

STRATEGIC PLAN 2025/26 – 2029/30

— AND —

ANNUAL PERFORMANCE PLAN 2025/26

**Presentation to the Portfolio
Committee on Health**

22 April 2025 | Professor Ntobeko Ntusi



SAMRC HISTORY AND HEALTH STATEMENT

The South African Medical Research Council recognises the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities.

Acknowledging the SAMRC's historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.



PART A

SAMRC

MANDATE

The objects of the SAMRC are, through research, development and technology transfer, to promote the improvement of the health and quality of life of the population of the Republic, and to perform such functions as maybe assigned to the SAMRC by or under the SAMRC Act no 58 of 1991.

VISION, MISSION & VALUES

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



Pioneering

We push the boundaries between the known and the unknown to further our knowledge of human health within the prescripts of responsible (ethical) conduct of research.



Excellence

We strive for distinction in everything we do by developing highly skilled personnel, capacity building and transformation, and conducting research of high value.



Respect

We value and respect our communities, participants, researchers and funders.



Partnering

We celebrate the capacity of collective minds towards a common goal. We build partnerships with many stakeholders at local, national, regional and international levels to exchange ideas, advances shared goals, optimize use of resources to minimise duplication, and leverage funding.



Integrity

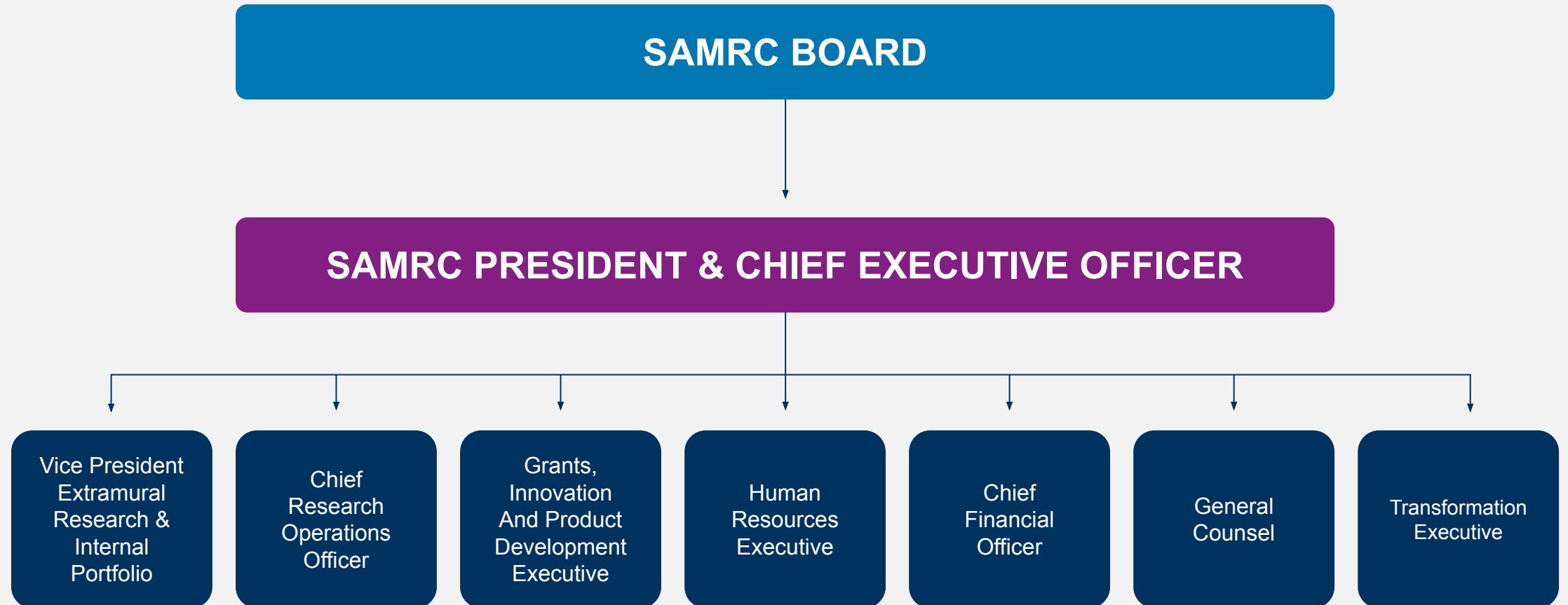
We commit to transparency, accountability, open communication and ethical conduct.



Citizenship

We demonstrate responsibility to the community, nation and the world.

