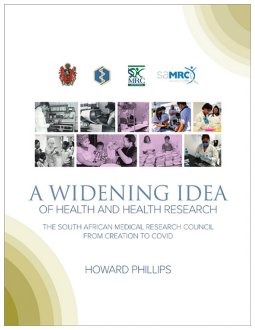
BOOK TITLE:
A Widening Idea of Health and Health Research: The South African Medical Research Council from Creation to COVID



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Medical research, evidence and politics: An insightful history of the South African Medical Research Council, 1969–2022

Written by South Africa's most distinguished medical historian, Emeritus Professor Howard Phillips, this is both a richly illustrated and attractive book (available as a free download) and a well-timed, thought-provoking institutional history. More than this, *A Widening Idea* is also a subtly insightful analysis of the intertwined fates of the modern South African state (both apartheid and democratic), medical science research, the hard realities of paying for it, and contests over health policy.

Across six chapters, which correspond with different 'eras', Phillips takes us from the foundation in 1969 of the South African Medical Research Council (SAMRC) by the apartheid state through to 2022, with the COVID-19 pandemic still not quite over. He charts and assesses the legislative, organisational, financial and research trajectories of the numerous research units, institutions and groups under the aegis of the SAMRC over more than half a century.

The book opens with a reminder that statutory organisations such as the SAMRC are always dependent on the state for financial, administrative and political support. Unsurprisingly, their public documentation is likely to be burnished by a positive spin. Yet, a wider story is a truer and more transparent one, likely more helpful in an organisation's assessment. Therefore, this book strives to show not only the SAMRC's many important scientific and medical accomplishments, but also its "missteps". This was made possible by consulting other sources, from archives and newspapers, and through the nearly 40 people interviewed by Phillips.

In its early years, the SAMRC was mostly compliant with apartheid ideology and goals. Since 1994, at notable times, SAMRC presidents have found it necessary to demonstrate the body's independence from misguided state interference and, on occasion, its own Board. They did so by drawing on the authority of medical science to "speak truth to power", crucially since the 1990s in service of a democratic society. Thus, the authority and legitimacy of the SAMRC has widened.

Lest you be concerned that the book is a hard slog of a read, I can reassure you that it has a healthy dose of what I have come to call 'HP sauce'. It is written in prose that is sometimes sharp (in insight) and is peppered with puns that sometimes occasion a smile (or a wince), especially in the chapter titles and many picture captions, with the overall effect of adding interest and flavour.

Chapters 1 and 2 (1969 to 1985) cover the SAMRC's origins and structure. Across the globe, World War II demonstrated the value of modern medical research to the state. Phillips states, unequivocally, that in South Africa this was to be in the service of "the creation of a white welfare state… informed by the latest ideas in Western science, medicine and technology" (p.4). An apartheid Parliament provided the bulk of the SAMRC's funding. Afrikaans-speaking men dominated, English speakers were tolerated, and black South Africans only as "menial workers". Even the conceptualisation of the research was based in scientific racism; the inhabitants of the country being understood as different peoples, with different illness aetiologies and needs.

Structurally, the SAMRC follows a hybrid model, with the research it funds being carried out by a mixture of 'in-house' or intramural institutes or centres and extramural research units, groups, and short-term researchers at a growing number of universities. Those institutions that were reserved for white people benefitted disproportionately in these decades. This has left a complicated legacy.

During the years of high apartheid, to 1985, the SAMRC gained in self-confidence, although its relationship with other bodies, including the Department of Health, was not without friction. Yet, increasingly, the research conducted showed greater complexity than this racially segregated state-imposed grid sought, and researchers at times showed agency, integrity and ambition. For instance, research into oesophageal cancer in the Transkei led to both scientific acclaim and successful preventive measures.

By the mid-1980s, the transition towards democracy was underway at the SAMRC as well as nationally (Chapter 3). Initially with the intention of reforming apartheid, there was a recognition that the "emphasis hitherto on pathological, clinical and laboratory-based research" was too limited to "overcome the country's health challenges" (p.33); instead, the SAMRC widened its efforts to encompass primary health care.

