

APPENDIX 1

DIABETES UK RESEARCH PORTFOLIO AND 2025 FUNDING OUTCOMES

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DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

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OUR CURRENT PORTFOLIO

OVERVIEW OF OUR PORTFOLIO

Our current research portfolio includes **119** grants worth over **£45 million***. This includes Diabetes UK funding schemes, the Type 1 Diabetes (T1D) Grand Challenge and grants funded in partnership with other research funders. This is a small decrease from last year when our portfolio contained **128** grants worth over **£46 million**.

**All figures are correct as of February 2026. For co-funded partnership grants, the amount contributed by Diabetes UK is used for analysis.*

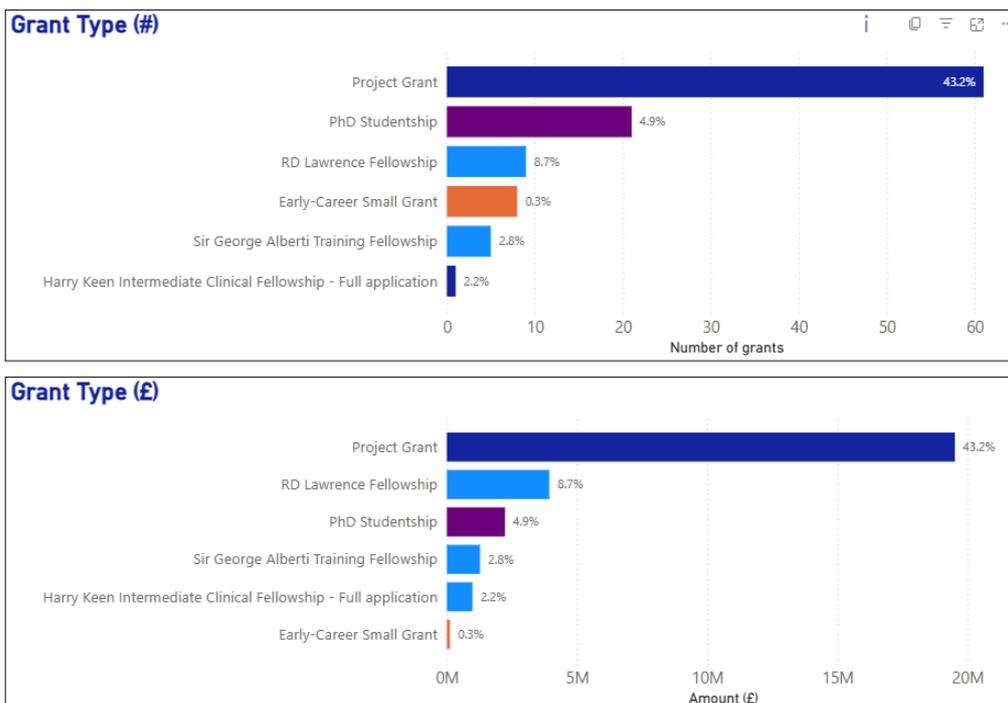
OUR CORE RESEARCH PORTFOLIO

Excluding funding through T1D Grand Challenge, our current research portfolio includes **106** grants with a total lifetime value of over **£28 million**. These are grants that are currently active (as of February 2026) or due to start this year. This includes all new grants awarded in 2025.

Type of Grant

Figure 1 shows the number of current grants by each grant type. The majority of our grants are Project Grants (**43%**). We are also funding 8 Early-Career Small Grants and 36 Fellowships and PhD Studentships.

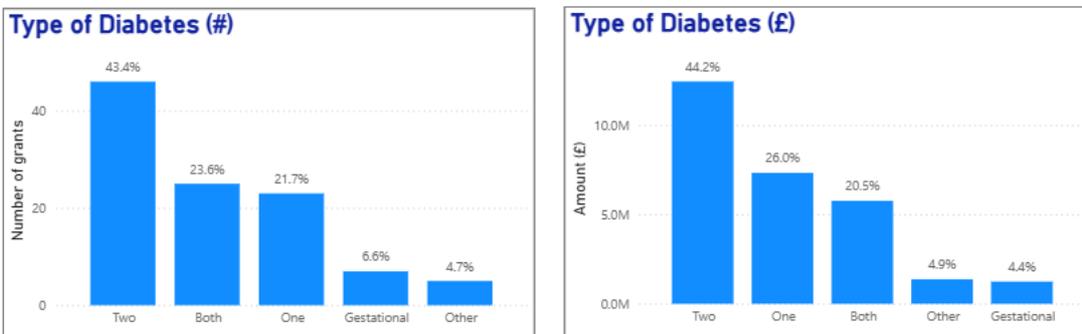
Figure 1: Distribution of core funding grant types by number of grants (top) and total amount (bottom).



