



**South African Medical Research Council
(MRC)**

STRATEGIC PLAN

For the fiscal years 2014/15 – 2018/19

[5 years beginning with 2012 – Revised version (2014/15)]

**Date of tabling
27th June 2014**

OFFICIAL SIGN-OFF BY HONOURABLE MINISTER

I hereby endorse this South African Medical Research Council Strategic Plan developed by the management of the South African Medical Research Council under the guidance of Prof Machaba (Mike) Sathekge of the MRC Board and the then MRC President, Professor Salim S. Abdool Karim.

This Strategic Plan takes into account all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible for.

It also accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2014/15 – 2018/19.

Dr Aaron Motsoaledi
[Minister of Health]

Signature: _____

FOREWORD BY CHAIRPERSON OF THE MRC BOARD

The Board of the South African Medical Research Council was appointed in October 2010 and a strategic plan was developed by the Acting MRC President in 2011 for the period 2012/13 – 2016/17. This plan was approved by the National Department of Health (NDoH) and tabled in Parliament by the Honourable Minister of Health, Dr Aaron Motsoaledi. Subsequently, the Board appointed Professor Abdool Karim as MRC President in 2012 with a mandate of revamping the organisation in order to address the challenges and problems raised in the SETI Review, ASSAf¹ Report on Clinical Research and the Lancet Series on health in South Africa.

The revitalization of the MRC was informed by, among others, the 2010 independent review of the MRC as a Science, Engineering and Technology Institution (SETI review). This review presented an opportunity for the organisation to look back at its strengths and weaknesses, and position itself for the next five years. The SETI review provided insights that have laid the foundation for the development of this strategic plan. Another important analysis of the MRC came from the report of the Academy of Science of South Africa (ASSAf). ASSAf reported on the state of clinical research in South Africa and highlighted areas that needed special attention for the MRC as it moved forward in its research agenda. In addition, the Lancet's Series on Health in South Africa has demonstrated that the South African health system, despite adequate levels of expenditure on health, performs poorly when compared to other nations of similar size and expenditure. Among the reasons cited as contributing to the poor health outcomes are the inequities in health and the inadequate investment in health research and development.

These initiatives together with the NDoH's 10 point plan (which is part of the NDOH's Negotiated Service Delivery Agreement (NSDA)) and the 2011 National Health Research Summit guided the revitalization of the MRC. In early 2012, the newly appointed MRC President consulted widely with the staff of the MRC and the external stakeholders to develop the "Revitalisation of the MRC" Report (Green Report) which set out the principles and plans for the revitalisation. Implementation began in the third quarter of 2012 and it is expected to be completed by the end of 2013. The revitalisation process has necessitated a revision of the originally tabled 2011 strategic plan – hence this revised Strategic Plan (2014/15-2018/19).

The South African health sector is at a cross road of implementing reforms that will significantly transform both the public and private health system. These reforms therefore, require of us to look at the way the MRC has been positioned to fulfil its goals and align it with the new mandate of the reformed health sector and the changing research needs within South Africa. Additionally, the MRC needs to be able to respond to the Millennium Development Goal (MDG) 4 (reduce child mortality), MDG 5 (improve maternal health) & MDG 6 (combat HIV/AIDS, Malaria and other diseases); the NDoH 10-point Plan as well as the National Development Plan (NDP) 2030 vision as captured in the Medium Term Strategic Framework (MTSF 2014 – 2019).

The MRC is now positioning itself to contribute strategically through this new vision, whereby it can assist the country in realising the MDGs, NDP goals and the NSDA objectives. The NSDA, NDP, the 10-point plan and progress towards the Millennium Development Goals (MDGs) form the basis of how the MRC positions itself strategically over the next 5 years. Health research is one of the key pillars of the health system. Health research plays an instrumental role in providing evidence for policy making and improved health.

Health research has been demonstrated to be one of the essential ingredients of high performing health systems. The Department of Health is cognisant of this fact and has positioned "strengthening research and development" as one of the key priorities in the 10-point plan. Thus, the role of research institutions such as the MRC is to advise policy makers on the most appropriate health policies and actions to improve the health of the nation.

¹ * All acronyms contained in this document are explained in PART D: Appendices – Page 44

New interventions have been developed which have to be tracked to find out if they will contribute significantly to the reduction in the burden of disease. This presents an ideal opportunity for the MRC to form strong partnerships with the department to find ways of assessing the performance of the programmes part-way through the current administration's term of office. We are pleased to be a key partner that will work closely with the department to track the progress in the nation's health.

In order to meet these new challenges, the MRC Board encourages MRC scientists to work in a collaborative fashion and ensure coherence in South African's medical research as no single group can respond alone to the priorities.

The revitalisation process has resulted in an internal reorganisation of the MRC to better align with the NSDA and identified burden of disease priorities. The collaborative framework has resulted in the 11 intra-mural and 18 extra-mural MRC units comprising a key part of the MRC's new 4 goals:

Goal 1: Administer health research effectively and efficiently in South Africa

Goal 2: Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health

Goal 3: Support innovation and technology development to improve health

Goal 4: Build capacity for the long-term sustainability of the country's health research

The resulting collaborations are better placed to address the quadruple burden of disease and provide evidence for policy making. An area that we will also address during this period is the decline in clinical research. A component of the MRC's revitalisation is the creation of a more effective vehicle to manage technology and innovation – the creation of Strategic Health Innovation Partnerships (SHIP). The MRC continues to work towards developing a comprehensive programme that targets both under-graduate and post-graduate students during their training.

The current MRC Board and senior management has contributed tremendously towards improving working relations between the MRC and the National Department of Health (NDOH). If the MRC is to stay relevant and provide strategic technical support to NDOH the current relations will have to be sustained through a much closer collaboration with the department. The Strategic Plan reflects what has been done and outlines the way forward at high level.

The MRC will strive towards reclaiming its place locally and internationally as the leader of South African medical research. On behalf of the Board of the Medical Research Council, I am honoured to present the revised Strategic Plan for the period 2014/15 – 2018/19 to the people of South Africa as we ensure a healthy nation through research.



[Prof Machaba (Mike) Sathekge]
Chairperson of the MRC Board
South African Medical Research Council

Signature: _____

STATEMENT BY THE PRESIDENT OF THE MRC

The South African Medical Research Council (MRC) Strategic plan conforms to the National Treasury Strategic Planning and the Medium Term Strategic Framework (MTSF). South Africa is facing significant health and development challenges, in particular the quadruple Burden of Disease (BoD), comprising HIV/AIDS and TB, Maternal and Child Mortality, Non-Communicable Diseases as well as Violence and Injuries. The global economic recession and socio-political situation have also added to the challenges our country is facing while dealing with these 4 colliding epidemics in the midst of the current significant levels of unemployment, poverty and disease burden in South Africa.

This Strategic Plan for 2014/15 – 2018/19 is an opportunity for the MRC, as one of South Africa's premier Science Institutions, to commit to becoming a world-class research organisation and to strengthening relationships with the Ministry of Health, the National Department of Health and health sector partners to facilitate and support the implementation and achievement of Millennium Development Goals (MDGs), the Negotiated Service Delivery Agreement (NSDA) outputs and the National Department of Health's Ten Point Plan. The National Health Insurance Policy Proposal is also factored into this revised strategic plan.

Several MRC reviews and government proposals have been taken into consideration in the revision of the MRC's Strategic Plan, including the SETI Review, the ASSAf report on Clinical Research, Report of the National Health Research Summit, The Lancet Series, the DoH's Ten Point Plan and the NSDA. It is in this context that the MRC, together with the support from line Ministry of the Department of Health, the Department of Science and Technology, national, regional and international partners and collaborators would guide and support growth in medical research and technology related areas.

President Zuma acknowledged the MRC's research contributions in AIDS in his 2013 Annual State-of-the-Nation address. In this address he applauded the MRC scientists for their leadership role in providing the first compelling evidence of the country's progress in the quest to mitigate the toll exacted by AIDS.

In 2013, the MRC's Burden of Disease Research Unit demonstrated, in their Rapid Mortality Surveillance Report, that the average life expectancy at birth in South Africa increased from 56.5 years in 2009 to 60.0 years in 2011. This amazing increase of an average of 3.5 extra years of life over a period of 2 years is unprecedented globally. The MRC's Health Systems Research Unit showed that ARV prophylaxis and treatment of mothers has reduced mother-to-child transmission of HIV from 3.5% in 2010 to 2.7% in 2011 in South Africa. The research showed that thousands of babies are now being spared the ravages of HIV infection by the effective implementation of antiretroviral prophylaxis in HIV infected mothers. These impressive achievements in survival are largely credited to the government's vigorous and ambitious scale-up of antiretroviral treatment and prophylaxis supported by high quality and relevant medical research.

Underpinning these important scientific contributions is the overall new direction within the MRC. Using the government's 2010 SETI Review and ASSAf assessment of the state of clinical research in the country, the National Health Research Summit report as backdrop, a detailed assessment of the MRC was undertaken, leading to a report on the challenges facing the MRC entitled "Report on the Revitalisation of the MRC". This report outlined several structural and organisational problems within the MRC. Three of the key challenges being experienced by the MRC are 1) the declining scientific stature of the MRC, 2) the intramural-extramural imbalance in MRC funding and 3) the incoherent expansion of the intramural research programme, leading to almost 90% of the intramural budget being spent on salaries. The latter problem stems from incremental growth in the number and scope of the MRC's intramural research such that it led to duplication in research units, and continuation of some units which no longer address high priority conditions in South Africa.

The revitalisation of the MRC sought to address these 3 challenges by re-establishing excellence as the central tenet of the MRC, by taking responsibility for adequately supporting and funding all (both intramural and extramural) medical research in South Africa and by prioritising the research areas conducted intramurally to

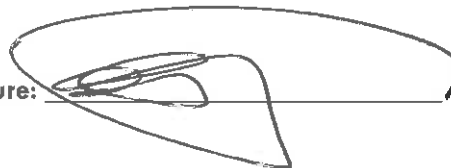
those addressing the 10 most common causes of death and their risk factors in South Africa. This has necessitated a reduction in the number of MRC intramural units, with these unit closures inevitably leading to a reduction in the number of MRC staff. This process was completed in 2013, laying the basis for the revisions in the strategic plan, which is captured in this submission.

In pursuit of this new approach, the MRC has undertaken several new initiatives during this year. New funding streams were created for innovation, technology and research. Firstly, an innovation entity, Strategic Health Innovation Partnerships (SHIP), was created as a funding and project management mechanism based at the MRC with start-up funding from the Department of Science and Technology, Treasury, Bill and Melinda Gates Foundation and the Department of Health for the development of new drugs, vaccines, diagnostics and devices. SHIP will be funding multi-institutional and multi-disciplinary partnerships to move innovations from concept to the marketplace. Secondly, the Treasury's Competitiveness Fund, has been directed towards a new initiative to fund Flagship research projects at South African Medical Schools, Health Sciences Faculties and MRC intramural units. Both SHIP and the Flagship projects initiatives have mobilised new funding to rejuvenate health research in the country.

The changes that the MRC has undergone have been designed to support dedicated individuals and research teams across the country and beyond as well as to rejuvenate South Africa's medical research with the goal of performing excellent science to generate new knowledge to improve the health of the nation.

