oversight

The entity's policies are approved by the Board. The Chief Financial Officer is responsible for monitoring credit risk exposures on an ongoing basis, with oversight by the Audit, Risk and IT Committee.

Expected credit loss assessment

The entity applies a simplified approach under GRAP 104 to measure expected credit losses on trade receivables and non-exchange receivables.

The ECL allowance is determined by viewing its full debtors book on an individual basis. Given that debtors book is small and is specific to the research environment. Each assessment considered the gross carrying amount, post year-end payment behaviour, status of collection discussions and reflecting the best case and worst case recovery outcomes. Forward looking information incorporated into the ECL assessment include the economic environment of entity debtors, global market conditions affecting research, post year-end payment behaviour of the entity debtors and the payment discussions at the date of preparation of these financial statements. The entity has found that all its debt is recoverable in full. No bad debt has been written off during the financial year under review.

Liquidity risk

The entity's risk to liquidity is a result of the funds available to cover future commitments. The entity manages liquidity risk through an ongoing review of future commitments and credit facilities. Trade and other payables are due within 12 months and equal their carrying balances as the impact of discounting is not significant.

SAMRC's primary source of income is government grants and contractual income, funds receivable is estimated when preparing the MTEF. Budgets are prepared for each contract and spend is monitored on an ongoing basis to ensure the liquidity of the entity.

Market risk

Interest rate risk

As the entity has no significant interest-bearing assets, the entity's income and operating cash flows are substantially independent of changes in market interest rates.

In respect of income-earning financial assets and interest-bearing financial liabilities, the table below indicates their average effective interest rates at the reporting date and the periods in which they mature.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures (continued)

Cash flow interest rate risk

FINANCIAL INSTRUMENT	CURRENT INTEREST RATE	DUE IN LESS THAN A YEAR R	DUE IN ONE TO TWO YEARS R	DUE IN TWO TO THREE YEARS R	DUE IN THREE TO FOUR YEARS R	DUE AFTER FIVE YEARS R
Trade and other receivables – normal credit terms	10.25%	47,856,612	–	–	–	–
Receivables from non-exchange – normal credit terms	10.25%	65,372,836	–	–	–	–
Cash in current banking institutions	–%	952,763,417	–	–	–	–
Trade and other payables – normal credit terms	10.25%	105,423,362	–	–	–	–
Payables from non-exchange	10.25%	64,996,908	–	–	–	–

Foreign exchange risk

The SAMRC operates internationally and is exposed to foreign exchange risk arising from various currency exposures, primarily with respect to the US dollar; GBP and the Euro. SAMRC receives substantial funding from the UK; USA and Europe, as a result its statement of financial position can be affected by movements in the US dollar; GBP and Euro. Foreign exchange risk arises from future commercial transactions, recognised assets and liabilities and net investments. Due to uncertainties in respect of when cash will be received from overseas, SAMRC does not hedge foreign exchange fluctuations.

Approximately 8% of SAMRC's Trade and funder/grant debtors (R7,339,595) are exposed to currency compared to 12% last year (R11,299,635).

The entity is exposed to foreign currency risk as it purchases laboratory consumables and equipment and makes payments to research collaborators.

Exchange rates on 31 March 2026 (31 March 2025) used for conversion of foreign items were:

	31 MARCH 2026 R	31 MARCH 2025 R
USD – ABSA buying	16.9298	18.3032
USD – ABSA selling	16.9571	18.3203
GBP – ABSA buying	22.3846	23.6441
GBP – ABSA selling	22.4325	23.6680
EURO – ABSA buying	19.5573	17.7986
EURO – ABSA selling	19.5939	19.8189

The entity reviews its foreign currency exposure, including commitments on an ongoing basis. The entity has CFC accounts for specific foreign income grants whose payments are mainly made in foreign currency. The risk for currency fluctuations is eliminated by maintaining the CFC accounts for these grants.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures (continued)

Significance of financial instruments for financial position and financial performance

Statement of financial position

Categories of financial assets and financial liabilities

Class of financial instrument 31 March 2026

	NOTE(S)	AT AMORTISED COST R	AT FAIR VALUE THROUGH SURPLUS OR DEFICIT (DESIGNATED) R	TOTAL R
Trade and other receivables from exchange transactions	4	47,856,612	–	47,856,612
Receivables from non-exchange transactions	5	65,372,836	–	65,372,836
Cash and cash equivalent	8	952,763,417	–	952,763,417
Financial assets	3	–	13,976,057	13,976,057
Total carrying amounts		**1,065,992,865**	**13,976,057**	**1,079,968,922**

Class of financial instrument 31 March 2025

	NOTE(S)	AT AMORTISED COST R	AT FAIR VALUE THROUGH SURPLUS OR DEFICIT (DESIGNATED) R	TOTAL R
Trade and other receivables from exchange transactions	4	73,149,819	–	73,149,819
Receivables from exchange transactions	5	21,723,586	–	21,723,586
Cash and cash equivalents	8	679,781,092	–	679,781,092
Financial assets	3	–	11,237,073	11,237,073
Total carrying amounts		**774,654,497**	**11,237,073**	**785,891,570**

Carrying amounts of financial liabilities

Class of financial instrument 31 March 2026

	NOTE(S)	AT AMORTISED COST R	TOTAL R
Trade and other payables from exchange transactions	14	105,423,362	105,423,362
Payables from non-exchange	15	64,996,908	64,996,908
Total carrying amounts		**170,420,270**	**170,420,270**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures (continued)

Class of financial instrument 31 March 2025

	NOTE(S)	AT AMORTISED COST R	TOTAL R
Trade and other payables from exchange transactions	14	77,126,410	77,126,410

Financial assets or financial liabilities at fair value through surplus or deficit

Concessionary loans, and financial assets (or group of financial assets) that the entity has designated as measured at fair value through surplus or deficit that would otherwise be measured at amortised cost

Refer to the credit risk note section for quantitative disclosures of maximum exposure to credit risk and related credit derivatives.

