

**MEDICAL RESEARCH COUNCIL
STRATEGIC PLAN**

2005 - 2010

**BUILDING A HEALTHY NATION
THROUGH RESEARCH**



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1. INTRODUCTION

The mandate of the MRC, by Act of Parliament (Act 58, 1991), is the following:

‘The objects of the MRC are, through research, development and technology transfer, to promote the improvement of the health and quality of life of the population of the Republic, and to perform such functions as may be assigned to the MRC by or under this Act’.

The *MRC Strategic Plan 2005 – 2010* describes exactly how the MRC will deliver on this mandate by promoting and conducting relevant and responsive health research to improve the health and quality of life of the nation.

Health research is the primary instrument by which we seek to gain a better understanding of our bodies and minds and their interaction with the environment, as well discovering methods by which we can preserve and promote our physical, mental and spiritual health. This, in turn, provides a basis upon which we can develop interventions to prevent or cure disease.

Health research is the core business of the MRC. This research must be validated and of high quality if it is to impact on the health of South Africans. The MRC has systems of peer review and audit that ensure such high standards are met. MRC research, development and technology transfer encompass all spheres of knowledge generation that impact on health and quality of life, from basic to applied research. Following international best practice, all the broad disciplines of human health research are within the remit of the MRC: laboratory, clinical, public health, policy and implementation. This work is usually done in an integrated, multidisciplinary fashion. Often, a participatory approach is used in setting the research agenda, in performing and analysing the research, and in disseminating the research results.

The portfolio of MRC research must also address the health and development priorities of South Africa as defined by the National Health Research Committee (NHRC), set up under the National Health Act, to advise the Minister of Health on health research priorities for South Africa. The MRC research priorities are agreed upon annually in consultation with the Minister of Health.

Furthermore, the MRC vision of ‘building a healthy nation through research’ can only be achieved if research results are translated into policy, practice, health promotion and products.

The principal stakeholder of the MRC is the National Department of Health (NDOH), not only because the NDOH provides the MRC baseline budget but also because the NDOH is the primary agent responsible for the health of the people of South Africa. Health is a human right in the Constitution of the Republic of South Africa. The responsibilities of the MRC, as they impact upon health and quality of life, are therefore profound.

The Department of Science & Technology has oversight of all research and development in South Africa, and is therefore an important stakeholder and key enabler for the MRC to deliver on its mandate as set out in Act 58 of 1991.

The MRC Strategic Plan is informed by the following:

- The MRC's vision, mission, values and culture.
- The MRC's research challenges and opportunities.
- National health priorities.
- The MRC's shared values and ethics.
- The MRC's key performance indicators.

The work of the MRC is detailed in its annual Business Plan, derived from the Corporate Strategic Plan. The performance of the MRC is evaluated annually by the NDOH through the Key Performance Indicators (KPI) Report, which is also submitted to the Department of Science & Technology to establish the MRC's performance within the broader National System of Innovation.

As a statutory council with responsibility for health research, the MRC reports to its primary shareholder through its Annual Report, which is submitted to the Minister of Health to be tabled in Parliament each year.

Key Strategic Imperatives

The *MRC Strategic Plan 2005 – 2010* takes cognisance of a number of key strategic imperatives that relate to the health and development needs of South Africa and Africa:

- The MRC's continued investment in **high-quality, priority-driven research and training** across all areas of health research.

