# **ANNUAL PERFORMANCE PLAN** 2022 - 2023



### SCOPE OF PRESENTATION

Part A: APP Statements, Approval & Tabling

- Part B: SAMRC Mandates
- Part C: Portfolio Committee on Health Report
- Part D: SAMRC Human Resources
- Part E: Transformation Strategy
- Part F: Strategic Focus
- Part G: Measuring SAMRC Performance 2020/21
- Part H: Covid-19 funding & Research, Sisonke, mRNA Hub & other vaccines manufacturing initiatives
- Part I: Key Achievements & Highlights
- Part J: Communications



# APP STATEMENTS, APPROVAL AND TABLING

The South African Medical Research Council (SAMRC) 2022/23 Annual Performance Plan (APP) is drawn from the 2020/21 - 2024/25 Strategic Plan. This APP takes into account all the relevant policies, legislation and other mandates for which the South African Medical Research Council is responsible.

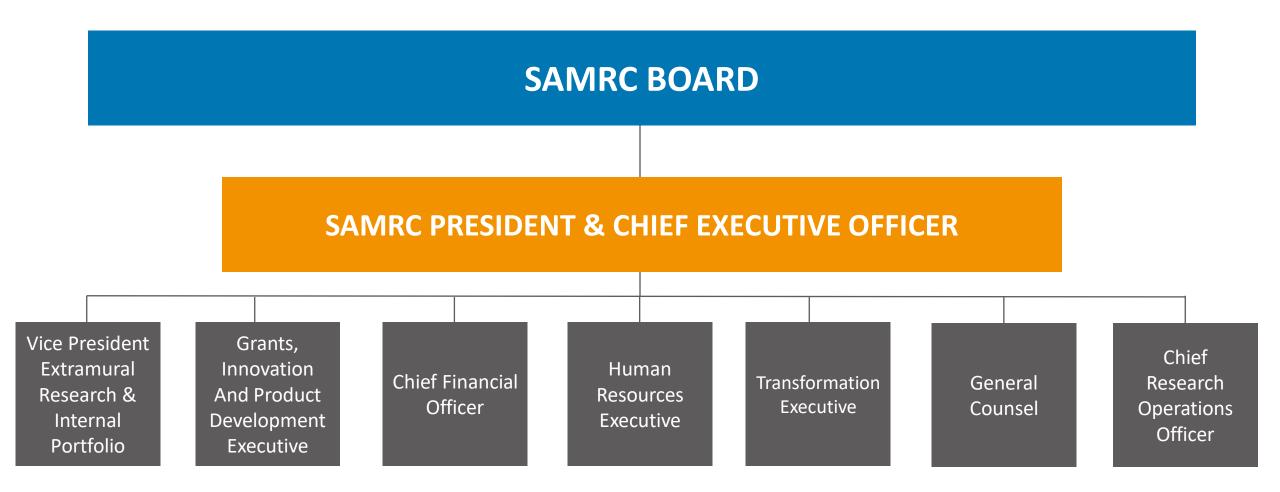
The APP accurately reflects the strategic goals and objectives that the South African Medical Research Council will endeavour to achieve over the period 2022/2023.

I hereby endorse this South African Medical Research Council Annual Performance Plan (APP) developed by the Executive Management Committee of the South African Medical Research Council under the guidance of Professor Johnny Mahlangu of the SAMRC Board and the SAMRC CEO and President, Professor Glenda Gray

Dr. MJ Phaahla (MP) Minister of Health

### STATEMENT BY THE SAMRC BOARD

- The SAMRC 2020/21 2024/25 Strategic Plan (SP) charts a new direction a reimagined organisation set to make further impact in the disease burden in South Africa and globally
- Transformation in science means responding to the national context, by looking at the science landscape and where interventions are needed to increase the small critical mass of African scientists
- SAMRC budget spend: research conducted and funded (80%) and administration (≤20%)
- The SAMRC remains committed to decreasing the disease burden in South Africa through cutting edge innovations, the development of novel treatment regimens, especially vaccines, as well as improved diagnostic tools, while localising the production of new drugs and devices, to improve the health and lives of South Africans
- SAMRC's 2022/23 APP will support the SAMRC's agenda to lead relevant and responsive health research in South Africa and to fund research that has an impact on diseases affecting people in Africa and globally



### SAMRC BOARD

17 Board members	16 Non-executive - <b>bers</b> 1 Executive (Presid			
Board Chairperson – Prof.	Johnny Mahlangu	1		
Distinguished Scientists		13		
Legal expert		1		
Finance/PFMA expert		1		
SAMRC President & CEO –	Prof. Glenda Gray	1		

# NDoH has a seat in an observer capacity

### **BOARD MEMBERS**





PROF JOHNNY MAHLANGU CHAIRPERSON







PROF BRANDON SHAW

PROF THOLENE SODI





PROF WILLIAM RAE



PROF COLLET DANDARA



DR MZIWANDILE MADIKIZELA



PROF EMMANUEL MUKWEVHO



PROF RONELLE CAROLISSEN





DR TIMOTHY TUCKER

**PROF EUNICE SEEKOE** 



ADV DOROTHY KHOSA





PROF GLENDA GRAY PRESIDENT & CEO

MAVUNDLA





ANNUAL PERFORMANCE PLAN 2022/2023

### SAMRC BOARD SUB-COMMITTEES

- Audit, Risk and IT Committee (ARIC)
- HR and Remuneration Committee (HR & RemCo)
- Research and Development Committee (R & D)

# STATEMENT BY THE SAMRC PRESIDENT (1)

- SP 2020/21 2024/25 reinforces our research efforts across five strategic programmes:
  - 1. Administration of health research in an effective and efficient manner
  - 2. The generation of new knowledge and its translation into policy and practice
  - 3. Supporting innovation and technology transfer to improve health
  - 4. Building sustainable health research capacity in South Africa
  - 5. Research translation.

- SAMRC has pioneered cutting-edge medical innovations, the development of novel treatment regimens, vaccine development, diagnostic tools, new drugs and devices, aimed at the improvement of the health status of people in South Africa
- Mid-Career Scientist Programme creates a new generation of science leaders
- Transformation in science remains an integral part of our strategy. More women and black South Africans are the beneficiaries of our masters and doctoral programmes
- Bongani Mayosi NHSP: 47 graduates (87% of which are PhDs) in various health professions. Total number of 38 women completed of which 16 are black

### STATEMENT BY THE SAMRC PRESIDENT (2)

- Despite the tight fiscal environment, the SAMRC has delivered on impactful science and will continue to do so effectively and efficiently, as guided by the Public Finance and Management Act
- Partnerships across frontiers, North-South, South-East, South-South, remain critical in furthering our mission as we rollout the Strategic Plan
- COVID 19: re-orientated our research funding to allocate resources to surveillance, the development of diagnostics, therapeutics, immunological research and vaccine development
- Biovac, Afrigen and the SAMRC are collaborating on the establishment of the mRNA hub in South Africa in an endeavor to support vaccine development on the continent
- Collaboration with Dr Patrick Soon-Shiong to collaborate on a scholarship programme to advance the development of bio-manufacturing expertise in our country, will enhance our capability in vaccine discovery, evaluation and manufacturing

### **APP APPROVAL**

HEALTH REPUBLIC OF SOUTH AFRICA Phrase Big X399, PRETORIA, 0001, Dr AB Xuma Builsing, 1112 Voornakser RJ, Pretoria Markan, Alexanianda 251-JR, Pretoria, 0187 Ter. (012) 356 5000 Fac: (012) 356 5165 CAPE: TOWN Private Big X8070, CAPE: TOWN, 6000, Room 413: 20 Paint Streeu, CAPE: TOWN, 1000 Ter. (021) 465 74076 Fac: (021) 465 1575 Prof. Johnny Mahlangu Chairperson: South African Medical Research Council P.O. Box 197070 TYGERBERG 7505 Dear Prof. Mahlangu APPROVAL OF THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL'S ANNUAL PERFORMANCE PLAN, BUDGET AND THE MATERIALITY AND SIGNIFICANCE FRAMEWORK FOR THE 2022/23 FINANCIAL YEAR The above matter refers. I hereby approve for implementation, the South African Medical Research Council's (SAMRC) Annual Performance Plan, Budget, and the Materiality and significance framework for the 2022/23 financial year. The materiality and significance value approved in this regard is at R15 million. The above approval in made in terms of Regulation 30.1 of the 2005 Treasury Regulations for departments, trading entities, constitutional institutions and public entities issued in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999). I wish the SAMRC success in implementing the 2022/23 APP, thus contributing towards achieving the Department of Health's Vision. I trust that the above is in order. Yours faithfully DR.MJ PHAAHLA, MP MINISTER OF HEALTH DATE: 2022

Wednesday, 16 March 2022]

No 39-2022] FOURTH SESSION, SIXTH PARLIAMENT

PARLIAMENT

OF THE

### **REPUBLIC OF SOUTH AFRICA**

### ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

WEDNESDAY, 16 MARCH 2022

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### **National Council of Provinces**

1. Chairperson......4

### COMMITTEE REPORTS

National Assembly

### TABLINGS

### National Assembly and National Council of Provinces

### 1. The Speaker and the Chairperson

- (a) Monthly Financial Statements of Parliament February 2022, tabled in terms of section 54(1) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act No 10 of 2009).
- 2. The Minister of Defence and Military Veterans
  - (a) Annual Performance Plan of the Department of Military Veterans for 2022/23.
  - (b) Annual Performance Plan of the Castle Control Board for 2022-2023.
  - (c) Annual Performance Plan of Armscor (Armaments Corporation) for 2022.
  - (d) Annual Performance Plan of the Military Ombud for 2022.

### 3. The Minister of Environment, Forestry and Fisheries

- (a) Annual Performance Plan of the Department of Environment, Forestry and Fisheries for 2022/23.
- (b) Annual Performance Plan of the South African National Biodiversity Institute (SANBI) for 2022 – 2023.
- (c) Annual Performance Plan of the South African Weather Service for 2022/2023.
- (d) Annual Performance Plan of the South African National Parks for 2022/23.
- (e) Annual Performance Plan of the iSimangaliso Wetland Park Authority for 2022/23.
- (f) Annual Performance Plan of the Marine Living Resources Fund for 2022-23.

### 4. The Minister of Health

- (a) Annual Performance Plan of the National Department of the Health for 2022/23.
- (b) Annual Performance Plan of the Compensation Commissioner for Occupational Diseases (CCOD) for 2022/23.

- (c) Annual Performance Plan of the South African Health Products Regulatory Authority (SAHPRA) for 2022/23.
- (d) Annual Performance Plan of the Council for Medical Schemes for 2022/23.
- (e) Annual Performance Plan of the Office of Health Standards Compliance (OHSC) for 2022/23.
- Annual Performance Plan of the National Health Laboratory Service (NHLS) for 2022 – 2023.
- (g) Annual Performance Plan of the South African Medical Research Council (SAMRC) for 2022/23.
- 5. The Minister of Justice and Correctional Services
  - (a) Annual Performance Plan of Legal Aid South Africa for 2021/2022.
- 6. The Minister of Water and Sanitation
  - (a) Amatola Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (b) Magalies Water Board's Proposed increase in Water Tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (c) Mhlathuze Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (d) Sedibeng Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (e) Rand Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (f) Lepelle Northern Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (g) Bloem Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).
  - (h) Umgeni Water Board's proposed increase in water tariffs for 2022-23, tabled in terms of section 42 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).



# SAMRC MANDATE 2020-2025, AND CONSTITUTIONAL AND POLICY MANDATES

### **ABOUT SAMRC**

### SAMRC Act 58, 1991 (as amended): To improve the health and quality of life of South Africans

Mandate

 Mandate to be realised through research, development, and

technology transfer

### In Brief

- Established in 1969
- Conduct and fund health research and medical innovation
- Focus on the top ten causes of death and disability and associated risk factors
- Source/produce the most accurate health information
- Provide policy makers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people in South Africa

### Vision

 Building a healthy nation through research, innovation and transformation

### Mission

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

### Values

- Pioneering
- Partnering
- Excellence
- Respect
- Integrity
- Citizenship

### Chapter 2: Bill Rights

Equality, human dignity, freedom and security of persons, privacy, freedom of expression, labour relations, environment, and healthcare, food and social security, children, access to information, just and administrative actions, limitation of rights

### Chapter 10: Public Administration

Ethics, efficiency, effectiveness, impartiality, fairness, transparency, timely accessibility to accurate information, accountability, public engagement, good HR management/practices and career development

### Chapter 13: Finance

- Procurement that is fair, equitable, transparent, competitive and costeffective
- Providing preference to certain categories of persons

### LEGISLATIVE MANDATE

- National Health Act (Act 61 of 2003)
- The Medical Research Council Act (Act 58 of 1991)
- Intellectual Property, Rights from Publicly Financed Research and Development Act, 2008
- 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 Trademarks Act no. 194 of 1993
- POPI Act
- Others

### National Development Plan – 2030 objectives

- Environmental sustainability through greening projects
- Positioning RSA in the world
- Improving education training and innovation
- Promoting health
- Fighting corruption

### NHI Policy of 2017 and National Health Insurance Bill of 2019

• SAMRC Health Systems Research

### Sustainable Development Goals

- Good health and wellbeing
- Gender Equality
- Reduced inequalities
- Climate action

### • Medium-Term Strategic Framework 2020-2025

- Priority 1: Strengthen governance system of public entities (Strategic Goal 1)
- Priority 2: Increased investment in gross expenditure on research and development (Strategic Goal 1: 80/20 spend)
- Priority 3: Capacity building programmes and interventions at universities (Strategic Goal 4)
- Priority 4 : Consolidation of social wage for quality basic services (not specifically applicable to SAMRC; however, engagements with NEHAWU on SAMRC's employee's conditions of service)
- Priority 5: Support enterprise development on townships (Non-specific to SAMRC but embedded in Strategic Goal 1, e.g., BBBEE)
- Priority 6: Representation of designated groups across occupational levels. Embedded into the SAMRC HR practices and the transformation agenda
- Priority 7: Investment for certain sectors of the economy (Strategic Goal 3: supporting innovation to improve health

# SAMRC CONTRIBUTIONS: POLICY MANDATES (3)

### Government to Government Collaborations

• SAMRC participation in the bilateral agreements

### • South Africa – SADC and the Rest of Africa

• Implementation arm for NDOH, e.g., WO-AFRO, AU, etc.

