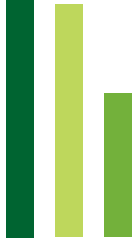


# 2025



## NATIONAL HEALTH RESEARCH SUMMIT REPORT



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**National Health**  
**Research Summit Report**  
**2025**

## Research for Health

Proceedings and recommendations of the 2025 National Research for Health Summit that took place held over two days, on 28 to 29 November 2025, at the Birchwood Hotel and Conference Centre in Gauteng.

The National Health Research Committee (NHRC) comprised of Mushi Matjila (Chairperson), Tivani Mashamba-Thompson (Deputy Chairperson), Christo Heunis, Zilungile Mkhize-Kwitshana, Mathildah Mokgatle, Panjarasam (Vassie) Naidoo, Carmen Pheiffer, Nico Gey van Pittius, Modiegi Selematsela, Annie Temane, Takalani Tshitangano, Joyce Tsoka-Gwegweni, Taryn Young, Thulile Zondi and Lindiwe Zungu.

The NHRC was supported by the secretariat, comprising: Tshilidzi Muthivhi, Lesibana Malinga and Ontiretse Kalakgosi.

Employees of the Chief Directorate: Health Information, Epidemiology, Research, Monitoring and Evaluation (HIERME) that supported the Summit were Tebogo Maomela, Johanna Letsoalo, Kadisha Ramaru, Audrey Mbatha, and Fulufhedzani Musehane. Layout and Design done by Mlamli Hoyana, Communications and Stakeholder Engagement.



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## Acronyms

AI	Artificial Intelligence
CAB	Community Advisory Board
CDC	Centers for Disease Control
COVID-19	Coronavirus disease 2019
CSI	Cooperate Social Investment
CSIR	Council for Scientific and Industrial Research
CTA	Clinical Trial Application
DRC	District Research Committee
DSI	Department of Science of Innovation
EMR	Electronic Medical Records
G20	Group of 20
GBV	Gender Based Violence
GDP	Gross Domestic Product
HEPR	Health Emergency Preparedness, Response, and Resilience
HIV	Human Immunodeficiency Virus
IHR	International Health Regulation
MEC	Member of the Executive Committee
M&E	Monitoring and Evaluation
MTDP	Medium-Term Development Plan
NAPHS	National Action Plan for Health Security
NCC	National Coordinating Committee
NCDs	Noncommunicable Diseases
NDoH	National Department of Health
NDP	National Development Plan
NFNSS	National Food and Nutrition Security Survey
NHI	National Health Insurance
NHRC	National Health Research Committee
NHRD	National Health Research Database
NHREC	National Health Research Ethics Council
NRF	National Research Foundation
NHRS	National Health Research System
PABS	Pathogen Access and Benefit-Sharing
PRET	Preparedness and Resilience for Emerging Threats
PSCEM	Pandemic Supply Chain and Equity Mechanism
PHC	Primary Health Care
PHRC	Provincial Health Research Committee
POPIA	Protection of Personal Information Act
RECs	Research Ethics Committees
R&D	Research and Development
SADHS	South Africa Demographic Health Survey
SA-GCP	South African Good Clinical Practice
SAHPRA	South African Health Product Regulatory Authority
SAHTAC	Strengthening Africa's Health Technologies Advocacy Coalition
SANCTR	South African National Clinical Trial Registry
SAMRC	South African Medical Research Council
SDG(s)	Sustainable Development Goals
SOPs	Standard Operating Procedures
SWGs	Sectoral Working Groups
TB	Tuberculosis
UHC	Universal Health Coverage
UK	United Kingdom
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## Abstract

The National Health Research Committee (NHRC) convened the 2025 National Research for Health Summit on 28–29 November 2025 in Gauteng, South Africa, as a strategic, multisectoral platform to assess progress, identify persistent and emerging challenges, and chart a forward looking agenda for strengthening the National Health Research System (NHRS) in the context of achieving the Sustainable Development Goals (SDGs) by 2030, with particular emphasis on SDG-3. The Summit brought together stakeholders from government, academia, research institutions, civil society, regulatory authorities, industry, and international development partners.

The Summit aimed to reflect on gains achieved since previous National Health Research Summits, while critically examining systemic constraints that continue to limit the optimal contribution of research to health system performance and population health outcomes. Deliberations were structured around the five NHRC workstreams: **Policy and Strategy; Research Priority Setting; Financing, Human Resources and Infrastructure; Research Translation; and Monitoring and Evaluation.**

Proceedings highlighted that, despite South Africa's relatively mature health research governance framework, significant challenges persist, including heavy reliance on external funding, fragmented research infrastructure, misalignment between research priorities and health system needs, limited community engagement in priority setting, and weaknesses in translating research evidence into policy and practice. Emerging risks related to public health emergencies, climate related health threats, digital health, and artificial intelligence further underscore the need for adaptive and forward looking research policies.

The Summit generated a set of integrated, actionable recommendations aimed at strengthening domestic financing and human capital development, improving coordination and governance, institutionalising community participation, accelerating research translation, and establishing robust monitoring and evaluation systems. Collectively, these recommendations provide a coherent roadmap to reposition health research as a core enabler of National Health Insurance (NHI) implementation, health system resilience, equity, and sustainable development in South Africa.

## Executive Summary

The 2025 National Research for Health Summit, convened by the National Health Research Committee (NHRC) and the national Department of Health (NDoH) on 28–29 November 2025 in Gauteng, provided a highlevel multisectoral platform to assess progress and challenges in advancing health research for strengthening the National Health Research System (NHRS) and the achievement of the Sustainable Development Goals (SDGs), with particular emphasis on SDG-3.

The Summit brought together 222 delegates from government, academia, research councils, development agencies, civil society, industry, and regulatory bodies. It focused on five NHRC workstreams:

1. Policy and Strategy
2. Research Priority Setting
3. Finance, Human Resources and Infrastructure
4. Research Translation
5. Monitoring and Evaluation (M&E)

Deliberations highlighted that while South Africa has a comparatively strong health research governance framework, the translation of research into implementation and practice, inadequate domestic financing, and fragmented infrastructure remain key systemic constraints. The Summit produced actionable recommendations to strengthen the National Health Research System (NHRS) toward 2030, aligned with the MediumTerm Development Plan (MTDP) 2024–2029 and National Health Insurance (NHI) reforms.

## Key Findings

### 1. Policy and Strategy

- South Africa has matured governance structures (NHRC, NHREC, PHRCs), yet policy coherence and awareness within institutions remain uneven.
- Emerging risks – artificial intelligence (AI), digital health, public health emergencies, climaterelated health threats - require explicit policy and strategy positioning.

### 2. Financing, Human Resources, and Infrastructure

- Approximately 75 per cent of health research funding is externally sourced, exposing the system to vulnerability and sustainability risks as well as lack of alignment with national health research priorities.
- The Bamako target (2% of the health budget for research) remains unmet.
- South Africa produces approximately 300 health sciences PhDs annually, well below the National Development Plan (NDP) target of 100 PhDs per million population.
- Postdoctoral researchers face insecure contracts, low remuneration, and limited career pathways.
- Research infrastructure is fragmented, with weak equitable and transparent equipmentssharing and robust maintenance systems.