[Prof Glenda Gray]
President (Chief Executive Officer)
South African Medical Research Council

Signature: _____

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right, positioned over a horizontal line.

OFFICIAL SIGN-OFF BY THE MRC

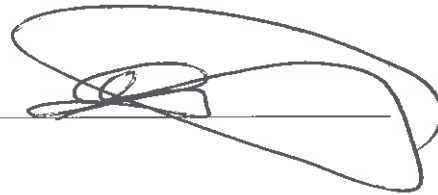
It is hereby certified that this South African Medical Research Council Strategic Plan was developed by the management of the South African Medical Research Council under the guidance of Prof Machaba (Mike) Sathekge, Chairperson of the MRC Board and the then MRC President Professor Salim S. Abdool Karim.

The Strategic Plan takes into account all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible for.

The document accurately reflects the strategic goals and objectives which the South African Medical Research Council will endeavour to achieve over the period 2014/15 – 2018/19.

[Prof Glenda Gray]
President

Signature: _____



[Mr Nick Buick]
Chief Financial Officer

Signature: _____



Approved by:

[Prof Machaba (Mike) Sathekge]
Chairperson of the Board

Signature: _____



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PART A STRATEGIC OVERVIEW

The South African Medical Research Council must position itself as the premier medical research organisation and funder of medical research in South Africa. It has as its core value the mission to improve the health of the nation through research. The MRC is a statutory Science Council and receives its core funding from the National Treasury. The organisation is thus positioned to set the medical research agenda for the country, become the most significant funder of medical research in South Africa and be the custodian of all the values that embody medical research excellence.

Almost two decades following the birth of its democracy, South Africa is faced with unique and major challenges that threaten the health status of its citizens. Chief amongst the quadruple burden of diseases is the HIV epidemic accompanied by one of the highest burdens of tuberculosis. South Africa is the hotspot in the world for the HIV and TB epidemics. The latter is in addition to the growing threat of non-communicable diseases such as obesity, diabetes and hypertension, and violence and injuries. The growing disparity between the rich and the poor and the mal-distribution of health care resources between the private and public sector poses challenges to health care planning. The international economic crisis means that health care resources become constrained and must be carefully managed. All these present challenges that prescribe the health care research agenda for the MRC so that the organisation can be a major force that determines and monitors the governments health care strategy.

Thus the MRC has to balance the health care priorities with the desire to support cutting edge science. South Africa is uniquely positioned on the continent to do this. It is able to combine first world technology with developing world health care challenges and therefore is in a commanding position to bring bench side research rapidly to the bedside. This is strengthened by several centres of research excellence both within and external to the MRC infrastructure. The MRC must therefore forge solid partnerships with institutions that conduct medical research such as tertiary education institutions and state organisations such as the Department of Science and Technology, the HRSC and CSIR. There is some concern on the possible overlap in the research programmes of the various science institutions in South Africa but the collaboration between these organisation has ensured minimum overlap and healthy competition in the medical research environment, thereby driving cutting edge science and stimulating excellence to make South Africa internationally competitive.

The Board of the MRC is committed to ensuring that the organisation is indeed positioned as the premier medical research organisation through its 5-year strategic plan. The agenda must address the quadruple burden of diseases in terms of promoting innovative and cutting edge science that addresses basic science, clinical research, public health research and ethics in health care research. Its research thrust must be scientific excellence in the discovery of health solutions that have a major influence on South African and global health policy and practice. It is the latter that will determine the relevance of the MRC in a highly competitive and challenging environment and thus improve the health of the nation.

1. Vision

Building a healthy nation through research and innovation

2. Mission

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

3. MRC Mandate

The mandate of the South African Medical Research Council is legislated in terms of Act 58, 1991 (as amended): 'the objects of the MRC 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 MRC by or under this Act'.

4. Organisational Values

The five key values of the MRC and the keywords relating to each value are:

- **Excellence and innovation:** high quality, original, scientific integrity, peer review
- **Relevance:** high impact, needs-driven
- **Accountability:** responsibility, teamwork, leadership, participation
- **Respect and communication:** dignity, honesty, fairness, integrity, transparency, freedom to challenge
- **Capacity development:** reward and recognition

5. Legislative and Other Mandates

5.1. Constitutional

The Constitutional base which supports the MRC's mandate is:

The right of Equality of all people to enjoy the basic human rights enshrined in Chapter 2 of the Constitution, which is the Bill of Rights.

Section 9 (1) and (2) of the Bill of Rights states that:

"Therefore, the establishment of the MRC is one of the State's measures for providing improved health care for our citizens, with innovations in terms of diagnostics, treatments, policies and practices, for those diseases predominantly affecting South Africans".

5.2. Legislative Mandates

5.2.1. The Health Act (Act 61 of 2003)

The MRC is guided by this mandate to prioritize its research programmes and through the MRC Board interact with the NHRC and the NDOH and give effect to the mandate

5.2.2. MRC Act (Act 58 of 1991)

5.2.3. Intellectual Property, Rights from Publicly Financed Research and Development Act, 2008

5.2.4. Other legislations (Acts) that are applied by the MRC in their day- to- day activities:

- Employment Equity Act 55 of 1998
- Basic Conditions of Employment Act, 75 of 1997
- Public Finance Management Act, No 29 of 1999
- Relevant Treasury Guidelines
- The Patents Act no. 57 of 1978

- Copyright Act no. 98 of 1978 Trade Marks Act no. 194 of 1993
- Designs Act no. 195 of 1993:

6. Policy Mandates

The South African Government has identified and adopted a set of priorities as a roadmap for the duration of the current administration's term. Of these priorities, there are four apex priorities namely **health; education; poverty reduction and rural development;** and the **fight against crime and corruption.** Additionally, government has come up with an outcomes-based approach to guide government departments and entities to focus on key priority areas through the Medium Term Strategic Framework (MTSF) 2014-2019. One of the key goals of the MTSF is to improve the health profile of all South Africans. The Negotiated Service delivery Agreement flows from this outcomes based approach where the health sector is responsible for outcome 2, "A long and healthy life for all South Africans". The NSDA for the health sector has thus identified four key priority areas to achieve the objectives of the MTSF, these outputs are enlisted below:

- 1) Increasing Life Expectancy
- 2) Decreasing Maternal and Child mortality
- 3) Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis
- 4) Strengthening Health System Effectiveness

In addition to the NSDA, the National Department of Health has produced a 10-point Plan following an extensive consultation and diagnostic process to assess failure of the health system to improve the health outcomes of South Africans. The 10-point Plan is one of the key policy documents providing vision and strategic leadership for the health sector. The 10-point Plan (2009-2014) outlines the roadmap and direction for the National Department of Health to facilitate and ensure overall improvement of the performance of the health systems at all levels of care short, medium and long term.

The identified core set of strategically selected areas are:

- Provision of Strategic leadership and creation of a social compact for better health outcomes:
- Implementation of National Health Insurance (NHI)
- Improving the Quality of Health Services
- Overhauling the health system and its management
- Improving Human Resources, Planning, Development and Management
- Revitalisation of Infrastructure
- Accelerated implementation of HIV and AIDS and sexually transmitted infections national strategic plan, 2007-2011 and reduction of mortality due to TB and associated diseases.
- Mass mobilization for better health for the population
- Review of the Drug Policy
- Strengthening Research and Development

The NSDA, NDP and the 10-point Plan have the same objective of improving health outcomes for the South African population. Albeit these similarities, the 10-Point Plan remains the strategic framework of the health sector for producing the outcomes desired by all sets of mandates and progressing towards the realisation of the Millennium Development Goals (MDGs). Other key interventions to improve health status include inter-sectoral collaboration with government departments responsible for key determinants of health such as education; water and sanitation; housing; as well as community participation and partnerships with civil society and the private sector.

For the department to achieve the objectives set out above, it has embarked on the process of Primary Health Care (PHC) re-engineering. This series of reforms is aimed at positioning PHC as the mainstay of the health sector in responding to the quadruple burden of disease. The key components of the new approach are to

refocus the health sector from a primarily curative approach to one that is founded on health promotion, health education and disease prevention. This approach is rooted in a three-tiered PHC model that has the following key categories:

- a) **Municipal ward based system where primary health care teams:** will be responsible for providing preventative services to citizens.
- b) **School health services:** that will prioritise screening of children for impairments that could affect their learning such vision and hearing defects for the foundation phase, provision of sexual and reproductive health services to prevent HIV and unwanted and unplanned pregnancies. Finally, this programme intends to address issues of substance abuse, mainly alcohol and other drugs.
- c) **District based specialist teams:** the focus of this intervention is to reduce maternal and child mortality by deploying highly specialised clinical skills at district level.

These major reforms are going to significantly transform the health sector landscape for many years to come. The MRC therefore cannot continue with business as usual if it is to remain relevant. The policy changes mentioned above necessitates the MRC to reconfigure the way it conducts research and how this research translates to policy, programmes and products. A huge capital investment is being made by the department in responding to the quadruple burden of disease that was detailed in the Lancet series.

The MRC will therefore partner with the department at national, provincial and local levels to assist with the implementation of these interventions, providing evidence or developing an evidence-base where none exists. Additionally, at the end of the MTSF period, the department would want to take stock as to how successful some of these interventions have been. The MRC, as the only entity mandated by the people of South Africa through Parliament specifically for health research, is best placed to play the role of documenting the reforms and collecting evidence that will be used to assess government's performance in improving health outcomes and reducing the burden of disease.

A responsive health system is described as one that responds to the legitimate expectations of the population. The current reforms are intended to address that. One of the major problems mentioned by citizens is the poor quality of care in terms of poor maintenance of infrastructure, staff shortages, lack of supplies and medicines, long waiting times and lack of cleanliness in facilities. A number of interventions are being introduced in response to these; of paramount importance is the establishment of the Office of Health Standards Compliance which is going to ensure that South Africans have quality and responsive health services. As the MRC we will strategically position ourselves to work with this office in conducting research that will assist the office in determining whether there is improvement in the quality of health services. These could be incorporated in large scale surveys of adults and youth that MRC units conduct occasionally.

The above-mentioned reforms are all aimed at laying a solid foundation and prepare the health system for the implementation of National Health Insurance (NHI). The department is in the process of developing policy, legislation and piloting the implementation of the NHI. The NHI is intended to provide universal coverage and address the health inequalities where those with the ability to pay can access services in the private sector while the public sector has a shortage of key personnel. The MRC has already been part of the planning process through participating in the Ministerial advisory committee (MAC) on NHI. As the department moves towards testing various models and interventions towards the implementation of NHI, the MRC has to expand its capacity to conduct research in collaboration with the Department of Health on the NHI and participating in piloting NHI to ensure that the department makes sound decisions based on scientifically tested programmes and interventions.

The MRC research programmes have in the past provided research support to the NDOH programmes through task teams, commissioned research, national surveys and ministerial committees. These have significantly contributed towards assisting the department in progressively realising its set goals. Of great significance recently is the PMTCT study that was launched at the SA AIDS Conference in 2011 to "**Evaluate the Effectiveness of the South African Prevention of Mother to Child Transmission (PMTCT) programme**".