HIGH LEVEL LEADERSHIP STRUCTURE



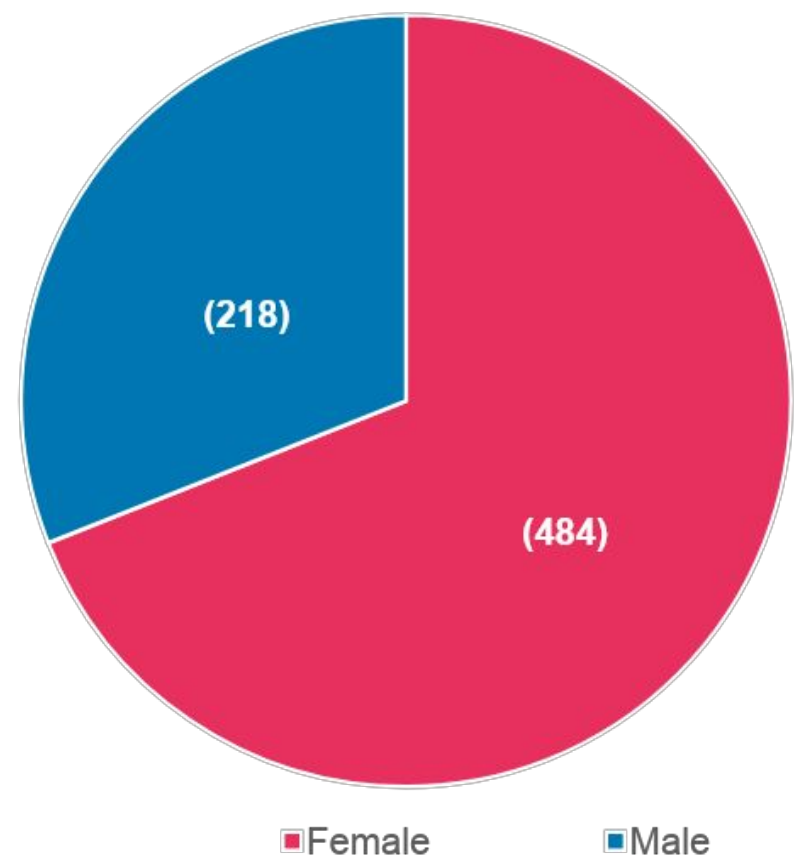
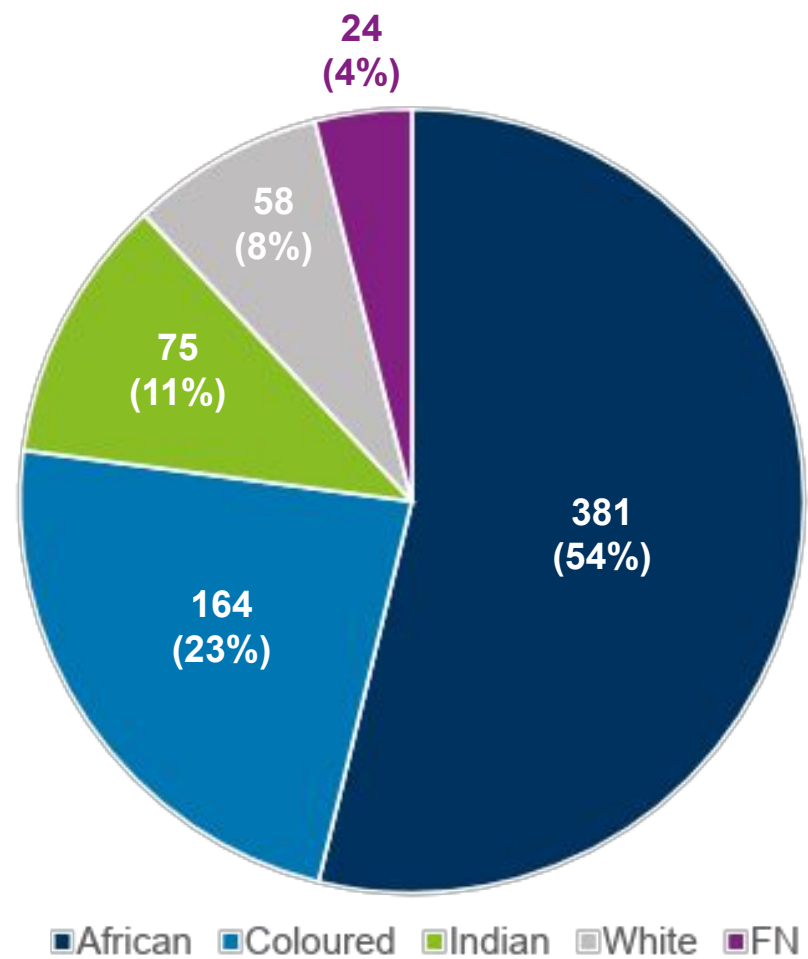
SAMRC BOARD MEMBERS



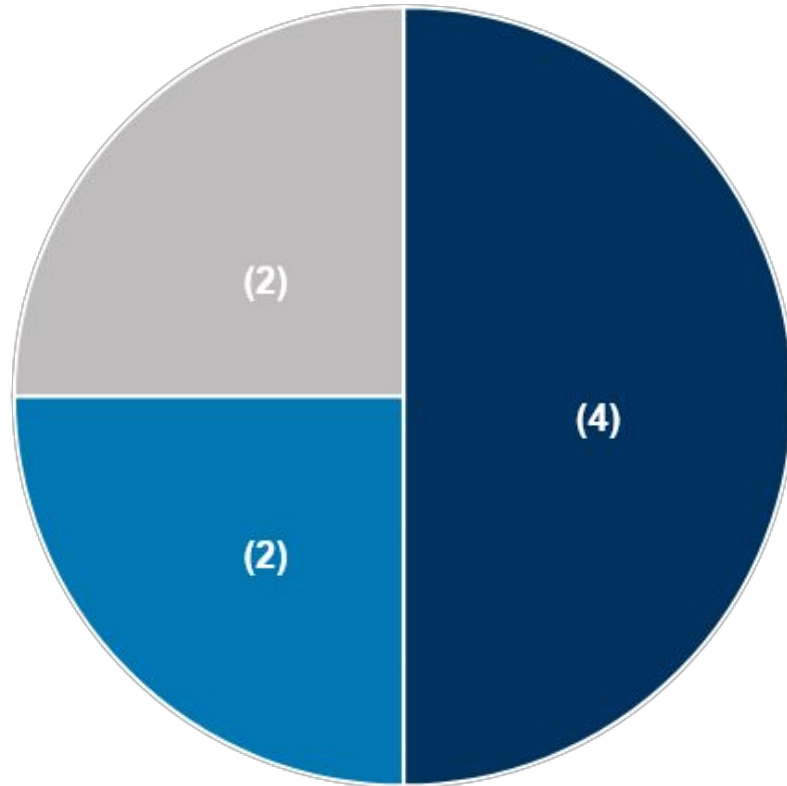
EXECUTIVE MANAGEMENT COMMITTEE (EMC)



