



# Guidelines for Establishing and Monitoring SAMRC Extramural Research Units

**(UPDATED)**

## ENQUIRIES

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## 1. BACKGROUND

The mission of the South African Medical Research Council (SAMRC) is to improve the nation's health and quality of life through promoting and conducting relevant and responsive health research, as well as awarding grants and scholarships. SAMRC research units (both intramural research units [IMUs] and extramural research units [EMUs]) are the prime vehicles for delivering relevant and responsive health research outputs to address both national and international health issues. While IMUs focus their research activities on public health and major burdens of disease in the country, EMUs may, in addition, undertake research in strategic research areas to generate new knowledge and grow the next generation of health scientists for the country. EMUs are established in higher education institutions (mainly universities) and other research intensive organisations such as the National Health Laboratory Service. The need for EMUs was further emphasized in the Report on the Revitalisation of the SAMRC<sup>1</sup>, where it was noted that the SAMRC should drive a new initiative to broaden and deepen its involvement in health research in South Africa.

The funding for the SAMRC EMUs represents a secure, discretionary, financial incentive which is approved in 5-year cycles, up to a term limit of 15 years depending on satisfactory performance. It is expected that institutional support and co-funding and the other grants received by the Unit should exceed several-fold the amount invested by the SAMRC in the Unit.

It is the intention of the SAMRC to provide proportionately equal funding to both intramural research and extramural research. As the host institutions of EMUs provide much of the infrastructure and human resources for the EMU, the SAMRC's aim is to have an approximate ratio of number of EMUs:IMUs of 2:1. This translates to 22 EMUs and 11 IMUs. As at 1 April 2019, there are 11 IMUs and 25 EMUs (**Table 1**). These **updated guidelines** provide a framework for the consistent and transparent establishment of new EMUs, extension and re-establishment of existing EMUs, as well as how these EMUs are supported, monitored and evaluated.

### 1.4 What is an SAMRC EMU?

EMUs are established within research institutions (primarily universities) in South Africa and have the prime goal of generating new knowledge and must contribute to developing the next generation of research leaders for the country. They are built around the scientific excellence and leadership of an internationally recognised researcher and his/her research team.

An EMU is housed within a host institution that should be able to provide the Unit with adequate operational and infrastructural support for the full duration of its proposed lifespan. The SAMRC logo must be linked to the Unit's name wherever it appears such as on signage, letterheads, posters and reports.

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<sup>1</sup> Revitalising the MRC – Current state of the organisation and a proposal for the way forward. MRC, 30 July 2012.

Units have a potential lifespan of up to 15 years, comprising of three 5-year cycles. Funding is approved in the first instance for a single 5-year cycle. Unit reviews are conducted during the fourth or fifth year of every 5-year cycle to determine whether the SAMRC should continue funding the Unit for the subsequent 5-year period based on satisfactory progress. Several factors will inform the decision to continue funding for each subsequent 5-year cycle including the scientific productivity of the Unit, the Unit's high-impact publications and the availability of funds from the SAMRC. At the end of the third term, the SAMRC Unit status and the accompanying funding will be terminated. All intellectual property generated by an EMU belongs to the EMU host institution in accordance with the Intellectual Property Rights from Publicly Financed Research and Development Act 2008 (Act No. 51 of 2008) (IPR Act).

## **2. ESTABLISHING A NEW EMU**

The SAMRC will, from time to time, put out a Request for Applications (RFA) soliciting applications from the health science community in South African research institutions to establish a SAMRC research unit within such institutions. Applications for establishing a new EMU must be supported by the host institution in writing as required, as it will be responsible for all infrastructural, operational and administrative support required to ensure sustainability of the Unit. The application should meet minimum guidelines for establishment of a new EMU for the first time.

### **2.1 The Unit Director (UD)**

The most important criterion when applying to establish an EMU is the scientific excellence of the individual applying as the UD. The proposed UD, as the Principal Investigator (PI) of the application and ultimate authority of the Unit, must be a scientist with international, peer-attested status, with an outstanding publication track record and excellent leadership qualities. These criteria should be demonstrated in the first instance by the number of impactful scientific papers for which the applicant is the first or last author (as the leader of the research team). The recognition by his/her peers in the field must also be shown by invitations to present at conferences and awards for achievements at both national and international levels. Leadership is demonstrated by the number of masters and doctoral students the applicant has supervised, mentored and successfully graduated.