### 3. Research Priority Setting

- Misalignment persists between national health research priorities, provincial needs, and institutiondriven research agendas.
- Community voices are insufficiently embedded in prioritysetting processes.
- Reporting noncompliance on the NHRD weakens national oversight and learning with regards national health research priority trends.

### 4. Research Translation

- A significant gap remains between knowledge generation and realworld decisionmaking.
- Existing knowledge translation hubs and innovation platforms are not integrated nationally.
- Limited public access and knowledge to research outputs, lay summaries, and clinical as well as scientific trial communication undermines trust and uptake.

## 5. Monitoring and Evaluation (M&E)

- Current M&E systems do not adequately track research impact, compliance, or outcomes.
- NHRD and South African National Clinical Trial Registry (SANCTR) improvements are promising but require interoperability, dashboards, and realtime analytics.
- There needs to be national alignment as research ethics committee and sitepermission processes remain variable across provinces.

## Recommendations from the Summit

### 1. Strengthen Financing and Sustainability

- Legislate a phased approach research financing to achieve two per cent of the health budget (particularly at provincial levels) and establish a system to track research financing aligned with national health priorities.
- Mobilise current and alternative, sustainable and transparent sources of funding (i.e. private sector, philanthropic, and corporate social investment funding) to achieve national health priorities through funding research consortia.

### 2. Build Human Capital

- Create and sustain new initiatives for capacity development programmes – aligned with the national health research priorities.
- Legislate the establishment of functional Research Directorates in all provincial Departments of Health as well as reinforce and integrate research and evidence-informed healthcare practices into undergraduate health curricula.

### 3. Improve Infrastructure and Coordination

- Strengthen health research infrastructure planning through regular national, regional, and institutional audits, including research entities.
- Improve access and sustainability of infrastructure by enabling equitable and transparent equipment-sharing frameworks to support multidisciplinary research across all levels and ring-fencing acquisition and maintenance budgets with lifecycle management.

### 4. Advance Priority Setting and Community Engagement

- Develop guidelines for identifying health research priorities and improve the creation of community ecosystems and facilitate participation in research priority setting.
- Strengthen linkages of research priorities to monitoring and evaluation tools (i.e. NHRD, SANCTR).

### 5. Accelerate Research Translation

- Develop as well as implement a stakeholder and evidence informed South African Health Research Translation Guideline and establish a central national research translation hub linking registries, central repositories and national health priorities.

### 6. Strengthen M&E and Digital Systems

- Implement a comprehensive NHRS M&E framework with defined indicators aligned with the World Health Organization (WHO) and global research monitoring frameworks.
- Integrate artificial intelligence (AI) enabled tools into NHRD, SANCTR and other monitoring tools into a live national dashboard.

## **1. Background to the 2025 National Health Research Summit**

### **1.1 The National Health Research Committee (NHRC) and its mandate**

The National Health Act, 2003 (Act 61 of 2003) Section 69 (1) prescribes that the minister establishes a committee, the National Health Research Committee (NHRC), to determine the health research to be conducted by public health authorities, ensure that health research agendas focus research resources on priority health problems, develop an integrated national strategy of health research and advise the minister on the application and implementation thereof and coordinate the research activities of public health authorities.

### **2. Previous National Health Research Summits**

The first National Health Research Summit, held in 2011, examined how health research could be leveraged to improve the health of all South Africans, resulting in seven actionable recommendations aimed at strengthening the national health research system (NDoH, 2011). The second Summit held in 2018 focused on expanding health research to address the social determinants of health and produced six recommendations to guide this shift (NDoH, 2018).

The emergence of the COVID19 pandemic in 2019 - 2020 necessitated a reprioritisation of the health research agenda, prompting the third Summit in 2022 to reflect on lessons from the pandemic, identify critical research gaps, and propose strategies to strengthen the National Health Research System in support of Universal Health Coverage (UHC) (NDoH, 2022). The Summit's core recommendations focused on strengthening the pillars of the health research system, enhancing health systems research for UHC, and improving research for pandemic preparedness and response.

Building on this foundation, the 2025 National Research for Health Summit continued efforts to specifically strengthen the national health research system, particularly as we position the country towards the 2030 SDGs.

### **3. Proceedings of the 2025 Summit**

#### **3.1 Rationale for the 2025 National Research for Health Summit**

The 2025 National Research for Health Summit was convened to accelerate action on healthrelated research in support of the achievement of the SDGs in South Africa. Importantly, SDG-3 aligns closely with national health research priorities aimed at reducing the country's quadruple burden of disease, strengthening health systems, and ensuring equitable access to quality healthcare.

The Summit further recognised the need to advance research that supports the adoption of digital health technologies, addresses mental health and climaterelated health challenges, and strengthens innovation across the health sector. In this regard, the development of vaccines for both communicable and noncommunicable diseases was identified as a critical priority requiring sustained investment and support.

As South Africa advances towards 2030, the Summit underscored that the central challenge remains ensuring equitable, peoplecentred access to healthcare, delivered as close as possible to where communities live, irrespective of socioeconomic status.

The outcome of the 2025 Summit was to provide recommendations for transitioning South Africa's health research system from knowledge production to knowledge use, ensuring research directly supports NHI implementation, SDG-3, and health system resilience by 2030.

#### **3.2 Aim of the 2025 National Research for Health Summit**

The NHRC and the department convened the twoday 2025 National Research for Health Summit to provide a strategic platform for reflecting on progress, addressing persistent and emerging challenges, and cocreating solutions to accelerate the achievement of healthrelated SDGs.

The Summit pursued the following key objectives:

- review national progress on SDG-3 and related research goals influencing health outcomes
- identify critical research gaps and systemic barriers to achieving equitable health for all
- showcase innovations, best practices, and evidence-based approaches to health system strengthening
- mobilise and strengthen partnerships across government, academia, civil society, and the private sector

The 2025 NHRC Summit aligned with the four strategic priorities for the health sector which emanated from the 2024 Presidential Lekgotla and contained in the MTDP 2024-2029, namely:

- 3.2.1 Pursue progressive achievement of universal health coverage through the implementation of National Health Insurance to address inequity and financial hardship in accessing quality healthcare
- 3.2.2 Strengthen the primary healthcare (PHC) system by ensuring that home and community-based service as well as clinics and community health centres are well resourced and appropriately staffed to provide the promotive, preventative, curative, rehabilitative and palliative care services required for South African’s burden of disease
- 3.2.3 Improve the quality of healthcare at all levels of health establishment, inclusive of private and public facilities
- 3.2.4 Improve resource management by optimising human resource and healthcare infrastructure and implementing a single electronic health record.