This is a clear demonstration on how the MRC as the country's research institution on health should take up its rightful position as envisaged in the MRC Act which states "The MRC shall, in addition to its other functions in terms of the Act or any other law-

- (a) undertake the investigations or research which the Minister may assign to it; and
- (b) advise the Minister-
 - (i) on the determination of policy and national priorities regarding research; and
 - (ii) on development, promotion, implementation and co-ordination of research on a national basis".

This is the kind of work that all programmes should seek to emulate during the period of this Strategic Plan. The health system transformation is going to require highly skilled practitioners to participate in entrenching the reforms and permanently changing the face of the health sector. The MRC's capacity building programme will undoubtedly add value in providing some of the key personnel required for this high performing health system. In the period of the strategic plan, the MRC will prioritise some of the key skills gaps outlined in the recently launched Human Resources for health.

MRC role and responsibilities in providing technical support to the Department of Health through appropriate health research, public health and technology innovation is indispensable and contributes towards improving the health status of South Africans

Collaborations

Government to Government Collaborations

The Department of Health has bilateral agreements with a number of countries forming South-South and North-South relations. This opportunity has not been fully exploited by the MRC and we intend to do so in the next five years. This means for example, finding ways to be part of international delegations when the department visits these partners to explore areas of scientific collaboration. In certain instances, there are bilateral agreements that the MRC could benefit from in terms of grant funding. Currently MRC scientists operate outside the bilateral agreement, sometimes spending a great amount of time writing proposals which end up not being funded. One of the possible solutions is to partner with the department during the signing of these agreements and clearly delineate a research component that would be given to the MRC to fulfil certain obligations under the financing agreements. This would also solve a longstanding problem of MRC researchers developing their research programmes based on funding availability and funders' priority areas. The MRC and the department could jointly agree on priority research areas and in partnership seek joint funding. An additional benefit would be that translating such work and ensuring uptake is an integral part of the research as it would have been jointly developed.

South Africa - SADC and the Rest of Africa

South Africa is signatory to a number of conventions within the Southern African Development Community (SADC), African Union (AU) and WHO. Through these institutions, the department has certain obligations to fulfil some of them involved in health research. The MRC is best placed to be government's implementing arm and following up on these on behalf of the department. Closer collaboration and cooperation could for example, result in MRC scientists being seconded to represent the department at WHO, AU and similar structures, should the need arise.

With regard to multi-sectoral collaborations and capacity building initiatives, MRC involvement spans across the SADC region and the rest of the African continent. However research training and capacity development within SADC and the regions remains inadequate. Given the deteriorating health status and the increasing burden of disease within the SADC region, science, health research, technology and innovations remain a decisive strategic opportunity for the MRC to strengthen and increase research capacity, collaborate regionally with SADC, other regional and international organisations.

South Africa – Europe and South and North America

The inclusion of South Africa into the BRIC grouping of countries comprised of Brazil, Russia, India and China in late 2010 puts an African voice at the core of the world's most dynamic economies as they consider a range of pressing global issues. The implications were that a specific health agenda was developed and health research became a significant part of the agenda. The MRC, as a national research body should seek representation at such forum in order for the scientists at the MRC to seek collaboration and partnerships that would enhance their research experience and better advise departmental programmes.

Global health requires that South African scientists become global players and exchange information, knowledge and skills with their counterparts in countries that have bilateral agreement with South Africa. Of the South-South relations, Cuba is of significant importance as there is already an existing programme of cooperation on medical education. For example, the South African-Cuba Medical Education Programme could benefit from the experience and coordination of the MRC Research Capacity Directorate. Over the years the MRC has produced Masters and PhD graduates through this programme. Systems, policies and procedures are already in place that could add value for the department in coordinating the programme. Additionally, the students could be placed at MRC during their holidays to increase exposure to research at an early stage in their career thus increasing the pool of research clinicians in the future. Further areas to be explored are biotechnology, drug development and vaccine production as Cuba is self-sufficient in these areas. The MRC is consistently looking at ways of supporting the Department of Health in bringing this bilateral agreement to life and ensure a mutual benefit to both countries and citizens.

Through research the MRC needs to facilitate and support the Department of Health in reviewing and implementing policies and programmes aligned to and comply with International and Regional conventions, codes of practice and standards. The MRC has enjoyed this international status and will use it to leverage funding. The organization continues to be an active participant in the global health policy matters, through its scientists.

Policies and Governance

The MRC Act of 1991 will be amended to achieve the required kind of collective research distinction for the Board, but also representation of four major components of the national 'Research for Health' system, namely the Department of Science and Technology, the national Department of Health, the Council for Industrial and Scientific Research, and the Human Sciences Research Council.

The amended MRC Act will also specify how the MRC President is to be appointed, and the responsible Minister should promulgate Regulations that spell out in full how and when new Board members are appointed. It will also give special attention to how the delegation of authority by the Board to the President and the Executive in general should be set up.

The Board will establish a 'Scientific Advisory Committee', and craft suitable terms of reference for the Committee that will guide and advise the Board on research strategy and policy.

7. Situational Analysis

7.1. Research and Performance at MRC

The National Health Research Committee (NHRC) is responsible for setting the health research agenda including identifying and advising the Minister on Health Research Priorities. In identifying health research priorities the NHRC identified the following research areas to focus on:

- a) the burden of disease;
- b) the cost-effectiveness of interventions aimed at reducing the burden of disease; and
- c) the health needs of vulnerable groups such as woman, older persons, children and people with disabilities.

The MRC's research mandate is guided by the MRC Act and the NHRC to ethically conduct research that improves health systems, status, processes and health systems performance in terms of effectiveness, efficiency, equity, appropriateness and adequacy of health services. MRC health research aims to promote the improvement of the health and quality of life of all citizens of the Republic and others who have residency in this country. In this regard MRC seeks to form closer working relations with programmes within the Department of Health.

Coordination and alignment of MRC research priority areas in the context of the National Health Research Council is an instrumental area where the MRC can improve and capitalise on some of the Units' contributions and support to the National Department of Health. MRC researchers serve on strategic national, regional and international advisory committees and work groups and in doing so provide input that influences policy changes in areas affecting the health and quality of life of South African citizens. This participation culminates in the development of service delivery platforms, tools and guidelines for practice which ensure increased capacity of health workers as they benefit in training at all levels of the health system.

Over the years the MRC has conducted a number of studies and surveys that provide information that could be used by the department and government in general for planning and assessing progress towards realising government's objectives. Some of these studies have to be conducted at regular intervals as they form part of internationally accepted surveillance systems such as the demographic and health survey. These surveys include:

- Burden of Disease (BOD),
- National Injury & Mortality Surveillance (NIMS),
- Comparative Risk Assessment (CRA),
- the Perinatal Problem Identification Programme (PIIP),
- the South African Community Epidemiology Network on Drug Use (SACENDU), and
- the South African Demographic Health Survey (SADHS).

The (SADHS) allows for comparative analysis of health systems by the World Health Organisation and other multilateral agencies. Most importantly, it provides information that feeds into the National Planning Commission and similar entities. Inconsistent funding has resulted in South Africa not being able to conduct the SADHS and therefore resulting in an inability to monitor trends in priority areas and interventions such as smoking rates, obesity rates amongst others.

These are just some examples on how research can be translated into policy and programmes through strong collaboration at high levels between the department and the MRC. A translation model has to be developed to identify strategic opportunities for the MRC to contribute towards the department's goals of dealing with the quadruple burden of disease.

The Perinatal Problem Identification Programme (PIIP) is at the core of the NSDA and relates directly to the re-engineered PHC. The district clinical specialist teams that are being deployed have to among other things contribute towards the reduction of neonatal, infant and child mortality. This intervention amongst others is a great investment for the health sector. The department has to demonstrate improvements in mortality rates and PIP is one of the strategic projects that assist the department in doing so. The current number of sites has to be expanded to at least have a statistically representative sample of all districts over the current MTEF period in order to make meaningful inferences. Further expansion could be explored in the outer years of the MTEF towards a universal system of instituting PIP at all relevant facilities. This will need additional capital injection which the MRC and the department should jointly resolve with National Treasury.

7.2. Organisational Environment

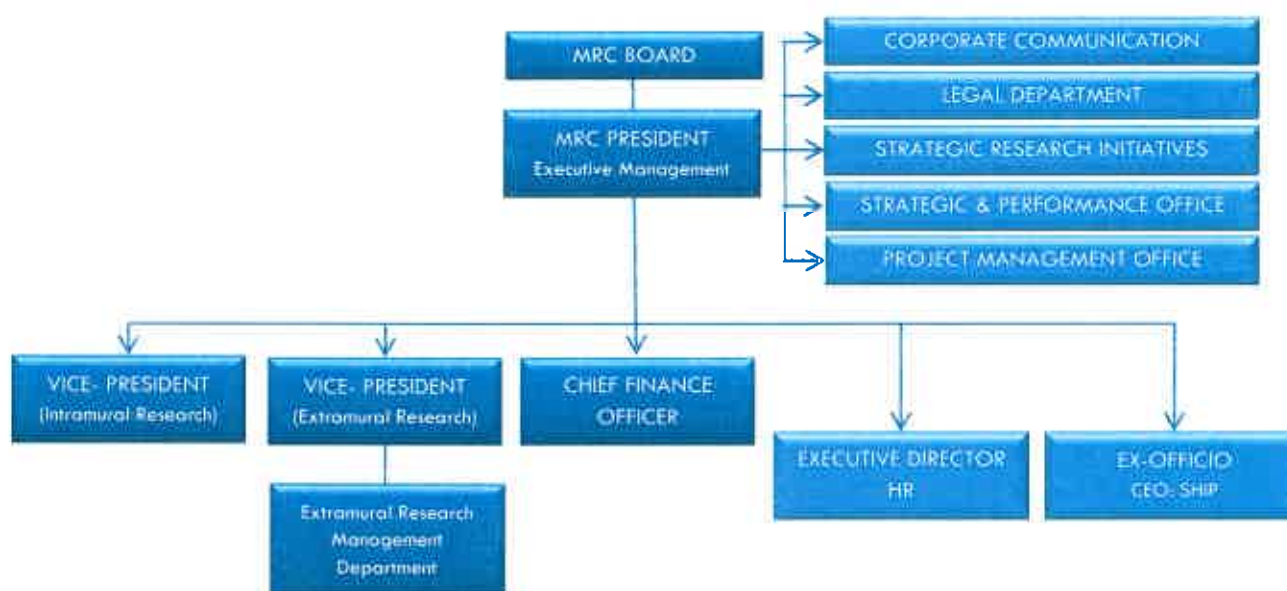
7.2.1. Organisational Structure

The 2010 – 2013 Board's term of office ended in October 2013. A new Board has since been appointed by the Minister of Health Dr Aaron Motsoaledi, to oversee the MRC from 01 November 2013 through to the end of 2016.

As the term of the current MRC President, Professor Salim S Abdool Karim is coming to an end in March 2014 the MRC Board is taking the initiative to begin its search for the next President of the MRC and hopes to make an appointment by the end of March 2014. The Board has appointed a committee consisting of four Board members, (led by the MRC Board Chairperson, Professor Machaba (Mike) Sathekge) and three senior representatives from amongst the MRC's key stakeholders to lead the search and selection process.