The potential UD should have a PhD, MBChB or equivalent degree, and be permanently employed by a South African research institution eligible for National Research Foundation (NRF) funding. If the UD is in contract employment, the host institution should guarantee this position for the duration of proposed term of the Unit.

As an EMU is largely approved around the profile and track record of the UD, *should the UD resign, retire, take up a new position at another institution, or no longer be available for any reason, the SAMRC Unit status and accompanying funding shall terminate within 6 months.* The UD and institution should notify the SAMRC in writing for any leadership changes. *The rotation of Directors or automatic handover of the EMU to a Unit Deputy Director or any other scientist is not permitted by the SAMRC.*

In the absence of the founding UD, a detailed proposal including succession plan must be submitted to SAMRC should the institution wish to retain the Unit for the lifespan of 15 years. The SAMRC will treat each case on merit following its internal processes and shall reserve the right to not accede to the request. However, we do recognise that UDs are entitled to take sabbatical leave for periods of up to 1 year. The SAMRC must be notified of such intent and the proposed period of absence. Prior to taking such leave, the UD should appoint the Unit Deputy Director (if available) or an experienced senior colleague to ensure sustained productivity of the Unit and make this appointment known to the SAMRC. The UD will, however, continue to be the ultimate authority of the Unit.

## 2.2 The research team

In addition to the scientific stature of the UD, serious consideration is given to the applicant's research team. The research team should preferably include established scientists, postdocs and postgraduate students within an adequate research infrastructure to accommodate and support the EMU at the host institution. Units are expected to attract and develop outstanding postgraduate students as future leaders in their designated research areas, with a focus on transformation and succession planning and, particularly, on building the next generation of black (i.e. African, Coloured and Indian) scientists. In addition to the core research members based at the Unit's host institution, emphasis is placed on research capacity development as well as investigators and collaborators based at other institutions.

## 2.3 Scientific research agenda

It is required that an EMU's research team performs research within the national and international strategic, well-conceived, health research focus that leads to new knowledge. The EMUs are required to actively contribute to the SAMRC's strategic goals and objectives as presented in the SAMRC 2015/16 – 2019/20 Strategic Plan (**Table 2**). It is recognised that a radical discovery or breakthrough research may result in a Unit having to modify its research agenda. Such a situation will be positively reviewed by the scientific review panel in collaboration with the host institution and the EMU.

## 2.4 EMU mandate and expectations

In 2010, the SETI review<sup>2</sup> recommended the following criteria for EMUs:

- Originality and power of ideas under exploration;
- Quality and number of peer-reviewed publications, and international and local articles, books, reviews and (invited) conference proceedings;
- Number of enrolled and graduated Masters and Doctoral students;
- High-quality scientific staff or collaborators recruited;
- Formal commissioned reports produced;
- Patents registered and commercialized;

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<sup>2</sup> Final report of the panel for the review of the South African Medical Research Council (MRC), 2010

- Demonstration of the impact on policies and practices, here and elsewhere;
- 'Academic stature' of Director, nationally and internationally, and of senior staff; and
- Funding attracted.

## 2.5 Scope of research

EMUs are expected to define an integrated, interdisciplinary research effort distinguished by scientific excellence and knowledge generation that leads to new discoveries or innovations having national and global scientific impact. The scope of research for EMUs is broad and includes research in one or more of the following areas; basic, clinical, biomedical, laboratory, public health and behavioural research.

## 2.6 Research outputs

The key activities of EMUs should include:

- generating new knowledge;
- enhancing the leadership role of South African health research globally;
- publishing scientific articles in high-impact journals relating to the field of research endeavour, as well as chapters in books, authored books, technical reports, policy briefs and conference proceedings;
- contributing to human capacity development and transformation, through training postdoctoral fellows and the mentoring and graduation of postgraduate students;
- generating intellectual property towards new or improved products, processes, policies and practises.