Diabetes Type

We fund research into all types of diabetes. **44%** of the grants we currently fund are focused on type 2 diabetes, **22%** are focused on type 1 diabetes and **24%** relate to both type 1 and 2 or have general relevance for all forms of diabetes (“Both”) (Figure 2, left). Gestational diabetes is the focus of **7%** of funded projects, and **5%** are focused on other rarer types of diabetes (e.g. type 3c, steroid-induced, rare monogenic). This overall distribution is similar when analysed by amount invested (Figure 2, right).

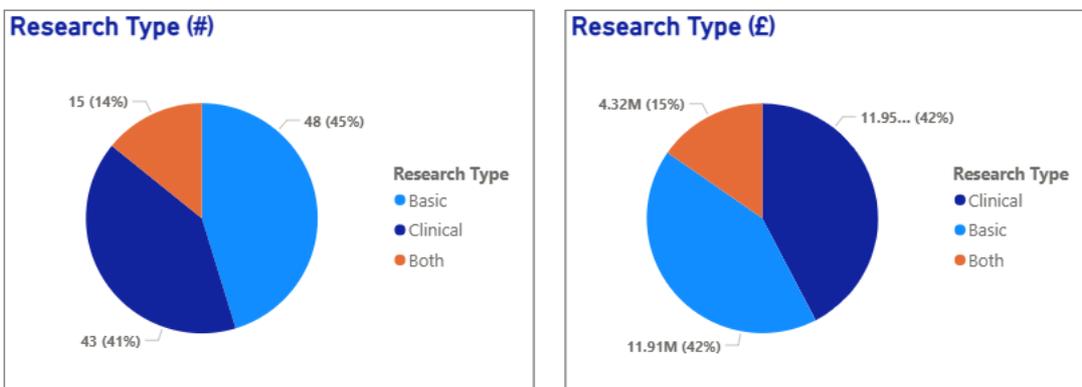
Figure 2: Distribution of research into different types of diabetes, by number of grants (left) and total amount (right).



Type of Research

The projects we fund can be classified as basic science (**45%**) or clinical research (**41%**). Basic research refers to early-stage research using whose findings will provide more understanding on the underlying biology of a disease. Clinical research directly involves human participants with the aim of finding out more about an illness, condition, treatment, therapy, or care. A small percentage of our portfolio uses a combination of both (**14%**).

Figure 4: Grants classified by research type, by number of grants (left) and total amount (right).

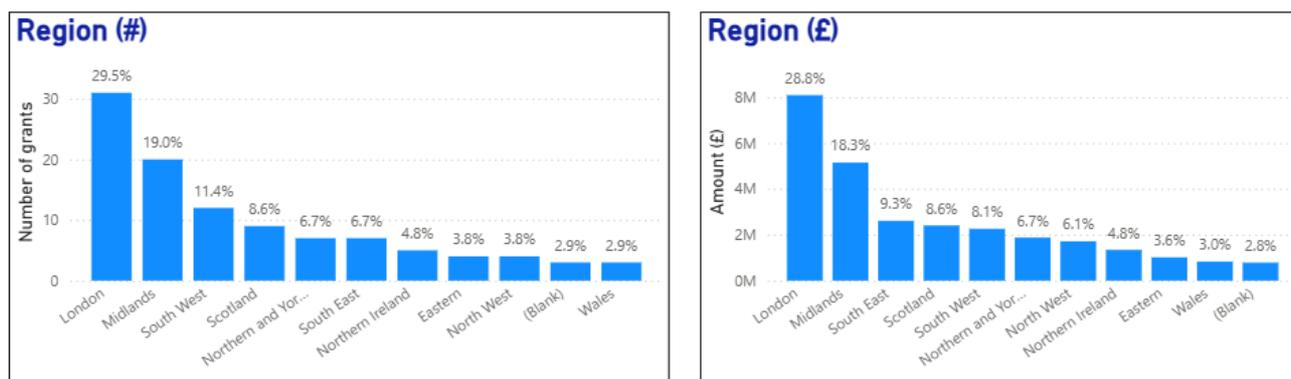


Regional Breakdown

We fund research taking place at institutes across the UK. Over one quarter (30%) of our grants are in London, which accounts for 29% of investment. **Figure 3** shows a regional breakdown of our active grants.