### • South Africa and Global Collaboration

- BRICS: Research in TB, HIV, Child obesity, NCD, Genomics & COVID-19
- WHO: TB
- GARDP: Antimicrobial Resistance

### • Communities of Funders

• Partnerships: NRF, NIH, CIHR, EDCTP, BMGF, Newton Fund, UK-MRC, Solidarity Fund, ELMA Philanthropies, Michael and Susan Dell Foundation, etc.

### • Other interventions as they arise from time-to-time

- Collaborations with other government Departments, especially DSI, DHE and community partnerships
- Collaboration with NRF, Science Councils and Universities

### SAMRC CONTRIBUTIONS: POLICY MANDATES (3)

- National Health Act (Act 61 of 2003)
- The Medical Research Council Act (Act 58 of 1991)
- Intellectual Property Rights from Publicly Financed Research and Development Act, 2008
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- Relevant Treasury Guidelines
- The Patents Act no. 57 of 1978
- Copyright Act no. 98 of 1978 Trademarks Act no. 194 of 1993
- POPI Act
- Others

# PLANNED POLICY INITIATIVES: POLICY AND GOVERNANCE

- Research Misconduct Policy
- Knowledge, Information and Data Management Policy
- Guidelines on Gene Editing
- SA-GCP
- Open Access Policy
- Business Continuity Plan
- Workplace policy on COVID-19 vaccination (implemented)



REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH ON BUDGET VOTE 18: HEALTH, ANNUAL PERFORMANCE PLAN OF THE DEPARTMENT OF HEALTH, AND ITS ENTITIES, DATED, 11 MAY 2021

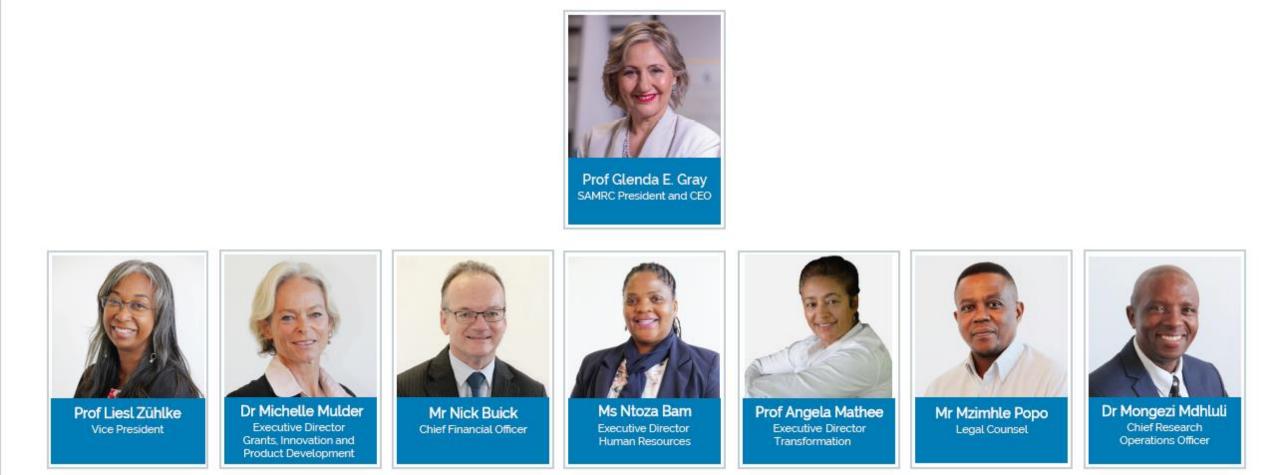
# REPORT OF PC ON HEALTH-SAMRC 2021/22 APP

No	Recommendation by PC	Response by SAMRC
1	All entities should address the findings by the AG and report to the Committee on progress made. The action plans should be shared with the Committee	SAMRC responds to each communication of audit findings and implements AGSA's recommendations where required to do so. As requested, action plans will be shared with the Committee.
2	All entities should ensure that they have proper systems in place to root out corruption, fraud, and maladministration	SAMRC prides itself in good governance practices, as evidenced by many clean audits. Our systems are robust enough to address the issues raised by the Committee. Board and staff members are required to declare their interests. The Supply Chain Management and Finance functions are subjected to internal and external audits.
3	The SAMRC should come up with tangible plans to address transformation at the entity	<ul> <li>Transformation at the SAMRC is intentional and structured process to implement profound change in the organization:</li> <li>SAMRC has appointed a black female for the Executive Director: Human Resources position.</li> <li>Position of the Executive Director: Grants, Innovation and Product Development, which was previously occupied by a white male, has been filled by a white female to address female inequity in the Executive Management structure.</li> <li>All posts that become vacant will address transformation imperatives of the SAMRC.</li> <li>Transformation in science, by supporting diversity in our new generation of scientists, is one of the SAMRC's strategic tools as well as transformation of scientists, particularly at the Specialist Scientist level and above.</li> <li>The SAMRC transformation agenda has both an internal focus to develop the limited critical mass in health research and an external link to transform medical research through research capacity development programmes.</li> <li>SAMRC introduced a Deputy Director Programme to progress female scientists into management positions and to give effect to a strategic succession plan. This aspect of the Transformation plan is aimed at offering leadership development training and opportunities for senior scientists within the SAMRC to develop leadership skills.</li> <li>Our Intramural Research Units have introduced and implemented various activities to inspire the agency for a transformative agenda within the units. These interventions range from transformation/diversity committees to workshops and student mentorship programmes.</li> </ul>
4	The SAMRC should ensure the inclusion of healthcare workers in rural areas and traditional healers in the vaccination programme	<ul> <li>Health care workers from rural areas were vaccinated through Sisonke.</li> <li>To ensure an effective rollout in both rural and urban settings, the number of sites were expanded. This included sites in rural areas to improve access to rural health care workers (HCWs). These sites located across all nine provinces ranged from Upington and Kimberly in the Northern Cape, Frere Hospital in the Eastern Cape (Zithulele Hospital, All Saints Hospital, Madwaleni),Madadeni Provincial Hospital in KZN, to Malamulele Hospital in Limpopo, and Ermelo Hospital in Mpumalanga, where teams of researchers and vaccinators worked up to 10 hours a day, 7 days a week, to vaccinate HCWs.</li> <li>Traditional healers may have been vaccinated as part of the Sisonke study, but the data must still be verified.</li> <li>Waste-Water Surveillance expansion to NHIs</li> </ul>



# SAMRC HUMAN RESOURCES

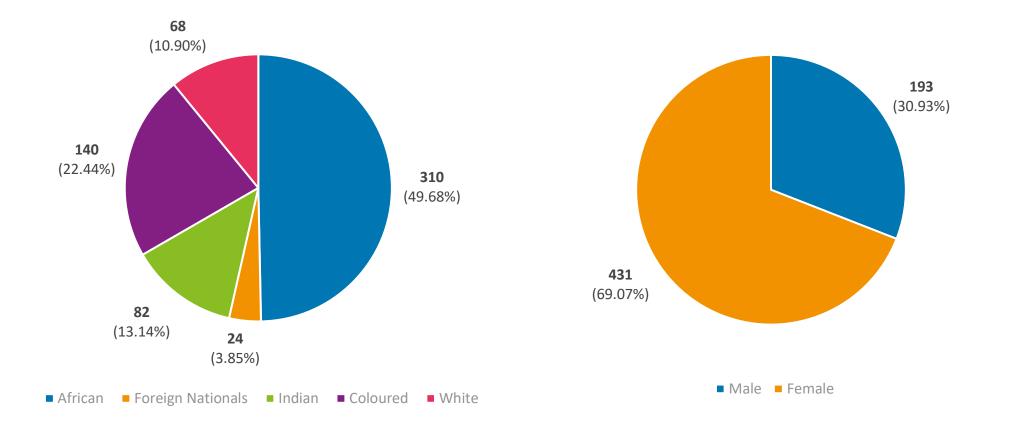
# EXECUTIVE MANAGEMENT COMMITTEE (EMC)



# STAFF PROFILE AS AT 31 MARCH 2021 (1)

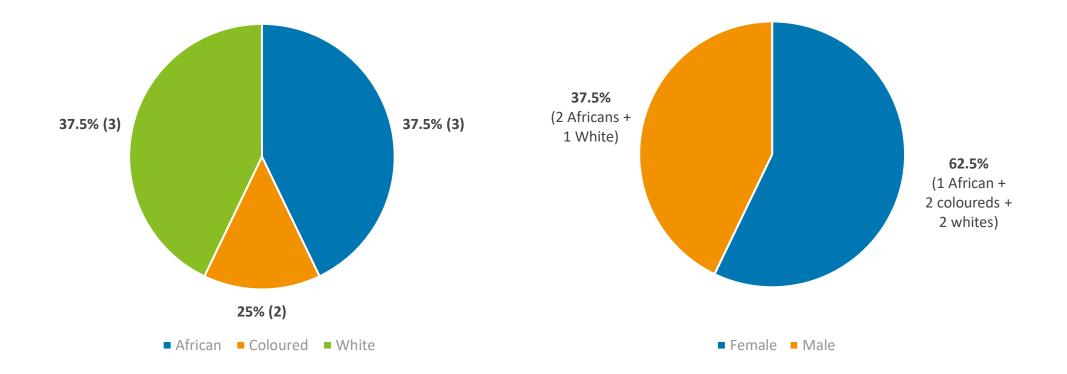
Race	Gender	Top Management	Senior Management	Professionally Qualified & Specialists	Skilled Technical & Academically Qualified	Semi-skilled & Discretion Decision Making	Unskilled & Defined Decision Making	Total by Gender	Total by Race
African	Male	3	1	15	26	39	10	94	310
	Female	0	2	40	110	47	17	216	
Foreign	Male	0	3	6	0	1	0	10	18
Nationals	Female	0	0	6	2	0	0	8	
lu dia a	Male	0	4	5	12	2	0	23	82
Indian	Female	0	4	25	28	2	0	59	
Foreign	Male	0	0	0	0	0	0	0	0
Nationals	Female	0	0	0	0	0	0	0	
Calarinad	Male	0	4	8	25	5	3	45	140
Coloured	Female	0	6	26	45	8	10	95	
Foreign	Male	0	0	0	0	0	0	0	1
Nationals	Female	0	0	1	0	0	0	1	
<b>A 4 1 1</b>	Male	1	11	3	3	2	0	20	68
White	Female	2	11	27	6	2	0	48	
Foreign	Male	0	1	0	0	0	0	1	- 5
Nationals	Female	0	2	2	0	0	0	4	
Total by Level		6	49	164	257	108	40	624	624

### STAFF PROFILE AS AT 31 MARCH 2021 (2)



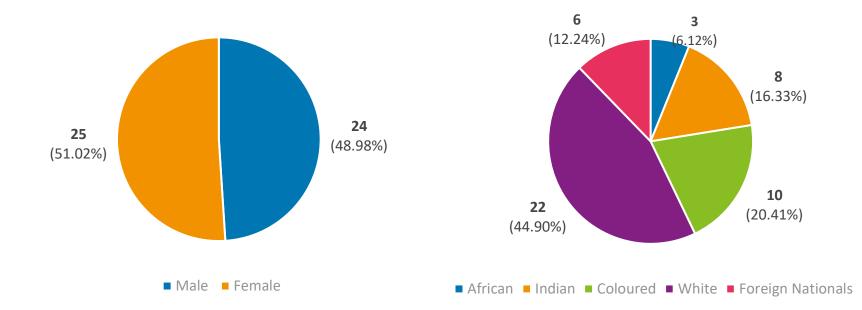
### TOTAL EMPLOYEES = 624

### TOP MANAGEMENT (EMC) PROFILE AS AT 31 MARCH 2022



### SENIOR MANAGEMENT PROFILE (EXCL. TOP MANAGEMENT) AS AT 31 MARCH 2021

African		Indian		Coloured		White		Foreign National	
	3 8		10		22		6		
6.12%		16.33%		20.41%		44.90%		12.24%	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	2	4	4	4	6	11	11	4	2
2.04%	4.08%	8.16%	8.16%	8.16%	12.24%	22.45%	22.45%	8.16%	4.08





# TRANSFORMATION STRATEGY

# **RE-IMAGINING THE INTRAMURAL UNITS STRUCTURE**

- SAMRC currently in a process of reimagining intramural structure within the SAMRC;
- Working group established in February 2022
- Deliverables:
  - Undertake a consultation process;
  - Propose a revised structure;
  - Consider financial, HR & transformation implications;
  - Evaluate major risks & propose risk mitigation strategies;
- Report to be submitted to the Executive Management Committee in June 2022.

# OUTCOMES OF SAMRC TRANSFORMATION STRATEGY: 2017 – 2021 (EXTERNAL & INTERNAL)

- Increase in proportion of Black Africans overall (including in semi-skilled, skilled technical & professional categories; addressing senior management category);
- Increase in proportion of Black Executive Management Committee members;
- Majority of recipients of funding for management/leadership training are Black African;
- Flagship awards for emerging scientists;
- Increase in scholarships & grants to Black African students/researchers;
- Special capital, operational and capacity support to HDI's (for example through WSARP).