## 3. SUPPORTING AND MONITORING EMUs

### 3.1 SAMRC support

The model for funding EMUs is based on providing an annual baseline grant (currently R1 million). Depending on budget availability, EMUs will receive incentive (performance) funding on an annual basis based on the Unit's previous year's publication record. UDs are expected to be sound research managers and leverage the SAMRC funding and Unit status to source additional funding for the long-term sustainability of the Unit. As such, they have the freedom to spend SAMRC funds as they see fit to meet the Unit's goals except for the following:

- Indirect costs or Institutional overhead costs;
- Purchase or construction of a building;
- Rental costs for space that is owned by the host institution;
- Topping up the salary of staff permanently employed by the research institution.

The scoring of outputs is, at present, calculated from the number of publications appearing in scientific journals during the previous year where SAMRC has been duly acknowledged, and the associated impact factor of the journals, as below.

ISI publications	Score
First author high-impact journal (IF $\geq$ 5)	10
Co-author high-impact journal (IF $\geq$ 5)	3
First author low-impact journal (IF < 5)	4
Co-author low-impact journal (IF < 5)	1

It is recognised that such a measure does not necessarily reflect the field of research endeavour (for example, clinical versus biomedical) and the SAMRC reserves the right to modify this measure as and when more standardised measures are developed.

### 3.2 Host institution support

All EMUs fully reside within a host institution under a Cooperation Agreement between the SAMRC and the institution. As such, the institution must be able to provide adequate operational and infrastructural support to the Unit for the full duration of its 15-year lifespan. This support, inter alia, is in the form of:

- funding to support salaries, management and operations of the EMU;
- necessary office space, research and support staff, computer networks, and ICT support and other infrastructure;
- maintenance and control of any laboratory equipment purchased using SAMRC funds because these will become the property of the host institution; and
- effective protection, management and commercialisation of any intellectual property developed by the EMU in accordance with the requirements of the IPR Act.

### 3.3 Reporting

The SAMRC plays a significant role in raising the profile of South African health research and in lobbying for additional research and innovation funding from local and international governments, industry partners, funding agencies, donors, and other philanthropic institutions. The continued success of the SAMRC in raising funds for local health research is dependent on demonstrating value to the funders through metrics such as publications and capacity development (e.g. students supported), which are reported on a regular basis to the funders, including the Auditor General and Parliament. Under-reporting by the SAMRC can potentially place several grant programmes at risk. It is imperative for all UDs to submit **quarterly** and **annual** reports from the year of receipt of the grant. Reports must be completed timeously on the template provided by the SAMRC, detailing the relevant outputs of the Unit for the stipulated period.

The SAMRC requires all EMUs **to list their SAMRC affiliation**, either as primary or secondary affiliation, in all papers, presentations, posters and reports. Furthermore, all relevant papers, presentations, posters and reports should acknowledge SAMRC as follows: **“Research reported in this [publication/press release] was [partly] supported by the South African Medical Research Council.”** Failure to do this means that the outputs cannot be recognised as being supported by the SAMRC, and cannot be submitted to National Treasury nor used for outputs towards incentive performance allocation. The intention of the SAMRC is to keep reporting obligations to a minimum, but of sufficient substance to keep the SAMRC informed of progress within the EMU.

### 3.4 Review of EMUs

An EMU will undergo a 5-yearly peer-review to determine whether the Unit is fulfilling its mandate in terms of the research outputs as defined above. Reviews normally take place in the fourth or fifth year of each funding cycle. The review duration is normally a day and takes place between July and November in consultation with the UD and the institution.

The review panel comprises a chairperson (an independent researcher of international scientific renown) who often acts as a core panellist, three or four external experts in the field (at least one of whom should be an international expert) and representatives from the SAMRC. The role of the SAMRC panellists is to ensure consistency among reviews. The SAMRC President and Vice President(s) are ex-officio members of the panel, while the SAMRC Senior Programme Manager in the Vice President’s office and other SAMRC staff are responsible for organising the review.

The UD is required to present the major successes of the Unit over the reporting period and highlight those with the most significant health/scientific impact. Other researchers in the EMU are also expected to present their specific research endeavours to the committee.

Host institution representatives are invited to the meeting and their role is to provide information to the panel about the overall role and standing of the UD at institutional, national and international levels. This also provides an opportunity for both the SAMRC and the institution to discuss how they could assist the Unit under review.

The Unit is assessed based, inter alia, on:

- the quality, productivity and impact of the research programmes, taking into account recent, current and projected research activities;
- the research outputs, translational achievements and competitiveness at national and international levels; and
- capacity development and transformation, as measured by numbers of registered and graduated postgraduate research students by race and gender.