Note: this is the region where the primary institution (associated with the lead investigator) is located. Some projects are collaborations across multiple institutes across the UK and that is not reflected in these numbers.

Figure 3: Regional breakdown by number of grants (left) and total amount (right).



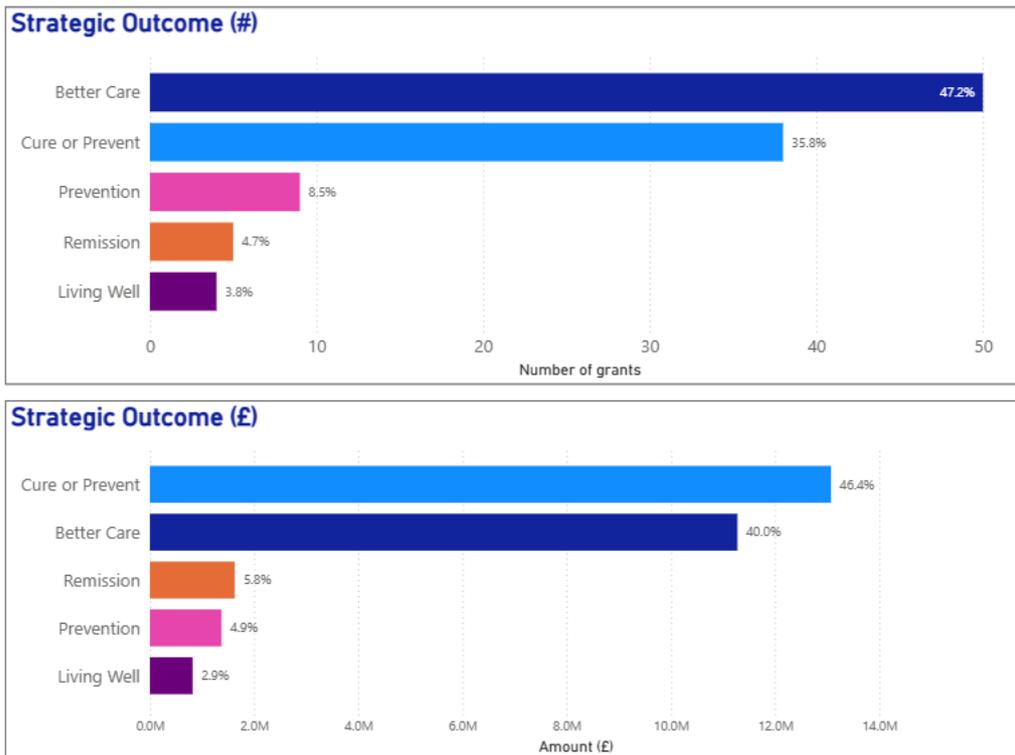
Strategic Outcomes

Diabetes UK's 2020-2025 organisational strategy is focused on 5 strategic outcomes:

1. **Cure or Prevent:** More people with type 1, type 2 and all other forms of diabetes will benefit from new treatments that cure or prevent the condition
2. **Remission:** More people will be in remission from type 2 diabetes
3. **Better Care:** More people will get the quality of care they need to manage their diabetes well
4. **Prevention:** Fewer people will get type 2 and gestational diabetes
5. **Living well:** More people will live better and more confident lives with diabetes, free from discrimination

We have classified our grants by these outcomes. Some may relate to more than one, but each grant has been assigned the most relevant outcome. Figure 5 shows the breakdown of our current grants by strategic outcome. Almost half of our grants fit into **Better Care (47%)**, which also includes research addressing complications resulting from diabetes. More than 1/3 fit into **Cure or Prevent (31%)**, which also includes understanding the fundamental mechanisms behind all types of diabetes.