The diagram below depicts how the MRC is organised. The structure is an outcome of the revitalisation process discussed under Organisational Environment.

Diagram 1: The MRC organisational structure



7.2.2. Organisational functioning

Since its inception in 1969, the Medical Research Council (MRC) has had a number of laudable achievements and has had a significant impact on public health in South Africa. A review of the organisation by an independent panel of local and international experts in 1997 (the SETI review) revealed that the MRC was “a national asset”, which is being successfully transformed to discharge its responsibilities and functions. Unfortunately, the reputation and scientific stature of the MRC has steadily declined since then according to a second SETI review in 2010, which revealed a number of deficiencies and shortcomings in the organisation.

Whilst there are ‘pockets of excellence’ being led by world-class scientists within the MRC, this is not without challenges. These include:

- available funding steadily diminishing over the last 4 years,
- skewed allocations of funds, thus strangling extra-mural research which has resulted in repeated budget deficits and

- inadequacy of the organisation in addressing the country's health research priorities.

The diminishing budget is evident in that over the last 4 years, the MRC budget from government has only increased by about 3.5% each year; however the MRC has received a cash injection in the past financial year from the NDOH which has helped to improve the staff conditions at the MRC, through improving salaries of all staff that were below the 25th percentile, as well as significantly increasing the amount available to be spent on research. Effort will continue to be made to address the disproportionate allocation of research funds between intramural and extramural units.

The organisation has addressed leadership challenges that it faced in the past through the employment of a President for a period. The structure has changed from the previous one which had only one Vice President for both Intramural and Extramural Research Units, to that of two Vice-Presidents i.e. one for Intramural and the other for Extramural Research Units.

Of particular concern, in the face of these funding constraints, was that the internal assessment showed a lack of rational prioritisation and ill-advised duplication of in-house research. For example, some MRC in-house research focused on areas that do not feature among the common causes of ill-health, but important causes of death in children, notably pneumonia or diarrhoea, had no in-house research unit. This re-assessment of the MRC led to a 7-point proposal to:

1. prioritise the in-house research focusing on the most common causes of death and disease in South Africa and their risk factors
2. increase funding to universities and medical schools to rebuild their health research, especially clinical research,
3. create new funding approaches for the development of new drugs, vaccines and diagnostic tests,
4. improve the efficiency and effectiveness of the organisation's administrative systems,
5. improve the peer-review and quality of MRC research,
6. address the laboratory and office space needs, and
7. improve the in-house library to ensure MRC researchers have access to the latest medical journals.

The process was commenced in August 2012 with the identification of in-house units that could be closed. These were: the Malaria Unit, Oncology Research Unit, Health Promotion Research and Development Research Unit, Nutritional Intervention Research Unit, TB Epidemiology and Intervention Research Unit, Indigenous Knowledge Systems, Web and Media Technologies, PROMEC, Diabetes Biochemistry Division, Telemedicine, Biomedical Informatics Research, eHealth Strategy and Policy, and the Unit for Clinical and Biomedical TB Research.

During the year consultations were completed and a decision was taken to focus on the remaining Units, namely: Alcohol and Drug Abuse Research Unit, Burden of Disease Research Unit, Biostatistics, the Cochrane Centre, Environment and Health Research Unit, Gender and Health Research Unit, Health Systems Research Unit, HIV Prevention Research Unit and Safety and Peace Promotion Research Unit. The Centre for Molecular & Cellular Biology will become the focus for TB research in the MRC and it is intended that it will transition to become an intra-mural unit. Three units that work in the chronic diseases/non-communicable diseases environment: the Diabetes Discovery Platform, the Chronic Diseases of Lifestyle Research Unit and the National Programme on Cardiovascular and Metabolic Diseases will be merged into a new Non-communicable Diseases Research Unit. A National Health Insurance (NHI) Unit and a Childhood Infectious Diseases Unit will be put on hold until funding becomes available.

In the innovation environment, the MRC Innovation Centre has been transformed into Strategic Health Innovation Partnerships (SHIP), which is a funding and project management department, whose role is to fund new preventions, diagnostics, therapies and devices for priority diseases/health problems, such as HIV, TB, Malaria, and Non-communicable diseases. New MRC Offices for HIV, TB and Malaria research have been established to stimulate extramural research in these three areas. The Primate Unit and Delft Animal Centre will not be an intramural research unit but will become part of a larger DST drug discovery platform.

Other revitalisation projects have included several measures to strengthen science within Units and in the university-based science environment. These include providing clear messages about the centrality of the need to produce knowledge in high impact peer-review journal publications, which has resulted in greatly increased numbers of publications in 2012. Substantial funds have been leveraged to support innovation in HIV and TB and to support flagship projects across the universities. There has also been a team which has worked throughout the year to review and revise MRC policies and procedures to ensure that the research support and compliance environment is optimally positioned to support the revitalised organisation.

In ensuring optimal performance in line with the revitalized MRC, the MRC reviewed the current performance standards of all employees from scientists to support staff. This included setting up standardised performance criteria for all scientists at different levels as well as setting up service level agreements for all support functions. These service level agreements are aimed at improving the inefficiencies that were identified through the revitalization process. Already the improvements in performance have been evident from the clean audit received from the Auditor General for the 2012/13 financial year. It is the intention of the organisation to maintain this status.

7.2.3. Funding and Budget Related Issue in key areas of savings and reprioritisation

A review of Support and Administration processes is currently underway to improve their efficiency and cost effectiveness. The main aim is to ensure that the MRC has divisions that can adequately render professional, cost effective, administrative support to the core business of MRC, Research.

To ensure the implementation of this process, various projects have been identified in the Administration section to be implemented during 2013/14 financial year. The projected impact of these projects can be seen in the fact that from 2010/11 till 2012/13 Administration costs grew on average 12,2% per annum while over the MTEF period, 2013/14 to 2016/17 the average rate of increase is projected to reduce to 5,4% as indicated in the ENE database. In addition the percentage of Administration costs to total spending is expected to reduce from 24,9% in 2012/13 to 22,5% in 2016/17 as the efficiency projects are implemented. All savings during this process will be channelled to Core Research.

As from 2014/15, MRC will have the new research structure that was identified during the restructuring process in 2012/13. In 2013/14 MRC received an additional allocation of R440m over a 3 year period. This funding will all be allocated to fund 2 main areas, namely Flagship Projects and the newly formed collaboration between MRC and the National Institutes of Health (NIH) in the USA. This increase in funding and expenditure can clearly be seen in the Statement of Financial Performance below over the MTEF period.

The Flagship Projects are those projects at universities that are in the areas of high impact inter-disciplinary research. They include the funding of research equipment, infrastructure, students and scientific staff. The request for proposals has been issued and responses received from the extra- and intramural environment. The grant application review process was completed in October 2013 and the funding process implemented immediately thereafter.

In early 2013, the MRC and NIH (National Institutes of Health, USA) entered into a Memorandum of Understanding 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 health research;
- Build long-term collaborations in biomedical and behavioural health science between the NIH Institutes and South African universities and other institutions; and
- Explore and support consultation, collaboration and research projects and activities in specific fields of mutual interest.

The funding allocated to this collaboration (MRC-NIH) is around R90m to R100m over a 3 year period while a similar amount will be received from NIH. In order to fund the MRC's contribution to this joint initiative the MRC is requesting an additional R120m over the MTEF period as follows:

2014-15 R40m
 2015-16 R40m
 2016-17 R40m

In addition, to enable the MRC to continue its contribution to this initiative for the five year period as well as maintain the Flagship Projects mentioned above, it is critical that the allocation from the Economic Competitiveness and Support Package is converted to baseline funding and continues beyond 2015/16 at the levels determined in the 2013-14 MTEF increased by inflation.

To facilitate additional funding from other sources the MRC has undertaken several new initiatives during this year. New funding streams were created for technology and research. Firstly, an innovation entity, Strategic Health Innovation Partnerships (SHIP), was created as a funding and project management mechanism based at the MRC with start-up funding of over R122 million (over 3 years) from the Department of Science and Technology for the development of new drugs, vaccines, diagnostics and devices. SHIP will be funding multi-institutional and multi-disciplinary partnerships to move innovations from concept to the marketplace.

The main area of savings will be in administration. The reason for targeting this area is to ensure that the organisation still meets its research targets as per the 2014/15 – 2018/19 Strategic Plan and Annual Performance Plan. Efforts will be made to ensure that the cost reduction does not lead to inefficiencies or inability to meet set targets. Funds saved from this area will be reprioritised and allocated to the re-clustered intra- and extramural research units after the revitalisation process is completed. In as much as the MRC seeks to comply with the request to develop scenarios which include budget cuts, it is also seeking exemption from implementing these budget cuts due to the revitalisation process.

Medical Research Council of South Africa

Statement of financial performance	Audited outcome			Estimated outcome	Medium-term estimate		
R thousand	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Revenue							
Tax revenue	-	-	-	-	-	-	-
Non-tax revenue	316,927	326,216	282,754	301,827	308,056	329,671	374,639
Sale of goods and services other than capital assets	293,166	303,481	257,569	275,400	283,006	303,961	348,589
of which:							
Administrative fees	-	-	-	-	-	-	-
Sales by market establishment	293,166	303,481	257,569	275,400	283,006	303,961	348,589
Other sales	-	-	-	-	-	-	-
Other non-tax revenue	23,761	22,735	25,185	26,427	25,050	25,710	26,050
Transfers received	237,289	237,899	249,003	430,084	460,636	630,766	664,197
Total revenue	554,216	564,115	531,757	731,911	768,692	960,437	1,038,836
Expenses							
Current expenses	552,900	580,543	576,952	731,911	768,692	960,437	1,038,836
Compensation of employees	287,750	312,493	316,120	248,177	235,811	260,739	279,399
Goods and services	252,524	252,967	244,503	465,709	513,356	679,473	738,312
Depreciation	12,564	15,001	16,176	18,000	19,500	20,200	21,100
Interest, dividends and rent on land	62	82	153	25	25	25	25

Transfers and subsidies	-	-	-	-	-	-	-
Total expenses	552,900	580,543	576,952	731,911	768,692	960,437	1,038,836
Surplus/(Deficit)	1,316	(16,428)	(45,195)	-	-	-	-

Note:

Budget surplus / deficit for the MTEF period, differs from the ENE database. MRC has re-prioritised expenditure to ensure a zero deficit over the MTEF period.

7.2.4. Human Resource Management

Appropriate strategic human resource management including training and development are important areas of focus for the MRC in the next five years. We aim to undertake meaningful transformation and equitable representation to specifically target management of research units. Areas of concern are from chief specialist scientist level up to unit director level in relation to the demographic representation. Currently there are only 16% (9/57) Africans, 4% (2/57) Coloureds and 11% (6/57) Indian, compared to 70% (40/57) whites at the Senior Management level. Succession planning will be used as one of the tools to achieve continuity and sustainability of the organisation and it will be supported by the Accelerated Development Programme which aims to develop scientists and in particular black in general, and African scientists, in particular, from specialist level to prepare them for future managerial responsibilities. For this programme to be effective it needs to be coupled with a robust and clearly defined succession plan. Through effective talent management, the MRC will attract, develop and retain skills to ensure a high level of research productivity in pursuance of its vision. Included in the new HR structure, post Revitalization is a strategy to look into Talent Management, Succession Planning and Employment Equity. The MRC Board through, the Executive management team will lead and facilitate the implementation of the Human Resource Management Strategy and Plan which will guide the development of skills and competences in identified areas needed for the alignment and achievement of the Department of Health's mandate.