- **Human resource development and retention:** Recognising that people are its prime resource and asset, the MRC will invest in people and embark on systematic and conscious human resource and staff development programmes across a range of disciplines.
- **Transformation and development:** Mindful of the systematic exclusion in the past of black Africans in South Africa, and, to a certain extent, women from science and technology – and of the dire need for South Africa to dramatically expand its human resource base in science and technology in order to achieve its economic growth and development targets – the MRC is committed to implementing a bold, ambitious transformation and development plan; particularly in terms of the recruitment, training and retention of young, black and women scientists at doctoral and postdoctoral levels.
- **Capital expenditure:** Particularly for laboratory equipment, this needs to be expanded in the MRC units as the dearth of such equipment is reaching crisis point.
- **Forging and nurturing strategic partnerships:** Existing partnerships with Government, universities, funders and communities will be strengthened, while new multi-sectoral partnerships and consortia will be developed to strengthen research across all sectors.
- **Communication with key strategic partnerships:** Communication initiatives will be undertaken to further enhance the image of the MRC and to position the MRC as a relevant, innovative, caring and responsive research organisation.
- **Performance management:** These systems are being continuously reviewed in order to augment and reward research excellence, and to implement good management practices. This is key to enhancing innovation and creativity within the organisation.
- **The promotion of a shared value system and ethics:** The MRC will continue to grow and develop as an African research council that is multi-ethnic and multi-cultural in nature and that serves Africa's health needs and aspirations. Implementation of the values system of the MRC will involve changing the organisational culture.
- **Translation of research, knowledge management, and biotechnology:** Knowledge and biotechnology products from MRC research will be utilised to develop interventions for improving and maintaining the health of South Africans. This will involve commercialisation of intellectual property through the 'spinning out' of biotechnology companies.

2. UNDERLYING ASSUMPTIONS

- The *MRC Strategic Plan 2005 – 2010* sets the strategic direction for the organisation. The current research structure and systems will be transformed through implementation of the new MRC research strategy and the transformation and development strategy.
- The MRC will continue to conduct relevant, responsive and excellent health research.
- The MRC will maintain its emphasis on knowledge generation in all spheres of health research from basic to applied. This encompasses the broad disciplines of human health research: laboratory, clinical, public health, policy and implementation.
- This research will be conducted in a co-ordinated and integrated fashion through the MRC national programmes, units and projects.
- The research will continue in both intramural and extramural environments, with an emphasis on research collaborations with universities as these are the institutions in which much South African health research is conducted and students are trained.
- The MRC remains the leading health research institution in South Africa and is the only health research institution that is truly national.
- The MRC will continue to evaluate and manage intra- and extramural research in a similar manner in terms of peer review and five-yearly unit reviews.
- The MRC will meet the requirements of current corporate governance frameworks within the national science system of South Africa while maintaining its relative autonomy as a parastatal organisation.
- The MRC's research and research funding will continue to focus on those areas of national priority in which the MRC has global comparative advantages, along with strong local impact and relevance. These include transdisciplinary and trans-sectoral research partnerships.
- The MRC will work closely with its line department, the NDOH, for various reasons. Firstly, because NDOH is the source of 50% of the MRC's funding (the most sustainable portion of the MRC budget). Furthermore, the MRC research priorities, Business Plan and Annual Report are tabled through the NDOH. Finally, the NDOH is the primary agent through which the MRC can achieve its vision of 'building a healthy nation through research'.
- The MRC will strengthen relationships with other line departments such as the Department of Science & Technology (DST) to ensure its optimal place and role in the National System of Innovation.