The *South African Medical Research Council Act 58 of 1991* reflected the country's democratic aspirations, in the service of "the health of the population of the Republic" (p.49). As one health rights medical researcher was soon to note (p.71), however, it was necessary to get "the right combination of science, evidence and politics to succeed". Getting these in alignment has proved tricky amongst economic restraints, sometimes bumpy politics, and drastic medical crises.

Reconstruction and transformation (Chapter 4) were the watchwords of Malekapuru Makgoba, Chair of the SAMRC Board from 1994 to 1998, and its President, 1998 to 2002. These were to be "grounded in the Constitution, and the best scientific values" (p.53). Phillips describes Makgoba's terms as characterised by "transformative ardour". The organisation was expected by the ANC and its alliance partners to set an example for other parastatals. Some transformation initiatives worked better than others.

Makgoba was responsible for driving the expansion of research, both scientific and socio-economic, into the AIDS epidemic, which at that time was escalating on a terrible scale. By the early 21st century, South African

medical science researchers were no longer "contributors" to clinical trials for HIV vaccine trials, but "drivers" (p.59). Unfortunately, a vaccine breakthrough did not come.

Phillips deals judiciously with the clash over AIDS between Makgoba, Mbeki and the latter's ideologically loyal but scientifically misguided health ministry. Makgoba stuck to his guns and insisted in words that today, a quarter of a century later, have resonance for medical and other scientists across the world: "… it's not about who's in charge of this country, it's about what the evidence is saying" (p.62). In asserting the legitimacy of evidence-based medical research, the medical profession and civil society, notably the Treatment Action Campaign, had found their voice in speaking out for science – a further widening of the importance of the SAMRC.

AIDS and TB research became even more central, but so too did other areas of applied research – topics (to name but a few) included women's health, children, rape, domestic violence, gun crime, and alcohol and drug abuse. Violence, it was recognised, "is a part of our country's history" (p.67). Along with laboratory-based studies and findings, this long chapter minutely details dozens of innovative and important research projects and groups which, now being published in major journals and impacting policy debates within South Africa, widened the SAMRC's reach nationally and internationally yet further. Even so, by the 2010s, the SAMRC was facing financial and other difficulties.

Chapters 5 and 6 account for almost half of the book's pages, but only just a decade of time: 2012 to 2022. Over the previous 20 years, the SAMRC embraced both a public health ethos and a commitment to excellence in scientific research – an insight that contextualises the tough decisions of the two presidents in this eventful decade. Between 2012 and 2014, the SAMRC was helmed by Salim Abdool 'Slim' Karim, and from 2014, Glenda Gray. In seeking to "regenerate" the SAMRC, inevitably, both Karim and Gray had to 'ruffle feathers', and Phillips handles the testimony of critics with respect and tact. He is also measured in his accounting of the trade-offs made in accepting increasing amounts of international funding.

COVID-19 was a "stress test", which the SAMRC survived, entering 2022 stronger and more unified (Chapter 6), albeit after some 'headbutting' with the government and, again, its Board. Its recommendations – such as restrictions on the sales of alcohol and tobacco – were not universally popular. Moreover, the excellent science it supported in identifying SARS-CoV-2 variants in 2020 and 2021 did not go unpunished, as unscientific international travel bans were imposed on South Africans.

A Conclusion provides a wrap-up of the multiple dimensions of the SAMRC's widening horizons and achievements since 1969. Phillips ponders what the SAMRC's motto will be in another quarter of a century's time. Over that time, some of the struggles will be familiar, others immediate and new. The shocking, damaging and unethical yanking by the Trump administration of US support for international scientific and medical research, its ongoing undermining of scientific authority, and declining international funding for medical and scientific endeavours, mean that both the SAMRC and the South African government (now one of 'National Unity') must recalibrate, whilst remaining fast to their core commitments to medical science. As the SAMRC's recently inaugurated President Ntobeko A.B. Ntusi explained in this journal in May: "Facing unprecedented threats, the South African health research enterprise must demonstrate its relevance, responsiveness, responsibility and resilience"[1]. That sounds like a fitting motto.

Reference

1. Ntusi NAB. Facing unprecedented threats, the South African health research enterprise must demonstrate its relevance, responsiveness, responsibility and resilience. S Afr J Sci. 2025;121(5/6), Art. #22118. https://doi.org/10.17159/sajs.2025/22118