8. Strategic Planning Process

The process of developing this strategic plan was informed by:

- Review and analysis of key strategic documents, i.e. Policies and Strategic Plans of the Department of Health; National Treasury Framework and Guidelines; Medium Term Strategic Framework (MTSF) 2014-2019: Outcome 2: A Long and healthy life for all South Africans.
- SETI Review as well as grant conditions from external funders.
- Revitalisation process, which resulted in some Units being closed and new funding entities being formed.
- Goals, objectives and indicators being reviewed following on the outcome of the revitalisation process.

The process was further strengthened by consultation with relevant stakeholders. Recommendations received from the 5-year review of units provide an opportunity for units to evaluate their strategy in an attempt to align with priorities set out by the Department of Health and the Department of Science and Technology.

All MRC units participated in the compilation of their individual strategic plans which also served as the basis for compiling this broad Strategic Plan. This condensed Strategic Plan therefore represents the research thrusts that emanated from the unit plans. This may not be evident at all times due to inherent synergies while avoiding repetition.

The MRC derived its goals and strategic objectives from the MRC Act in the main. These have been consolidated as follows:

- Goal 1: Administer health research effectively and efficiently in South Africa.
- Goal 2: Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health.

Goal 3: Support innovation and technology development to improve health.

Goal 4: Build capacity for the long-term sustainability of the country's health research.

9. Strategic Goals in line with NSDA

The MRC has four 4 strategic goals that link with the 4 outputs of the Health Sector NSDA which contribute to outcome 2 "A Long and Healthy Life for all South Africans". The MRC's mandate will be reviewed from time to time and goals will be aligned accordingly

Strategic Goal 01	Administer health research effectively and efficiently in South Africa
Goal statement	Strengthening of financial processes towards an unqualified audit opinion from the Auditor General
Strategic Objectives	1.1. To ensure good governance, effective administration and compliance with government regulations 1.2. To promote the organisation's administrative efficiency to maximise the funds available for research
Objective Statement	To strengthen financial management, monitoring and evaluation
Baseline (2013-14)	Improved financial management at all levels within the MRC and an Unqualified Audit
Indicator/s	1.1. A clean audit opinion on the MRC from the Auditor-General 1.2. % of the government allocated MRC budget spent on administration

Strategic Goal 02	Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health
Goal statement	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through research
Strategic Objectives	2.1 To produce and disseminate new scientific findings and knowledge on health 2.2 To promote scientific excellence and the reputation of South African health research 2.3 To provide leadership in the generation of new knowledge in health 2.4 To facilitate the translation of MRC research findings into health policies and practices 2.5 To provide funding for the conduct of health research
Objective Statement	Number of high impact journal articles published during the year to create new quality knowledge through research with expert endorsement from specialists in the field
Baseline (2013-14)	New indicator
Indicator/s	2.1 Number of peer reviewed articles with an MRC affiliated author that are published in ISI journals 2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of MRC support 2.3 Number of peer reviewed articles with an MRC-affiliated author in any of the top 4 journals – NEJM/Lancet/Science/Nature 2.4 Number of ISI journal articles where the first-author is affiliated to the MRC 2.5 Number of new local/international policies and guidelines that reference MRC research 2.6 Number of research grants awarded by the MRC

Strategic Goal 03	Support innovation and technology development to improve health
Goal statement	Promote the improvement of health and quality of life (prevention of ill health, improvements in public health and treatment) in South Africa through innovation, technology development and transfer
Strategic Objective	3.1 To provide funding for health research innovation and technology development
Objective Statement	Number of innovations to promote the improvement of health and quality of life in the country through innovation, technology development and transfer (innovation projects supported, invention disclosures, patents filed and licences concluded) developed in the year
Baseline (2013-14)	37 innovation and technology developments
Indicator/s	3.1 Number of innovation and technology projects funded by the MRC to develop new diagnostics, devices, vaccines and therapeutics

Strategic Goal 04	Build capacity for the long-term sustainability of the country's health research
Goal statement	To provide research support in the broad field of health research, describing original research initiated by a researcher at a recognised research institution and creating and maintaining collaborative research initiatives in collaboration with Research programmes. The guiding elements for each initiative/project are: Long-term and sustainable; Focused; Strong corrective action; Private – public arrangements; Africa centric perspective; Innovation; Operationally – best business practices; Technology infrastructure
Strategic Objectives	4.1 To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers
Objective Statement	Study bursaries/scholarships/fellowships are awarded to students towards a postgraduate degree in health research
Baseline (2013-14)	87 bursaries/scholarships/fellowships
Indicator	4.1 Number of MRC bursaries/scholarships/fellowships provided for post-graduate study at masters, doctoral and post-doctoral levels

PART B STRATEGIC OBJECTIVES

The MRC's strategic goals (n=4) and objectives (n=9) inform the research agenda and action plans of the organisation for the next three years. Implementation will be through the relevant research projects conducted by both intra- and extra-mural research entities of the MRC, as well as through funding of self-initiated projects and capacity development initiatives. The strategic objectives are presented in the next section clustered into two (2) broad programmes:

- Research programmes
- Support Programmes

Revised Goals, Objectives and Indicators		
Strategic Goals	Objectives	Indicators
1. Administer health research effectively and efficiently in South Africa	1.1. To ensure good governance, effective administration and compliance with government regulations	1.1. Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the MRC.
	1.2. To promote the organisation's administrative efficiency to maximise the funds available for research	1.2 % of the government allocated MRC budget spent on administration
2. Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health	2.1 To produce and disseminate new scientific findings and knowledge on health	2.1 Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
		2.2 Number of peer reviewed articles published in ISI journals with acknowledgement of MRC support
	2.2 To promote scientific excellence and the reputation of South African health research	2.3 .Number of peer reviewed articles with an MRC-affiliated author in the top 4 journals – NEJM, Lancet, Science & Nature
	2.3 To provide leadership in the generation of new knowledge in health	2.4 Number of ISI journal articles where the first-author is affiliated to the MRC
	2.4 To facilitate the translation of MRC research findings into health policies and practices	2.5 Number of new local/international policies and guidelines that reference MRC research
	2.5 To provide funding for the conduct of health research	2.6 Number of research grants awarded by the MRC
3. Support innovation and technology development to improve health	3. To provide funding for health research innovation and technology development	3.1 Number of innovation and technology projects funded by the MRC to develop new diagnostics, devices, vaccines and therapeutics
4. Build capacity for the long-term sustainability of the country's health research	4. To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	4.1 Number of MRC bursaries/ scholarships/ fellowships provided for post-graduate study at masters, doctoral and post-doctoral levels

The real strength of the MRC lies in its truly comprehensive, integrated and national health research approach; borne of many years of experience in conducting (intramural) and supporting (extramural) medical research in all its dimensions. The MRC's activities uniquely straddle issues of health, including population health (with special social science skills), disease and disease mechanisms (with special biomedical science skills) and health systems, settings and policy research, in which the MRC plays a unique national role. In order to deliver on the above-mentioned goals and objectives that link to health sector NSDAs and the NDP, the MRC has structured its research portfolio according to the following sub-programmes depicted in the table below.

Table 1. MRC Intramural and extramural research units

MRC research sub-programmes	MRC research units	Intra/Extramural Research Unit
Health promotion and disease prevention NSDA 1: Increasing life expectancy	Alcohol and Drug Abuse Research Unit	Intra
	Anxiety and Stress Disorders Research Unit	Extra
	Cancer Epidemiology Research Unit	Extra
	Exercise Science and Sports Medicine Research Unit	Extra
	Non-Communicable Diseases Research Unit	Intra
	Environment and Health Research Unit	Intra
	Rural Public Health and Health Transition Research Unit	Extra
	Safety and Peace Promotion Research Unit	Intra
Maternal, child and women's health NSDA 2: Decreasing maternal and child mortality	Gender and Health Research Unit	Intra
	Maternal and Infant Health Care Strategies Research Unit	Extra
	Development Pathways Research Unit	Extra
HIV, AIDS, TB and other communicable diseases NSDA 3: Combating HIV and AIDS and decreasing the burden of disease from tuberculosis	HIV Prevention Research Unit	Intra
	Centre for Molecular and Cellular Biology	Intra
	Molecular Mycobacteriology Research Unit	Extra
	Respiratory and Meningeal Pathogens Research Unit	Extra
	Diarrhoeal Pathogens Research Unit	Extra
Health systems strengthening NSDA 4: Strengthening health system effectiveness	Burden of Disease Research Unit	Intra
	Biostatistics Research Unit	Intra
	Cochrane Centre	Intra
	Health Systems Research Unit	Intra
	Health Policy Research Unit	Extra
Public health innovation	Drug Discovery and Development Research Unit	Extra
	Medical Imaging Research Unit	Extra
Biomedical research	Inflammation and Immunity Research Unit	Extra
	Inter-University Cape Heart Research Unit	Extra
	Receptor Biology Research Unit	Extra
	Human Genetics Research Unit	Extra
	Oesophageal Cancer Research Unit	Extra
	Bioinformatics Capacity Development Research Unit	Extra
	Immunology of Infectious Diseases Research Unit	Extra

10. RESEARCH PROGRAMMES

The research programmes form the core of the delivery of the mandate of the MRC. The list below represents the 30 (11 intra- and 19 extramural) MRC Research Units clustered according to 6 Sub-programmes that speak to the 4 outputs of the Health Sector NSDA:

	Page
Sub-programme 10.1 Health Promotion and Disease Prevention	18
Sub-programme 10.2 Women, Maternal and Child Health	21
Sub-programme 10.3 HIV, AIDS & Tuberculosis and other Infectious Diseases	23
Sub-programme 10.4 Health Systems Strengthening	25
Sub-programme 10.5 Public Health Innovation	28
Sub-programme 10.6 Biomedical Research	30

* The revitalisation process has resulted in an internal reorganisation of the MRC to better align with the NSDA, NDP, MTSF and identified burden of disease priorities. In order to lead the generation of new knowledge and facilitate its translation into policies and practices to improve health through excellent research, there was a need for the organisation to produce knowledge in high impact ISI accredited journal publications. Pre revitalisation, the MRC counted all its publications regardless of journals they are published in. The result of that was a total of 614 publications for the year 2013/14. In the interest of focusing on high impact ISI publications, the 2013/14 baseline for Goal no. 2, Indicators 2.1 – 2.4 will thus reflect as a **new indicator** as a result of this shift