### PRIORITIES FOR SAMRC TRANSFORMATION STRATEGY: 2022 – 2026

- Continue with current, effective employment equity strategies (EMC scrutiny of senior appointments, support for further education, leadership/management skills etc)
- Unconscious bias (increasing harmony & reducing prejudice), training
- Intrapersonal Development
  - Self-awareness/self-knowledge, reflective practices etc.
  - Identifying and building individual/personal strengths
- Strengthening of Teams (emotional intelligence, listening skills, power of presence, teams coaching etc)
- Building an institutional culture & personal capacities (resilience, agility, emotional intelligence etc) to ensure that the SAMRC is fit for purpose in the 21<sup>st</sup> century.

Growing Our Own Timber

- Widespread internal consultation on invisible barriers to flourishing
- Expanded definition of transformation (past, present & future)
- Multi-dimensional approach (systems, individual & group behaviour, world views and beliefs)
- Strengthened institutional arrangements (Transformation Office within the Office of SAMRC President; Executive Director: Transformation appointed on the EMC, Strengthening of Transformation Forum, partnership of Transformation Office, Human Resources and Finance);
- Culture & values (Human Resources)
- Intrapersonal development (Self-awareness/self-knowledge, unconscious bias/prejudice);
- Pilot initiatives
- General & targeted initiatives (concerted development programme for transformation at senior management levels).

### **B-BBEE COMPLIANCE**



## LAUNCHING OF 6 WOMEN LED EXTRAMURAL RESEARCH UNITS: 2019



## NEW AFRICAN BLACK EXTRAMURAL RESEARCH UNITS: 2022



SAMRC/UJ PAN AFRICAN CENTRE FOR EPIDEMICS RESEARCH (PACER) RESEARCH UNIT DIRECTOR PROF NANCY PHASWANA- MAFUYA.

**UNIV JHB** 



SAMRC/UCT PLATFORM FOR PHARMACOGENOMICS RESEARCH & TRANSLATION RESEARCH UNIT DIRECTOR PROF COLLET DANDARA

UCT



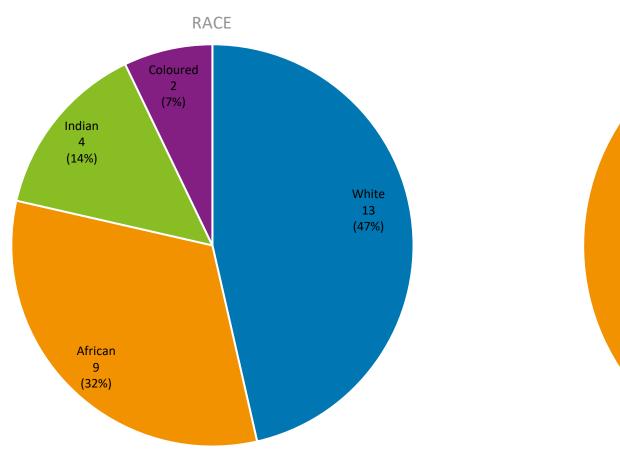
SAMRC/UCT INTERSECTION OF NON-COMMUNICABLE DISEASE AND INFECTIOUS DISEASE (NCD-ID) RESEARCH UNIT DIRECTOR PROF NTOBEKO NTUSI UCT

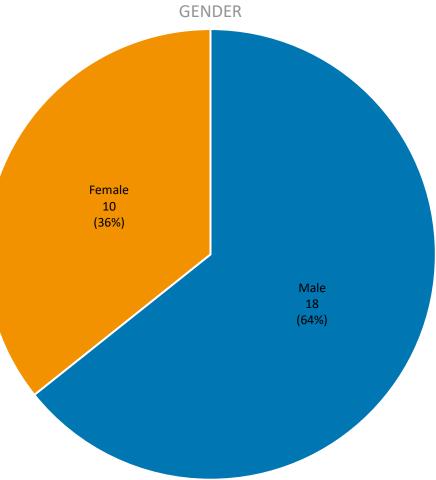


SAMRC/UNIVEN Antimicrobial Resistance and Global Health Research Unit Director Prof Pascal Bessong

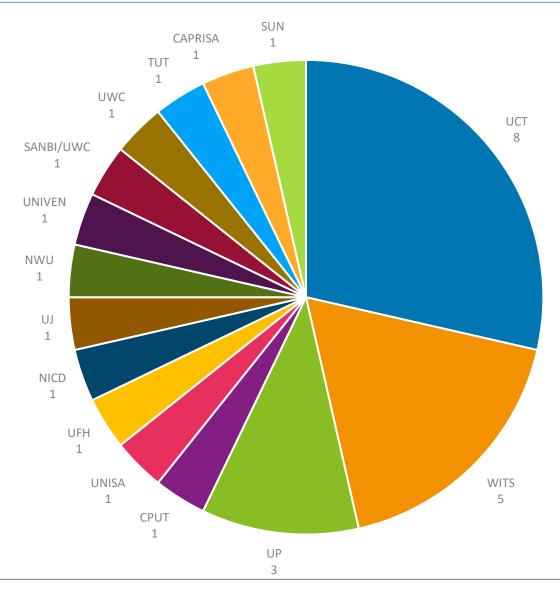
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## DEMOGRAPHIC PROFILE OF EXTRAMURAL UNITS

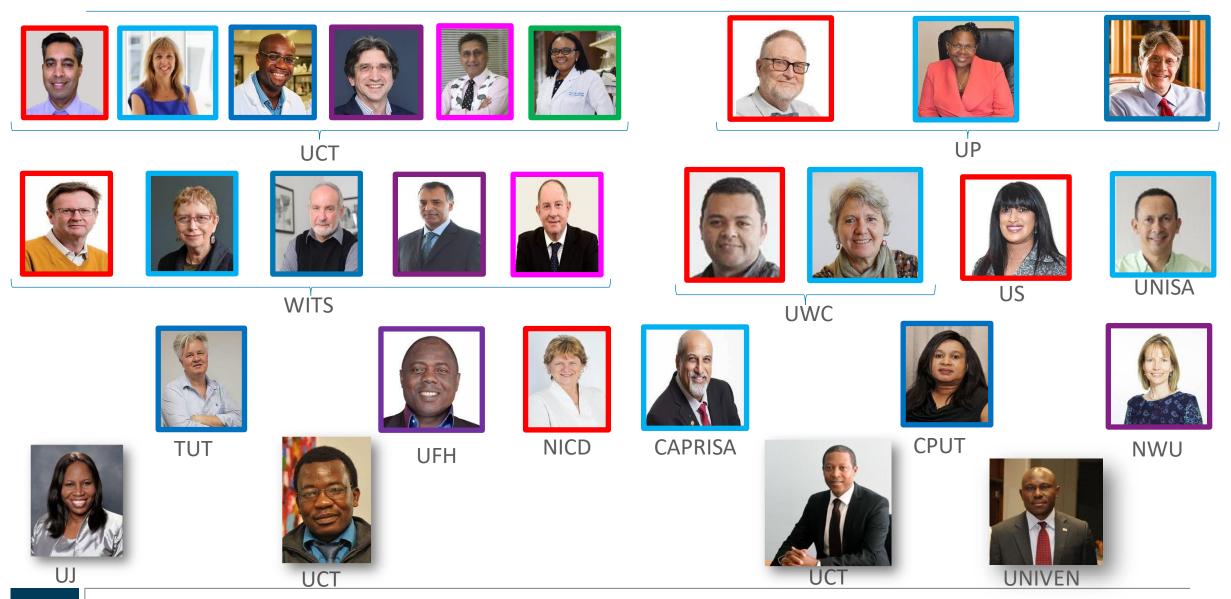




## HOSTING INSTITUTIONS OF EXTRAMURAL RESEARCH UNITS



## EXTRAMURAL RESEARCH UNIT DIRECTORS





# SAMRC STRATEGIC FOCUS

## SITUATIONAL ANALYSIS: EXTERNAL

- Work with the National Health Research Committee
- Support NDOH and South Africa's changing health needs
- Surveys (SADHS, TB Prevalence, NIMS)
- Research on top 10 causes of mortality
- Reduce morbidity and improve health outcomes
- Ensure alignment of research with the SDGs and NDP 2030
- Partnerships on mRNA Technology Transfer Hub
- COVID-19 and Cancer Vaccine Initiative
- Adapt business activities with the 4IR
- Strategic use of Government collaborations

## SITUATIONAL ANALYSIS/PRIORITY AREAS: INTERNAL

- Funding innovation
- Capacity development in health research
- Increase number of PhDs in the SAMRC
- Increase numbers of NRF-rated scientist and improve ratings
- Research Translation
- Open Science/Source
- Data transfer/use/security
- Transformation, incl. Diversity Management
- Research Ethics and Integrity
- Maternal and child health
- Mental health
- Environmental health
- Research on efficacious HIV and TB Vaccines
- Investment in infrastructure development

### Strengths

<ul> <li>Solid corporate governance and strong financial management</li> <li>Partnership programs with different stakeholders</li> <li>Proven ability to raise and manage substantial funding for health R&amp;I</li> <li>Professional staff and high competency (NRF ratings, Publications, Supervision, International meetings/conferences)</li> <li>Respect academic freedom/freedom of research</li> <li>Strong research outputs</li> <li>Capacity development</li> <li>Collaborations</li> <li>Excellent working relationship between the Board and EMC, NDOH and Portfolio Committee on Health</li> </ul>	<ul> <li>Align research with the 4IR</li> <li>Focus on key areas to support NHI and UHC</li> <li>Set new succession planning and transformation strategy</li> <li>Continued support to NDoH and other relevant stakeholders/partners to meet their objectives</li> <li>Implement strategies to grow funding</li> <li>Grow numbers of African and women-led Extramural Research Units</li> <li>Grow numbers of PhDs in the organization</li> <li>Implement the re-orientation of the intramural research units and platforms</li> <li>Collaboration with national entities to enhance health research</li> <li>Expand organizational move towards open access publishing</li> </ul>
Weaknesses	Threats
Research translation	Diminishing funding for research
Diversity Management	<ul> <li>Research classified as low priority on the political agenda</li> </ul>
<ul> <li>Succession planning and transformation at senior levels</li> </ul>	Growing trends of predatory journals
Lack of Biostatisticians	Data Security
Lack of synergy between intramural researchers	Scientific misconduct
Bureaucratic environment hampers progress	Cyber security
Lack of knowledge sharing	<ul> <li>Overlap in funders of health research - delineation of mandates needed</li> </ul>

Opportunities



# MEASURING SAMRC PERFORMANCE 2020/21

### Administer health research effectively and efficiently in South Africa

Outcome	Output Indicator	Baseline SP (2015-2019)	Five-year target
1.1 To ensure good governance, effective administration and compliance with government regulations	1.1.1. A clean audit opinion on the SAMRC from the Auditor-General	Clean audit	Clean audit
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research	1.2.1. Percentage of the SAMRC total budget spent on administration	20%	20%

### Administer health research effectively and efficiently in South Africa

Outcome	Outputs	Output Indicator	Audited/Actual Performance			Estimated performance		MTEF Period		
		indicator	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
1.1 To ensure good governance, effective administration and compliance with government regulations	Clean audit opinion	1.1.1. A clean audit opinion on the SAMRC from the Auditor- General	Clean audit	Clean audit	Clean audit	Clean audit	Clean audit	Clean audit	Clean audit	
1.2 To promote the organisation's administrative efficiency to maximise the funds available for research	Efficient expenditure of government allocated budget	1.2.1. Percentage of the SAMRC total budget spent on administrati on	16%	19%	16%	20%	20%	20%	20%	

### Lead the generation of new knowledge

Out	tcome	Output Indicator	Baseline SP (2015-2019)	Five-year target
2.1	To produce and promote scientific excellence and the	2.1.1. Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	3150	3550
		2.1.2. Number of accepted and published journal articles by SAMRC grant- holders with acknowledgement of the SAMRC	825	930
2.2	To provide leadership in the generation of new knowledge in health	2.2.1. Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	1830	1925
2.3	To provide funding for the conduct of health research	2.3.1. Number of research grants awarded by the SAMRC	750	750

## PROGRAMME / GOAL 2 (2)

### Lead the generation of new knowledge

Outcome	Outputs	Output	Audited/Actual Performance			Estimated performance		MTEF Period		
		Indicator	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
2.1 To produce and promote scientific excellence and the reputation of South African health research	Published journal articles, book chapters and books	2.1.1. Number of accepted and published journal articles, book chapters and books by SAMRC affiliated and funded authors	936	1187	1261	750	700	700	600	
	Published journal articles by SAMRC grant- holders	2.2.1. Number of accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC	251	322	281	200	180	180	170	
2.2 To provide leadership in the generation of new knowledge in health	Published journal articles with the first or last author	2.2.1. Number of accepted and published journal articles where the first and/or last author is affiliated to the SAMRC	538	672	718	450	420	300	255	
2.3 To provide funding for the conduct of health research	Research grants awarded	2.3.1. Number of research grants awarded by the SAMRC	176	247	190	140	150	160	170	

## PROGRAMME / GOAL 2 (3): PUBLICATIONS

#### Effectiveness of the Ad26.COV2.S vaccine in health-care workers in South Africa (the Sisonke study): results from a single-arm, open-label, phase 3B, implementation study

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Linda-Gail Bekker, Nigel Garrett, Ameena Goga, Lara Fairall, Tarylee Reddy, Nonhlanhla Yende-Zuma, Reshma Kassanjee, Shirley Collie, Ian Sanne, Andrew Boulle, Ishen Seocharan, Imke Engelbrecht, Mary-Ann Davies, Jared Champion, Tommy Chen, Sarah Bennett, Selaelo Mametja, Mabatlo Semenya, Harry Moultrie, Tulio de Oliveira, Richard John Lessells, Cheryl Cohen, Waasila Jassat, Michelle Groome, Anne Von Gottberg, Engelbert Le Roux, Kentse Khuto, Dan Barouch, Hassan Mahomed, Milani Wolmarans, Petro Rousseau, Debbie Bradshaw, Michelle Mulder, Jessica Opie, Vernon Louw, Barry Jacobson, Pradeep Rowji, Jonny G Peter, Azwi Takalani, Jackline Odhiambo, Fatima Mayat, Simbarashe Takuva, Lawrence Corey, Glenda E Gray, and the Sisonke Protocol Team, on behalf of the Sisonke Study Team

#### Summarv

Background We aimed to assess the effectiveness of a single dose of the Ad26.COV2.S vaccine (Johnson & Johnson) in Lancet 2022: 399: 1141-53 health-care workers in South Africa during two waves of the South African COVID-19 epidemic.