STAFF COMPLEMENT AS OF 31 MARCH 2024 - 692

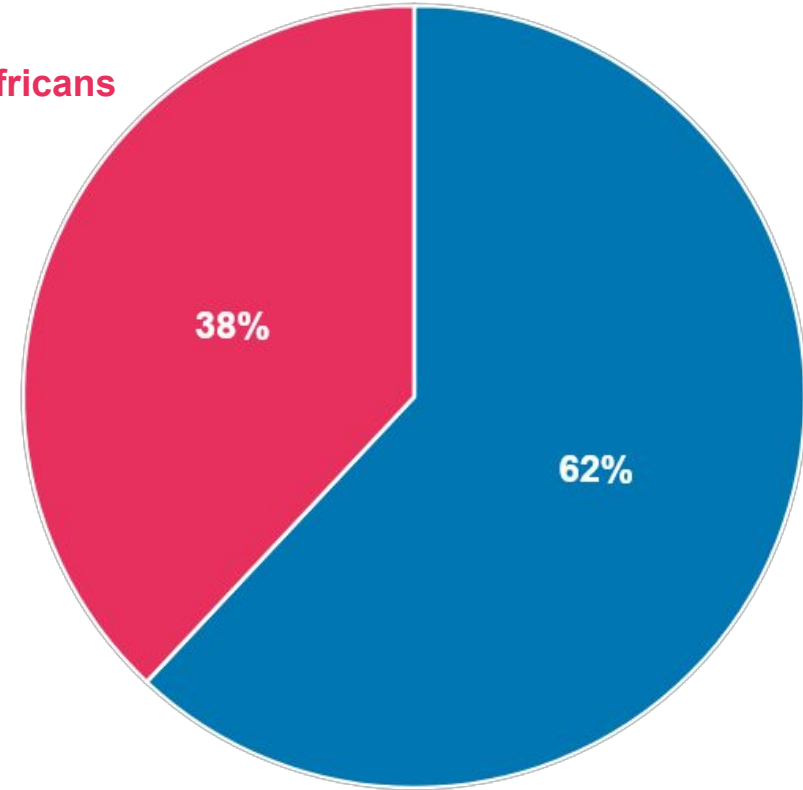


EMC DEMOGRAPHICS AT 31 MARCH 2024



■ African ■ Coloured ■ White

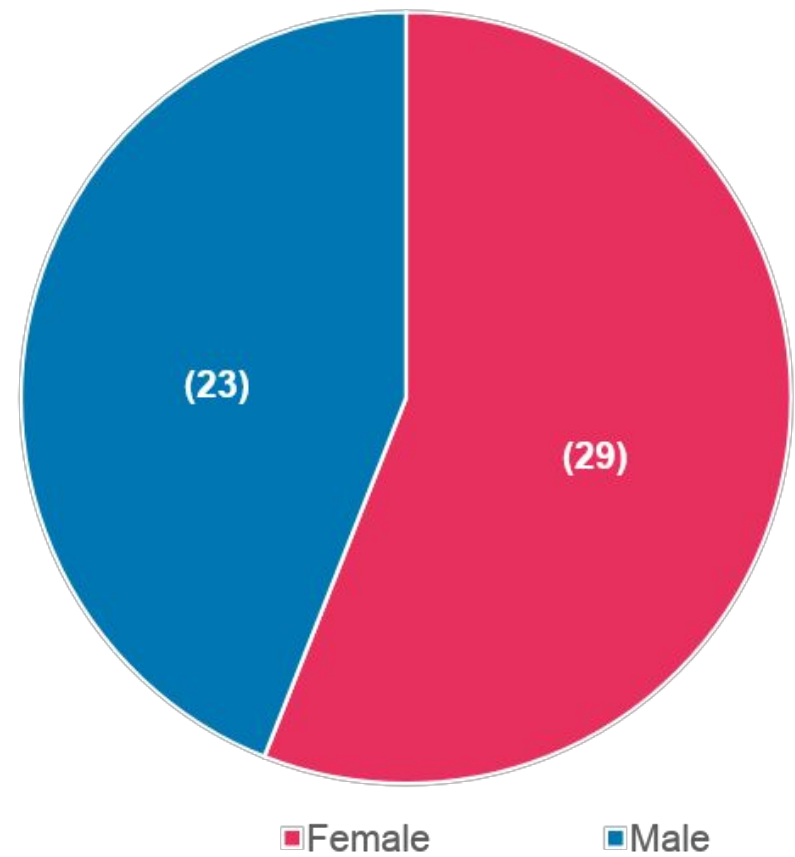
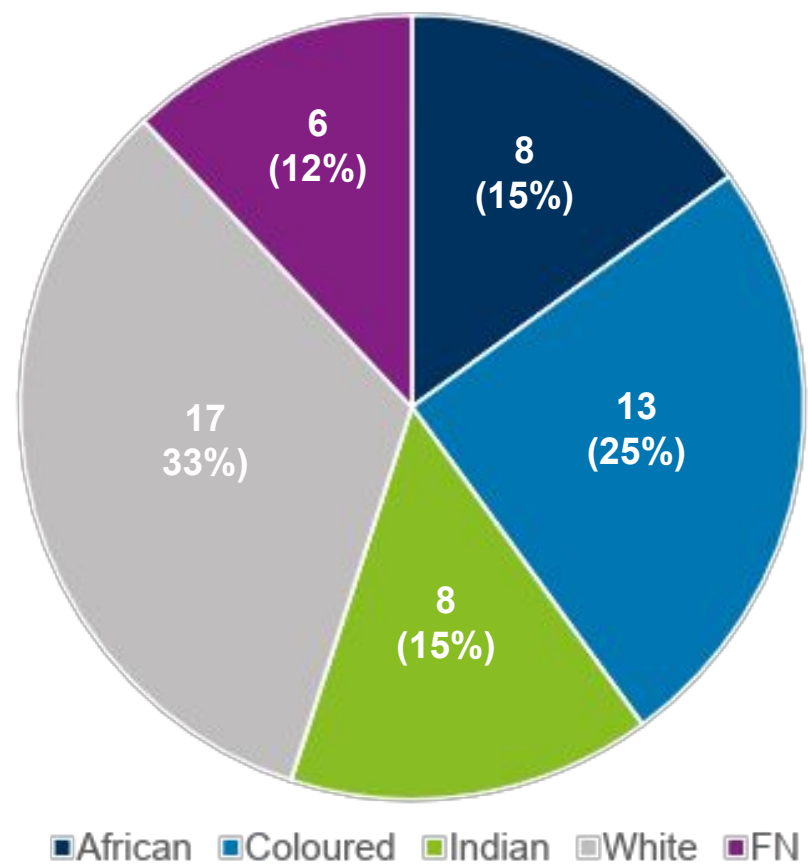
3 Africans