On conclusion of the review, the panel chair prepares a report that is eventually submitted to the SAMRC Executive Management Committee and the Board for a final decision, and a Review Outcome Letter should reach the host institution and the UD within 3 months of the review.

### 3.5 Termination of SAMRC EMU status before reaching 15-year lifespan

Termination of SAMRC EMU status may take place under the following circumstances:

- When the UD retires, resigns, or is unavailable to work for any other reason for an extended period of time. In this case, the SAMRC associated funding shall terminate within 6 months of such an event unless the institution had presented a proposal and succession plan that were satisfactory to and approved by the SAMRC.
- When the research conducted in the Unit is in breach of the regulations that apply to research integrity or research ethics, or any regulatory, legislative and institutional guidelines governing research;
- When the Unit fails to deliver on its mandate or to demonstrate satisfactory productivity, as judged by the first, second or any other review process; and
- Due to non-availability of funding from the SAMRC.

## 4. EXTENSION AND RE-ESTABLISHMENT OF EXISTING UNITS

The majority of EMUs would close down at the end of 15-year lifespan. Continuation beyond a 15-year lifespan, either as an extension or re-establishment of existing EMU, may be considered in exceptional circumstances. The SAMRC or hosting institution could propose either extension or re-establishment of existing Unit. However, there will be no open RFA, applications will be by invitation. The SAMRC may approve extension for a maximum of 5 years (i.e. only one term), while a re-established Unit could operate up to 15 years (i.e. three terms) subject to satisfactory performance.

### 4.1 Procedures for extension and re-establishment of existing EMU

The procedures for extension or re-establishment of an existing EMU after 15 years will be as follows:

- (i) For ***extension of an existing Unit***, the UD can apply for a further 5-year term. The application can be lodged when the Unit is in its penultimate year. Should the EMU be granted an extension, the proposed research direction should clearly link back to the original research mandate of the Unit, show progress, not a duplication of the previous aims, and clearly describe the significance of the renewal in the larger science and health context.
- (ii) ***Re-establishment of an existing Unit*** is intended for Units that performed extraordinarily overtime and may wish to continue with the SAMRC status with a significantly expanded or amended research mandate post the initial 15-year lifespan. It is recognised that the research thrust of the Unit would in most probability, have shifted during the previous 15 years. It is recommended that the UD makes a new application in the 14<sup>th</sup> year or as advised by the

SAMRC, clearly articulating the expanded research scope or deviation from the original mandate when the Unit was initially applied for.

#### 4.2 Criteria for exceptional consideration of continuation beyond 15-year lifespan

A weighted score against a set of seven (7) compulsory criteria will determine whether the Unit meet minimum fundable score for exceptional consideration of continuation beyond a 15-year lifespan. For extension of existing Units, the minimum weighted score shall be  $\geq 3.5$  out of 5; while for re-establishment of existing unit, the minimum weighted score shall be  $\geq 4.5$  out of 5. The criteria as listed below perfectly align with the SAMRC's strategic goals 2, 3 and 4 (**Table 2**).

- Public health significance of the EMU
- Scientific excellence and research stature of the UD
- Research innovation
- Quantity and quality of research outputs
- Research stature and diversity of the core research team
- Impact of the Unit on capacity development imperatives
- Ability to leverage funding relative to SAMRC baseline funding

*The implication is that very few applications would merit further continuation beyond 15 years.* Only exceptional units which have consistently demonstrated excellent performance, remained relevant to their research mandates and the SAMRC's strategic goals, complied with submissions of quarterly and annual reports, and contributed significantly to national system of innovation (NSI), would be eligible for consideration. The success of the application will largely depend on how well the Unit performed in the last 15 years and whether a competitive value proposition for continuation is provided. Furthermore, consideration would be given to applicants who clearly articulate the impact that emerged from the research in the past 15 years, providing evidence that further research will put the Unit ahead in the research area, and new advances will make it possible to address previously unresolved research questions.

(i) Public health significance of the EMU

A Unit that has shown immense contribution to one or more of the following quadruple burden of disease will be considered favourably:

- The huge burden of HIV/AIDS, TB and other infectious diseases;
- The burden of Maternal and Child Mortality;
- The exploding burden of Non-Communicable Diseases (NCDs) or diseases of life style; and
- Injury, violence and trauma, especially on our roads, in our households and society at large.