See Comment page 1095 The Desmond Tutu HIV Centre

Division of Allergy and Clinical

nmunology (J G Peter PhD),

Epidemiology and Research,

School of Public Health and

M-A Davies PhD), Department

Haematology, Department of

(A Von Gottberg PhD) and

Laboratory Medicine and

R | Lessells PhD), University

Durban, South Africa; HIV

Medical Sciences

(T de Oliveira PhD,

of KwaZulu-Natal,

(M Mulder PhD

Division of Clinical

Family Medicine

Methods In the single-arm, open-label, phase 3B implementation Sisonke study, health-care workers aged 18 years Cape Town, South Africa (L-G Bekker PhD, L Fairall PhD): and older were invited for vaccination at one of 122 vaccination sites nationally. Participants received a single dose of 5x1010 viral particles of the Ad26.COV2.S vaccine. Vaccinated participants were linked with their person-level data from one of two national medical insurance schemes (scheme A and scheme B) and matched for COVID-19 Centre of Infectious Disease risk with an unvaccinated member of the general population. The primary outcome was vaccine effectiveness against severe COVID-19, defined as COVID-19-related admission to hospital, hospitalisation requiring critical or intensive care, or death, in health-care workers compared with the general population, ascertained 28 days or more (R Kassaniee PhD, A Boulle PhD after vaccination or matching, up to data cutoff. This study is registered with the South African National Clinical Trial Registry, DOH-27-022021-6844, ClinicalTrials.gov, NCT04838795, and the Pan African Clinical Trials Registry, of Pathology PACTR202102855526180, and is closed to accrual.

Findings Between Feb 17 and May 17, 2021, 477102 health-care workers were enrolled and vaccinated, of whom Medicine (V Louw PhD), Faculty 357401 (74.9%) were female and 119701 (25.1%) were male, with a median age of 42.0 years (33.0-51.0). of Health Sciences, and Allergy and Immunology Unit 215813 vaccinated individuals were matched with 215813 unvaccinated individuals. As of data cutoff (July 17, 2021), (Blacobson PhD), University vaccine effectiveness derived from the total matched cohort was 83% (95% CI 75-89) to prevent COVID-19-related of Cape Town, Cape Town, deaths, 75% (69-82) to prevent COVID-19-related hospital admissions requiring critical or intensive care, and South Africa / G Bekker 67% (62-71) to prevent COVID-19-related hospitalisations. The vaccine effectiveness for all three outcomes were I Opie MBChB): Doris Duke Medical Research Institute consistent across scheme A and scheme B. The vaccine effectiveness was maintained in older health-care workers and (N Garrett PhD), Nelson R those with comorbidities including HIV infection. During the course of the study, the beta (B.1.351) and then the Mandela School of Medicine delta (B.1.617.2) SARS-CoV-2 variants of concerns were dominant, and vaccine effectiveness remained consistent (for Centre for the AIDS Programme scheme A plus B vaccine effectiveness against COVID-19-related hospital admission during beta wave was 62% [95% CI of Research In South Africa (N Yende-Zuma PhD) and 42-76] and during delta wave was 67% [62-71], and vaccine effectiveness against COVID-19-related death during beta KwaZulu-Natal Research wave was 86% [57-100] and during delta wave was 82% [74-89]). Innovation, School of

Interpretation The single-dose Ad26.COV2.S vaccine shows effectiveness against severe COVID-19 disease and COVID-19-related death after vaccination, and against both beta and delta variants, providing real-world evidence for its use globally.

Funding National Treasury of South Africa, the National Department of Health, Solidarity Response Fund NPC, The Prevention Research Unit (A Goga PhD), South Africa Michael & Susan Dell Foundation. The Elma Vaccines and Immunization Foundation, and the Bill & Melinda Gates Medical Research Council, Foundation. Cape Town, South Africa

G E Gray MBBCh); Department Copyright @ 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

#### JAMA | Original Investigation

2370

#### Immunogenicity of COVID-19 mRNA Vaccines in Pregnant and Lactating Women

Al-ris Y. Collier, MD: Katherine McMahan, MS: Jingvou Yu, PhD: Lisa H. Tostanoski, PhD: Ricardo Aguavo, BS: Jessica Ansel, NP: Abishek Chandrashekar, MS: Shivani Patel, BA: Esther Apraku Bondzie, BA: Daniel Sellers, BS: Julia Barrett, BS; Owen Sanborn, BS; Huahua Wan, MS; Alquan Chang, BA; Tochi Anioke, BS; Joseph Nkołola, PhD; Connor Bradshaw, BS: Catherine Jacob-Dolan, BS: Jared Feldman, BS: Makda Gebre, MSc Erica N. Borducchi, PhD: Jinvan Liu, PhD: Aaron G. Schmidt, PhD: Todd Suscovich, PhD: Caltivn Linde, PhD Galit Alter, PhD; Michele R. Hacker, ScD; Dan H. Barouch, MD, PhD

IMPORTANCE Pregnant women are at increased risk of morbidity and mortality from COVID-19 but have been excluded from the phase 3 COVID-19 vaccine trials. Data on vaccine safety and immunogenicity in these populations are therefore limited.

**OBJECTIVE** To evaluate the immunogenicity of COVID-19 messenger RNA (mRNA) vaccines in pregnant and lactating women, including against emerging SARS-CoV-2 variants of concern.

DESIGN, SETTING, AND PARTICIPANTS An exploratory, descriptive, prospective cohort study enrolled 103 women who received a COVID-19 vaccine from December 2020 through March 2021 and 28 women who had confirmed SARS-CoV-2 infection from April 2020 through March 2021 (the last follow-up date was March 26, 2021). This study enrolled 30 pregnant, 16 lactating, and 57 neither pregnant nor lactating women who received either the mRNA-1273 (Moderna) or BNT162b2 (Pfizer-BioNTech) COVID-19 vaccines and 22 pregnant and 6 nonpregnant unvaccinated women with SARS-CoV-2 infection.

MAIN OUTCOMES AND MEASURES SARS-CoV-2 receptor binding domain binding, neutralizing, and functional nonneutralizing antibody responses from pregnant, lactating, and nonpregnant women were assessed following vaccination. Spike-specific T-cell responses were evaluated using IFN-y enzyme-linked immunospot and multiparameter intracellular cytokine-staining assays. Humoral and cellular immune responses were determined against the original SARS-CoV-2 USA-WA1/2020 strain as well as against the B.1.1.7 and B1351 variants

RESULTS This study enrolled 103 women aged 18 to 45 years (66% non-Hispanic White) who received a COVID-19 mRNA vaccine. After the second vaccine dose, fever was reported in 4 pregnant women (14%; SD, 6%), 7 lactating women (44%; SD, 12%), and 27 nonpregnant women (52%; SD, 7%). Binding, neutralizing, and functional nonneutralizing antibody responses as well as CD4 and CD8 T-cell responses were present in pregnant, lactating, and nonpregnant women following vaccination. Binding and neutralizing antibodies were also observed in infant cord blood and breast milk. Binding and neutralizing antibody titers against the SARS-CoV-2 B.1.1.7 and B.1.351 variants of concern were reduced, but T-cell responses were preserved against viral variants.

CONCLUSION AND RELEVANCE In this exploratory analysis of a convenience sample, receipt of a COVID-19 mRNA vaccine was immunogenic in pregnant women, and vaccine-elicited antibodies were transported to infant cord blood and breast milk. Pregnant and nonpregnant women who were vaccinated developed cross-reactive antibody responses and T-cell responses against SARS-CoV-2 variants of concern.

#### Author Affiliations: Author affiliations are listed at the end of this artide Corresponding Author: Dan H Barouch, MD, PhD, Center for Virology and Vaccine Research, 330 Brookline Ave. E/CLS-1043. Boston JAMA. 2021;325(23):2370-2380. dol:10.1001/jama.2021.7563 MA 02115 (dbarouch@bidmc. Published online May 13, 2021 harvard.edu). lama.com © 2021 American Medical Association. All rights reserved. Downloaded From: https://jamanetwork.com/ on 09/17/2021

Support, through funding and other mechanisms, technology development and implementation, translation of research into policy and practice, and innovations in health and technology delivery to improve health

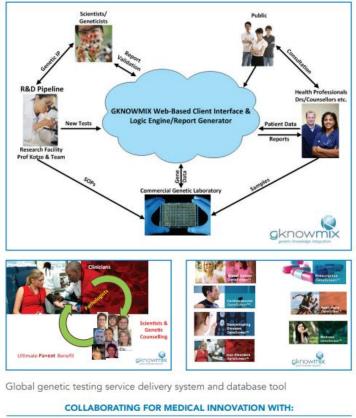
Out	come	Output Indicator	Baseline SP (2015-2019)	Five-year target
3.1	<ol> <li>To support the development of new or improved innovations aimed at improving health and targeting priority health research areas of focus</li> </ol>	3.1.1. Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	New	20
		3.1.2. Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	New	150
3.2	To develop new or improved innovations aimed at improving health	3.2.1. Number of innovation disclosures made by the SAMRC intramural research and innovation	New	5

## PROGRAMME / GOAL 3 (2)

Support, through funding and other mechanisms, technology development and implementation, translation of research into policy and practice, and innovations in health and technology delivery to improve health

Outcome	Outputs	Output	Audited/Actual Performance			Estimated performance		MTEF Period		
		Indicator	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
3.1 To support the development of new or improved innovations aimed at improving health and targeting priority health areas	Innovation projects and	3.1.1. Number of new innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	New	New	29	4	4	4	4	
	platforms funded by the SAMRC	3.1.2. Number of ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions	New	New	41	30	30	30	30	
3.2 To provide leadership in the generation of new knowledge in health	Published journal articles with the first or last author	3.2.1. Number of innovation disclosures made by the SAMRC intramural research and innovation units and platforms	New	New	1	1	1	1	1	

## PROGRAMME / GOAL 3 (3): INNOVATION PROJECTS: PART OF SLIDE 83









## PROGRAMME / GOAL 4 (1)

### Build human capacity for the long-term sustainability of the South African health research

Outcome	Output Indicator	Baseline SP (2015-2019)	Five-year target
	4.1.1. Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early Career Scientists	New	660
	4.1.2. Number awards by the SAMRC to female MSc, PhD, Postdocs and Early Career Scientists	New	488
4.1 To enhance the long-term sustainability of health research in South Africa by providing funding and supervision for the next generation of health	4.1.3. Number awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African	New	495
researchers	4.1.4. Number of awards by the SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)	New	368
	4.1.5. Number of MSc and PhD students graduated or completed	New	360

## PROGRAMME / GOAL 4 (2)

### Build human capacity for the long-term sustainability of the South African health research

Outcome	Outputs	Output Indicator	Audited/Actual Performance			Estimated performan ce		MTEF Period	
			2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	SAMRC bursaries and/or scholarships and/or fellowships provided for MSc, PhD, Postdocs and Early Career	4.1.1. Number of awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early Career Scientists	136	157	144	130	140	150	130
4.1 To enhance the	Female students and/or Early Career Scientists receiving SAMRC funding	4.1.2. Number of awards by the SAMRC to female MSc, PhD, Postdocs and Early Career Scientists	New	New	106	90	100	110	108
long-term sustainability of health research in South Africa by providing funding for the next generation of health researchers	African South African citizens and/or permanent residents students receiving SAMRC funding	4.1.3. Number of awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African	New	New	86	100	105	110	90
	SAMRC scholarships/ fellowships provided for MSc, PhD, Postdocs and Early Career Scientists at HDIs	4.1.4. Number of awards by the SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs)	New	New	38	70	75	80	83
	MSc and PhD students graduated or completed	4.1.5. Number of MSc and PhD students graduated or completed	47	71	72	75	80	85	50

## PROGRAMME / GOAL 4 (3): CERTIFICATES



## PROGRAMME / GOAL 5 (1)

### Translate new knowledge into policies and practices to improve health

Outcome	Output Indicator	Baseline SP (2015-2019)	Five-year target
5.1 To facilitate the translation of health research	5.1.1. Number of local or international policies, reports and guidelines that reference SAMRC research	27	27
	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	New	25
	5.1.3. Number of national or international bodies/committees that SAMRC employees serve on national or international bodies/committees	New	250
	5.1.4. Number of conferences, seminars and continuing development points workshops supported by the SAMRC	New	50

## PROGRAMME / GOAL 5 (2)

### Translate new knowledge into policies and practices to improve health

Outcome	Outputs	Output Indicator	Audited/Actual Performance			Estimated performa nce		MTEF Period	
			2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Local or international policies, reports and guidelines that reference SAMRC research	5.1.1. Number of local or international policies, reports and guidelines that reference SAMRC research	6	7	44	5	5	6	6
5.1 To facilitate the translation of SAMRC research findings into public understanding, policy and practice	Reports and guidelines produced by SAMRC intramural authors	5.1.2. Number of reports and guidelines (co)produced by the SAMRC intramural researchers	New	New	58	5	5	7	9
	SAMRC researchers invited/serving on national and international bodies/committees	5.1.3. Number of national or international bodies / committees SAMRC employees serve on	New	New	90	50	50	50	50
	SAMRC supported conferences, seminars and CPD workshops	5.1.4. Number of conferences, seminars and continuing development points workshops supported by the SAMRC	New	New	26	10	10	10	10

## PROGRAMME / GOAL 5 (3): RESEARCH TRANSLATION



Practicing Health Geography pp 159–173 Cite as

#### Geography of Alcohol Exposure: Policy and Programme Implications for Cape Town, South Africa

Kim Bloch, Chris Berens & Richard Matzopoulos

Chapter | First Online: 06 May 2021 97 Accesses

Part of the Global Perspectives on Health Geography book series (GPHG)

#### Abstract

South Africa has some of the highest alcohol consumption levels worldwide. It is a major risk factor for health-related harms, which are amplified through the intersection with poverty and informality of settlements in areas such as Khayelitsha, Cape Town. Access to alcohol in low-income townships is facilitated by structural, supply-side factors including low prices of alcohol, high density of liquor outlets, poor regulation of sales and overt advertising. As such, alcohol consumption and problem drinking are higher in these low-income, marginalised areas. This chapter describes (1) existing literature on alcohol and alcohol-related harms in South Africa; (2) alcohol policy in the Western Cape Province, South Africa; (3) geographical characteristics of alcohol outlet exposure of residents in Khayelitsha, Cape Town, South Africa based on a comprehensive alcohol outlet mapping study; and (4) practical applications of these data for alcohol-related harms reduction policy and programming. The findings of this work are potentially useful to policy makers, programme implementers and law enforcement agents to more effectively regulate alcohol availability and reduce alcohol-related harms through evidence-based, spatial interventions.