■ Female ■ Male

1 African
2 Coloured
2 Whites

SENIOR MANAGEMENT DEMOGRAPHICS ON 31 MARCH 2024



PART B
SAMRC
STRATEGIC
FOCUS



MINISTER OF HEALTH APPROVAL



MINISTRY
HEALTH
REPUBLIC OF SOUTH AFRICA

PRETORIA
Private Bag X590, PRETORIA, 0001, Dr AG Xuma Building, 1112 Voortrekker Rd, Pretoria Townlands 951-JR, Pretoria, 0181 Tel: (012) 395 0000 Fax: (012) 306 9165
CAPE TOWN
Private Bag X8070, CAPE TOWN, 8000, Room 413, 120 Plain Street, CAPE TOWN, 8000 Tel: (021) 466 74079 Fax: (021) 466 1525

Prof. Johnny Mahlangu
Chairperson: South African Medical Research Council
P.O. Box 197070
TYGERBERG
7505

Dear Prof. Mahlangu

APPROVAL OF THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL'S STRATEGIC PLAN (2025/26–2029/30), ANNUAL PERFORMANCE PLAN, BUDGET, AND THE MATERIALITY AND SIGNIFICANCE FRAMEWORK FOR THE 2025/26 FINANCIAL YEAR

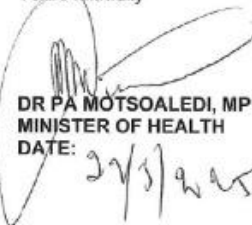
The above matter refers.

I hereby approve for implementation, of the South African Medical Research Council (SAMRC) Strategic Plan (SP) (2025–2030), Annual Performance Plan (APP), Budget, and the Materiality and Significance Framework for the 2025/26 financial year. The materiality and significance value approved in this regard is R15 million.

The above approval is made in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999).

I wish the SAMRC success in implementing the SP and APP for the periods indicated, thus contributing towards achieving the Department of Health's Vision.

Yours faithfully


DR PA MOTSOLEDI, MP
MINISTER OF HEALTH
DATE: 27/3/2025

ACCOUNTING OFFICER STATEMENT

- Financial Year 2024/25 marked the last year of the SAMRC strategic planning period 2020/21– 2024/25 and coincided with 30 years since the historic and democratic election of 27 April 1994.
- The critical role that SAMRC played from the beginning of the COVID-19 pandemic.
- The resources invested, teamwork and solidarity that came into play during the height of the pandemic should continue and will be key to the pandemic preparedness and response.
- Prof. Ntobeko Ntusi was appointed as the new SAMRC President and CEO, effective 1 July 2024.
- Prof. Ntusi will be responsible for implementing the Strategic Plan 2025/26 - 2029/30.
- We invite all our stakeholders to join hands with us in this journey and point out areas of possible improvements, collaborations, and partnerships.
- ~~SAMRC Board, we fully support this Strategic Plan and Annual Performance Plan.~~

STATEMENT BY THE PRESIDENT AND CEO OF THE SAMRC

- The country's health is a significant part of economic development: healthy populations live longer; and are more productive.
- The Strategic Plan 2020/21 – 2024/25 served as our guide to deliver on quality research, high impact science and to ensure that health science flourishes.
- Strategic Plan 2025/26 – 2029/30 also confirms our focus to conduct and fund research based on local development priorities and disease burden.
- Transformation in science remains an integral part of our strategy.
- Partnerships across frontiers, North-South, South-East, South-South, remain critical in furthering our mission as we rollout the Strategic Plan
- The SAMRC reaffirms its commitment to promoting health equity, social justice, and evidence-based healthcare
- The planned SAMRC Foundation will serve as a funding source to support existing and new research areas, initiatives and capacity development in the national health research and innovation arena.
- ~~SAMRC is committed to working collaboratively with partners and stakeholders to address these challenges and~~
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build our nation's healthier, more equitable future

FOUR PRIORITIES AREAS TO FUND AFTER USA FUNDING CUTS

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WORLD VIEW | 10 February 2025

US aid cuts are an opportunity to reimagine global health

The global south should become self-reliant by investing in health.