- The MRC continues to experience difficulty in retaining scientific and managerial staff in the face of globalisation and will have to play a greater role in research capacity development and staff retention.
- The MRC will advocate for an increase in health research expenditure as a percentage of government expenditure to meet the target of 2% set in the Mexico Declaration of 2004 and the World Health Assembly of 2005. A doubling of the MRC baseline budget is needed to address all South Africa's health research priorities adequately, and a trebling is required if the MRC is to fully exploit the opportunities in health research and biotechnology that arise. New baseline posts or research initiatives will need to be created from a reallocation of resources and the closure and/or rationalisation of existing structures.
- The MRC will continue to grow its external income (currently at 50% of total income) through contracts, grants and commercialisation of intellectual assets, as well as by growing its share of local competitive public funding such as the Innovation Fund, DST Centres of Excellence, DST/NRF Research Chairs Programme, etc.
- South Africa has great opportunities to develop niches in biotechnology associated with human health and the MRC, with its extensive intellectual property portfolio and biotechnology platforms, is well placed to exploit these opportunities.
- The SETIs (the Science, Engineering and Technology Institutions) and universities will put increasing emphasis on the management and commercialisation of intellectual property and the MRC will need to identify, protect and exploit its research portfolio on behalf of the people of South Africa.
- The MRC will grow its biotechnology portfolio in collaboration with other science councils such as the CSIR and ARC and will seek to create 'spinout companies' using the intellectual property it generates.
- The MRC will continue to play a leading role in information and communication technology applications for human health as well as computing science and bioinformatics applications.
- The MRC embraces the goals of the New Partnership for Africa's Development (NEPAD). These include increasing emphasis on health research relating to social development. Partnership programmes will be initiated focusing on the specific health problems of the African continent.
- The MRC will need to tap into global developments in health and health research. These include the doubling of aid to Africa by the G8 countries targeted at an extra US\$25 billion by 2010, some of which is targeted towards the provision of universal access to treatment for HIV and AIDS; initiatives to expand prevention and treatment of malaria; the possible formation of a Global Health

Research Cooperative; the Global Vaccine Enterprise; the Global Alliance for TB Drug Development; and, the European and Developing Countries Clinical Trials Programme.

3. VISION, MISSION, VALUES & CULTURE

Vision

‘Building a healthy nation through research’

Resources, time and money will be devoted to articulating this vision. The word ‘building’ implies a journey or process to get there, and ‘research’ implies all aspects, like doing, funding and facilitating research. The manner in which the vision is communicated must be changed to enhance its meaning and understanding.

Mission

‘To improve the nation’s health and quality of life through promoting and conducting relevant and responsive health research’

This mission will be achieved by the following:

- Conducting relevant research.
- Funding research.
- Building health research capacity.
- Translating research.
- Managing health knowledge.
- Managing intellectual capital.
- Leadership and governance.

Organisational culture

The MRC is responsible for, and passionate about, the transformation and development of South Africa through the role of health research in building a healthy nation. It does this through the translation of research results into policy, practice, health promotion and health products.

Values

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

- **Communication:** transparency, freedom to challenge.
- **Accountability:** responsibility, teamwork, leadership, participation.
- **Respect:** dignity, honesty, fairness, integrity.
- **Excellence and innovation.**
- **Capacity development:** reward and recognition.

Crosscutting themes in the work of the MRC include:

- Ethics and human rights.
- Capacity development.
- Indigenous knowledge and culture.
- Health promotion.
- Biostatistics.
- Information and knowledge management.
- Intellectual capital management.

4. STRATEGIC CHALLENGES

The key strategic challenges the MRC faces are:

- Human and other capacity (e.g. infrastructure and enabling technologies).
- Financial sustainability.
- Managing the relationship with NDOH, the MRC's line department.
- Corporate governance.
- Communication, both internal and external.
- Transformation.
- Managing the politicisation of research.
- Research prioritisation.
- Research quality and output.
- Renewing research strategy and aligning structures and processes with it.
- Managing the growth in the organisation (strategic vs. donor-driven).
- Strategic management of intellectual property.
- Employment equity.

5. RESEARCH PRIORITIES

The MRC's research prioritisation, research portfolio and resource allocation are based on two major inputs:

- The burden of disease and health profile of South Africa as systematised within the Combined Approach of the Ad Hoc Committee on Health Research for Development.
- Strategic priorities in health and development in South Africa as identified by initiatives such as South Africa's Foresight Exercise, the South African Government and the NEPAD Secretariat.

These inputs were used by the NDOH, together with a wide group of stakeholders, in formulating health research priorities for South Africa in 1997. The Foresight Exercise was a South African initiative in which the MRC participated in predicting the strategic areas for research investment in the future.