#### Keywords

Violence Violence prevention Liquor outlet mapping Alcohol-related harm

# Measuring Progress: Environment and the SDGs

22 May 2021



The "Measuring Progress: Environment and the SDGs" publication informs on the 92 environment-related Sustainable Development Goals (SDGs) indicators, analyzes the progress made in achieving the SDGs targets and identifies data gaps. The statistical approach uses simple correlation analyses between indicator pairs related to the state of the environment and drivers of change, and the state of

the environment and the state of society, to improve the understanding of the interlinkages between SDGs indicators. It also emphasizes the importance of data disaggregation and fully populated SDGs to understand environmental and socio-economic interactions, and opportunities using innovative data techniques to close data gaps.

This report builds upon insights and lessons learned from the *Measuring Progress: Towards Achieving the Environmental Dimension of the SDGs*, the first publication of the series.



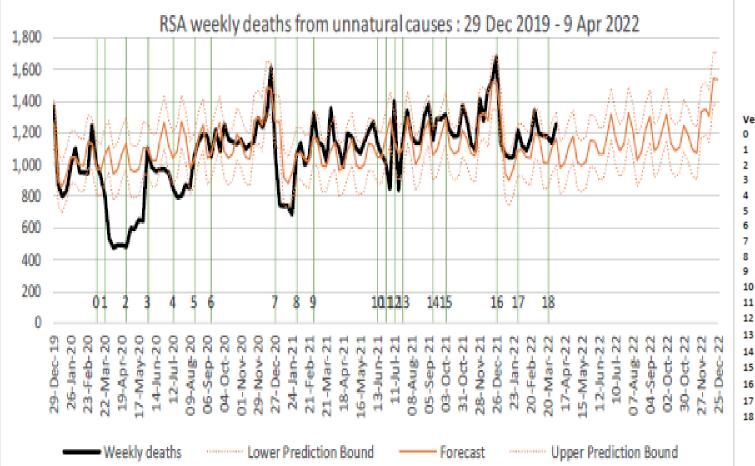


Norwegian Ministry of Climate and Environment

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## PROGRAMME / GOAL 5 (4): RESEARCH TRANSLATION



Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations. As only a quarter to a third of unnatural deaths in the most recent week are processed at the time of the survey, the estimate for the most recent week is quite uncertain.

#### Vertical lines in order

- Week Disaster Management Act implemented
- Week lockdown level 5 introduced
- 2 Week lockdown changed to level 4, with curfew
  - Week lockdown changed to level 3 including unbanning of alcohol
- Week alcohol re-banned, and a curfew re-introduced
- Week lockdown changed to level 2, including unbanning of alcohol
- Week lockdown changed to level 1
- Week lockdown changed to level 3 advanced (re-banning alcohol and a extension of curfew)
- Week lockdown relaxed to allow sale of alcohol 4 days/week and reduce curfew
- Week lockdown relaxed to allow sale of alcohol except during curfew and reduce curfew to midnight to 4am
- 10 Week lockdown changed to level 3 advanced (limiting alcohol and a extending of curfew)
- 11 Week lockdown changed to level 4, with re-banning of alcohol, curfew 9pm-4am
  - Week of unrest in KZN and GT
  - Week lockdown changed to level 3 advanced (alcohol 4 days/w, curfew 10pm-4am)
  - Week lockdown changed to level 2 advanced (alcohol 5 days/w, curfew 11pm-4am)
  - Week lockdown changed to level 1 advanced (no alcohol post 11pm, curfew 12pm-4am, large gatherings)
  - Week lockdown level 1 advanced (removed limits on alcohol & curfew, allowed larger gatherings)
  - Week lockdown level 1 advanced (allowed full school attendance, reduced isolation & quarantine requirements)
  - Week lockdown level 1 advanced (no masks outdoors, larger gathering permitted, no travel testing for vaccinated)



# FINANCE

- Only critical new posts to be funded from the reduction in vacant posts
- Priority should be given to projects which leverage funding at a rate of at least 1:1 when funding available
- COVID research will continue with significant investment over the MTEF
- Continue to invest in infrastructure (buildings, IT and Lab equipment) to facilitate high quality research outputs
- Budgeted for deficit of R18,9m in 2022/23 to be funded from reserves to maintain current contracted funding commitments

## EXPENDITURE ESTIMATES (R'000)

Statement of financial perfomance											Expen-		• • • • •			Expen-
									Outcome/	Average	diture/				Average	diture/
									Budget	growth	total:				growth	total:
		Audited		Audited		Audited	•		Average		Average					Average
	Budget	outcome	Budget	outcome	Budget	outcome	estimate	budget	%	(%)	(%)	Mediu	um-term es	timate	(%)	(%)
R thousand	2018	8/19	201	9/20	202	0/21	202	21/22	201	8/19-2021/2	2	2022/23	2023/24	2024/25	2021/22 -	2024/25
Revenue																
Tax revenue	-	-	_	_	_	_	_	-	-	_	-	_	_	-	-	-
Non-tax revenue	418 386	564 706	423 680	550 907	499 465	464 270	529 963	530 963	112,8%	-2,0%	41,4%	545 049	527 184	536 857	0,4%	39,6%
Sale of goods and services other than capital assets	387 436	517 258	395 812	500 598	476 057	431 767	483 708	484 749	111,0%	-2,1%	37,9%	499 669	483 784	493 542	0,6%	36,3%
Other non-tax revenue	30 950	47 448	27 868	50 309	23 408	32 503	46 255	46 214	137,4%	-0,9%	3,5%	45 380	43 400	43 315	-2,1%	3,3%
Transfers received	624 829	624 829	687 247	686 666	705 285	854 613	851 714	851 714	105,2%	10,9%	58,6%	779 523	797 597	833 489	-0,7%	60,4%
Total revenue	1 043 215	1 189 535	1 110 927	1 237 573	1 204 750	1 318 883	1 381 677	1 382 677	108,2%	5,1%	100,0%	1 324 572	1 324 781	1 370 346	-0,3%	100,0%
Expenses															-	
Current expenses	1 070 580	1 111 222	1 042 330	1 104 966	1 149 108	1 128 190	1 273 973	1 396 277	104,5%	7,9%	92,4%	1 241 833	1 251 974	1 269 351	-3,1%	92,4%
Compensation of employ ees	361 957	370 045	396 022	402 747	409 795	386 390	442 595	409 577	97,4%	3,4%	30,8%	435 977	464 369	494 568	6,5%	32,4%
Goods and services	687 123	726 273	623 577	685 166	716 022	715 094	807 378	962 700	109,0%	9,8%	60,0%	781 406	760 710	745 033	-8,2%	58,1%
Depreciation	21 500	14 591	22 731	16 855	23 291	26 583	24 000	24 000	89,6%	18,0%	1,6%	24 450	26 895	29 750	7,4%	1,9%
Interest, dividends and rent on land	-	313	_	198	_	123	-	-	-	-100,0%	0,0%	-	-	-	-	_
Transfers and subsidies	76 733	81 499	90 426	89 565	91 993	111 475	111 009	108 924	105,8%	10,2%	7,6%	101 727	104 161	108 945	0,0%	7,6%
Total expenses	1 147 313	1 192 721	1 132 756	1 194 531	1 241 101	1 239 665	1 384 982	1 505 201	104,6%	8,1%	100,0%	1 343 560	1 356 135	1 378 296	-2,9%	100,0%
Surplus/(Deficit)	(104 098)	(3 186)	(21 829)	43 042	(36 351)	79 218	(3 305)	(122 524)		237,5%		(18 988)	(31 354)	(7 950)	-59,8%	

- From 2018/19 to 2021/22:
  - Total revenue increased by 5,1% on average
  - Baseline grant increased by 10,9% on average due to project specific allocations, Sisonke and COVID-19 projects
  - Sale of Goods and Services (Contract research funding) decrease by 2,1% on average
- From 2022/23 to 2024/25:
  - Total revenue projected to decrease by 0,3% on average due to decrease in baseline funding
  - Baseline funding will decrease by 0,7% on average due to project specific funding for COVID not continuing
  - Sale of Goods and Services (Contract research funding) increase by 0,6% on average due to increase in COVID funded projects

## FINANCIAL OVERVIEW – EXPENDITURE

- From 2018/19 to 2021/22:
  - Total expenditure increased by 8,1% on average due to increase in baseline allocation
  - Compensation of employees increased by 3,4% on average
  - Goods and services increased by 9,8% on average
- From 2022/23 to 2024/25:
  - Total expenditure to decrease by 0.7% on average in line with lower income
  - Compensation of employees to increase by 6.5% on average
  - Spending on goods and services to decrease by 8.2% on average

						Expen-					Expen-
					Average	diture/				Average	diture/
					growth	total:				growth	total:
	Audited	Audited	Audited	Approved	rate	Average				rate	Average
	outcome	outcome	outcome	budget	(%)	(%)	Mec	lium-term esti	mate	(%)	(%)
R thousand	2018/19	2019/20	2020/21	2021/22	2018/19-	2021/22	2022/23	2023/24	2024/25	2021/22 ·	2024/25
Administration	195 486	228 464	197 297	209 275	2,3%	16,3%	224 931	237 237	266 273	8,4%	16,9%
Core research	687 121	598 200	805 207	896 232	9,3%	58,0%	721 045	707 904	673 513	-9,1%	53,6%
Innovation and technology	248 344	290 296	169 576	309 133	7,6%	19,8%	306 192	315 076	338 987	3,1%	22,8%
Capacity development	61 770	77 571	67 585	88 387	12,7%	5,7%	88 146	91 586	95 180	2,5%	6,5%
Research Translation	_	_	_	2 174	_	0,0%	3 246	4 332	4 343	25,9%	0,3%
Total expense	1 192 721	1 194 531	1 239 665	1 505 201	8,1%	100,0%	1 343 560	1 356 135	1 378 296	-2,9%	100,0%

## KEY RISKS WHICH MAY AFFECT ACHIEVEMENT OF THE OUTCOMES

Programme	Key risks
1	<ul> <li>Compliance to legal and regulatory requirements as well as policies and procedures</li> <li>Sustainability of the Defined Benefit fund</li> <li>Broader SAMRC business continuity programme</li> <li>Inefficiencies within various corporate processes</li> <li>Infrastructure management, including movable and immovable assets</li> <li>Data management, including use, transfer and security</li> </ul>
2	<ul> <li>COVID-19</li> <li>Research governance</li> <li>Quality of research output of extramural research units</li> <li>Efficiencies within various research processes</li> <li>Maintaining research integrity and ethics</li> <li>Transformation and diversity challenges</li> <li>Ability to sustainably grow funding</li> </ul>
3	<ul> <li>Support for collaborative partnerships, platforms and technology development</li> <li>Further development and commercialization of (a) SAMRC-owned and (b) SAMRC-funded innovations</li> </ul>
4	<ul><li>Limited research capacity</li><li>Funding scientific excellence</li></ul>
5	Research impact on strengthening policy and practice