By [Ntobeko Ntusi](#) 



US foreign policy has always been linked to the idea of US superiority and self-interest. US aid is no different and has promoted a culture of white saviorism, dependence by the global south and paternalism – rather than partnership and allyship¹.

1. Support Postgraduate Students

Ensure PhD students on affected grants can complete their studies as it will be catastrophic if they all lose the opportunity to complete their PhDs

2. Support Emerging Researchers

Young researchers who may have received their first NIH grant and rely entirely on that funding. Support the next generation of scientific leadership coming out of this country.

3. Sustain Key Research Groups

Support large research groups that are losing multiple sources of funding & need help to finish ongoing projects.

4. Ethically Conclude Clinical Studies

Raise funding to ethically end clinical and interventional studies that have lost their funding and connect participants to ongoing care.

CONSTITUTIONAL, LEGISLATIVE & POLICY

- RSA Constitution: Bill of Rights, public Administration and Finance
- Different Acts, incl. NHA, SAMRC Act, LRA, BCEA, etc.
- SDG, NDP-2030, MTDP 2024-2029
- Government to Government collaborations
- SAMRC policies and strategies
- Court rulings

SWOT ANALYSIS

Strengths

- Corporate governance
- Board and EMC working relationship
- Professional, highly competent and dedicated staff members
- Academic/research freedom
- Research outputs
- Ability to attract local and international funding
- Capacity development
- Collaborations with many stakeholders
- Communication of science through various media platforms
- Ethical research conduct and integrity
- Neutral convening power
- National footprint
- International reputation and standing

Weaknesses

- Research translation
- Diversity Management
- Succession planning and transformation at senior levels
- Lack of Biostatisticians
- Lack of synergy between researchers
- Bureaucratic environment hampers progress
- Lack of knowledge sharing
- Investment in infrastructure development
- Immediate response to emerging national health needs and global trends

Opportunities

- Develop frameworks for evidence-based decisions making
- Revise transformation strategy
- Implement strategies to further grow funding
- Balancing academic and societal impact
- Collaborations to enhance health research
- Move towards full open access publications
- R&D localization programmes
- Conduct transformative and equity orientated research
- Partnerships to increase innovation and scaling
- Research aligned to country, regional and continental needs
- Establish SAMRC Foundation

Threats

- Diminishing funding for research internationally
- Lack of growth in research investment by the South African government, despite a growing burden of disease and complexity
- Research classified as low priority on the political agenda
- Growing trends of predatory journals
- Data Security
- Scientific misconduct
- Cyber security
- Overlap in funders of health research - delineation of mandates needed
- New and re-emerging diseases

PESTEL ANALYSIS

Political

- Government stability
- Political conflicts
- Political interference
- Government subsidy
- Policy continuity/ uncertainty
- Systemic corruption
- budget votes
- International relations
- Public infrastructure policies and systems

Economic

- Energy security and prices
- Exchange rates
- Import duties
- Infrastructure quality
- Investment in STEM
- Unemployment rates

Social

- Social unrests
- Social cohesion
- Crime rates
- Demographic shifts
- Cultural diversity
- Public health issues and health system
- Education inequality
- Gender inequality
- Public awareness and activism
- Social media impact

Technology

- Internet connectivity
- Cybercrime and cyber security
- ICT infrastructure
- Innovation and R&D
- Automation and AI
- Grow biotechnology

Environment

- Climate change
- Air pollution
- Renewable energy
- Waste management
- Biodiversity conservation
- Water scarcity
- Regulatory compliance

Legal

- Environmental laws and regulations
 - Labour laws and regulations
 - Data protection laws and regulations
 - Intellectual property laws
 - Public SCM laws and regulations
 - Health & Safety laws and regulations
 - Regulatory bodies
 - Litigation
-

PART C
MEASURING
SAMRC
PERFORMANCE



STRATEGIC HEALTH PRIORITIES

| Research programmes | Strategic focus |
|--|--|
| Health promotion and disease prevention | To conduct research using a life course approach to healthy lifestyles, early diagnosis, and cost-effective prevention and management of diseases through health promotion. |
| Maternal, child and women's health | 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. |
| HIV, AIDS, TB, and other communicable diseases | To conduct research on preventing HIV and related co-morbidities including TB and other infectious (communicable) diseases, such as COVID-19 and malaria. In partnership with our funders and regional counterparts, this programme seeks to contribute to the national and international science system by testing TB drugs and malaria insecticides, carrying out the AIDS Vaccine project through coordinating development and testing HIV vaccines in South Africa and providing the information and tools to address the COVID-19 epidemic. |
| Health systems strengthening | 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. |
| Public health innovation | To promote the improvement of health and quality of life (impact prevention of ill health and improvement of public health and treatment) in the Republic of South Africa through innovation, technology development and transfer. |
| Biomedical research | 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. |

PROGRAMME 1

Administer health research effectively and efficiently, and in accordance with the 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.