Methods and methodologies for instruments designated as fair value through surplus or deficit

The hierarchy of Financial assets recognised at fair value are disclosed in note 3. For level 1 the unadjusted quoted prices in active markets is used. For level 2, applied inputs other than quoted prices that are observable for the assets either directly (i.e. as prices) or indirectly (i.e. derived from prices). The valuation certificate received from Sanlam indicating the unit balance and price per unit and market value.

The entity does not have any designated financial liabilities at fair value through surplus or deficit, and therefore the relating disclosures required are not applicable.

Statement of financial performance

Items of revenue, expenses, gains or losses

31 March 2026

	NOTES(S)	AT FAIR VALUE THROUGH SURPLUS OR DEFICIT (DESIGNATED) R	OF WHICH: IN SURPLUS/ DEFICIT R	TOTAL R
Net gains or net losses on financial assets and financial liabilities				
Financial assets		2,482,462	2,482,462	2,482,462

31 March 2025

	NOTES(S)	AT FAIR VALUE THROUGH SURPLUS OR DEFICIT (DESIGNATED) R	OF WHICH: IN SURPLUS/ DEFICIT R	TOTAL R
Net gains or net losses on financial assets and financial liabilities				
Financial assets	3	1,477,299	1,477,299	1,477,299

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)

46. Financial Instruments – Risk Management and other disclosures (continued)

Notes to the financial statements

Fair value disclosure

Listed shares and unit trusts are disclosed at the fair value in accordance with GRAP 104.8.31.

Listed shares are traded on the stock exchange, classified at a hierarchy level 1 and quoted prices are unadjusted. Quoted prices are obtained from the JSE at 31 March 2026. The gain/loss on shares are determined and the total gains or losses for the period recognised in surplus or deficit, and are presented in the Statement of Financial Performance as a fair value adjustment.

Unit trusts are held at Sanlam and are classified at hierarchy level 2, the price is obtained from the valuation certificate received from Sanlam at 31 March 2026. The gain/loss on units are determined and the total gains or losses for the period recognised in surplus or deficit, and are presented in the Statement of Financial Performance as a fair value adjustment.

47. Donations made

	31 MARCH 2026 R	31 MARCH 2025 R
Social initiatives school project	870,465	–
Afrigen Biologics (Pty) Ltd	20,000,000	–
	20,870,465	**-**

The South African Government recognises Afrigen as the only fully integrated, Good Manufacturing Practice (GMP)–accredited, end-to-end mRNA vaccine research, development, and manufacturing facility in Africa, and one of the very few such facilities globally located in the Global South. In addition, Afrigen has established the first human and veterinary vaccine adjuvant formulation laboratory in Africa, as part of its One Health strategy. The South African Government is committed to ensuring that this facility forms a core component of national and regional pandemic preparedness and response capacity. A key strategic objective is to maintain a pandemic-ready facility at all times, while promoting further research into vaccines relevant to the African continent. As part of this commitment, the National Department of Health requested SAMRC to fund the amount of R20M to Afrigen.

48. Comparative figures

The 2025 Irregular expenditure amount in note 38 has been restated to include transactions amounting R2,680,374 identified by an independent review during the 2025/2026 financial year. The effects of the restatement in the 2025 figures are as follows: Irregular expenditure previously stated as R217,800 now stated as R2,898,174.

DETAILED INCOME STATEMENT

	NOTE(S)	31 MARCH 2026 R	31 MARCH 2025 R
Revenue			
Revenue from exchange transactions			
Rendering of services		437,041,884	546,086,648
Rental income		6,828,433	6,023,856
Other income		24,085,000	20,645,897
Interest received – investment	23	70,033,419	54,210,410
Gain on foreign exchange		–	122,888
Fair value adjustments		2,482,462	1,477,299
Dividends or similar distributions received	23	226,550	182,582
Total revenue from exchange transactions		**540,697,748**	**628,749,580**
Revenue from non-exchange transactions			
Transfer revenue			
Government grants & subsidies		765,298,611	724,161,231
Income from contracts and grants (non-exchange)		389,220,344	138,597,870
Total revenue from non-exchange transactions		**1,154,518,955**	**862,759,101**
Total revenue	21	**1,695,216,703**	**1,491,508,681**
Expenditure			
Employee related costs	25	(620,298,488)	(599,247,707)
Depreciation and amortisation		(46,376,503)	(37,225,735)
Impairment loss (reversal of impairments)	30	227,281	(1,353,329)
Finance costs	26	(2,068,931)	(287,363)
Lease rentals on operating lease		(4,595,103)	(4,306,707)
Debt Impairment (reversal)	27	–	(3,166,724)
Repayment of conference registration fees		(475,447)	(14,808,926)
Loss on disposal of assets and liabilities		(2,376,860)	(2,616,517)
Loss on exchange differences		(1,727,423)	–
General expenses	28	(285,447,329)	(272,129,587)
Repairs and maintenance		(25,037,739)	(22,029,682)
Collaborative research costs	29	(602,912,153)	(473,670,196)
Total expenditure		**(1,591,088,695)**	**(1,430,842,473)**
Surplus for the year		**104,128,008**	**60,666,208**

The supplementary information presented does not form part of the annual financial statements and is unaudited



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