## STRATEGIC RISKS 2021/22

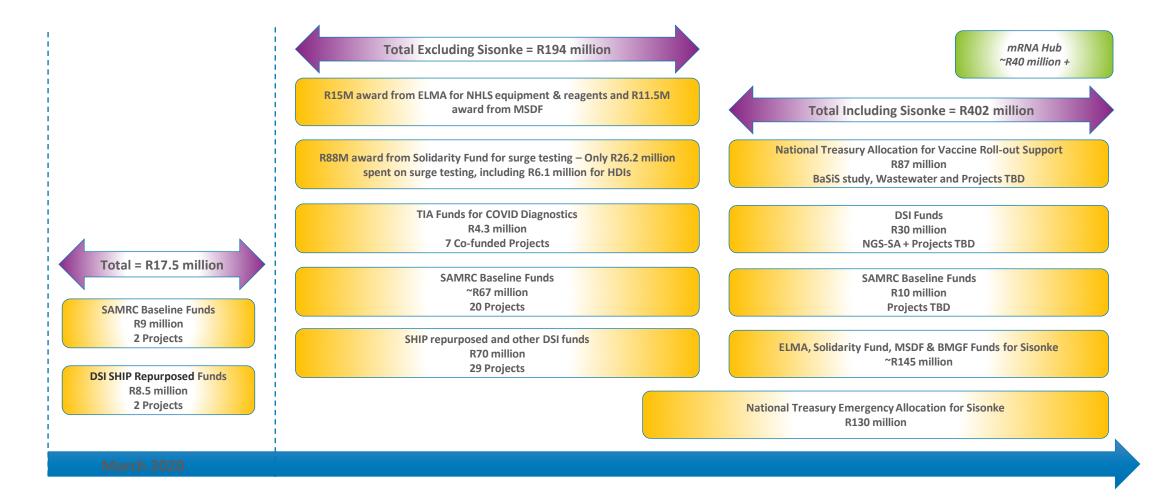
#	Key risk context / category	Inherent exposure	Residual exposure	Mitigating strategies	Heat Map – Residual Risk Exposure Rating				
1	Moratorium on changes of employment terms and conditions		122	3					
2	Health, Safety & Environment		P2	6					
3	Sustained leadership at EMC level	High	Р3	1	Almost				
4	Transformation and diversity challenges			2	Certain				
5	Ability to sustainably grow funding			3					
6	Funding scientific excellence			1					
7	Improvements within Corporate Processes – Human Resources			1					
8	Limited research capacity	Moderate							
9	Infrastructure management			6	Possible				
10	Further development and commercialization of (a) SAMRC- owned and (b) SAMRC-funded innovations			-					
11	Regulators and regulations pertaining to clinical research			-					
12	Delft site			2	Unlikely				
13	COVID 19 pandemic (Health & Safety)	High	P4	2					
14	Improvements within Corporate Processes - Contract Management			2	Rare				
15	Improvements within Corporate Processes – Procure to Pay	Moderate		-	Minor Significant Serious Critical Catastrophi				
16	Loss / theft of data (data management)			1	c c				
17	SAMRC business continuity programme			-	Residual rating Priority 1 Priority 2 Priority 3 Priority 485				
18	Changes in long term future focus of research funding			2	Elevated risk New risk				
19	Maintaining research integrity			5					
20	Compliance to legal and regulatory requirements as well as policies and procedures			-					
21	Social Impact Bonds (SIB)	Low	Р5	2					
22	Research impact on strengthened policy and practice			1					

ANNUAL PERFORMANCE PLAN 2022/2023



COVID-19 FUNDING & RESEARCH, SISONKE, mRNA HUB & OTHER VACCINE MANUFACTURING INTIATIVES

## SAMRC COVID-19 RESPONSE



ANNUAL PERFORMANCE PLAN 2022/2023

## **COVID-19 SURVEILLANCE**

### Epidemiology & Disease Surveillance - R75 million to date



Software to enable automatic SARS-CoV-2 variant typing on sequence data - no bioinformatics experience, user training or software installation required

- >14,500 genomes analysed by SA public institutions (80% of SA SARS-CoV-2 genomes publicly available in GISAID)
- Active users outside South Africa from 29 countries including 11 other African countries



Network of laboratories, scientists and academic institutions that have joined forces to rapidly respond to public health threats in SA.

Launched in June 2020 with 5 of the largest NHLS labs with funds from the DSI and SAMRC – now 10 partners

Monitoring emergence and spread of new SARS-CoV-2 variants to inform rapid response Working with international science community tracing movement of SARS-CoV-2 across countries

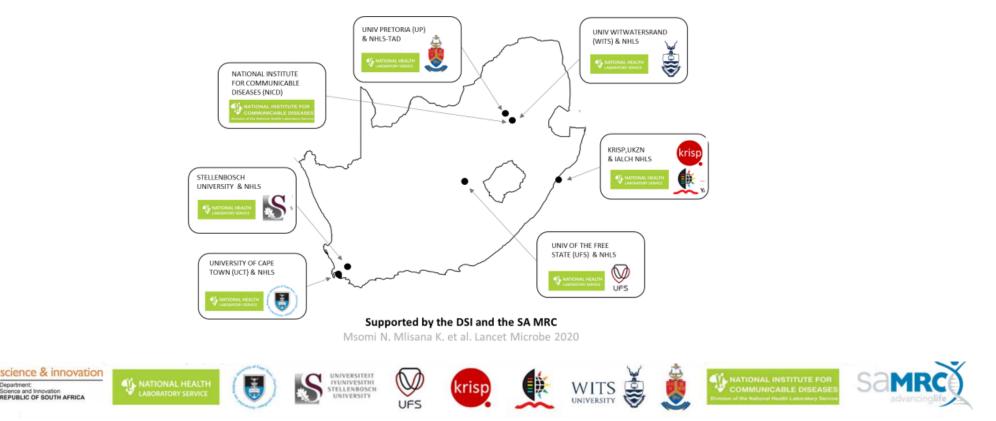
Understanding of the protection vaccines afford against variants detected - implications for vaccine rollouts

Advancing scientific excellence in South Africa and in Africa - 44 NGS-SA publications & pre-prints to date

# **GENOMIC SURVEILLANCE: SARS-COV-2**

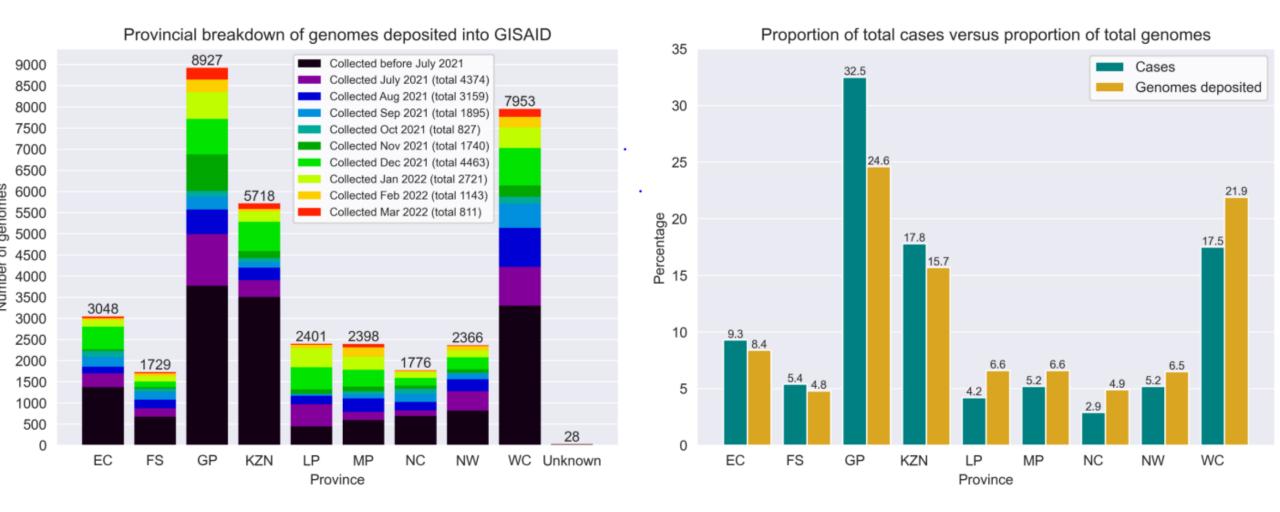


# SARS-CoV-2 Sequencing Update 8 April 2022



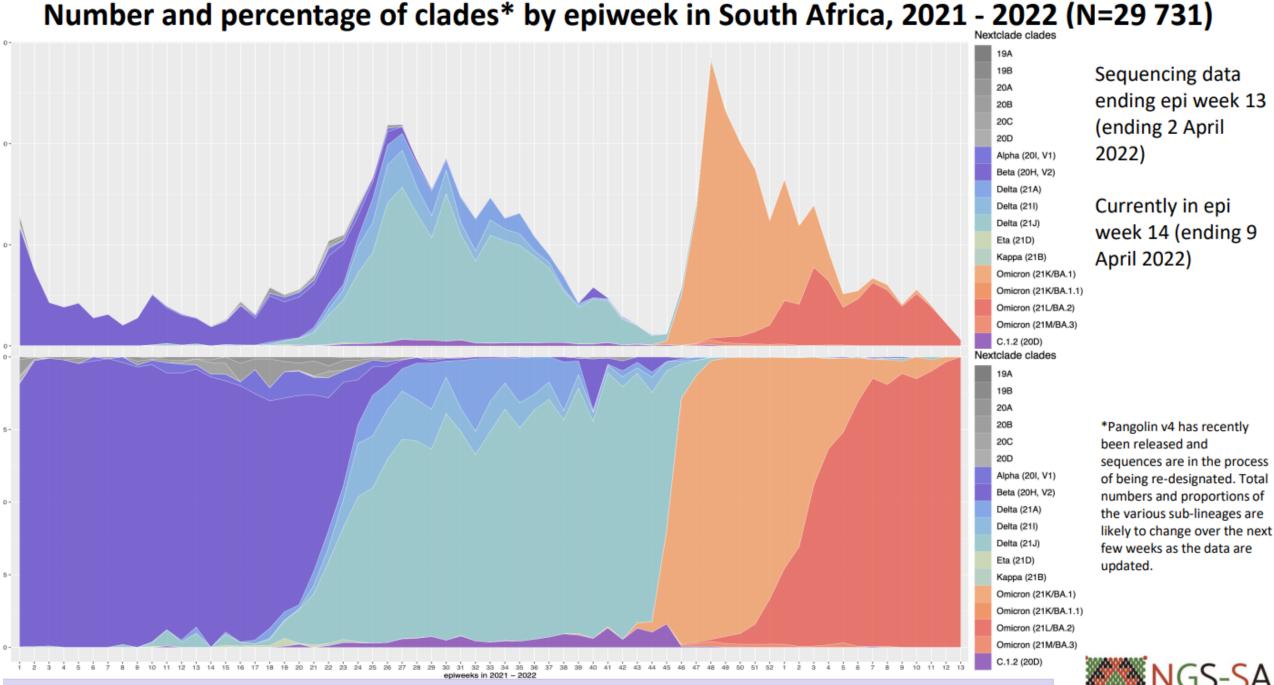
Prepared by the National Institute for Communicable Diseases (NICD) of the National Health Laboratory (NHLS) on behalf of the Network for Genomics Surveillance in South Africa (NGS-SA)

# GISAID genomes vs total cases, 2020 – 2022 (N=36 344)



All provinces, apart from GP, KZN, LP, NC and WC, have comparable percentages of overall cases and overall sequenced genomes.





Delta dominated in South Africa until October at >80%. Omicron has dominated from November onwards.

NGS-SA Network for Genomic Surveillance in South Africa

# Summary

# • Variant of Concern Omicron in South Africa

- Dominates 2022 sequencing data at >99% of genomes
- While BA.1 (and sub-lineages) was the predominant sub-lineage in January (55%), the proportion of BA.2 increased from 43% in January to 86% in February and 94% in March
- BA.3 continues to be detected at low levels
- NGS-SA teams are monitoring sequencing data for recombinants
- Two additional Omicron sub-lineages (BA.4 and BA.5) have recently been designated by Pangolin<sup>1</sup> but do not yet reflect on GISAID. Once available, data will be updated accordingly.
- Low frequency of previously circulating variants such as Delta and Beta still detected in recent data



# **COVID-19 DIAGNOSTICS**

## **Diagnostics – R27.4 million to date**

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A second s

Continuous quality monitoring of Ct values has assisted in identifying and monitoring SARS-CoV-2 variants of concern in SA SARS-CoV-2 Ct value analytics helped inform SAHPRA performance evaluation protocol guidelines for COVID-19 diagnostics Bi-weekly creation and dissemination of SARS-CoV-2 national and laboratory briefs circulated to the scientific community



**B** Kana, Wits

Countries that use controls developed in this program for Covid mass testing

Developed culture of SARS-CoV2 virus for national control programs (original, beta & delta variants) Developed biomimetic, non-infectious control system Deployed controls to NHLS teams for proficiency testing and SAPHRA validations – used in 26 countries

Developed and optimized scalable PCR-based diagnostic test to distinguish alpha and beta variants and beta and delta (from each other and alpha) variants

## Locally developed COVID diagnostic reagents & POC tests

MD SARS-nCoV-2 Antigen Test (COVID-19 Acute Infection Test) Rapid test for the detection of acute infection of SARS-nCoV-2 N-protein from asopharyngeal swabs





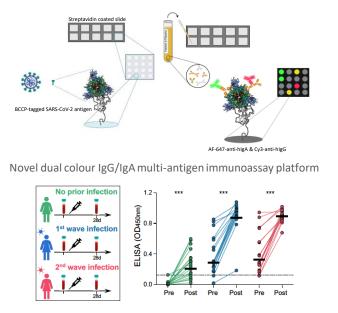


Capebio<sup>™</sup> One-Step RT-PCR Kit (with UDG2-cod)





L Scott, Wits



Key data on baseline serology and antibody and T cell responses and duration in natural infection in HCWs

## Immunology – R26.7 million to date

#### 10<sup>5</sup> No prior D614G Beta infection 104-Neutralization titers 103 102-101 Post Post Pre Pre Pre Post 99 GMT: <20 74 210 2798 1157

P Moore, NICD

Establishment and validation of serological and neutralization assays for SARS-CoV-2 to support the national effort

Testing of antibodies elicited by vaccines against SARS-CoV-2 variants

## W Burgers, UCT

T cell immunology support for analysis of variants and responses to vaccines

T cell immunology support for clinical studies

**\*\***Build capacity & infrastructure

### A Sigal, AHRI

Culture of live virus for new variants

Live virus neutralization assays to study immune responses to variants in natural infection and vaccinated individuals

N Ntusi, J Blackburn & W Burgers, UCT

# **GLOBAL COVID-19 CLINICAL STUDIES**

## Prevention & Treatment – R35.1 million to date

## Solidarity Trial

#### The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

#### Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results

WHO Solidarity Trial Consortium\*

#### ABSTRACT

#### BACKGROUND

World Health Organization expert groups recommended mortality trials of four repurposed antiviral drugs — remdesivir, hydroxychloroquine, lopinavir, and interferon beta-1a — in patients hospitalized with coronavirus disease 2019 (Covid-19).