Equally important will be research groups that are proactively addressing new and emerging threats, especially those that culminate in public health emergencies. There is an urgent need for rapid and responsive research with a view to optimising development of new health solutions such as vaccines,

therapeutics and rapid diagnostic tools; but to also conduct other research priorities; eg socio-behavioural research, applied and translational research.

(ii) Scientific excellence and research stature of the UD

This criterion aims to measure the overall scientific excellence and research stature of the UD, the extent of international and national collaboration, and the leadership qualities, all of which remain central to the performance of the Unit. Participation of the UD and some team members in international projects serves as an indicator of an established global footprint. The NRF rating is based primarily on the quality and impact of research outputs over the past eight years as perceived by national and international peer reviewers. *Thus, the UD and the core scientific team are strongly encouraged to take advantage of the NRF rating system, with full understanding that this may not necessarily be a perfect tool to measure quality and impact of the research.* Several South African universities and research organisations use the outcomes of the NRF evaluation and rating process to position themselves as research-intensive institutions, while others provide incentives for their staff members to acquire and maintain a rating and give special recognition to top-rated researchers. NRF top-rated (A and B) researchers are expected to conduct and maintain world-class science and impart cutting-edge skills to the next generation of scientists.

(iii) Research innovation

One of the four SAMRC's strategic goals is to support innovation and technology development to improve health. Innovation in research is not always easy to define or measure. Research innovation refers to research leading to amendments of national or international guidelines, policies and practices to improve health, or research related to new or improved diagnostics, devices, vaccines and therapeutics that progressed to the next stage of development/licensed/approved for implementation as part of national or international policy or practice.

(iv) Quantity and quality of research outputs

The SAMRC aims to build a globally competitive science system in South Africa, along with other research organisations. One of the SAMRC's strategic goals is to lead the generation of new knowledge. The quantity and quality of the research outputs of the unit, especially peer-reviewed original publications, would be the key driver to measure the research productivity of the UD and the research team, placing more emphasis on the past 5 years to ensure that the Unit is actively contributing to topical and current research questions. It is imperative that research focus and strategy of the Unit are aligned with national health priorities, the team conducts world-class research and strives to publish in high impact journals, and that a reasonable number of publications should be first or last authored by the Unit staff.

(v) Research stature and diversity of the core research team

The global competitive edge of the Unit depends on the UD and other key staff members. It is expected that the Unit should have a reasonably well-qualified and productive core research team.

A typical research team comprises a blend of established and mid-career scientists, clinician scientists (MBChB or equivalent degree; MMed or equivalent degree e.g FCP), Post Docs, Doctoral and Master postgraduate students. Doctoral and Master students tend to be highly mobile, competing for opportunities and are often driven by availability of resources (quality of research and supervisors, research infrastructure, scholarships, etc). Thus, the value of the Doctoral and Master students as core research members is limited by mobility of this group. This criterion will assess both the academic and research standing of the core research team, putting more emphasis on established and mid-career scientists, including post docs. As for the UD, the Unit's research staff is highly encouraged to take advantage of the NRF rating system.

As part of motivation to continue beyond 15 years, the UD should articulate how the research team was transformed over time (both in gender and historically disadvantaged individuals). The Unit should have an excellent track record and commitment in transforming the workforce.

The major risk in continuing the Unit beyond 15 years is the natural loss of scientific leadership. Articulation of succession plans to guarantee continuity of the Unit should the UD resign, retire or no longer be available for any reason, is paramount. The Unit should demonstrate commitment in developing succession planning.

(vi) Impact of the Unit on capacity development imperatives

Building capacity for the long-term sustainability of the country's health research is one of the four SAMRC's strategic goals. This is critical in contributing to the next generation of researchers. After 15 years, the Unit will be assessed in terms of its contribution in (i) improving and accelerating the training and transformation of the next generation of academics (i.e. postgraduate throughput of women and black students) and (ii) forging greater partnerships with investigators and collaborators based at other South African higher education institutions (with emphasis on HDIs) to enable cross-fertilisation of best practices, scientific collaborations, joint publications, multi-investigator grants, sharing limited research infrastructure, and assisting with supervisory capacity of postgraduate students, etc.

