



GUEST LEADER



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Facing unprecedented threats, the South African health research enterprise must demonstrate its relevance, responsiveness, responsibility and resilience

Given its high burden of HIV and tuberculosis, South Africa has been one of the largest recipients of overseas development assistance from the USA for decades, through mechanisms like the US President's Emergency Plan for AIDS Relief (PEPFAR), the US Agency for International Development (USAID), and the US Centers for Disease Control and Prevention (CDC). Similarly, for many years, South Africa has been the country that has received the largest investment in biomedical research from the US National Institutes of Health (NIH) outside of the US borders. Together, the aid and research investment contributed to the development of a high-calibre cadre of scientists and clinicians who, over the last three decades, have led pioneering scholarship, with seminal contributions that have been impactful throughout the world – making our world “safer, stronger and more prosperous” in the words of the current US administration.

Over the last few months, as in other parts of the world – including the USA – the South African health research ecosystem has faced an existential crisis that threatens its sustainability. Alongside the loss of work for 24 000 healthcare workers in the country, a pause in technical assistance, and the closure of supporting prevention and implementation programmes, stop-work orders and letters of terminations have ground research operations for many groups to a halt. The lack of notifications of award for this year from the NIH has caused greater uncertainty and panic in the sector. There are losses of livelihoods as many affected research groups are beginning to retrench staff at scale. Many postgraduate students and early career scientists are losing training opportunities as many of the grants that have supported their stipends and research costs have been abruptly terminated, leaving many young scientists bewildered and disappointed in science. Besides the obvious impact on research outputs related to important scientific questions, these changes also undermine the ability of the country to continue to produce the next generation of scientific excellence. More fundamentally, there is a risk to the country's ability to benefit from the critical role of science as a driver of both human development and a knowledge economy.

In the face of these sudden changes, one of our key challenges is the protection of participants in biomedical research. It is essential for us as a scientific community to do all we can to prevent the development of a damaging narrative of a scientific enterprise that is seen as exploitative: recruiting the most vulnerable members of society into clinical studies and terminating the benefits of such participation at will. What is also at stake is the loss of trust in the scientific endeavour.

In addition to the direct impacts discussed above, the substantial reduction in funding from and withdrawal of the USA from the World Health Organization and other multilateral agencies and agreements will reduce global solidarity through diminished international collaboration and coordination of health and weaken public confidence in health and science.

Concerningly, the USA is not the only country reducing aid and investment in research. In the past few weeks, the United Kingdom, France, Germany, the Netherlands, Switzerland and Belgium have all reduced their foreign aid budgets as they look to reinforce their defence and military budgets. These proposed reductions in global health funding from many nations threaten to make the withdrawals of PEPFAR and USAID funding even more acute in terms of their impact.

So, what then should be done to ensure viability and sustainability of the national health research enterprise in the face of such unprecedented threats to funding? Now, more than ever, is the time for our scientists to demonstrate our value proposition to the world. South African science is world-class and the stories of our many successes and invaluable contributions need to be told abundantly. Successful research ecosystems are characterised by their relevance, responsiveness, responsibility and resilience. These were amply evident as South Africa faced the COVID-19 pandemic. As a vibrant and high-quality national research enterprise, now is the time to again exhibit these qualities that are needed for our survival.

It is abundantly clear that the South African government needs to invest more in the health of its citizens as well as the scholarship to drive evidence-based interventions and policies on health. The South African Medical Research Council (SAMRC) has an important role, not only in setting health research priorities for the country, but also in facilitating greater efficiency in research operations and in minimising duplication in research investment. As the custodian of health research in South Africa, the SAMRC is leading the efforts to lobby government through collaborations with the National Treasury, the Department of Health and the Department of Science, Technology and Innovation, as well as working with local corporate and philanthropic organisations, and global partners to provide the much-needed support to (1) large research groups to enable them to pivot to other sources of funding; (2) early- and mid-career scientists who have greater exposure and vulnerability; (3) postgraduate students and postdoctoral fellows; and (4) research groups undertaking interventional studies that need to terminate these ethically and need resources for following up with study participants.

The current crisis presents an opportunity for the South African health research sector to change culture by reducing competition and building greater solidarity through collaboration. It is an opportunity for established scientists to model *ubuntu* in science for their younger colleagues. It is also an opportunity to build greater efficiencies by bringing research much closer to clinical services.



In this issue of the Journal, we have a collection of articles from South African scientists documenting some of the direct and indirect consequences of the US funding withdrawals on their work. We felt it was important for posterity to document both the endeavours and solutions that enable a thriving health research ecosystem. When we

look back on this period, I have no doubt that these contributions from brave South African scientists will form an important record of our national response in a time of great uncertainty and loss. And my hope is that the relevance, responsiveness, responsibility and resilience of our national research endeavour will be patently evident to all.