The Summit was held over two days, on 28 to 29 November 2025, at Birchwood Hotel and Conference Centre in Gauteng. Session chairpersons and rapporteurs were selected from the NHRC membership, while the national Department of Health provided logistical and administrative support, as well as funding. The Summit was convened under the theme **“Towards 2030: Accelerating Action on Health-Related Research towards the Achievement of the Sustainable Development Goals in South Africa.”**

Out of 250 invited experts and delegates from diverse organisations, 181 attended the Summit, distributed as follows:

**Table 1: Attendance of the Summit**

Organisation type	Number of delegates
National Department of Health	36
Provincial Departments of Health	19
Universities	29
National Government Department	6
National Health Research Committee (NHRC)	10
National Health Research Ethics Council (NHREC)	5
Metropolitan Municipality	6
Research Councils/Institutes	24
Research Ethics Committees (REC's)	3
Statutory Committees Councils	10
Pharmaceutical Companies	3
International Development Agencies	5
Non-Governmental Organisations (NGOs)	17
Civil Society Representatives	8
<b>Total</b>	<b>181</b>

#### 4. Plenary Session 1: Opening session

The session was chaired and introduced by Prof. Mushi Matjila, Chairperson of the NHRC, who presented an overview of the NHRC’s key activities and those of its subcommittees for the period 2023–2026. A welcome address, delivered on behalf of the MMC for Health and Social Development, City of Ekurhuleni Metropolitan Municipality, was presented by Felicity Xaba. This was followed by contributions from the invited dignitaries.

##### 4.1.1 Nomantu Nkomo-Ralehoko: Gauteng MEC for Health and Wellness

The Gauteng MEC for Health and Wellness, Nomantu Nkomo-Ralehoko, welcomed delegates to Gauteng and acknowledged the successful hosting of the G20 Leaders’ Summit, which positioned Gauteng on the global stage and demonstrated South Africa’s ability to deliver excellence through unity, integrated planning, and coordinated execution. She emphasised that these same principles of collaboration and shared purpose must guide the national health research system to ensure it is efficient, impactful, and futureready.

She commended the Summit theme for providing a strategic platform to reflect on progress, address persistent challenges, and cocreate solutions that will accelerate South Africa’s response to SDG-3 and related health priorities. The MEC noted that the next five years will be decisive in shaping the country’s health research trajectory and reaffirmed Gauteng’s commitment to making a meaningful contribution.

She outlined the following key messages to strengthen the health research system:

- Evidence must inform planning, budgeting, and implementation.
- Research translation is essential, bridging policy intent and practical impact.
- An integrated national health research system is required to reduce duplication, promote collaboration, and align research with disease burden and available resources.
- Research must extend beyond conferences to inform clinical practice, community interventions, and policy implementation.

The MEC highlighted Gauteng's contribution to the national research landscape through the development of a vibrant, multidisciplinary research ecosystem, supported by provincial research summits and partnerships with universities. She identified priority focus areas including One Health, climatesensitive conditions, digital health, HIV and TB innovations, and integrated models of care.

She further underscored the role of Academic Health Complexes - including Steve Biko Academic Hospital, Chris Hani Baragwanath Academic Hospital, Charlotte Maxeke Johannesburg Academic Hospital, and Dr George Mukhari Academic Hospital - in generating worldclass research in trauma, neonatal care, oncology, cardiology, infectious diseases, and antimicrobial resistance. She stressed that these advances depend on strong collaboration between clinicians, researchers, and policymakers to ensure translation into improved patient care.

Key challenges facing the health system were highlighted as follows:

- persistently high neonatal mortality
- rising noncommunicable diseases (NCDs) necessitating stronger prevention and integrated chronic care
- climate change impacts on disease patterns and health infrastructure
- emerging threats such as vaping among young people, requiring urgent regulatory action

To address these challenges, the MEC proposed practical measures including strengthening systems to ensure research is translated into practice; building capacity at all levels through training and mentorship, particularly among frontline staff; and developing a national database with shared research priorities to reduce duplication and maximise impact. She emphasised the importance of aligning provincial research priorities with the national research framework and SDG-3.

In conclusion, the MEC called on delegates to engage boldly, challenge assumptions, and prioritise evidencedriven solutions to accelerate progress towards 2030. She urged the Summit to deliver not only recommendations, but concrete commitments and partnerships capable of transforming health outcomes for all South Africans.

#### **4.1.2 Dr MJ Phaahla: Deputy Minister of Health**

Dr MJ Phaahla delivered the keynote address, commending the Summit theme, *“Accelerating Action on Research for Health towards the SDGs in South Africa,”* which highlights the urgency of aligning health research with both national and global development goals. He emphasised the importance of evidencebased interventions to accelerate progress towards UHC and the NDP Vision 2030, particularly through the implementation of NHI.

He underscored the critical role of highquality data and reflected on the contributions of previous National Health Research Summits held in 2011, 2018, and 2022; noting their importance in strengthening South Africa's NHRS and ensuring that research informs both policy and practice.

Dr Phaahla further highlighted the need to align health research priorities with the four strategic health sector priorities for 2024–2029, namely:

- achieving UHC through NHI to reduce inequities in access to healthcare,
- strengthening PHC by adequately resourcing clinics and communitybased services,
- improving the quality of care across both public and private health facilities, and
- optimising resource management through effective workforce planning and the implementation of a unified electronic health record system.

Reflecting on South Africa's hosting of the G20 Health Working Group under the theme *“Accelerate Health Equity, Solidarity and Universal Coverage,”* the deputy minister noted that discussions focused on pandemic preparedness, resilient health systems, and the role of science and innovation in driving both health and economic growth.

He highlighted key achievements, including expanded access to health services, the scaleup of antiretroviral therapy, reductions in HIV-related mortality, declining maternal and child mortality rates, and significant improvements in life expectancy. However, he cautioned that progress continues to be constrained by the persistent quadruple burden of disease - including HIV/AIDS, TB, NCDs, and maternal and child health challenges - alongside emerging pandemics and the health impacts of climate change, all of which require innovative, researchdriven responses.

Dr Phaahla emphasised the central role of research in addressing gaps in pandemic preparedness, vaccine development, and the social determinants of health. Drawing on lessons from the COVID19 pandemic, he highlighted the need for sustained investment in diagnostics, therapeutics, behavioural research, and health system resilience.

He noted that the 2018 WHO barometer rated South Africa's health research governance at 83.7 per cent, reflecting strong governance structures and a clear research agenda. However, he stressed that continued investment; particularly in domestic funding, is essential to maintain and improve this performance, especially in light of reduced external funding such as the withdrawal of USAID support.

The deputy minister also reflected on the Bongani Mayosi National Health Scholars Programme, which awarded 170 scholarships and produced 108 graduates (96 PhDs and 12 MSc's), underscoring its importance in sustaining a skilled national health research workforce.