Sub-programme 10.1
HEALTH PROMOTION AND DISEASE PREVENTION

1. Sub-programme Purpose

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

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how factors such as nutrition; physical activity; alcohol, smoking and drug use; mental health; healthy behaviours; environment and stress affect life expectancy
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	626
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding non-communicable diseases (NCDs) while emphasising on the role of health promotion in prevention efforts
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how factors such as nutrition; physical activity; alcohol, smoking and drug use; mental health; healthy behaviours; environment and stress affect life expectancy
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	187
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding non-communicable diseases (NCD) while emphasising on the role of health promotion in prevention efforts
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of health promotion and disease prevention.
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in the top 4 journals (NEJM; Lancet; Science and Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	14
Justification	The objective relates to the scientific excellence of the targets associated with Strategic Objective 2.1
Links	10 Point Plan: Strengthening research and development

Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of health promotion and disease prevention.
Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	221
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding non-communicable diseases (NCD) while emphasising on the role of health promotion in prevention efforts
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2.4	To facilitate the translation of MRC research findings into health policies and practices
Objective statement	Acknowledgement of MRC excellence through the inclusion of MRC research findings into national and international policies and guidelines
Indicator (2.5)	Number of new local/international policies and guidelines that reference MRC research
Baseline (2013-14)	1
Target (2014/15 – 2018/19)	5
Justification	Health research is beneficial to the public when it is translated into Guidelines, Patents, Policy and Practice
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

3. Resource Considerations

3.1 Human Resources

- The programme runs a number of research projects which often need additional human resources to be deployed for shorter periods. During this 5 year period, the programme will need more people as new projects are rolled out.
- Some units have identified the need to bring on board staff with medical skills to broaden their skills base. One way in which this will be achieved is through a newly implemented fellowship for medical doctors to work on PhD research.
- Two units under this programme have had people in an acting capacity as director, this has been a serious concern since the role comes with more responsibility and the longer it takes to fill the position, the more pressure it puts on the acting incumbent due to the administrative burden that comes with managing a unit.
- Training of staff in grant writing, research methods, and advanced statistical techniques needs to be planned for.

3.2 Trends in Supply of Key Inputs

- Baseline budget allocation provides a crucial base for the sub-programme to source competitive funding.
- This is one of the sub-programmes where there has traditionally been less funding than other areas (such as communicable diseases) and priority should be given to sourcing additional funding to facilitate research in this area.

3.3 Trends in the budget expenditure

- The cost of essential analytical services for environmental health research has been rising rapidly, resulting in the need to scale down or delay key studies;
- The control systems implemented in respect of compliance, are often costly, reducing research budgets further.
- The E&HRU also hosts the World Health Organization Collaborating Centre for Urban Health (WHOCCUH). Alongside the valuable networking opportunities enshrined in hosting the WHOCCUH, there is a financial and human resource burden imposed that is not currently supported by a MRC budgetary allocation.

Sub-programme 10.2
WOMEN, MATERNAL AND CHILD HEALTH

1. Sub-programme Purpose

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

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how factors such as gender-based violence affect women's health
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	275
Justification	To provide improved knowledge about improving maternal, child and women's health
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how factors such gender-based violence affect women's health
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	52
Justification	To provide improved knowledge about improving maternal, child and women's health
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of maternal, child and women's health
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in the top 4 journals (NEJM; Lancet; Science and Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	14
Justification	The objective relates to the scientific excellence of the targets associated with Strategic Objective 2.1
Links	It will assist in achieving NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; and Output 4: strengthening health system effectiveness;

Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of maternal, child and women's health

Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	92
Justification	To provide improved knowledge about maternal, child and women's health
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2.4	To facilitate the translation of MRC research findings into health policies and practices
Objective statement	Acknowledgement of MRC excellence through the inclusion of MRC research findings into national and international policies and guidelines
Indicator (2.5)	Number of new local/international policies and guidelines that reference MRC research
Baseline (2013-14)	7
Target (2014/15 – 2018/19)	11
Justification	Health research is beneficial to the public when it is translated into Guidelines, Patents, Policy and Practice
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

3. Resource Considerations

3.1 Trends in Human Resources

- Funding for the programme is made up of baseline and external funding. Anticipated changes in staff will be as a result of new projects that are funded through external grants.

3.2 Trends in the supply of Key Inputs

- The programme has had considerable success in raising external funds for research, research translation and training activities in recent years. Even though baseline funds are not adequate to run research activities, they provide seed funding to allow for sourcing external income as well as provide the ability to have core personnel on a permanent basis.
- Whilst it has been easier to train postgraduates at Masters Level, producing PhD graduates has been challenging. We will take a more proactive approach in engaging higher education institutions so that we are able to recruit more clinicians to study towards PhD.

3.3 Trends in Budget Expenditure

- The majority of the Programme's expenditure is on research activities that are often guided by the timelines within funding contracts. This results in some year on year variability depending on the nature of the work.
- The programme has managed to stay within budget and manage its financial affairs with prudence. In some cases reserves have been used to cover the salaries of staff on short term contracts during gaps often necessitated by resource gaps as a result of delays in the release of grant funding.
- Expenditure is predicted to escalate over the next three years to meet new contract obligations.

Sub-programme 10.3
HIV, AIDS & TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

1. Sub-programme purpose

To conduct research on preventing HIV and related co-morbidities including TB and other infectious diseases like Malaria. It seeks to contribute to the national and international science system by testing TB drugs and malaria insecticides; carrying out the Aids Vaccine project through co-ordinating the development and testing of HIV vaccines in South Africa, in partnership with our funders and our regional counterparts.

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to address HIV/AIDS, TB and other communicable diseases
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	458
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding HIV/AIDS, TB and other communicable diseases
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to address HIV/AIDS, TB and other communicable diseases
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	130
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding HIV/AIDS, TB and other communicable diseases
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of HIV/AIDS, TB and other communicable diseases
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in any of the top 4 journals (NEJM/Lancet/Science or Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	14
Justification	The objective relates to the scientific excellence of the targets associated with Strategic Objective 2.1

Links	It will assist in achieving NSDA <i>Outcome 2 - A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness;
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Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of HIV/AIDS, TB and other communicable diseases
Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	138
Justification	To provide improved knowledge about preventing, monitoring, managing and understanding HIV/AIDS, TB and other communicable diseases

3 Resource Considerations

3.1 Trends in Human Resources

- The Programme employs staff based on the research studies that are currently being undertaken.
- Inability to offer permanent positions is not attractive to prospective employees.
- High staff turnover - skilled staff are lost to competitors, who tend to offer higher salaries than MRC, after the MRC has invested in massive training that is specific to the area.

3.2 Trends in the supply of Key Inputs

- There has been a steady inflationary increase in operating costs at site level, i.e. diagnostic testing, fuel, site operating costs, etc. Increasing transactional cost of research imposed by the stringent regulatory requirements of funders e.g. study insurance

3.3 Trends in the Budget Expenditure

- Budget increases are based on inflation only and therefore increases in diagnostic testing, operational costs, fuel and salaries are often not catered for.

Sub-programme 10.4
HEALTH SYSTEMS STRENGTHENING

1. Sub-Programme Purpose

To contribute to health system strengthening by undertaking systematic reviews, health policy and health systems research to provide evidence for policy-makers, stakeholders and researchers seeking to address today's most pressing health challenges.

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to strengthen the health system
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	336
Justification	To provide improved knowledge about health systems strengthening
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to strengthen the health system
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	83
Justification	To provide improved knowledge about health system strengthening
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of health promotion and disease prevention
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in the top 4 journals (NEJM; Lancet; Science and Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	7
Justification	The objective relates to the scientific excellence of the targets associated with Strategic objective 2.1
Links	It will assist in achieving NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness

Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of health systems strengthening
Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	124
Justification	To provide improved knowledge about health systems strengthening
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2.4	To facilitate the translation of MRC research findings into health policies and practices
Objective statement	Acknowledgement of MRC excellence through the inclusion of MRC research findings into national and international policies and guidelines
Indicator (2.5)	Number of new local/international policies and guidelines that reference MRC research
Baseline (2013-14)	1
Target (2014/15 – 2018/19)	6
Justification	Health research is beneficial to the public when it is translated into Guidelines, Patents, Policy and Practice
Links	NSDA Outcome 2 - A long and healthy life for all South Africans Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

3. Resource Considerations

3.1 Trends in Human Resources

- The programme needs highly specialised skills in biostatistics, expertise in health systems strengthening; epidemiology, etc. Such skills come at a high price. Uncompetitive salary packages result in high staff turnover and the inability to recruit the required skills.
- Succession planning as a means towards continuity of research needs both leadership support and substantial investment.
- Allocation of baseline funding needs to be guided by the changing health priorities of the country and the ratio of external income versus internal income needs to be carefully managed to avoid clashing priorities amongst funders. More thought needs to be given to the allocation of baseline posts to ensure that when short term projects come to an end, units are able to continue with critical core personnel.

3.2 Trends in the supply of key inputs

- There is a shortage of qualified professionals in highly quantitative fields (epidemiologists, demographers, biostatisticians and health economists).
- While scarce skill allowance has given some units in the programme an ability to offer competitive salaries, keeping core personnel has been a problem for some, perhaps the organisation needs to seriously consider allocation of baseline funding with respect to a growing demand for MRC research.
- There is a growing need for training and other capacity development programmes to expand within the African region. More funding is required to ensure active participation of the organisation in collaborative partnerships in the SADC region and beyond.

3.3 Trends in Budget Expenditure

- The organisation has shifted from a top down approach to budgeting which did not take into account the growing demand for services. As of 2014/15 the budget allocation will be in line with each sub-programme's need.

Sub-programme 10.5
PUBLIC HEALTH INNOVATION

1. Sub-Programme Purpose

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, technology development and transfer.

To fund, through multi-disciplinary and multi-institutional partnerships, the development of new or improved drugs, diagnostics, vaccines, devices, prevention strategies and treatments to address SA's major health problems.

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to improve health through innovation, technology development and transfer
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	204
Justification	To provide improved knowledge about how to improve health through innovation, technology development and transfer
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of how to improve health through innovation, technology development and transfer
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	52
Justification	To provide improved knowledge about how to improve health through innovation, technology development and transfer
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge on how to improve health through innovation, technology development and transfer
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in the top 4 journals (NEJM; Lancet; Science and Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	14
Justification	The objective will contribute knowledge on how to improve health through innovation, technology development and transfer
Links	It will assist in achieving NSDA <i>Outcome 2 - A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness;

Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge on how to improve health through innovation, technology development and transfer
Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	64
Justification	To provide improved knowledge on how to improve health through innovation, technology development and transfer
Links	NSDA <i>Outcome 2 - A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

3 Resource Considerations

3.1 Trends in Human Resources

- The programme attracts postgraduate students from all over the world, however it is often difficult to raise funds to bring them to South Africa.
- New entity post revitalisation therefore trends in human resources will be established over time.

3.2 Trends in the supply of key inputs

- Access to prospective postgraduate students and postdoctoral fellows from both South Africa and Africa continues to increase .
- The programme has achieved remarkable growth by attracting local and foreign investment; however, the current global recession is posing a serious threat.
- New entity post revitalisation therefore trends in supply of key inputs will be established over time.

3.3 Trends in Budget Expenditure

- Due to the nature of the research, the programme has experienced a steady increase in the cost of research. Fortunately this has also been matched by a steady increase in external income
- New entity post revitalisation therefore trends in budget expenditure will be established over time.