Figure 5: Distribution of T1GC grant types by number of grants (top) and total amount (bottom).

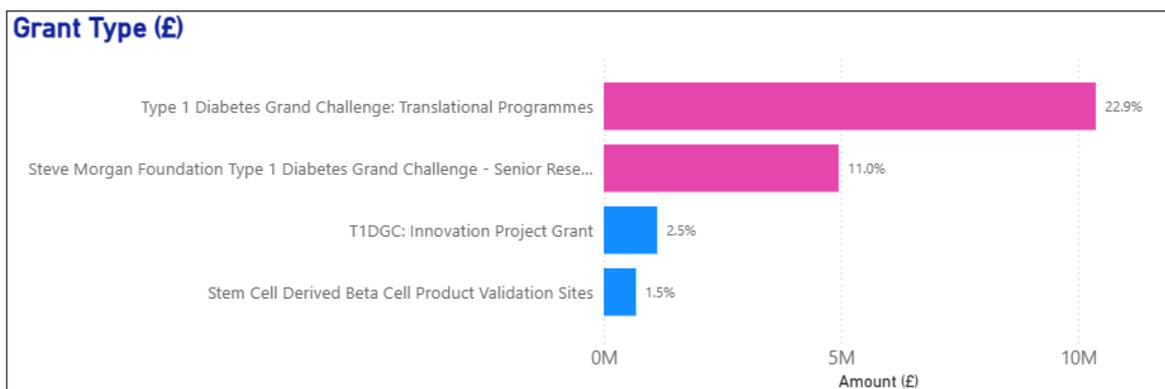
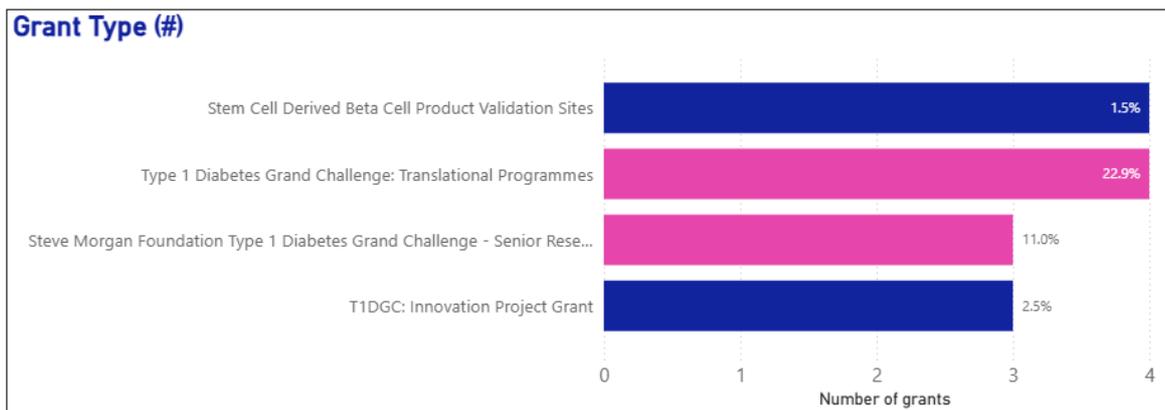


TYPE ONE DIABETES GRAND CHALLENGE

The [T1D Grand Challenge](#) is run in partnership with the [Steve Morgan Foundation](#) and [Breakthrough T1D](#). We are leading on delivering the Beta Cell Therapy challenge area, which is one of 3 challenge areas alongside insights into the root causes of type 1 diabetes and developing novel insulins.

Information about the 14 grants that are currently active, totalling **£17.1M**. We funded four institutes to test and validate stem cell derived beta cell products manufactured by the [Advanced Regenerative Manufacturing Institute \(ARMI\)](#), totalling £678K new investment in 2025.

Figure 6: distribution of T1GC grants categorised by the most relevant organisational strategic outcome, by number of grants (top) and total amount (bottom).