He concluded by highlighting key innovations, including advances in genomic surveillance, vaccine manufacturing breakthroughs (such as the development of a cholera vaccine), and ongoing improvements to the NHRD. He emphasised that strong partnerships across sectors will be critical to achieving UHC, strengthening resilience to future health emergencies, and ensuring that health research translates into tangible improvements in population health outcomes.

#### **4.1.3 Further Questions, Inputs, and Comments from Delegates**

- Delegates noted that challenges experienced with the implementation of UHC in other countries, such as the United Kingdom (UK), may have implications for the rollout of NHI in South Africa. It was reported that several initiatives and bilateral agreements are underway, including the development of a Health Patient Registration System, incorporating Electronic Medical Records (EMRs), as well as ongoing collaboration with the United Kingdom (UK).
- The piloting of EMRs in several provinces was highlighted as a positive development, as it will enable seamless integration of data across the health and social security systems. In addition, delegates emphasised that strengthened public engagement between researchers and health departments will be critical to supporting research that informs effective NHI implementation.
- Delegates further noted that the accessibility and utilisation of the NHRD for research conducted outside public health facilities should be explored. Improving the registration of biosafety laboratories across the country was additionally identified as an important area for strengthening the national health research system.

### **5.1 Session 2**

Session 2 was chaired by Thulile Zondi, Chief Director (HIERME), national Department of Health, and NHRC Member.

The session comprised of the following presentations

#### **5.1.1 Yu Yu: United Nations Population Fund (UNFPA) Representative**

Yu Yu delivered a message of support on behalf of the UNFPA, emphasising the importance of the Research for Health Summit as South Africa approaches the 2030 SDGs, particularly SDG-3. He reaffirmed UNFPA's partnership with the South African government and key stakeholders to strengthen health systems, advance equity, and achieve UHC through research and innovation.

Yu Yu reflected on the G20 Leaders' Declaration, which underscored the need for more resilient, equitable, sustainable, and inclusive health systems that deliver integrated, peoplecentred services, including mental health, in support of UHC. He emphasised that integrating population intelligence, demographic dynamics, and foresight into health research is critical for achieving SDG-3 and informing equitable health system reform in South Africa.

He highlighted UNFPA's strategic priorities for 2026–2030, which include reproductive health, adolescent health services, genderbased violence (GBV) prevention and response, and community engagement. He further stressed the importance of incorporating demographic trends - such as urbanisation, youth bulges, population ageing, and migration - into health research to inform system reforms and strengthen the translation of evidence into policy through closer collaboration between researchers and practitioners.

Using teenage pregnancy as an example, Yu Yu noted that existing research has largely focused on prevalence, with limited attention to comprehensive, scalable interventions. He called for a shift from descriptive studies towards implementation science to generate practical solutions that can be effectively scaled and sustained.

In conclusion, he emphasised that strengthened partnerships across government, academia, civil society, and the private sector are essential to translating research into policy and practice, and to cocreating a resilient, equitable health system that responds to the needs of all people in South Africa.

#### **5.1.2 Sheenaz El-Halabi: World Health Organization (WHO) Representative**

Sheenaz El-Halabi delivered a presentation entitled "*Pandemic Preparedness and Response in a Quadruple Burden of Disease Landscape*" on behalf of the WHO. She congratulated South Africa on the successful hosting of the G20 Presidency, noting that it demonstrated the country's commitment to multilateralism, inclusivity, and global cooperation.

She reflected on the COVID19 pandemic, which exposed systemic vulnerabilities in South Africa's health system and exacerbated the country's quadruple burden of disease, comprising HIV/AIDS and TB, maternal and child health challenges, noncommunicable diseases, and injuries and violence. El-Halabi highlighted the disruption of essential health services, increased mortality, and inequities in access to care during lockdowns. At the same time, she noted key adaptive responses, including the expansion of self testing initiatives, multi month dispensing of antiretroviral therapy, the rapid scaleup of telehealth services, and continued research on HIV and TB.

She outlined key global initiatives launched by WHO, including the Health Emergency Preparedness, Response, and Resilience (HEPR) Framework and the Preparedness and Resilience for Emerging Threats (PRET) initiative. She further noted the global consensus on the new WHO Pandemic Agreement, describing it as a historic commitment towards a safer and more equitable world. The agreement centres on principles of equity, solidarity, and One Health, and introduces mechanisms such as the Pandemic Supply Chain and Equity Mechanism (PSCSEM). Further, she discussed the Pathogen Access and BenefitSharing (PABS) system, acknowledging that it remains an area requiring continued negotiation and trustbuilding. As an example of translating global frameworks into national action, she highlighted the inclusion of Pillar 10 of the Second Presidential Health Compact.

El-Halabi emphasised that pandemic preparedness remains largely reactive rather than proactive, citing persistent surveillance gaps, inequitable access to medical countermeasures, and insufficient integration of preparedness into routine health system functions. She stressed the importance of integrating preparedness into routine disease control and health system strengthening, investing in surveillance, research, and community engagement, and leveraging global and regional frameworks - such as the SDGs and the NDP - to promote multisectoral collaboration and stronger linkages between research, policy, practice, and communities.

She concluded by highlighting the WHO–South Africa Country Cooperation Strategy (2023 - 2027), which prioritises building resilient health systems for UHC, addressing the quadruple burden through integrated and equitydriven approaches, and fostering multisectoral partnerships and global learning. El-Halabi underscored that pandemic preparedness should be a permanent pillar of the national health agenda, anchored in equity, evidence, and community engagement across all policies, innovations, and partnerships.

### **5.1.3 Nondumiso Manyathi: Chief Director, Statistics South Africa**

Nondumiso Manyathi presentation was entitled “*Sustainable Development Goals (SDGs) 2025 - 2030 Country Report.*” She provided an overview of the SDG Baseline Report submitted to the United Nations (UN) in 2017, followed by two national SDG country reports published in 2019 and 2023.

She explained that the 2025 SDG Country Report was delayed due to the unavailability of poverty data. Despite this challenge, only 7.1 per cent of indicators lacked data at the time of reporting. The report covered 246 applicable indicators, comprising 234 unique indicators, including domesticated and supplementary indicators designed to reflect South Africa’s local context.

She highlighted significant progress in closing data gaps over time, with indicator availability improving from 63 per cent in 2017, 64 per cent in 2019, 72.3 per cent in 2023, to 89 per cent in 2025. She noted that Tier III indicators have been eliminated since 2023, signalling substantial improvements in data quality and availability. She further explained that the National Coordinating Committee (NCC) oversees the drafting of SDG reports, while Sectoral Working Groups (SWGs) manage technical aspects related to data availability, access, and quality.

She identified key data gaps under SDG-3, including the lack of recent data on skilled birth attendance, family planning satisfaction, the UHC service coverage index, and tobacco use prevalence. For some indicators, the most recent available data originated from the South African Demographic and Health Survey (SADHS) 2016. Additional gaps were highlighted under SDG-2, particularly in indicators related to undernourishment, stunting, malnutrition, anaemia, and dietary diversity, with data sources including the National Food and Nutrition Security Survey (NFNSS) and SADHS 2016.