Sub-programme 10.6
BIOMEDICAL RESEARCH

1. Purpose

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

2. Strategic Objectives

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of factors that determine predisposition to disease.
Indicator (2.1)	Number of peer reviewed articles with an MRC-affiliated author that are published in ISI journals
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	601
Justification	To provide improved knowledge about the factors that look for ways to prevent and treat diseases that causes illness and death in people.
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:1	To produce and disseminate new scientific findings and knowledge on health
Objective statement	To contribute towards the body of evidence by gaining a better understanding of factors that determine predisposition to disease.
Indicator (2.2)	Number of peer reviewed articles that are published in ISI journals with acknowledgement of MRC support
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	146
Justification	To provide improved knowledge about the factors that look for ways to prevent and treat diseases that causes illness and death in people.
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

Strategic Objective 2:2	To promote scientific excellence and the reputation of South African health research
Objective statement	To be a leader in scientific research through contributing towards new knowledge of factors that determine predisposition to disease.
Indicator (2.3)	Number of peer reviewed articles with an MRC affiliated author in the top 4 journals (NEJM; Lancet; Science and Nature)
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	7
Justification	The objective relates to the scientific excellence of the targets associated with Strategic objective 2.1
Links	It will assist in achieving NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness;

Strategic Objective 2.3	To provide leadership in the generation of new knowledge in health
Objective statement	To be a leader in scientific research through contributing towards new knowledge in the area of biomedical research
Indicator (2.4)	Number of ISI journal articles where the first-author is affiliated to the MRC
Baseline (2013-14)	New indicator – No baseline
Target (2014/15 – 2018/19)	211
Justification	To provide improved knowledge about the factors that look for ways to prevent and treat diseases that causes illness and death in people.
Links	NSDA Outcome 2 - <i>A long and healthy life for all South Africans</i> Output 1 increasing life expectancy; Output 2; decreasing Maternal and Child mortality; Output 3: combating HIV/AIDS and reducing the burden of TB; and Output 4: strengthening health system effectiveness; 10 Point Plan: Strengthening research and development

3 Resource Considerations

3.1 Trends in Human Resources

- Attracting and retaining senior scientific staff at post-doctoral level, remains problematical since the programme loses key personnel to competitors.
- Inability to secure permanent positions is not attractive to prospective employees.
- Without succession planning it is difficult to retain specialist scientists that could advance to unit director level.

3.2 Trends in the supply of key inputs

- Research grants provide seed funding that affords the programme an opportunity to attract external funding.
- The global financial crisis has caused the withdrawal of substantial additional funding from industrial funders.

3.3 Trends in Budget Expenditure

- There is a steady increase in the cost of research with the consequence that the cost per output (publication produced or postgraduate student graduate) is increasing accordingly. Escalation in salary costs for personnel at all levels, student/post-doctoral fellowships, increase in cost recovery from host institution and project running costs.

11. SUPPORT PROGRAMMES

The support programmes provide operational services to the organisation and the core research programmes.

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Sub-programme 11.1
OFFICE OF THE PRESIDENT

1. Sub-programme Purpose

To lead the development and implementation of the MRC strategy as delegated by the MRC Board through providing strategic leadership by organising and mobilising internal resources to achieve the mission of the MRC. The office operates through the:

- Corporate and Public Affairs Office,
- Project Management Office,
- Legal Services,
- Strategy, Planning & Performance Management Office
- Offices of AIDS, TB and Malaria Research

2. Strategic Objectives

Strategic Objective 1.1	To ensure good governance, effective administration and compliance with government regulations
Objective statement	Strategic planning, coordination and administrative support to the President in the execution of his/her responsibilities.
Indicator 1.1	Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the MRC
Baseline (2013-14)	Clean Audit
Target (2014/15 – 2018/19)	Clean Audit
Justification	The MRC uses public funds to conduct research it is therefore imperative that support functions are effective and efficient whilst ensuring compliance and good corporate governance.
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

Strategic Objective 1.2	To promote the organisation's administrative efficiency to maximise the funds available for research
Objective statement	To provide a comprehensive range of effective and efficient solutions resulting in the refinement of strategy, structure, processes and systems which in turn will lead to more funds being directed towards research.
Indicator 1.2	% of the government allocated MRC budget spent on administration
Baseline (2013-14)	28%
Target (2014/15 – 2018/19)	25%
Justification	Reduce support spend and increase research spend
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

3. Resource Considerations

3.1 Trends in Human Resources

- The Executive Management Committee (EMC); MRC Board, its subcommittees and the MRC Research Ethics Committee, provide assistance to the President.
- Directors of the AIDS, TB & Malaria offices were appointed after revitalisation.

- The Strategic Planning & APP Compliance Office was formed and staff members transferred from other offices to serve within this office.
- Recruitment for the Head of Legal Office took place including 3 new other positions within the legal section.
- The Project Management Office was established to drive revitalisation projects.
- There is still a need to strengthen corporate communications division.

3.2. Trends in Supply of Key Inputs

- The MRC is in the process of recruiting an Office Head for the Legal services

3.3 Trends in Budget Expenditure

- Budget increases for the programme are inflation related and budget allocation for the Board and its subcommittees is often dependent on the number of overall Board Members; frequency of meetings anticipated and consulting costs. When a new Board is appointed, a need arises for induction on MRC processes and Corporate Governance training.
- The support budgets are expected to increase at or below inflation despite the additional projected income, demonstrating the improved efficiencies of support functions. Total support costs are expected to reduce to 20% over the next three years.
- While some of the divisions have either had little or no change to the baseline budget allocation, some have found creative ways to supplement the budget by charging for services offered.

4. Risk Management

The table below gives a summary of organizational risks as identified by the MRC programmes (support and research)

Key Organisational Risk	Risk Summary	Risk Potential Consequences	Mitigation
<i>Poor stakeholder relationship</i>	<ul style="list-style-type: none"> • Inadequate stakeholder engagement model implementation • Weak stakeholder management skills base 	Reputational damage of the organisation Marginalisation-	Ensure regular contact with relevant stakeholders
<i>Miscommunication and misinterpretation of the revitalisation process</i>	Ineffective revitalisation communication strategy.	Reputational damage of the organisation	Sound and relevant revitalisation communication strategy

Sub-programme 11.2
RESEARCH ADMINISTRATION

1. Sub-programme Purpose

To provide research support by administering, managing and awarding various research grants and bursaries and research internships targeting different levels of researchers within the MRC and South African Higher Education Institutions (HEI). To actively pursue strategic research initiatives to ensure that the organisation's growth meets the needs of the changing health research environment, through various initiatives, e.g. the flagship projects.

2. Strategic Objectives

Strategic Objective 2.5	To provide funding for the conduct of health research
Objective statement	To provide research support in the broad field of health research, describing original research initiated by a researcher at a recognised research institution and creating and maintaining collaborative research initiatives in collaboration with Research programmes. The guiding elements for each initiative/project are: Long-term and sustainable; Focused; Strong corrective action; Private – public arrangements; Africa centric perspective; Innovation; Operationally – best business practices; Technology infrastructure
Indicator: 2.6	Number of research grants awarded by the MRC
Baseline (2013-14)	207
Target (2014/15 – 2018/19)	217
Justification	Currently, we get around 180 applications of which 80% of those projects are successful. Due to the limitations in funding for this category, some projects that are fundable as deemed by the peer reviewer and SIR grants committee end up not receiving funding. 100 is a modest target as we have to consider that on an annual basis, the amounts awarded per grant will also have to increase to cope with the ever increasing price of consumables or research equipment and also, there are always more grant renewals in any given year.
Links	Link to Capacity Development Plans of all MRC units and the National System of Innovation

Strategic Objective 4.1	To enhance the long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers
Objective statement	Study bursaries are awarded to students studying towards a postgraduate degree in health research.
Indicator 4.1	Number of MRC bursaries/ scholarships/ fellowships provided for post-graduate study at masters, doctoral and post-doctoral levels
Baseline (2013-14)	87
Target (2014/15 – 2018/19)	91
Justification	The bursary awardees are scientists who are studying towards a research degree in health. These are the people who are being assisted, through the allocation of a bursary, to acquire research skills. The general plan is that these trained researchers will stay in the research sector and continue to conduct health research as fully fledged researchers with appropriate skills to do health research, and thus contribute to increasing the pool of researchers in South Africa.
Links	Contributes to 10 Point Plan: 10 Strengthening Research and Development Links to the country's mandate of Transformation and Development; Capacity Development Plans of all MRC research programmes

3. Resource Considerations

3.1 Trends in Human Resources

- The programme has managed to function optimally despite the reduction in personnel. The administrative workload that comes with this programme could benefit from up to date document management systems to assist with the day to day management and administration of grants, perhaps this could alleviate the need for more personnel.

3.2 Trends in the supply of key inputs

- The budget allocation towards career advancement of young scientists within MRC needs a boost to ensure that the MRC can retain the critical skill required organisational growth.

3.3 Trends in the budget expenditure

- The escalating costs of administrative services, software licenses and travel for grant committee and review panel members makes the sub-programme's task even more difficult given the small budget it has. However, given the limitations, the sub-programme will continue to find better solutions towards saving costs and managing with the resources at our disposal.

4 Risk Management

Risk No.	Risk Context	Risk name	Risk description	Root Cause	Potential Consequence	Future controls
1	Reputation	Research Integrity deviations	Inferior quality of research output	Inadequate scientific and ethical review Poor quality control and assurance Inadequate scoping and management	Violation of ethics research protocols Reputation damage Loss of current and future sources of funding	Re-iterate the working relationship with the ARC Ethics Committee as well as the National Health Research Ethics Committee
2	PhD through put	Poor PhD through put	The number of PhDs graduating each year is not satisfactory	There seem to be challenges within the ambit of mentor/mentee relations that result in delayed completion dates of PhD programs. Also the current process of intern application process.	There could be less than optimal return on investment	The mentor/mentee relations need to be optimised through training of mentees and mentors alike in Post graduate project management. A review of policy to open up the internship more and allow for mentors to interview prospective interns.

Sub-programme 11.3
FINANCE AND OPERATIONS DIRECTORATE

includes: Finance, Contracts & Budgets, IT, Risk Management and Supply Chain Management

1. Sub-programme Purpose

To provide an efficient and cost effective financial and operational management support service that ensures that all goods and services are procured within the accountability framework of the Public Finance Management Act (PFMA). The sub-programme services the MRC intra- and extramural community, the MRC Board and external clients such as funders, higher education institutions and service providers.

2. Strategic Objective

Strategic Objective 1.1	To ensure good governance, effective administration and compliance with government regulations
Objective statement	Strategic planning, coordination and administrative support to the President in the execution of his/her responsibilities
Indicator 1.1	Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the MRC
Baseline (2013-14)	Clean Audit
Target (2014/15 – 2018/19)	Clean Audit
Justification	The MRC uses public funds to conduct research it is therefore imperative that support functions are effective and efficient whilst ensuring compliance and good corporate governance.
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

Strategic Objective 1.2	To promote the organisation’s administrative efficiency to maximise the funds available for research
Objective statement	To provide a comprehensive range of effective and efficient solutions resulting in the refinement of strategy, structure, processes and systems which in turn will lead to more funds being directed towards research.
Indicator 1.2	% of the government allocated MRC budget spent on administration
Baseline (2013 - 14)	28%
Target (2014/15 – 2018/19)	25%
Justification	Reduce support spend and increase research spend
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

3. Resource Considerations

3.1 Trends in Human Resources

- Given the direct link between SCM and Finance the Organisation has moved the management of Supply chain to the CFO. This will ensure synergy between the two departments.