These health research priorities are rooted in the context of the health transition that South Africa is currently undergoing, which results in a triple burden of disease:

- Communicable diseases.
- Non-communicable or chronic diseases.
- Violence and injuries.

This health transition is largely due to improving socio-economic conditions for many South Africans resulting in an increase in the determinants, behaviours and risk factors for chronic diseases, as well as increased longevity and thus prolonged exposure to these risk factors.

Research prioritisation forms the basis from which to develop and implement research structures and processes to ensure equitable and effective allocation of research Rands and other resources. Such resource allocation enables the MRC to conduct relevant, responsive and excellent health research which, when translated into policy and practice, produces improved health and quality of life for South Africans.

The Millennium Development Goals (MDGs) are also an important determinant of global health research priorities, as health features in half of the ten MDGs. South Africa is one of the few African countries likely to meet the MDGs by 2015 and health research should be deployed to ensure that that target is speedily approached.

Health issues raised at the World Summit on Sustainable Development in Johannesburg in 2000, in which the MRC participated, are also pertinent to the MRC's research agenda.

ENHR approach

The MRC has adopted Essential National Health Research (ENHR) as a philosophy to guide its health research since 1993. ENHR uses burden of disease as the primary measure to evaluate a country's health priorities and thus guide resource allocation in the 'country-specific' mode. ENHR also includes a 'global-specific' mode that takes into account global threats to health requiring health research investment, such as avian flu, multidrug-resistant tuberculosis and climate change.

Burden of disease

Burden of disease includes both morbidity and mortality; the former being particularly difficult to measure on a national basis. The disability adjusted life year (DALY) is a commonly used measure of morbidity plus mortality. However, its accuracy is dependent on the quality of the data fed into it; which even in South Africa, despite the great strides made since 1994, is still sorely lacking. The sources of such data include:

- Cause-specific death certification data from the Department of Home Affairs; the latest available are for 2002.
- National registers of disease incidence and mortality such as the TB register and the National Cancer Registry.
- Technical reports of up-to-date estimates and projections of death and disability.

Strategic priorities and the National Health Research Committee

Strategic priorities will be identified in consultation with the National Health Research Committee (NHRC) which, under the National Health Act, advises the Minister of Health on the national health priorities for South Africa.

For the period 2005 – 2010, these imperatives were used to identify the following research priorities:

- HIV and AIDS.
- Tuberculosis.
- Cardiovascular disease and diabetes.
- Behavioural science and health promotion.
- Cancer research.
- Racial disparities in health.
- Ethics in health research.
- Research translation.
- Post-genomic research.
- Biotechnology.
- Indigenous knowledge systems.
- Environmental and occupational health research.

These research priorities will be further refined during the implementation of the *MRC Strategic Plan 2005 – 2010* over the next five years.

New Partnership for Africa's Development (NEPAD)

NEPAD will increasingly become an important determinant of the research agenda of the science councils. Consequently, malaria, which is not a leading cause of death and disability in South Africa, receives large investments of MRC funds because of the importance of the disease in SADC countries and Africa as a whole.

There will be scope to participate more in NEPAD through the NEPAD Health Secretariat, utilising the NEPAD Strategic Plan for Health which MRC employees helped draft in 2000.

Furthermore, G8 funds may soon become available for NEPAD health research programmes once South Africa has been through the NEPAD peer-review process. Likely areas to be funded according to the *Africa Commission Report* tabled at the 2005 meeting in Gleneagles, Scotland include:

- Health research related to the G8 intent to provide access to HIV and AIDS treatment and care for all in Africa who need it.
- The US government commitment of over US\$1 billion to malaria in Africa.

As the national statutory health research council of South Africa, the MRC should be well positioned to access and utilise such funds.