She further outlined challenges affecting data quality and usability, including insufficient metadata, outdated surveys, differing methodologies, and the involvement of multiple data providers. Additionally, she noted persistent issues such as limited data disaggregation, uncertainty regarding the quality of some datasets, and the unsuitability of certain administrative data for SDG reporting purposes.

She concluded that mitigation strategies focused on strengthened stakeholder engagement, harmonisation of indicators, and technical support from expert groups will improve data quality, accessibility, and consistency going forward.

### 5.1.4 Further Questions, Inputs, and Comments from Delegates

- Delegates noted that improving the quality of death certification will require greater transparency and strengthened engagement with stakeholders. Currently, official mortality reports are produced by the Department of Home Affairs and Statistics South Africa, and challenges remain regarding broader accessibility of these data for other stakeholders.
- It was further noted that national plans to adopt the WHO pandemic preparedness and response framework will require the development of detailed operational plans, supported by strong memberstate leadership.
- Delegates highlighted that the voluntary report review process includes consideration of case report studies that may contribute to future SDG reporting, subject to agreed criteria and quality assurance.
- Additional expertise was identified as necessary to address declining birth rates, particularly given their use as key denominators for health service delivery planning and performance measurement.
- Finally, delegates emphasised that the adoption of standardised national survey questionnaires aligned to SDG indicator requirements could significantly reduce data gaps and improve the quality and comparability of national reporting.

## 6. Breakaway Session

The breakaway session was comprised five commissions, structured in line with the work of the NHRC subcommittees. Delegates were afforded the flexibility to contribute to any commission where they could add value and were further able to rotate between commissions where appropriate.

Each commission was mandated to deliberate on a defined thematic area and develop recommendations, with scope to identify and address additional issues as necessary. The commissions were organised as follows:

- **Commission 1:** Finance, Human Resources, and Infrastructure
- **Commission 2:** Policy and Strategy
- **Commission 3:** Priority Setting
- **Commission 4:** Research Translation
- **Commission 5:** Monitoring and Evaluation

Each commission was supported by a facilitator and a rapporteur and included a diverse group of stakeholders who actively contributed to the discussions. Rapporteurs prepared concise summaries of the deliberations, key findings, and recommendations arising from each commission.

During the feedback session, facilitators presented the consolidated findings and recommendations of their respective commissions. These presentations incorporated situational analyses undertaken by the NHRC subcommittees, including assessments of strengths, weaknesses, opportunities, and threats, as well as insights from keynote presentations by subjectmatter experts, policymakers, and stakeholder contributions. Final recommendations reflected the full range of inputs provided by delegates during the commissions.

## 7. Plenary Session 2

The second plenary session was chaired by Prof. Panjarasam (Vassie) Naidoo, who provided a brief recap of Day 1 and outlined the programme for Day 2, including the presentations that followed.

### 7.1.1 Prof. Leena Thomas: Chairperson, Ekurhuleni Metropolitan Municipality District Research Committee

Prof. Leena Thomas delivered a presentation entitled "*Experiences and Lessons from the Ekurhuleni Health District: Our Research Journey*," in which she shared perspectives from the District Research Committee (DRC) and highlighted key lessons from the district's research experience.

She reflected on 25 years of health research development in the Ekurhuleni Health District, Gauteng, outlining milestones, strategies, and lessons learned in embedding research within the health system to improve service delivery. She presented an overview of the district profile, which includes a population of approximately four million, less than 25 per cent medical insurance coverage, and a significant burden of disease comprising HIV/AIDS, TB, noncommunicable diseases, and maternal and child health conditions. The district's health infrastructure consists of one tertiary hospital, four regional hospitals, one district hospital, and 93 PHC clinics.

Prof. Thomas described the district's research journey as a vision-driven process, beginning with its first research conference in 2000, followed by the establishment of the District Research Committee (DRC) in 2011. Key developments included obtaining ethics accreditation and introduction implementation workshops in 2017, strengthening pandemic resilience from 2020, and celebration their 25<sup>th</sup> Annual Research Conference in 2025.

She outlined the core functions of the DRC, which included:

- review of research protocols,
- facilitation of research capacity building,
- organization of annual research conferences,
- maintenance of the district research database,
- promotion of research activities, and
- supervision students.

In conclusion, Prof. Thomas emphasised that institutional commitment has been critical to the sustainability of research in the district, while integration with academic institutions has enhanced research quality. She noted that implementation workshops have assisted to bridge the gap between research and practice, and that adaptability during crises has ensured continuity, supported research-driven health system strengthening, and informed evidence-based decision-making.

### 7.1.2 Prof. Ntobeko Ntusi: President and Chief Executive Officer, South African Medical Research Council

Prof. Ntobeko Ntusi delivered a speech entitled *"Financing for Health Research: An Opportunity to Reimagine Global Health and Priorities,"* in which he examined the current global health research financing landscape and its implications for low and middle income countries (LMICs).

He noted that global investment in health research and development exceeds US\$300 billion annually, yet 70 to 80 per cent of this funding originates from and remains within high income countries. He highlighted the persistence of the 10/90 gap, whereby less than 10 per cent of global research funding was directed towards diseases that account for 90 per cent of the disease burden in LMICs.

Africa, he observed, accounts for less than one per cent of global health Research and Development (R&D) expenditure, with most funding being external, short term, and disease specific. These funding patterns have resulted in misalignment between national health priorities and funded research, institutional fragility and dependency, and limited translation of research into policy and practice.

Prof. Ntusi reflected on lessons from the COVID-19 pandemic, which demonstrated the power of science through rapid vaccine development and global clinical trials, while it exposed deep inequities such as vaccine nationalism, minimal LMIC participation in trials, and weak domestic research budgets. He noted that Africa hosted only two to three per cent of global COVID-19 trials, despite representing approximately 17 per cent of the world's population.

He emphasised that financing determines which diseases, populations, and technologies receive attention, and cautioned that current funding models are shaped by power dynamics and political economy considerations, leading to externally driven priorities and fragmented research systems. He therefore underscored the need to strengthen domestic financing and national ownership of health research, drawing on lessons from countries that have achieved four critical outcomes:

- alignment of research funding with national health priorities,
- institutional stability through predictable, multiyear financing,
- retention of human capital by providing secure research career pathways, and
- stronger integration of evidence into policy and practice.

Turning to the African context, Prof. Ntusi highlighted that domestic investment in health research remains low, with less than 0.5 per cent of GDP allocated to research and development, and only a fraction directed towards health research. He cautioned that countries failing to invest in knowledge production risk continued dependence on external evidence, technologies, and agendas. He further observed that contemporary global health challenges - such as pandemics, climate change, and multimorbidity - require financing models that move beyond traditional vertical, donor-driven approaches.