STRATEGIC PLAN 2025/26 -2029/30

| Outcome | Output Indicator | Baseline SP (2020/21-2024/25) | Five-year target (2025/26-2029/30) |
|---|--|----------------------------------|---------------------------------------|
| 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% |

ANNUAL TARGETS (MTEF PERIOD)

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|---|--|--|----------------------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 |
| 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 | Clean Audit | Clean Audit | Clean Audit | 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 | 16% | 17% | 19% | 20% | 20% | 20% | 20% |

QUARTERLY TARGETS 2025/26

| Output Indicator | Reporting Frequency | Annual Target (2025/26) | Quarterly Targets 2025/26 | | | |
|--|---------------------|-------------------------|---------------------------|-----------------|-----------------|-----------------|
| | | | 1 st | 2 nd | 3 rd | 4 th |
| 1.1.1 A clean audit opinion on the SAMRC from the Auditor-General South Africa | Annually | Clean Audit | N/A | N/A | N/A | Clean Audit |
| 1.2.1 Expenditure on administration from government budget allocated to the SAMRC does not exceed a set percentage | Quarterly | 20% | 20% | 20% | 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 advancement of science in South Africa through research.

STRATEGIC PLAN 2025/26 -2029/30

| Outcome | Output Indicator | Baseline SP (2020/21-2024/25) | Five-year target (2025/26-2029/30) |
|--|--|----------------------------------|---------------------------------------|
| 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 |

ANNUAL TARGETS – MTEF PERIOD

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|--|---|--|----------------------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/ 22 | 2022/ 23 | 2023/ 24 | 2024/ 25 | 2025/ 26 | 2026/ 27 | 2027/ 28 |
| 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 | 1 169 | 1 455 | 1 294 | 600 | 1 000 | 900 | 1 025 |
| | Accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC grant-holders | 2.1.1 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 | 265 | 445 | 373 | 170 | 220 | 220 | 300 |
| 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 | 637 | 775 | 646 | 255 | 650 | 500 | 500 |
| 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 | 152 | 174 | 221 | 170 | 210 | 210 | 210 |

QUARTERLY TARGETS 2025/26

| Output Indicator | Reporting Frequency | Annual Target (2025/26) | Quarterly Targets 2025/26 | | | |
|--|---------------------|-------------------------|---------------------------|-----------------|-----------------|-----------------|
| | | | 1 st | 2 nd | 3 rd | 4 th |
| 2.1.1 Number of accepted and/or published conference proceedings, abstracts, journal articles, book chapters and books by SAMRC affiliated and funded authors | Quarterly | 1 000 | 210 | 260 | 260 | 270 |
| 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 | Quarterly | 220 | 46 | 57 | 57 | 60 |
| 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 | Quarterly | 650 | 136 | 169 | 169 | 176 |
| 2.3.1 Number of research grants funded by the SAMRC | Annually | 210 | N/A | N/A | N/A | 210 |

PROGRAMME 3

Supporting health innovation and technology development through funding to improve healthcare

Impact Statement

Supporting a thriving health innovation ecosystem,
developing impactful health solutions for
South Africa, Africa and beyond.

STRATEGIC PLAN 2025/26 -2029/30

| Outcome | Output Indicator | Baseline SP (2020/21-2024/25) | Five-year target (2025/26-2029/30) |
|--|--|----------------------------------|---------------------------------------|
| 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 |

ANNUAL TARGETS – MTEF PERIOD

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|--|---|--|----------------------------|---------|---------|-----------------------|-------------|---------|---------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 |
| 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 | 18 | 20 | 26 | 4 | 38 | 38 | 38 |
| 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 | 3 | 1 | 1 | 1 | 1 | 1 | 1 |

QUARTERLY TARGETS 2025/26

| Output Indicator | Reporting Frequency | Annual Target (2025/26) | Quarterly Targets 2025/26 | | | |
|--|---------------------|-------------------------|---------------------------|-----------------|-----------------|-----------------|
| | | | 1 st | 2 nd | 3 rd | 4 th |
| 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 | Annually | 38 | N/A | N/A | N/A | 38 |
| 3.2.1 Number of innovation disclosures made by the SAMRC employees and students | Annually | 1 | N/A | N/A | N/A | 1 |

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.

STRATEGIC PLAN 2025/26 -2029/30

| Outcome | Output Indicator | Baseline SP (2020/21-2024/25) | Five-year target (2025/26-2029/30) |
|---|--|----------------------------------|---------------------------------------|
| 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 |

ANNUAL TARGETS – MTEF PERIOD

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|---|--|---|----------------------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/ 22 | 2022/ 23 | 2023/ 24 | 2024/ 25 | 2025/ 26 | 2026/ 27 | 2027/ 28 |
| 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, Postdoc, 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 | 167 | 171 | 184 | 130 | 110 | 130 | 140 |
| | Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to female recipients for Masters', PhD, Postdoc, 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 | 120 | 122 | 108 | 80 | 90 | 100 |
| | Full or partial awards (scholarships, fellowships and grants) funded by the SAMRC to Black South African citizens and permanent resident recipients for Masters', PhD, Postdoc, 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 | 108 | 118 | 121 | 90 | 90 | 100 | 105 |

ANNUAL TARGETS CONTINUES...

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|---|--|--|----------------------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/ 22 | 2022/ 23 | 2023/ 24 | 2024/ 25 | 2025/ 26 | 2026/ 27 | 2027/ 28 |
| 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, Postdoc, 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 | 52 | 60 | 68 | 83 | 35 | 45 | 45 |
| | Masters' and PhD students graduated or completed | 4.1.5 Number of Masters' and PhD students graduated or completed | 81 | 93 | 120 | 50 | 50 | 50 | 50 |

QUARTERLY TARGETS 2025/26

| Output Indicator | Reporting Frequency | Annual Target (2025/26) | Quarterly Targets 2025/26 | | | |
|--|---------------------|-------------------------|---------------------------|-----------------|-----------------|-----------------|
| | | | 1 st | 2 nd | 3 rd | 4 th |
| 4.1.1 Number of SAMRC career and capacity development awards to all recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists | Annually | 110 | N/A | N/A | N/A | 110 |
| 4.1.2 Number of SAMRC career and capacity development awards to female recipients for Masters', PhDs, Postdocs, Early-Career and Mid-Career Scientists | Annually | 80 | N/A | N/A | N/A | 80 |
| 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 | Annually | 90 | N/A | N/A | N/A | 90 |
| 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 | Annually | 35 | N/A | N/A | N/A | 35 |
| 4.1.5 Number of Masters' and PhD students graduated or completed | | 50 | N/A | N/A | N/A | 50 |

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.