6. MRC CORE COMPETENCIES

The core competencies of the MRC are:

0. Conducting research.
0. Promoting research.
0. Capacity building.
0. Informatics and knowledge management.
0. Collaborative research.
0. Leveraging resources.
0. Research translation.
0. Stakeholder management.
0. Research management.
0. Innovation management.
0. Human resource development.
0. Corporate governance.
0. Contracts and budget management.

These core competencies will be continuously reviewed and exploited during the implementation of the *MRC Strategic Plan 2005–2010*, and marketed nationally and internationally. The MRC will thereby improve the quality, relevance and responsiveness of its research and, through research translation, use its research, development and technology transfer activities to improve the health and quality of life of the nation.

7. STRATEGIC OBJECTIVES

The MRC's strategic framework takes cognizance of the complex contextual and contractual environments and driving forces, and provides the overall framework for all strategic and operational processes as depicted below. The MRC's strategic objectives and action plans describe the major implementation activities for the next five years. These will be operationalised in the various business plans of the research units and support divisions.

MRC strategic objectives

The MRC has nine strategic objectives grouped into three categories:

A. Promotion and conduct of research

Promoting and conducting research is the core business, the primary strategic objective of the MRC as a knowledge-producing organisation. Without research the vision of the MRC of 'building a healthy nation through research' cannot be achieved.

- 0. Research strategy and business plan.

B. Professional support for research

Research cannot take place, and staff cannot develop unless supported by corporate professional services.

- 0. Financial model strategy and plan.
- 0. Opportunity and risk management.
- 0. Capacity development.
- 0. Transformation and development.

C. Research translation

Research makes no difference to health and quality of life unless it is translated into interventions such as policy, practice and products, which can have an impact on the health and quality of life of the nation.

- 6. Innovation management and technology transfer
- 7. Informatics and knowledge management
- 8. Research translation
- 9. Stakeholder management

The following table provides a summary of these strategies, objectives and related actions. The Executive Management Committee of the MRC has been restructured in order to implement the *MRC Strategic Plan 2005 – 2010*; together with a wider executive team focused on execution of the *MRC Strategic Plan 2005 – 2010* through the MRC Business Plan.

STRATEGIC OBJECTIVES	ACTIONS
<p>0. Research strategy and business plan</p> <ul style="list-style-type: none"> • Research priorities • Research unit restructuring <p>Develop and effectively implement a research strategy and plan that will enable the MRC to fulfill its mission and achieve its vision of ‘building a healthy nation through research’.</p>	<p>Key aspects of the research strategy and business plan</p> <ul style="list-style-type: none"> • Sets out a five-year programme for implementation and review. • Involves revision of MRC research structures. • The definition and development of the research agenda and principles are based on national priorities in health and development as defined by the National Health Research Committee. • Research and development agenda set within the National System of Innovation. • The strategy and plan are designed within the context of global, African and South African health and development priorities and trends. • Anticipates developments beyond the five-year planning period. • Informed by the burden of disease of South Africa and Africa. • Articulates how this research and development strategy would support the MRC vision, mission and strategic objectives.

STRATEGIC OBJECTIVES	ACTIONS
<p>2. Financial model strategy and plan</p> <p>Develop and implement a financial model for the MRC that takes cognizance of the MRC’s funding mix and ensures financial sustainability while delivering on its mandate.</p> <p>Ensure that this financial strategy is firmly linked with, and supports, the research, transformation and development plans of the MRC.</p>	<ul style="list-style-type: none"> • Meet the challenge of financial sustainability. • Set an appropriate funding mix to ensure that there is a balance between private and public research (to avoid becoming ‘donor-driven’). • Design a cost-recovery model in order to avoid government funds cross-subsidising contract research. • Address the need for a contingency reserve. • Consider using surpluses to fund capital infrastructure. • Negotiate with funders with a view to using part of interest to fund capacity development. • Increase human resource development funding. • Advocate for a doubling of baseline funding over 2007 – 2010.