He proposed a fundamental shift in future health research financing, calling for transitions:

- from **donor-driven to country-led financing**, supported by dedicated national budgets and priority-linked funding,
- from **short-term projects to long-term platforms**, including sustained investment in clinical trial networks, genomics, and surveillance systems. From **external capacity-building to local institutional strengthening**, through financing universities, regulatory authorities, ethics committees, and research management offices, and
- from **knowledge production to knowledge utilisation**, by supporting implementation research, learning health systems, and policy integration.

Prof. Ntusi also further acknowledged the political economy of health research financing, noting the influence of geopolitics and the need to revisit global intellectual property arrangements during public health emergencies. He emphasised the importance of strengthening South–South collaboration, developing regional financing mechanisms, and ensuring transparency and accountability in research prioritysetting. He highlighted emerging opportunities for Africa, noting that the continent is expected to account for 25 per cent of the global population and constitute a major contributor to the global health workforce by 2050.

Prof. Ntusi pointed to growing scientific capacity - including genomics platforms, vaccine development centres, and clinical trial networks - as well as increasing policy momentum within institutions such as the Africa Centers for Disease Control and Prevention (Africa CDC), which could support progress towards committing one per cent of GDP to health research.

In conclusion, Prof. Ntusi called for prioritised investment in:

1. Health systems and implementation science
2. Pandemic prevention, preparedness, and surveillance
3. Climate and planetary health
4. Noncommunicable diseases and multimorbidity
5. Mental health
6. Digital health, artificial intelligence, and data governance; and
7. Equity, social determinants of health, and communityled research.

He emphasised that financing health research is not merely a technical issue, but a matter of justice, sovereignty, and longterm resilience.

### **7.1.3 Further Questions, Inputs, and Comments from Delegates**

- Delegates noted that the DRC model presented by Ekurhuleni Metropolitan Municipality was transferable and can be adapted for use in diverse settings across the country. The model was recognised for its reliance on visionary leadership, structured research approval processes through the National Health Research Database (NHRD), the development of a centralised research database, and the dissemination of research findings through workshops and annual research days.
- Participants further acknowledged engagement with the corporate sector and philanthropic organisations as important additional funding avenues to strengthen the health research funding landscape. However, it was emphasised that stronger and more sustained collaboration with major funding partners remains essential.

### **7.1.4 Tammy Gopal: Chief Operation Officer, South African Health Products Regulatory Authority**

Gopal's presentation entitled "*National Regulatory Framework in Clinical Research*," in which she provided a comprehensive overview of South Africa's National Regulatory Framework for Clinical Research. She emphasised that the framework was designed to ensure the safety, efficacy, and ethical integrity of clinical trials involving human participants.

She outlined the regulatory framework, which mandates compliance with the South African Good Clinical Practice (SA GCP) and national ethics guidelines. Oversight is provided by several bodies, including SAHPRA (responsible for reviewing and approving clinical trial applications, monitoring trial conduct, and authorising the importation of unregistered medicines); the National Health Research Ethics Council (NHREC) (which issues updated national ethics guidelines); Research Ethics Committees (RECs) (which independently review research protocols); and Provincial Health Research Committees (PHRCs), which grant additional permissions.

She highlighted the key legal mandates governing clinical research, including the National Health Act, 2003 (Act 61 of 2003) (Section 73), the Medicines and Related Substances Act, 1965 (Act 101 of 1965), Regulation 30 (which specifies application requirements for trial authorisation), and the SA GCP Guidelines (2020). Furthermore, she referred to Section 26 of the Act, which addresses the inspection of clinical trials.

She described the Clinical Trial Application (CTA) process, which comprises three stages: screening, review, and a recommendations based meeting of an expert committee. Common challenges identified during reviews included unclear or inadequate responses from applicants, lack of posttrial access plans, insufficient safety provisions (such as emergency equipment and Data and Safety Monitoring Boards (DSMBs), and Good Manufacturing Practice (GMP) compliance issues related to investigational products.

Furthermore, she referred to data on the number of clinical trials approved in South Africa and compliance activities conducted through inspections, monitoring, and safety reporting. She emphasised that trials are approved only when the anticipated benefits outweigh the risks, in line with the Declaration of Helsinki and SA GCP standards.

She outlined upcoming South African Health Products Regulatory Authority (SAHPRA) publications that will address the following areas:

- First in human nonclinical testing
- Participant compensation models
- Remuneration for Phase 1 trials
- Clinical trials involving pregnant and lactating women

In conclusion, she noted that the digitisation of clinical trial application processes is scheduled for launch in 2026 and emphasised that SAHPRA encourages collaboration among stakeholders to strengthen regulatory oversight and protect public health.

#### **7.1.5 Prof Penelope Engel-Hills: Chairperson, National Health Research Ethics Council**

Prof. Penelope Engel-Hills delivered a presentation entitled “*Ethics in Health Research*,” in which she focused on the theme “*Ethics in Health Research: Responsibility as the Fulcrum*.” She emphasised the central role of responsibility in balancing ethical principles, scientific progress, and societal trust in health research.

She outlined the roadmap for research regulation and ethics, describing sequential steps that include scientific evaluation, ethics approval, site permission, risk–benefit assessment, informed consent, and ongoing monitoring. She provided an overview of the establishment of the NHREC under Section 72 of the National Health Act, 2003 (Act 61 of 2003), highlighting its mandate to set norms and standards, register and audit RECs, and adjudicate complaints.

Prof. Engel-Hills underscored responsibility as the link between external ethics frameworks and internal integrity, noting that it enabled a balance between vigilance and trust. She observed that while science prioritises outcomes, ethics emphasises the process, with responsibility serving as the safeguard for respect for human dignity.

She further highlighted persistent gaps in ethics education and stressed the need to cultivate empathy, humility, and moral courage within the research community. She encouraged the translation of research into practice through responsible approaches that extend beyond publication to ensure accessibility, relevance, and sustained engagement with end-users.

In conclusion, Prof. Engel-Hills emphasised that the research community must balance vigilance and trust, integrate ethics with integrity, value both process and outcomes, and promote ethical translation of research. She closed her presentation by announcing the publication of the 2024 South African Ethics in Health Research Guidelines (NDoH 2024).

#### **7.1.6 John Mdhuli: Secretariat, Strengthening Africa’s Health Technologies Advocacy Coalition**

John Mdhuli’s presentation entitled “*Enhancing Health Research for National Priorities: Community Voices*,” which focused on the critical role of community engagement in shaping National Health Research Priorities in South Africa.

He emphasised the need for inclusive, ethical, and culturally appropriate research processes that genuinely reflect community needs, rather than donor-driven agendas. He noted that health research prioritysetting is complex, given South Africa’s high disease burden, limited resources, competing health demands, and persistent evidence gaps. He highlighted that communities are often excluded from prioritysetting processes, resulting in research agendas that fail to address local realities, and noted that SAHTAC advocates for enabling environments that promote meaningful community involvement in research.

As an illustrative example, he referred to the recent approval of lenacapavir, a drug largely tested in the region, while manufacturing and strategic decision-making occur elsewhere, underscoring the disconnect between local research participation and downstream benefits.