STRATEGIC PLAN 2025/26 -2029/30

| Outcome | Output Indicator | Baseline SP (2020/21-2024/25) | Five-year target (2025/26-2029/30) |
|--|--|----------------------------------|---------------------------------------|
| 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, webinars and continuing development points workshops supported by the SAMRC | 50 | 250 |

ANNUAL TARGETS – MTEF PERIOD

| Outcome | Outputs | Output Indicator | Annual Targets | | | | | | |
|--|--|--|----------------------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| | | | Audited/Actual Performance | | | Estimated performance | MTEF Period | | |
| | | | 2021/ 22 | 2022/ 23 | 2023/ 24 | 2024/ 25 | 2025/ 26 | 2026/ 27 | 2027/ 28 |
| 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 | 58 | 120 | 231 | 6 | 50 | 50 | 50 |
| | 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 | 64 | 68 | 41 | 9 | 35 | 35 | 35 |
| | 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 | 96 | 205 | 202 | 50 | 140 | 140 | 140 |
| | 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 | 72 | 73 | 92 | 10 | 50 | 50 | 50 |

QUARTERLY TARGETS 2025/26

| Output Indicator | Reporting Frequency | Annual Target (2025/26) | Quarterly Targets 2025/26 | | | |
|--|---------------------|-------------------------|---------------------------|-----------------|-----------------|-----------------|
| | | | 1 st | 2 nd | 3 rd | 4 th |
| 5.1.1 Number of policies, reports and guidelines that reference SAMRC research | Bi-annually | 50 | N/A | 20 | N/A | 30 |
| 5.1.2 Number of reports and guidelines (co)produced by the SAMRC intramural researchers | Bi-annually | 35 | N/A | 15 | N/A | 20 |
| 5.1.3 Number of national or international bodies/committees that SAMRC researchers and research support employees serve on | Annually | 140 | N/A | N/A | N/A | 140 |
| 5.1.4 Number of conferences, seminars, webinars and Continuing Development Points workshops supported by the SAMRC | Annually | 50 | N/A | N/A | N/A | 50 |

SUMMARY OF CHANGES ON MEASURING PERFORMANCE: SP 2020/21-2024/25 V/S SP 2025/26-2029/30

| Programmes | Changed or Unchanged | Justification |
|--|---|--|
| PROGRAMME 1: Administer health research effectively and efficiently, and in accordance with the good corporate governance practices | <ul style="list-style-type: none"> a) Programme title slightly amended b) Indicator 1.2.1 description slightly amended c) All Indicators targets unchanged | <ul style="list-style-type: none"> a) To give clarity to the Programme title b) To clarify the description of the indicator c) Targets met or exceeded during past 5 years |
| PROGRAMME 2: Lead the generation of new knowledge and funding of research | <ul style="list-style-type: none"> a) Programme title slightly amended b) All Indicators descriptions slightly amended c) Indicators 2.1.1, 2.1.2 & 2.2.1 targets slightly increased d) Indicator 2.3.1 targets increased slightly | <ul style="list-style-type: none"> a) To give clarity to the Programme title b) For ease of reference during audit & capture other outputs c) Artificially high and legacy outputs during reporting period due huge cash injection during COVID-19 pandemic. Unfavorable future economic outlook d) Indicator now also includes ongoing research projects funded y the SAMRC |
| PROGRAMME 3: Supporting health innovation and technology development through funding to improve healthcare | <ul style="list-style-type: none"> a) Programme title slightly amended b) Indicator 3.1.1 and 3.2.1 descriptions slightly amended c) Indicators 3.1.1 and 3.1.2 merged into 1 indicator and the target slightly increased d) Indicator 3.2.1 targets unchanged | <ul style="list-style-type: none"> a) To give clarity to the Programme title b) To include ongoing grants and for more clarity on the source of innovations c) This indicator now captures all innovation projects supported (new and ongoing) d) Past performances almost on par with targets. For indicator 3.2.1, only one IMU Platform contributes to outputs |
| PROGRAMME 4: Building sustainable health research human capacity in South Africa | <ul style="list-style-type: none"> a) Programme title slightly amended b) Indicators 4.1.1 to 4.1.5 descriptions slightly amended c) Indicators 4.1.1 to 4.1.3 targets unchanged d) Indicator 4.1.4 targets slightly reduced e) Indicator 4.1.5 targets slightly reduced | <ul style="list-style-type: none"> a) To give clarity to the Programme title b) To give clarity to the indicators c) Past performance almost on par with targets. Unfavourable future economic outlook; d) Pilot indicator and audacious targets for the last planning period. Past performance lower than targets. SWOT analysis shows gaps still exist in the HDIs e) Uncertainty on future of Bongani Mayosi National Scholars Programme |
| PROGRAMME 5: Research translation into policy and practice to improve health | <ul style="list-style-type: none"> a) Programme title slightly amended b) All targets increased | <ul style="list-style-type: none"> a) To give clarity to the Programme title b) New programme in the last planning period. Past performance exceeded targets. Modest financial resources needed for this programme |