STRATEGIC OBJECTIVES	ACTIONS
<p>3. Opportunity and risk management</p> <p>Identify opportunities and risks; develop and implement an opportunity and risk management strategy and plan to ensure growth in research, innovation, collaboration and total mandate delivery.</p>	<p>Action A: Research and capacity development</p> <p>To raise an additional R180 million baseline funding over 2007 – 2010 to realise our new vision and mission, and to support the research strategy and a restructured MRC; and sustain it after that.</p> <p>Capacity development:</p> <ul style="list-style-type: none"> • Career awardees – an additional eight to bring the total to 15. • Black African PhDs – train 30 over the next three to five years. • Postdocs – double the number to 25. • Establish a Capacity Development Technical Support Unit. <p>Research: Create several new national collaborative research programmes, including cardiovascular disease research; Cancer Research in South Africa (CARISA).</p> <p>Action B: Managing funders’ interest</p> <ul style="list-style-type: none"> • Negotiate for reinvestment of interest into the same research projects for capacity development. • The MRC must tighten up on interest from universities. • Set up a project team to investigate the risk around the funding mix. • Investigate contract staff going onto baseline. • Establish a project office and implement a full cost-recovery model. • Negotiate with the NDOH concerning contingency reserve. • Consider a capital investment policy for replacement of technology assets. • Use MRC reserves to refurbish the organisation.

Action C: Corporate governance

- Implement compliance and controls in line with the PFMA and King II Report on corporate governance.
- The MRC must set up a proper performance management system, which links strategy to the individual's KPIs using the balanced scorecard approach.
- Develop and implement a procurement policy addressing issues such as BEE, nepotism, patronage, research fraud.
- Board committees – establish a framework of responsibilities.

Action D: Risk management assessment continuous review

- Set up a proper performance management system, which links the strategy to the individual's KPIs, using the balanced scorecard approach.
- Conduct a risk assessment and put a fraud prevention plan in place.
- Create a safety and health plan.
- Put together a plan for ensuring that legal requirements are complied with, e.g. National Health Act, Human Tissue Act.
- The MRC's financial reporting and information disclosure must be reviewed and significantly improved.
- Financial reports and budgets to comply with PFMA requirements.
- Safety issues, ethics and a culture of professional discipline must be implemented.
- Implement values and address human rights issues, i.e. sexual harassment; disability policy, whistle-blowing, racism.

STRATEGIC OBJECTIVES	ACTIONS
<p>4. Capacity development</p> <p>Implement transformation and development plan. The plan should take cognisance of scientific and human aspects.</p>	<p>Action A: Scientific capacity building</p> <ul style="list-style-type: none"> • Train 30 black African PhDs over next five years. • Increase the number of career awardees. • Develop/establish post-docs in strategic health research. • Formal mentorship of research leadership. <p>Action B: People capacity building</p> <ul style="list-style-type: none"> • To increase the proportion of African scientists over the next five years, set capacity development targets for research directors through performance management and resource support. • Develop and implement a leadership and management development strategy including succession planning. • Review capacity in some support areas and shift excess capacity to core business activities. • Review and improve productivity of core business activities. • Increase the number of black African intramural directors.

STRATEGIC OBJECTIVES	ACTIONS
<p>5. Transformation and development plan</p> <p>Develop and implement a comprehensive and aggressive transformation strategy and plan for the MRC. This strategy and plan must be bold, focused and significantly address the reputation of the MRC amongst all its key stakeholders. It must address both social and business transformation.</p>	<p>Social transformation</p> <p>The MRC should change to more closely reflect the face of the nation over the next 3 – 5 years. Currently 30 – 40% of staff are black African.</p> <ul style="list-style-type: none"> • Organisational transformation: develop and implement a culture for the MRC with supporting measurements and reward mechanisms. • The strategy and plan must articulate the vision, mission and strategic objectives. • Create and drive a new leadership culture – with effective communication and the presence of leadership, from board to junior management. • Implement an internalisation strategy and plan for the values. • Develop and implement a comprehensive diversity strategy. • Develop and implement a comprehensive change management framework, strategy and plan aligned to national priorities and the national health agenda. • Develop a coaching and mentorship programme for both management and science practitioner careers. • Currently three out of the 23 division managers are African: increase the proportion over three years. <p>Business transformation</p> <ul style="list-style-type: none"> • Restructure support divisions in line with strategic objectives. • Create separate legal entities to diversify the MRC. • Implement the Financial model. • Implement the Intellectual Capital Strategy and Plan. • Continue with the implementation of the Informatics and Knowledge Strategy and Plan. • Review and implement effective research collaboration strategies in South Africa, Africa and globally.