He highlighted why community voices matter, citing:

- Contextual intelligence, whereby communities provide lived experience and ontheground insights,
- Identification of unmet needs through direct engagement,
- Cultural relevance, ensuring interventions are contextually appropriate, and
- Trust and uptake, as engagement improves acceptance and use of health technologies.

He further identified persistent gaps and challenges, including the tendency to involve communities only during participant recruitment, treating them as endusers rather than partners - resulting in transactional engagement. Structural barriers, historical exploitation, and weak feedback mechanisms were highlighted as key contributors to mistrust.

He provided examples of how SAHTAC has supported more inclusive research processes through the establishment of Community Advisory Boards (CABs), research alliances such as African Health Research Innovation and Development Alliance (ARHIDA), participatory models, and civil society forums that contribute to research prioritysetting. He emphasised that aligning community engagement with national priorities can support:

- prevention and early detection, through cocreation of messages and identification of barriers,
- equitable access to health technologies, by reducing hesitancy and increasing demand,
- digital health transformation, through the design of inclusive tools that address literacy gaps, and
- Responsible use of AI, promoting ethical, transparent applications that build public trust.

He reflected on the SDGs 2030, noting their emphasis on peoplecentred and inclusive development.

In conclusion, Mdhuli proposed a way forward that includes institutionalising community engagement within policies and research protocols; strengthening and capacitating community structures such as CABs and forums; recognising communities as equal research partners; improving feedback mechanisms; and cocreating research protocols. He cited NorthWest University's integration of community engagement into its PhD programmes as a strong example of best practice in embedding community voices within health research.

### **7.1.7 Further Questions, Inputs, and Comments from Delegates**

- Delegates noted that capacity development, together with the development of clear guidelines for Principal Investigators (PIs), would strengthen compliance and enhance the protection of research participants in clinical trials.
- It was highlighted that clinical trialists currently submit sixmonthly reports to SAHPRA, with further efficiencies expected through the planned implementation of online reporting systems. In addition, RECs were encouraged to improve the submission of feedback reports and the dissemination of research results to communities through their approval and oversight processes.
- Delegates further noted that the NHREC guidelines have been strengthened through an inclusive engagement process, resulting in improved transparency and accountability in health research ethics governance.

## **8. Feedback Session**

The feedback session comprised reportbacks from the five NHRC subcommittees, with each convenor presenting key findings, deliberations, and recommendations. Presentations focused on priority thematic areas and aligned with the draft Integrated National Strategic Framework and Plan for Research for Health (2025–2030).

### **8.1 Finance, Human Resources, and Infrastructure**

Discussions focused on generating actionable strategies to strengthen research infrastructure, build sustainable human resource capacity, and secure financing for research for health in South Africa.

#### **8.1.1 Human Resources**

South Africa continues to fall short of the NDP target of 100 doctoral graduates per million population, producing approximately 300 health sciences doctoral graduates annually. Key challenges identified included:

- limited supervisory capacity and mentorship opportunities,
- unstable funding for postgraduate and postdoctoral research,
- lack of protected research time for clinicians,
- unattractive postdoctoral conditions (low remuneration and shortterm contracts), and
- misalignment between academic training and health service needs.

##### **8.1.1.1 Strategic Recommendations:**

- Create and sustain new initiatives for capacity development programmes- aligned with the national health research priorities.
- Integrate research into undergraduate curricula and strengthen mentorship structures.
- Provide training and incentives to expand supervisory capacity.
- Establish Research Directorates in all provincial Departments of Health.
- Introduce structured incentives for clinicianresearchers and improve postdoctoral conditions through competitive remuneration and multiyear contracts.

## 8.1.2 Research Infrastructure

Participants noted that research infrastructure remains fragmented and underresourced, with gaps in:

- equipment availability and maintenance budgets,
- dedicated research spaces and access to advanced analytical platforms, and
- shareduse frameworks across institutions.

### 8.1.2.1 Strategic Recommendations:

- Conduct a national research infrastructure audit and establish a centralised database.
- Develop an equipmentssharing framework with standardised agreements.
- Ringfence infrastructure budgets and enforce lifecycle management of equipment.
- Enable shared access to specialised platforms to reduce reliance on international partners.

## 8.1.3 Financing

Health research funding remains heavily dependent on foreign sources (approximately 75%), while domestic investment continues to decline. The Bamako commitment to allocate two per cent of the health budget to research remains unmet, and there is no national system to track research investments.

### 8.1.3.1 Strategic Recommendations:

- Legislate a phased approach research financing to achieve two per cent of the health budget and 0.4 per cent of GDP for research.
- Engage the private sector, corporate social investment (CSI) programmes, international partners, and philanthropic foundations.
- Develop a national system to monitor research funding flows and support sustainability planning.

## 8.1.4 Policy and Strategy

An overview of the 2025 Draft Research Policy and the Draft Integrated National Strategic Framework (2025–2030) were presented to provide context for discussions. The presentation outlined the rationale for developing a new health research policy and reviewing the strategic framework, highlighted key challenges facing the National Health Research System, and enabled informed stakeholder engagement.

Key inputs focused on:

- **Financing and budgeting**, including benchmarking the two per cent health budget target and ringfencing research funds at provincial level,
- **AI and emerging technologies**, including assessment of risks, data protection, surveillance applications, and benchmarking against international best practice, and
- **Stakeholder engagement**, including multidisciplinary public engagement, interdepartmental collaboration on crosscutting challenges, and review of the International Health Regulations (IHR).

### 8.1.4.1 Key Recommendations:

- Review and update the national health research strategy to address public health emergencies through multi-sectoral approaches.
- Conduct NHRC and NHREC awareness roadshows targeting academia and research institutions.
- Strengthen research contributions to the National Action Plan for Health Security (NAPHS).
- Improve usability and utilisation of the NHRD beyond research publications.
- Ensure compliance with POPIA while protecting participant confidentiality.
- Develop ethics policies that promote interinstitutional collaboration.
- Build institutional capacity for AI literacy.
- Develop policies addressing nonmedical research impacting health, including misuse and ethical breaches.

### 8.1.5 Priority Setting

The commission reviewed existing prioritysetting tools and best practices, drawing on experiences from the Africa CDC, KwaZuluNatal PHRC, and Free State PHRC. Key considerations included alignment between national and provincial priorities, representativity of stakeholders, feasibility of prioritysetting mechanisms, and reliance on robust evidence.

#### 8.1.5.1 Key Challenges:

- Inadequate funding
- Noncompliance with research reporting on the NHRD
- Inappropriate priority identification
- Misalignment between universitybased research and national priorities

#### 8.1.5.2 Recommendations:

- Strengthen community engagement in research prioritysetting.
- Ensure multisectoral participation across government and society.
- Align funding with nationally agreed priority areas.
- Maintain continuity of existing priorities while incorporating emerging issues.