(vii) Ability to leverage funding relative to SAMRC baseline funding

As previously stated, UDs are expected to leverage the SAMRC funding and Unit status to source additional funding for the long-term sustainability of the unit. The criterion will assess how successful the Unit has been in securing external income relative to the SAMRC's baseline funding at least in the last 5 years. The expected contribution by the SAMRC is currently calculated at R5m baseline funding (incentivised funding excluded) over 5 years.

### **4.3 SAMRC internal processes in the event of extended funding**

The following internal processes will be followed in the event of extended funding:

- An addendum to the current co-operative agreement should be entered into to make provision for the extended funding, if applicable.
- Funding for the EMU should be aligned with other EMUs. This applies to both the baseline funding and incentive funding.
- The SAMRC funding commitment should only be for 5 years at a time.
- All other SAMRC administrative and governance rules for EMUs apply during the period of extended funding.

## **5. EXCEPTIONAL CIRCUMSTANCES FOR TARGETED CALLS**

The SAMRC will, from time to time, put out an RFA to address a critical shortage of the next generation of research leaders in select health priority areas, or research focus of national or international strategic importance, or address equity and gender imbalance in the health science community in South African research institutions. The current procedures and criteria for establishing EMU will largely apply, with a few exceptions such as potential candidates eligible to apply or research focus areas targeted by the call.

## **6. EFFECTIVE DATE AND AMENDMENT**

These updated EMU guidelines are effective from **17 October 2019**. The SAMRC reserves the right to amend the guidelines, as required, to ensure that the objectives of the SAMRC are met and that extramural health research is effectively supported. Host institutions of EMUs will be provided timeously with any amendments to the guidelines.

**Table 1:** SAMRC Extramural Research Units as at 1 April 2019 (listed alphabetically)

EMUs	Unit Director	Institution	Established
Antibody Immunity	Prof L Morris	NICD/WITS	2019
Antiviral Gene Therapy	Prof P Arbuthnot	WITS	2015
Bioinformatics Capacity Development	Prof A Christoffels	UWC	2001
Cardiometabolic Health	Prof T Matsha	CPUT	2019
Centre for Health Economics and Decision Science-PRICELESS SA	Prof K Hofman	WITS	2019
Centre for the Study of Antimicrobial Resistance	Prof K Dheda	UCT	2018
Child and Adolescent Lung Health	Prof H Zar	UCT	2015
Development Pathways for Health	Prof S Norris	WITS	2010
Drug Discovery and Development	Prof K Chibale	UCT	2007
Genomics of Brain Disorders	Prof S Seedat	SUN	2019
Health Services to Systems	Prof H Schneider	UWC	2015
Herbal Drugs	Prof A Viljoen	TUT	2015
HIV-TB Pathogens and Treatment	Prof S Karim	CAPRISA	2015
Hypertension and Cardiovascular Disease	Prof A Schutte	NWU	2015
Immunology of Infectious Disease	Prof F Brombacher	UCT	2000
Maternal and Infant Health Care Strategies	Prof R Pattinson	UP	1998
Microbial Water Quality Monitoring	Prof A Okoh	UFH	2015
Molecular Mycobacteriology	Prof V Mizrahi	NHLS/UCT	2000
Precision and Genomic Medicine	Prof R Ramesar	UCT	2018
Precision Prevention and Novel Drug Targets for HIV-Associated Cancers	Prof Z Dlamini	UP	2019
Respiratory and Meningeal Pathogens	Prof S Madhi	NHLS/WITS	1995
Risk and Resilience in Mental Disorders	Prof D Stein	UCT	2017
Rural Public Health and Health Transition	Prof S Tollman	WITS	2003
Stem Cell Research and Therapy	Prof M Pepper	UP	2015
Wound and Keloid Scarring Translational Research	Prof N Khumalo	UCT	2019

**Table 2:** Strategic goals and objectives as presented in the SAMRC 2015/16-2019/20 Strategic Plan.

Strategic Goals	Objectives
1. Administer health research effectively and efficiently in South Africa	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
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 2.2 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 SAMRC research findings into health policies and practices 2.5 To provide funding for the conduct of health research
3. Support innovation and technology development to improve health	3. To provide funding for health research innovation and technology development
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