STRATEGIC OBJECTIVES	ACTIONS
<p>6. Innovation management For the MRC to fulfill its mandate it is essential to increase the innovation outputs and capabilities. Development and technology transfer is contained in the objectives of the MRC.</p>	<p>Action A : Strategic intellectual capital (IC) management Intellectual capital includes human capital (which can be codified, e.g. patent publication, or uncoded, tacit knowledge) and social capital (networks and relationships). For the MRC to fulfill its mandate it is essential that it manages IC effectively and in a visionary manner.</p> <ul style="list-style-type: none"> • Leverage intellectual property (IP) for poverty alleviation/eradication and development: South Africa, SADC and NEPAD and Africa (millennium development goals); including entrepreneurship and small business development. • Leverage IC of the MRC to create safe, effective, affordable and accessible medicines for Africa. • Create new IP-generating platforms in particular in the NEPAD system, e.g. systems biology. • Define the intellectual capital and the strategic role of the MRC. • Explore private-public partnerships (PPPs) as a suitable model for health innovation (technology transfer). <p>Action B: Stimulate a culture of building IC</p> <ul style="list-style-type: none"> • Develop systems and processes to convert tacit knowledge into codified knowledge (intellectual property). • Build effective mentorship programmes for capacity. <p>Action C: Foster world-class IP management practices</p> <ul style="list-style-type: none"> • Implement the IP strategy. • Create budget for the protection and exploitation of IP. • Commercialise companies/internal corporate ventures. • Incubate new technology platforms. • Renew and manage current technology platforms. • Implement a long-term biotechnology strategy.

STRATEGIC OBJECTIVES	ACTIONS
<p>7. Informatics and knowledge management</p> <p>To manage information and knowledge to inform MRC policy, planning, decision making, as well as policy and planning for NDOH and DST.</p>	<ul style="list-style-type: none"> • Create an understanding and appreciation of the value of knowledge management, especially in the MRC research community. • Create a data warehouse for the MRC. • Create a national research data warehouse. • Optimise information and knowledge flow within the MRC and externally. • Disseminate health research information to the general public. • Develop and implement an IT business plan. • Create a culture of knowledge sharing. • Develop and implement an e-health research strategy. • Create an integrated and fully functional knowledge and information management system.
<p>8. Research translation</p> <p>Translate research results into policy, practice, promotion and products.</p>	<ul style="list-style-type: none"> • Consolidate the Research Translation Office, interacting with NDOH, DST as well as other government departments involved in health. • Train more people in scientific writing. • Build capacity in scientific writing in indigenous languages, as well as French: one third of Africa speaks French.
<p>9. Stakeholder management</p> <p>Develop and implement stakeholder and communications strategies to increase the internal and external image of the MRC whilst timeously providing relevant information and drawing the public into the MRC programmes.</p>	<ul style="list-style-type: none"> • Build capacity in the MRC president's office to enable him to take strong leadership with respect to managing stakeholders. • Appoint a senior employee to manage the public affairs and communications portfolio in a pro-active, co-ordinated and strategic manner. • Develop a comprehensive media and communication strategy. • Involve the board members in actively promoting the MRC. • Develop a stakeholder management plan and stakeholder database.