3.2 Trends in Supply of Key Inputs

- Inadequate financial and human resources seriously impacts on the sub-programme’s ability to meet its objectives. A number of projects are currently underway in all areas of finance and operations to improve efficiencies whilst reducing cost.

3.3 Trends in Budget Expenditure

- A significant increase in budget for infrastructure capital spending has been approved to improve the MRC facilities country wide.

Finance and operations budgets are expected to increase at or below inflation despite the additional projected income demonstrating the improved efficiencies of support functions. Total support costs are expected to reduce from 27% to 20% of total expenditure over the next five years.

4. Risk Management

Risk No.	Risk Context	Risk name	Risk description	Root Cause	Potential Consequence	Future controls
1	Resource constraint	Insufficient space to accommodate staff	Resource constraint	Lack of planning for organisational growth	Reduced quality of output; inability to meet deadlines	Space audit to review future space requirements
2	Ageing IT specialists	Ageing IT Specialists	Some specialists are approaching retirement age. Replacing them will be difficult due to non-competitive salaries	Ageing	Difficulty in replacing them leading to drop in support IT service	Succession planning to be in place.

Sub-programme 11.4
HUMAN RESOURCE DIRECTORATE

1 Sub-programme Purpose

To create an enabling platform to attract, recruit, motivate and retain talented individuals in a positive, diverse, healthy and safe work environment.

2 Strategic Objective

Strategic Objective 1.1	To ensure good governance, effective administration and compliance with government regulations
Objective statement	Strategic planning, coordination and administrative support to the President in his/her execution of his/her responsibilities.
Indicator 1.1	Compliance with legislative prescripts, reflected in audit findings relating to the processes and systems of the MRC
Baseline (2013-14)	Clean Audit
Target (2014/15 – 2018/19)	Clean Audit
Justification	<ul style="list-style-type: none"> The MRC uses public funds to conduct research it is therefore imperative that support functions are effective and efficient whilst ensuring compliance and good corporate governance. For the MRC to conduct research it needs qualified & skilled personnel whilst ensuring compliance with regulatory requirements
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

Strategic Objective 1.2	To promote the organisation's administrative efficiency to maximise the funds available for research
Objective statement	To provide a comprehensive range of effective and efficient solutions resulting in the refinement of strategy, structure, processes and systems which in turn will lead to more funds being directed towards research.
Indicator 1.2	% of the government allocated MRC budget spent on administration
Baseline (2013-14)	28%
Target (2014/15 – 2018/19)	25%
Justification	Reduce support spend and increase research spend
Links	PFMA; Framework for Strategic Plans and Annual Performance Plans. 4 outputs of the Health Department NSDA and the 10 point Plan for the NDoH medium term strategy

3. Resource Considerations

3.1 Trends in Human Resources

- The Directorate has undergone restructuring towards a customer service oriented department. This will ensure that requests are attended to timeously thus enhancing the relations between core business and support.
- Succession Planning continues to be a challenge in the broader MRC. If this is not addressed urgently business continuity will be a major problem due to the ageing workforce.

3.2 Trends in Supply of Key Inputs

- The HCMD is solely funded from baseline budget.

3.3 Trends in Budget Expenditure

- Need to increase budget spending to accommodate the results from the career development programme as this will lead to higher salaries due to up-skilling and promotion of staff.
- More funding needed to pay salaries at competitive market rate in order to attract and retain critical staff (especially in the core business) and rewarding excellence in performance. The organisation has embarked on a process of moving all staff towards the 25th percentile.
- A budget is needed to implement Succession Planning which could include creating Deputy Unit Directors positions and these need to be remunerated accordingly.
- Budget would be required to purchase a Talent Manager system which would enable the organisation to identify and create talent pools, identify skills gaps, as well as create career development plans.

4. Risk Management

Risk No.	Risk Context	Risk name	Risk description	Root Cause	Potential Consequence	Future controls
1	Unionised MRC and the SA Constitution whilst Managers are not well equipped to deal with a unionised environment	Non adherence to legislation	Legislation violation	Lack of knowledge	Qualified audit, penalties and rulings against MRC.	Training, Controls.
2	Low remuneration levels for staff	Loss of key staff and inability to attract candidates with critical business skills	High turnover and inability to appoint suitable candidates	Salaries of key staff (specialists positions) below market trends, due to available baseline budget	Staff loss, low productivity and morale	Motivate for better salary structures and levels including introducing non-financial recognition incentives for better performance

Sub-programme 11.5
Strategic Health Innovation Partnerships (SHIP)

1. Sub-programme Purpose

To fund, through multi-disciplinary and multi-institutional partnerships, the development of new or improved drugs, diagnostics, vaccines, devices, prevention strategies and treatments to address SA's major health problems.

2. Strategic Objectives

Strategic Objective 3	To provide funding for health research innovation and technology development
Objective statement	<ul style="list-style-type: none"> • Seek, manage and fund multi-disciplinary, multi-institutional product research, development and innovation projects from discovery to proof-of-concept • Enhance the capacity of South African science in the research and development of novel or improved drugs, vaccines and other biologicals, diagnostics and medical devices in the identified priority diseases • Facilitate, through partnerships with local universities, science councils and the private sector, the transfer of research outputs into improved health outcomes and/or social benefit • Along with its Technology Transfer unit, develop pathways to facilitate the seamless movement of new products and services from the laboratory to the marketplace.
Indicator 3.1	Number of innovation and technology projects funded by the MRC
Baseline (2013-14)	37
Target (2014/15 – 2018/19)	30
Justification	<ul style="list-style-type: none"> • There is a pressing need to develop new or improved drugs, diagnostics, vaccines, devices, prevention strategies and treatments to address South Africa's major health problems • South Africa has the capability to do this but it requires strategic, multi-disciplinary and multi-institutional partnerships, facilitated by dedicated, milestone-driven funding and focused project management.
Links	This is in line with the requirements in the MRC Act 58 of 1991, as amended (sections 4.1, 12.4 and 16), that MRC must take ownership of IP and commercialise it for social and economic impact. It is also in line with the <i>Intellectual Property Rights from Publicly Financed Research and Development Act</i> No. 51 of 2008 (IPR Act); the National Environmental Management Act no. 107 of 1998 & Biodiversity Act no. 10 of 2004.

3 Resource Considerations

3.1 Trends in Human Resources

New entity post revitalisation therefore trends in human resources will be established over time.

3.2 Trends in Supply of Key Inputs

New entity post revitalisation therefore trends in supply of key inputs will be established over time.

3.3 Trends in Budget Expenditure

New entity post revitalisation therefore trends in budget expenditure will be established over time.

PART C

LINKS TO OTHER PLANS

In fulfilling its mandates the MRC has to link its operational and research undertakings with other plans such as its long-term infrastructure and other capital plans, and the grants, it provides to the institutions.

1.2. LINKS TO THE LONG-TERM INFRASTRUCTURE CAPITAL PLANS

The MRC has short, medium and long-term capital investment to address its mandates and achieve its goals or outcomes. The following table summarises its long-term infrastructure and other capital plans it intends implementing or initiating during the period of the Strategic Plan (2012/13 – 2016/17).

No	Project	Programme	Outcome			Main Appropriation	Adjusted Appropriation 2011/12	Revised Estimate	Medium-term expenditure estimate		
			2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
1. New and replacement assets (R Millions)											
		Operations									
1.1	Fire Detection and alarm system (Laboratory)					-	-	4.0	-	-	-
1.2	Voice over Internet Protocol (VOIP)					2.6	-	-	-	2.6	-
1.3	Close circuit camera					2.0	-	-	-	2.0	-
1.4	Generators for regions					4.5	-	-	-	4.5	-
1.5	Building extensions					-	-	-	-	20.0	-
1.6	New integrated performance management system	HR				-	-	2.0	2.0	-	-
	Total					9.1	-	6.0	22.0	9.1	-
2. Maintenance and repairs (R thousand)											
		Operations									
2.1	Painting & renovation of Ridge Road Building					-	-	2.0	-	-	-
	Total					-	-	2.0	-	-	-
3. Upgrades and additions (R Millions)											
		Operations									
3.1	Electrical compliance review & repair					-	-	-	1.5	-	-
3.2	Access control system upgrade					-	-	-	1.2	-	-
3.3	Renovation of reception					-	-	-	0.5	-	-
3.4	Renovation of Medicine entrance gate					-	-	-	1.2	-	-
	Total					-	-	-	4.4	-	-
4. Rehabilitation, renovations and refurbishments (R Millions)											
4.1	Replace Conference Centre roof					1.9	-	-	-	-	1.9
	Total					1.9	-	-	-	-	1.9
ALL	TOTAL					11.0	-	8.0	26.4	11.0	11.0

PART D APPENDICES

The following section displays appendixes in support of the MRC Strategic Plan in the next five years (2012/13 - 2016/17)

Appendix 01 - GLOSSARY

ASSAf	Academy of Science of South Africa	SADHS	South African Demographic Health Survey
AIDS	Acquired immune deficiency syndrome	SETI	Science, Engineering and Technology Institution
AU	African Union	SCM	Supply Chain Management
ART	Anti-Retroviral Therapy	SIR	Self-Initiated Research
BOD	Burden of Disease	SU	Stellenbosch University
BRIC	Brazil, Russia, India and China	TB	Tuberculosis
CRA	Comparative Risk Assessment	UCT	University of Cape Town
CEO	Chief Executive Officer	UL	University of Limpopo
CFO	Chief Financial Officer	UP	University of Pretoria
CPT	Cape Town	UWC	University of the Western Cape
DBN	Durban	WHO	World Health Organisation
DRC	Democratic Republic of the Congo	WITS	University of Witwatersrand
EMC	Executive Management Committee	YRBS	Youth Risk Behaviour Survey
GBV	Gender-based Violence		
HCMD	Human Capital Management Directorate		
HEI	Higher Education Institutions		
HIV	Human Immunodeficiency Virus		
HPCSA	Health Professionals Council of South Africa		
ISI	Institute for Scientific Information		
JHB	Johannesburg		
KZN	Kwa-Zulu Natal		
MAC	Ministerial Advisory Committee		
MDG	Millennium Development Goals		
MTSF	Medium Term Strategic Framework		
MMED	Master of Medicine		
MBCHB	Bachelor of Medicine and Bachelor of Surgery		
MRC	Medical Research Council		
NIH	National Institute of Health		
NDOH	National Department of Health		
NDP	National Development Plan		
NHLS	National Health Laboratory Services		
NSDA	Negotiated Service Delivery Agreement		
NHI	National Health Insurance		
NHRC	National Health Research Committee		
NIMS	National Injury and Mortality Surveillance		
PHC	Primary Health Care		
PFMA	Public Finance Management Act		
PIP	Perinatal Problem Identification Programme		
PTA	Pretoria		
SADC	South African Development Community		

Appendix 02 - REFERENCES

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