### 8.1.6 Research Translation

The commission examined the research translation landscape in South Africa, including mapping exercises and existing knowledge translation hubs. Discussions explored gaps between research generation, realworld decisionmaking, and highlighted countryled initiatives supported by the Department of Science and Innovation (DSI), particularly in diagnostics.

#### 8.1.6.1 Priority areas for mapping included:

- Technology innovation clusters
- Industry partnerships
- Government-supported translational research facilities

#### 8.1.6.2 Key Recommendations:

- Expand national research translation mapping to include Council for Scientific and Industrial Research (CSIR), university technology transfer offices, and public–private partnerships.
- Develop a South African Knowledge Translation Guide.
- Establish mechanisms for crosssector collaboration.
- Create a central national research translation hub integrating registries, priorities, SOPs, and stakeholder directories.
- Standardise ethics coordination and gatekeeper processes across provinces.
- Enforce mandatory reporting of final reports, lay summaries, and policy briefs.
- Strengthen community access to clinical trial information through publicfacing platforms.

### 8.1.7 Monitoring and Evaluation (M&E)

The M&E subcommittee presented on strengthening mechanisms for evaluating the national health research system. Updates were provided on improvements to the NHRD and SANCTR.

#### 8.1.7.1 Discussions focused on:

- Enhancing data access and reporting
- Strengthening ethics and site permission processes
- Addressing nonreporting of research results
- Aligning registries with global standards
- Leveraging technology to support efficiency and integration with the national research strategy

#### 8.1.7.2 Key Recommendations:

- Establish a comprehensive M&E system with defined indicators
- Integrate NHRD and clinical trials data into a central live dashboard
- Constitute a task team to develop indicators and compliance frameworks
- Build capacity for administrators and public engagement
- Enable realtime reporting and AI supported data quality checks
- Strengthen interoperability with WHO frameworks and support emergency trial tracking during outbreaks

## **9. Closing Session**

### **9.1 Thulile Zondi: Chief Director, national Department of Health**

Thulile Zondi reflected on the Summit proceedings by expressing appreciation for the collaborative efforts of all contributors. She commended the team, under the leadership of Prof. Mushi Matjila, for their work on the transitional strategy, research priorities, and policy development, noting the value of the leadership and learning processes that have strengthened the overall approach.

She indicated that certain priorities may require reconsideration, particularly in light of questions raised by National Assembly parliamentarians, which have the potential to enhance the relevance and responsiveness of the research agenda. Zondi reassured participants that their contributions were valued and underscored the importance of the issues deliberated during the Summit.

Zondi highlighted the significance of ongoing work related to the implementation of NHI and the strengthening of digital systems, drawing attention to the role of the research translation function, especially with respect to its implications for institutional roles and turnaround times for research approvals.

Further, she raised concerns regarding persistent research funding challenges, emphasising the need for clearer prioritysetting and addressing gaps in digital capacity that have become increasingly apparent. In closing, she encouraged stakeholders to actively contribute inputs to the national strategic framework for health research, reinforcing the importance of collective ownership in shaping the future direction of the National Health Research System.

### **9.2 Prof. Mushi Matjila: Chairperson, National Health Research Committee**

Prof. Matjila acknowledged all organisations, speakers and delegates that participated in the Summit.

## **10. Main Findings of the Summit**

The main findings of the Summit were derived from multiple complementary processes. These included situational analyses conducted by the NHRC subcommittees across the identified areas of challenge; insights from keynote addresses delivered by experts and policymakers; and stakeholder analyses examining the strengths, weaknesses, opportunities, and threats (SWOT) affecting health research in South Africa.

Additional inputs were generated through deliberations in the Summit's breakaway commissions, where participants discussed key challenges and formulated recommendations, as well as through plenary discussions that collectively articulated a strategic way forward for research for health.

Lastly, it is critically important to implement the recommendations from previous Summits, 2011, 2018 and 2022, as there are common themes over the years.

## **11. Recommendations the NHRC based on the findings of the Summit**

The 2025 National Research for Health Summit identified a set of priority actions required to strengthen South Africa's National Health Research System (NHRS) and ensure that research effectively contributes to improved health outcomes, universal health coverage, and the achievement of the SDGs by 2030. Recommendations are organised across the five NHRC workstreams.

### **11.1 Strengthen Financing and Sustainability**

- Legislate a phased approach research financing to achieve two per cent of the health budget (particularly at provincial levels) and establish a system to track research financing aligned with national health priorities.
- Mobilise current and alternative, sustainable and transparent sources of funding (i.e. private sector, philanthropic, and CSI funding) to achieve national health priorities through funding research consortia.

### **11.2 Build Human Capital**

- Create and sustain new initiatives for capacity development programmes – aligned with the national health research priorities.
- Legislate the establishment of functional Research Directorates in all provincial Departments of Health as well as reinforce and integrate research and evidence-informed healthcare practices into undergraduate health curricula.

### 11.3 Improve Infrastructure and Coordination

- Strengthen health research infrastructure planning through regular national, regional, and institutional audits, including research entities.
- Improve access and sustainability of infrastructure by enabling equitable and transparent equipment-sharing frameworks to support multidisciplinary research across all levels and ring-fencing acquisition and maintenance budgets with lifecycle management.

### 11.4 Advance Priority Setting and Community Engagement

- Develop guidelines for identifying health research priorities and improve the creation of community ecosystems and facilitate participation in research priority setting.
- Strengthen linkages of research priorities to monitoring and evaluation tools (i.e. NHRD, SANCTR).

### 11.5 Accelerate Research Translation

- Develop as well as implement a stakeholder and evidence informed South African Health Research Translation Guideline and establish a central national research translation hub linking registries, central repositories and national health priorities.

### 11.6 Strengthen M&E and Digital Systems

- Implement a comprehensive NHRS M&E framework with defined indicators aligned with WHO and global research monitoring frameworks.
- Integrate AI enabled tools into NHRD, SANCTR and other monitoring tools into a live national dashboard.

## 12. Conclusion

The 2025 National Research for Health Summit reaffirmed that health research is a strategic investment for national development, health equity, and system resilience, rather than a discretionary or auxiliary function. While South Africa has established credible governance structures and demonstrated significant research capability, persistent challenges relating to financing, coordination, translation, and monitoring continue to constrain impact.

The Summit's recommendations provide a coherent and actionable roadmap to strengthen the National Health Research System and align it with national priorities, including National Health Insurance, the MTDP 2024–2029, and the achievement of SDG-3 by 2030. Central to this roadmap is the need for strong leadership, sustainable domestic financing, meaningful community, private sector and civil society engagement, robust digital systems, and a clear focus on translating evidence into policy and practice.

Effective implementation of these recommendations will require a wholeofsystem approach, strong and sustained political commitment, and coordinated collaboration among government, academia, civil society, the private sector, and international partners. By repositioning research at the core of the health system, South Africa can ensure that scientific knowledge directly informs decisionmaking, strengthens service delivery, and delivers measurable improvements in population health outcomes.

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