FINANCIAL PERFORMANCE

| Statement of financial performance | Audited outcome | Audited outcome | Audited outcome | Approved budget | Average growth rate (%) | Expenditure/total: Average (%) | Medium-term estimate | | | Average growth rate (%) | Expenditure/total: Average (%) |
|--|-----------------|-----------------|-----------------|-----------------|-------------------------|--------------------------------|----------------------|-----------|-----------|-------------------------|--------------------------------|
| R thousand | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2021/22-2024/25 | | 2025/26 | 2026/27 | 2027/28 | 2024/25 - 2027/28 | |
| Revenue | | | | | | | | | | | |
| Non-tax revenue | 572,367 | 663,950 | 770,497 | 975,432 | 19.4% | 47.4% | 1,091,113 | 1,167,491 | 1,249,215 | 8.6% | 54.8% |
| Sale of goods and services other than capital assets | 534,672 | 600,035 | 693,051 | 909,773 | 19.4% | 43.5% | 1,020,769 | 1,095,338 | 1,175,757 | 8.9% | 51.4% |
| Other non-tax revenue | 37,695 | 63,915 | 77,446 | 65,659 | 20.3% | 3.9% | 70,344 | 72,153 | 73,458 | 3.8% | 3.5% |
| Transfers received | 851,066 | 778,854 | 759,475 | 859,833 | 0.3% | 52.6% | 908,824 | 936,984 | 979,148 | 4.4% | 45.2% |
| Total revenue | 1,423,433 | 1,442,804 | 1,529,973 | 1,835,265 | 8.8% | 100.0% | 1,999,937 | 2,104,475 | 2,228,363 | 6.7% | 100.0% |
| Expenses | | | | | | | | | | | |
| Current expenses | 1,306,405 | 1,333,669 | 1,452,277 | 1,722,884 | 9.7% | 100.0% | 1,881,395 | 1,982,260 | 2,100,622 | 6.8% | 94.1% |
| Compensation of employees | 436,775 | 484,064 | 551,948 | 636,557 | 13.4% | 33.7% | 674,750 | 715,235 | 758,149 | 6.0% | 34.1% |
| Goods and services | 845,490 | 824,546 | 867,307 | 1,050,327 | 7.5% | 57.6% | 1,169,645 | 1,229,030 | 1,303,966 | 7.5% | 58.2% |
| Depreciation | 23,936 | 24,835 | 32,650 | 36,000 | 14.6% | 1.9% | 37,000 | 37,995 | 38,507 | 2.3% | 1.8% |
| Interest, dividends and rent on land | 204 | 224 | 372 | — | - 100.0% | — | — | — | — | — | — |
| Transfers and subsidies | 111,007 | 101,590 | 99,062 | 112,381 | 0.4% | 6.9% | 118,542 | 122,215 | 127,741 | 4.4% | 5.9% |
| Total expenses | 1,417,412 | 1,435,259 | 1,551,340 | 1,835,265 | 9.0% | 100.0% | 1,999,937 | 2,104,475 | 2,228,363 | 6.7% | 100.0% |
| Surplus/(Deficit) | 6,021 | 7,545 | (21,367) | — | - 100.0% | | — | — | — | | |

KEY RISKS WHICH MAY AFFECT ACHIEVEMENT OF THE OUTCOMES

| Programmes | Key risk context | Key mitigation measures |
|--|--|--|
| PROGRAMME 1: Administer health research effectively and efficiently, and in accordance with the good corporate governance practices | <ul style="list-style-type: none"> • Legislation • Cyberthreats • Limited understanding of research complexity | <ul style="list-style-type: none"> • Relevant and updated policies • Firewall protection and cybersecurity training • Policies and training |
| PROGRAMME 2: Lead the generation of new knowledge and funding of research | <ul style="list-style-type: none"> • Data management • Scarce and critical skills • Staff progression • Diversified income | <ul style="list-style-type: none"> • Research Integrity Office and Research Ethics Committees • Recruitment and Capacity Building strategy • Employment Equity • Investigate funding opportunities |
| PROGRAMME 3: Supporting health innovation and technology development through funding to improve healthcare | <ul style="list-style-type: none"> • Limited funding for innovation • Lack of commercialization interest | <ul style="list-style-type: none"> • IP and Commercialisation Policy, Strategy and Procedures • External partnering to pursue commercialization opportunities |
| PROGRAMME 4: Building sustainable health research human capacity in South Africa | <ul style="list-style-type: none"> • Growing the pool of South African HDI medical research scientist | <ul style="list-style-type: none"> • Capacity building strategy for supporting the development of HDI research scientist • Scholarship and bursary programs • Strategic relations with institutions for collaboration and accessing researchers to build clinical research capacity |
| PROGRAMME 5: Research translation into policy and practice to improve health | <ul style="list-style-type: none"> • Funding invested in interventions not progressing into the next phase of development | <ul style="list-style-type: none"> • Oversight and leadership support by executive team • Ongoing guidance and training on research translation |

RIO DE JANEIRO DECLARATION

RIO DE JANEIRO DECLARATION HEALTH SOVEREIGNTY IN INNOVATION AND DEVELOPMENT OF DIAGNOSTICS, VACCINES AND MEDICATIONS FOR ADDRESSING PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (PHEIC) IN THE GLOBAL SOUTH



The background is a dark blue gradient. It features several faint, glowing molecular structures composed of small dots connected by thin lines, resembling a hexagonal lattice. Scattered throughout are numerous circles of varying sizes and shades of blue, some with white outlines, creating a bokeh effect. A few small green and white dots are also visible near the bottom center.

THANK YOU