South Africa participated in the global Solidarity Trial, with cofunding from SHIP, which demonstrated that the Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens tested on a total of 11,266 adults had little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay

## **ChAdOx Study**



The South African component of the ChAdOx1 SARS-CoV-2 vaccine trial (Astra Zeneca vaccine), led by Prof Shabir Madhi, showed the reduced efficacy of the vaccine on the local variants. This changed the country's immediate vaccine strategy, resulting in a move to the Johnson and Johnson vaccine and the design and implementation of the Sisonke study by the SAMRC.

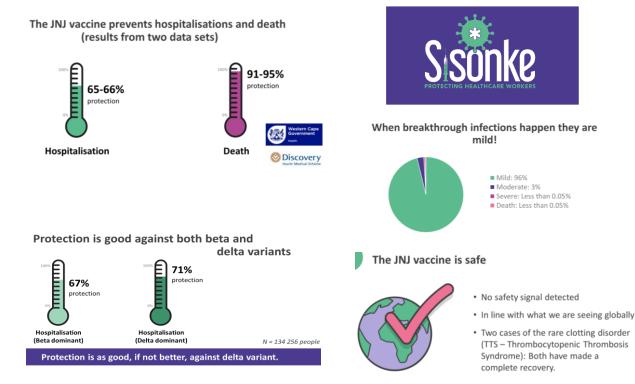
Sisonke: To monitor the effectiveness of the single dose Ad26.COV2.S COVID-19 vaccine among health care workers (HCW) as compared to the general unvaccinated population in South Africa

Study discussion started early Feb – in around 2.5 weeks, protocol was finalized and approved by SAHPRA, ethics in place, study product secured, 31 CRS' secured and set up, training initiated, SOPs in place, safety desk established, EVDS consenting platform development – trial started 17 Feb 2021

- Raised R275 million from 5 different funders
- Managed 49 sub-grants + procurement for the study

Real-world effectiveness monitoring – large collaborative effort between SAMRC, NDOH, NICD, CAPRISA, W Cape DOH, Discovery Health, Med Scheme

496,000 HCWs and others vaccinated



# ADDITIONAL SISONKE CLINICAL STUDIES



Homologous boost of J&J COVID-19 vaccine following a prime dose



Homologous or heterologous boost with J&J or Pfizer vaccine full and fractional dose

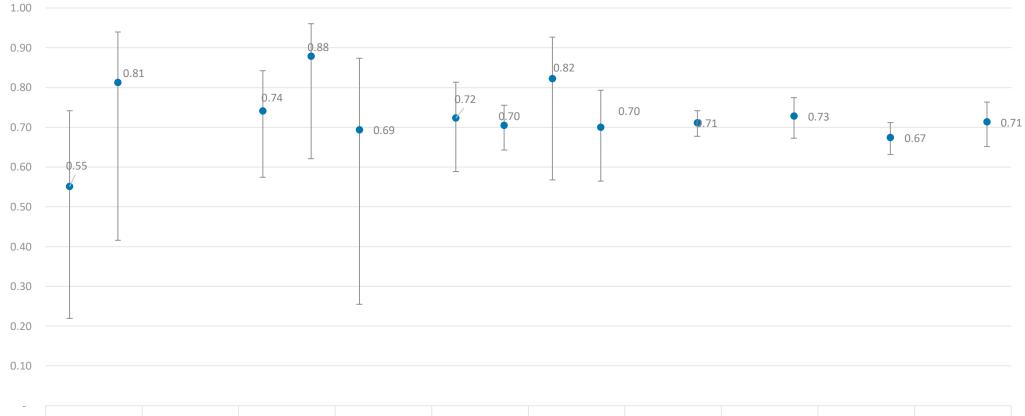


## ProVIVA, Sisonke, Themba

## **Pipeline:**

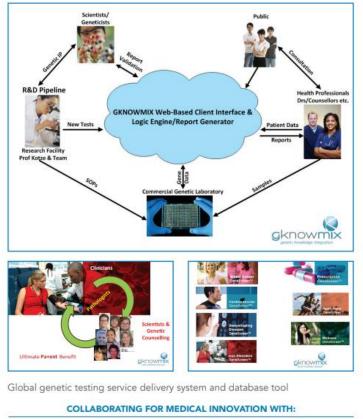
- Sisonke 3: Heterologous boost on single/double prime
- Sisonke 4: Moderna boost
- Sinovac / Numolux in adults living with HIV
- Vaxine

# JNJ VERSUS PFIZER IN RSA (NEJM IN PRESS)



J&J Pfizer		181	Pfizer	181	181	Pfizer	181	Pfizer	Pfizer	Pfizer	Pfizer	Pfizer
Admission	High care or ICU	Adm	ission	High care or ICU	Adm	ission	High ca	re or ICU	Admission	High care or ICU	Admission	High care or ICU
0-13	days		14-27	' days		1-2 m	onths		3-4 m	onths	>=5 m	ionths

# PROGRAMME / GOAL 3: INNOVATION PROJECTS



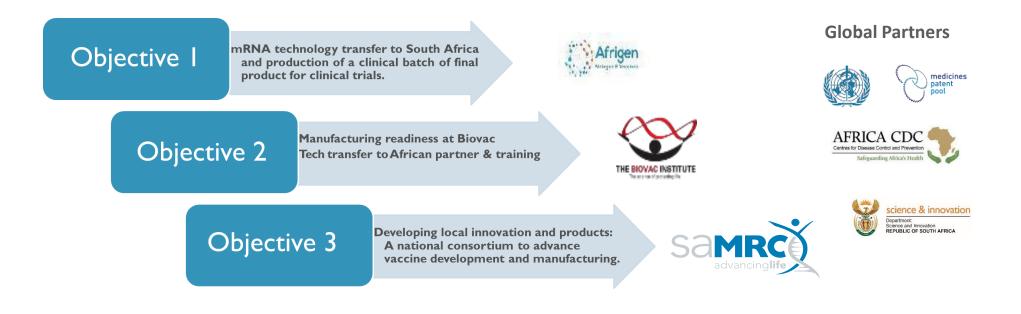




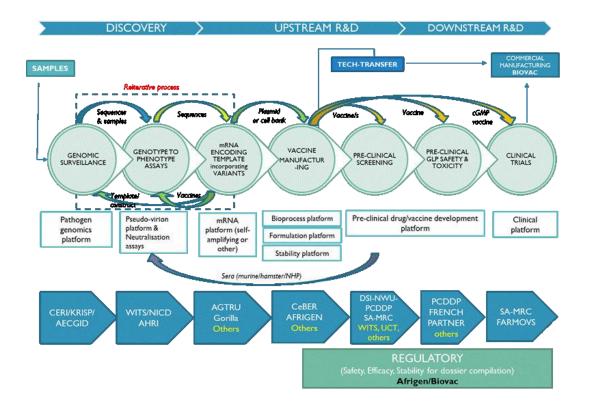


# mRNA TECHNOLOGY TRANSFER HUB

# A public/ private partnership consortium to advance mRNA vaccine development and manufacturing for Africa and other developing economies



# mRNA TECHNOLOGY TRANSFER HUB OBJECTIVE 3



Build innovation capacity and develop pipeline of homegrown products

SAMVAC - South African mRNA vaccine consortium

- Genomics (NGS-SA/ CERI)
- Immunology (NICD)
- Vaccine construction (Wits)
- Lipid carriers (Wits)
- Enzyme production (SU)
- Process development (UCT)
- Pilot production (Afrigen)
- Preclinical (PUDAC, NWU)

Overseen by SAMRC Around €20 million over 5 years

EoI completed to identify additional partners

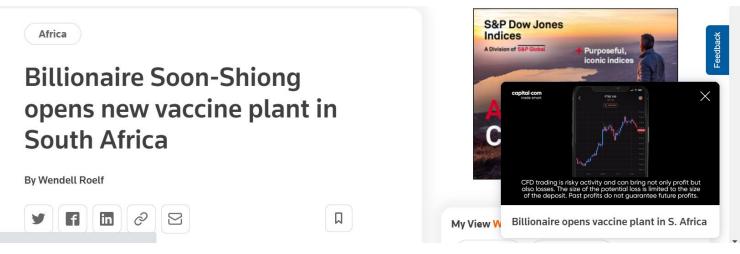
# **BIOMANUFACTURING CAPACITY DEVELOPMENT (1)**

# CHAN SOON-SHIONG FOUNDATION and SAMRC Scholarship program: Building a vaccine manufacturing workforce

Capacity Development grant to build a skilled workforce for the biomanufacturing sector

R100M from Chan Soon-Shiong Foundation – over 3-5 years

Program in development with various academic institutions and other organizations



## Landscape Analysis

- Sub Saharan Africa needs to build a vaccine manufacturing workforce.
- Unprecedented activity in the vaccine manufacturing industry all within last 12 months.
  - Pfizer/BioNtech
  - Nant Africa SA, Botswana
  - Biovac
  - Aspen
  - mRNA Hub
  - Afrigen
- Estimated >600 skilled scientists are needed
  - Post docs, local AND those abroad
  - PhD's
  - MSc
  - Technician and school leaving
  - ٠
- Significant work done Af CDC/WHO/McKinsey/PAVM

ANNUAL PERFORMANCE PLAN 2022/2023

# **BIOMANUFACTURING CAPACITY DEVELOPMENT (3)**

## **Planning and Working Principles**

- Funding of R100M will be provided to the SAMRC from the Chan Soon-Shiong Family Foundation
- The SAMRC would seek to provide co-funding up to R12M
- A Steering Committee will be set up to oversee the grant management
- The timescale for the program will be 4 years, renewable
- The goal of the program is to:
  - Upskill the African workforce, starting with South Africa and Botswana and expanding into Africa
  - Promote and synergise programs (Pan African Vaccine Manufacturing forum of the African CDC, Kofi Annan Scholarship program, World Health Organisation Academy etc) where possible and avoid duplication

# **BIOMANUFACTURING CAPACITY DEVELOPMENT (4): TARGET GROUPS**

Chan Soon-Shiong Studentship/Intern	Chan Soon-Shiong Scientists	<u>Chan Soon-Shiong</u> <u>Scholar/Fellow</u>
<ul> <li>Develop cohort (100 people) of limited skilled scientists who will work in the commercial environment as laboratory, process and production technicians and managers.</li> <li>Train cohort on basic laboratory and research techniques.         <ul> <li>Scaling the SAMRC in-house training program for all institutions (incl. HDIs)</li> <li>Providing subgrants to institutions seeking to provide bridging courses to develop key skills</li> <li>Contracting training organizations (where needed) who may offer certified courses in disciplines that are deemed essential and can be accessed immediately.</li> </ul> </li> <li>Ideal recruitment target levels are recent life science or Honours graduates</li> </ul>	<ul> <li>Building of a cohort of scientists with advanced degrees (25 MSc and PhD) needed to drive scientific discovery and innovation in Sub Saharan Africa</li> <li>chemical and process engineering, molecular biology, biochemistry, microbiology, virology, immunology, and chemistry</li> <li>Funded through RFA or through a sub grant to leading institutions with the goal of graduating these candidates within 2 (for MSc) or 4 (for PhD) years</li> </ul>	<ul> <li>Seek to attract promising African scientists working abroad to return back to (South) Africa (10) either into academia or industrial placements.</li> <li>This highly skilled pool is likely to make a quick impact and the country(ies) will benefit from the "Brain gain".</li> </ul>



# KEY ACHIEVEMENTS & HIGHLIGHTS







Discussion | Efficacy of vaccine on people living with HIV/AIDS

Linda Gail Bekker - Connect the World With Max Foster - CNN



Discussion | SAMA: Tshwane epicentre of Omicron



Professor Tulio de Olivier on the new COVID-19 variant



ICORONAVIRUS EMANZINI ENDLE | FEATURE

## ICoronavirus emanzini endle

#### THE ROLE OF THE SAMRC IN THE DETECTION OF CORONAVIRUS RNA IN SEWAGE (AN EARLY WARNING SYSTEM FOR COVID-19 INFECTIONS)



Ukuqoqa amasampula amanzi endle kusiza kanjani ukukhomba izindawo lapho kungase kube nokuqubuka khona kwe-COVID-19?

Emva kokuqubuka kwe golwane le Corona, amazwe amaningi emhlabeni aqala ukufuna izindlela zokuqapha I covid 19 emiphakathini yabo. Enye yezindlela zokuqapha ukubhebhetheka kwaleligolwane emphakathini ukuhhola amanzi endle. Lendlela yokuhida isidale indima enkulu ukuthutuksa amasu okuhisana namagolwane ayingozi afana no Vendle, i-norovirus ne hepatitis. CoV-2 eziqhamuka kubantu abatheleleke ngaleligciwane, abanezimpawu ze COVID-19 nobanganazo zingena lapho kuhamba khona indle emva kokuzikhulula kwabo. Ngakho, ukuhiola amarzi ende kusikiza ukuba sibone ubukhona be COVID-19 kuloyomphakathi.

Ernva kokuqubuka kwesifo se COVID-19 I South African Medical Research Council (SAMRC) yahlanganisa iminyango emihiaru yoxoaningo ehanganisa abacwaninga ngenvelo nempilo, I-biomedical research and innovative platform, abacwaninga ngesifo sofuba, I Genomics Centre Kanye ne Biostatistics Unit, kuka bahlanganise ihimba lase SAMRC, elizosebenzisa ubuchwepheshe ukubheka ukukhula kwegowane I COVID-19 besebenzisa amarzi ende. Lefthimba lochwepheshe base SAMRC tibeka sicriwane SARSCoV-2 Okuyigciwane elibanga I COVID-19, ngokuqoqa amasampula amarzi asende lapho kuhlanzwa khona lamanzi ende eningizimu ne Africa. Eincezwana ze SARS- Lokhu kuqashwa kwe SARS-CoV-2 emanzini endle kwenziwa emadoloheni athile ezifundazweni ezehiukene eningizimu Ahica. Okuballekile ukuti uma kutholwa golwane le SARS-CoV-2 emanzini endle lisuke lingasathathelani. Okwamanje ayikho imbiko etshegisa ukutih umuhu angagula abe ne COVID-19 ngoba ethinte aumaizi endle.

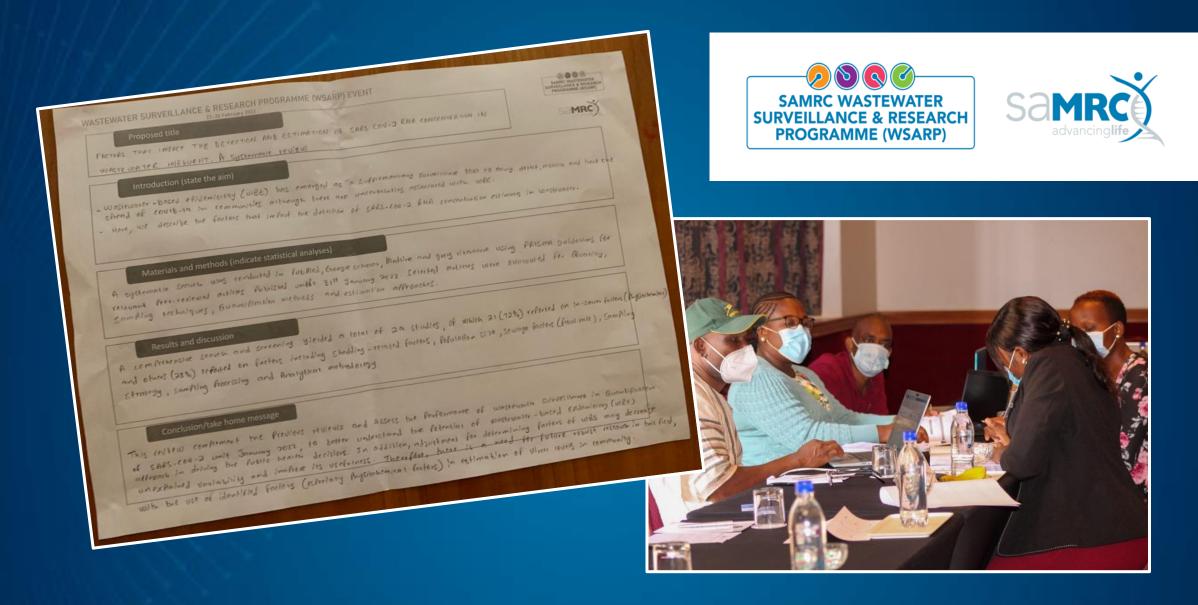


# WASTEWATER SURVEILLANCE & RESEARCH PROGRAMME (WSARP) EVENT: 23-26 FEBRUARY 2022





# PAPER PLANNING AND WRITING SESSIONS





# THE ART OF SCIENCE







# THE ART OF SCIENCE



# WASTEWATER SURVEILLANCE & RESEARCH PROGRAMME (WSARP) EVENT – 23–26 FEBRUARY 2022











# COMMUNICATIONS

# MONTHLY MEDIA REVIEW: FEBRUARY 2022 (1)

The South African Medical Research Council's (SAMRC) media coverage decreased from 199 media items in January 2022 to 146 in February 2022. The Advertising Value Equivalency (AVE) however, increased from R6 246 725 to R8 154 694. Tonality analysis showed 65% positive coverage, 35% neutral and no negative coverage. When looking at the share of coverage, Covid-19 related coverage accounted for 54% of the coverage, while non-pandemic related coverage accounted for the remaining 46%.

## <u>Positive</u>

Coverage largely contained thought leadership commentary from SAMRC representatives across their various fields of expertise in relation to the Covid-19 pandemic in South Africa (SA) and the rest of the world. Commentary focused on a variety of issues including real Covid death toll in SA nearing 300 000, expanding vaccine coverage, the humanitarian consequences of the pandemic, SAMRC President's Glenda Gray being recognised for helping secure Johnson & Johnson (J&) vaccines, the need for political will and expert input to address problems in SA's health sector, the vaccination of minors, the SAMRC helping fund a locally developed Covid-19 test kit, mixing vaccines, and challenges impacting funding of healthcare.

Positive coverage also contained representatives commentary on non-Covid related matters including how child support grants are spent, the need for the grant to be increased, calls for at least 2% of the future National Health Insurance Fund (NHI) to be earmarked for disease prevention, asylum seekers' right to NHI, the World Health Organisation/UNICEF breast milk marketing report, the need for Africans to participate in genetic studies, the pollution of rivers by pharmaceutical products, the University of Cape Town's Conquering Cancer documentary, fitness, alcohol advertising targeted at young women, sin taxes and SAMRC CEO Ames Dhai being elected chairperson of the IBC of UNESCO.

Positive coverage also contained reporting on the SAMRC's involvement with the mRNA Technology Transfer Hub, the NantSA vaccine production Hub and the Council's "Know Your Numbers" hypertension study. Moreover, SAMRC representatives Glenda Gray and Soraya Seedat were included in *Fair Lady* magazine's Women in Science feature.

### <u>Neutral</u>

Coverage largely contained mentions of the SAMRC's data on excess deaths. Additionally, coverage contained reports on the SAMRC's response to the Commission for Gender Equality (CGE) over its vaccine side effects on women's menstruation cycles, rooibos benefits for diabetics, combating violent crime, the SAMRC's collaboration on the survey gauging the extent of HIV in SA, and police abuse of sex workers.

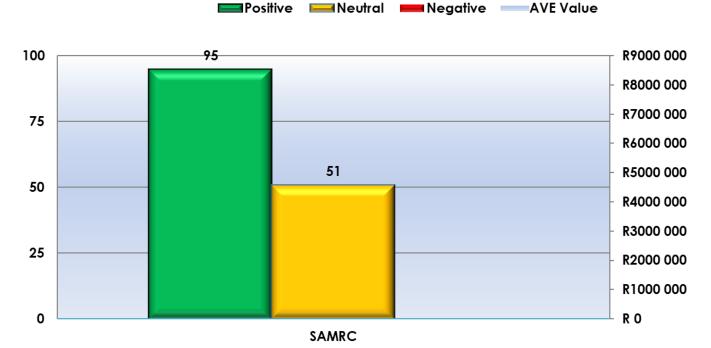
### <u>Negative</u>

There was no negative coverage.

# MONTHLY MEDIA REVIEW: FEBRUARY 2022 (2)

## 3.1. Coverage Breakdown

The following graph gives a breakdown of the amount of articles South African Medical Research Council received during the current analysis period.

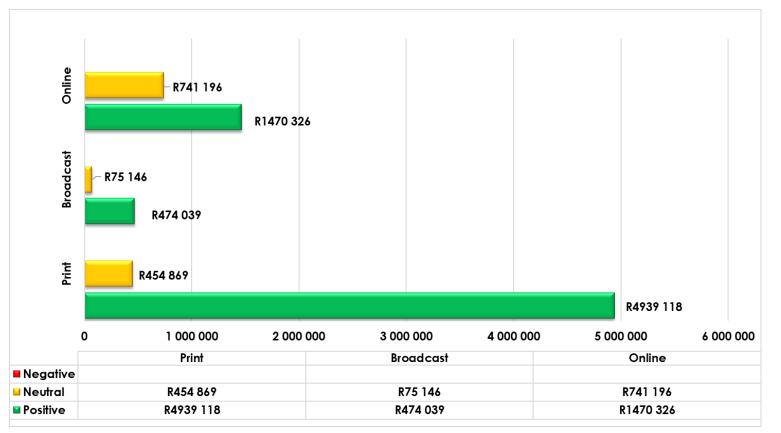


**Sentiment description:** Clear criteria have been agreed when determining Bias / Tonality of the coverage. It is based on public perception, i.e. the common man's perception of the mention, taking into account the use of both positive and negative words in relation to the company or topic being monitored.

## 3.2. AVE Ranking

The following graph gives a breakdown of the AVE Value the South African Research

Council received during the analysis period:



The top three sources with the highest AVEs were *Sunday Times* with an AVE totalling **R3 793 228**, followed by *Daily Maverick* with **R613 800** and *Eye Witness News* with **R498 237**.

## 4.1. Media Type

Scorecard: February 2022 Media Breakdown (Percentage)

Media Type	Positive	Neutral	Negative	Number of items	AVE
Print	56%	44%	0%	64	R5 393 987
Broadcast	82%	18%	0%	11	R549 185
Online	70%	30%	0%	71	R2 211 522
Grand Total	65%	35%	0%	146	R8 154 694

Scorecard: February 2022 Media Breakdown (Figures)

Media Type	Positive	Neutral	Negative	Number of items	AVE
Print	36	28	0	64	R5 393 987
Broadcast	9	2	0	11	R549 185
Online	50	21	0	71	R2 211 522
Grand Total	95	51	0	146	R8 154 694

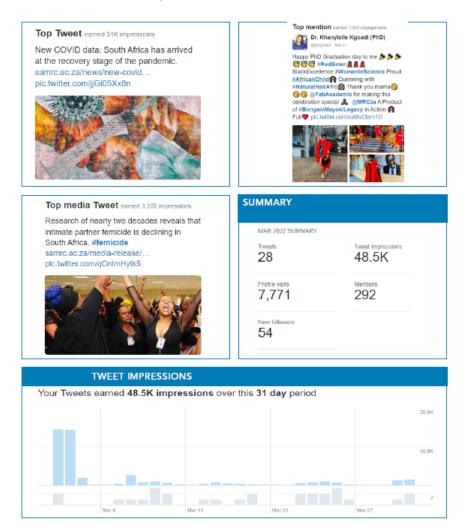
# MONTHLY MEDIA REVIEW: FEBRUARY 2022 (5)

Торіс	Positive	Neutral	Negative	Amount of items	AVE
Excess deaths	8	17	-	25	R1 221 537
mRNA Technology Transfer Hub	15	-	-	15	R389 591
Child grant	11	-	-	11	R279 545
Humanitarian consequences of Covid-19	10	-	-	10	R88 793
National Health Insurance	5	1	-	6	R53 169
Sex work	-	6	-	6	R163 531
Vaccination of minors	5	-	-	5	R165 338
Glenda Gray securing J&J vaccines	4	-	-	4	R1 413 058
Combating violent crime	-	4	-	4	R92 444
Big pharma putting profit before health	4	-	-	4	R1 818 180
CGE statement on Covid-19's impact on mentruation	-	3	-	3	R16046
SA health sector in need of political will	3	-	-	3	R195734
Screening pensioners for hypertension	3	-	-	3	R90 476
South African HIV Prevalence, Incidence, Behaviour and Communication Survey	-	3	-	3	R111 839
Omicron data	2	-	-	2	R98 500
Omicron	-	2	-	2	R68 866
MD SARS-nCOV-2 Antigen Device approved	2	-		2	R76 073
Covid-19 variants	2	-	-	2	R135 464
NantSA vaccine production Hub	2	-	-	2	R75 390
Shabir Madhi	2	-	-	2	R18 389

# SOCIAL MEDIA MARCH 2022: TWITTER

## TWITTER

FOLLOWERS: 6 659 TWEETS: 28 | PEOPLE THAT VIEWED TWEETS: 48 500



# SOCIAL MEDIA MARCH 2022: FACEBOOK

## FACEBOOK

#### FOLLOWERS: 9863 POSTS: 26 PEOPLE THAT VIEWED POST: 22074



Country	Your followers	City	Your followers	Language	Your followers
Bouth Africa	8,103	Cape Town, South Africa	1,793	English (US)	7,156
United States of America	172	Durban, South Africa	897	English (UK)	2,178
India	143	Pretoria, South Africa	697	Afrikaans	113
Egypt	97	Johannesburg, South A	357	French (France)	84
Pakistan	85	Pietermaritzburg, Sout	214	Arabic	75
United Kingdom	83	Port Elizabeth, South A	162	Spanish	45
Kenya	61	Centurion, South Africa	158	Portuguese (Portugal)	35
Bolswana	58	Sowelo, South Africa	148	Portuguese (Brazil)	24
Zimbabwe	55	Sandton, South Africa	147	Vietnamese	16
Nigeria	52	Randburg, South Africa	127	Italian	14

# SOCIAL MEDIA MARCH 2022: LINKEDIN

#### LINKEDIN

FOLLOWERS: 54 562 | UPDATES: 25 | PEOPLE THAT HAVE SEEN UPDATES: 54 001



# **THANK YOU** DELEGATION SOUTH AFRICAN MEDICAL RESEARCH COUNCIL LED BY: PRESIDENT & CEO, **PROFESSOR GLENDA E. GRAY**