2025 FUNDING OUTCOMES

FUNDING OUTCOMES AND SUCCESS RATES

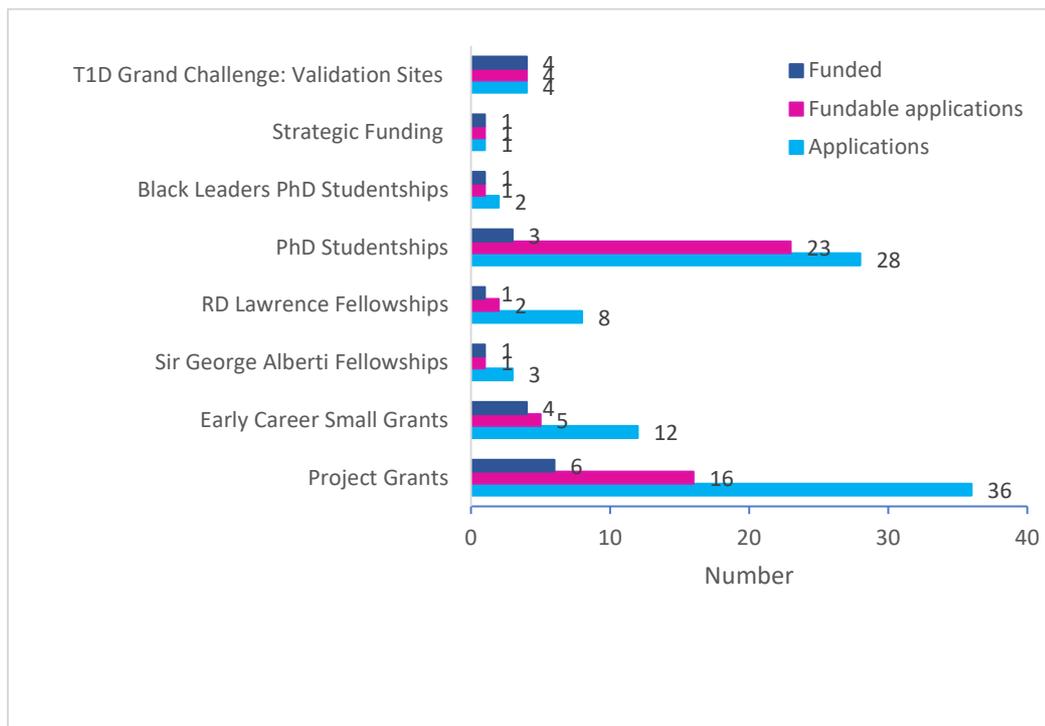
In 2025 we invested over **£4.08 million** in new diabetes research through **21** new research projects. This includes:

- 16 projects through Diabetes UK core funding schemes (£2.86 million)
- 4 projects through the T1D Grand Challenge (£678,000)
- 1 project funded in partnership
 - Strategic funding – £540,973 from Diabetes UK and £1,053,789 from Breakthrough T1D International

Across all funding schemes led by Diabetes UK, we received **94** applications, of which **53 (56%)** were scored as fundable by our committees and advisory panels and **21 (22%)** were funded. Figure 6 shows a breakdown across grant schemes of the number of applications received, number deemed fundable, and number ultimately funded.

There was a notable decline in the success rate from a consistent **28%** in 2023 and prior years to **16%** in 2024, primarily due to reductions in the research budget in response to challenging economic conditions. In 2025, the success rate improved to **22%**, reflecting a slight recovery.

Figure 7: Number of submitted, fundable and funded applications per scheme in 2025.



HIGHLIGHT NOTICES

The Project Grant figures above include Highlight Notices, which are calls for projects to answer a specific research question that has been identified by our [Diabetes Research Steering Groups](#). In 2025, we had one highlight notice: **Addressing health inequalities in diabetes**.

A closer look shows that in 2025 we received 15 applications related to our highlight notice (41% of all project grant applications). **2** out of these 15 applications were funded, which is a **13%** success rate.

2025 AWARDS

Below is a full list of the 2025 grant awardees.

Project grants

Professor Justin Rochford	University of Aberdeen	of	Better treatments for lipoatrophic diabetes: GLP-1 based drugs and leptin gene therapy
Professor Nia Bryant	University of York	of	Characterisation of GLUT4 glycan-lectin interactions
Professor Louise Goff	University of Leicester	of	Ethnic differences in the pathophysiological response to weight loss in Black African and Caribbean and White European people with type 2 diabetes
Dr Natalie North (Nee Haywood)	University of Leeds	of	Targeting Microbiome Disruption in Obesity and Type 2 Diabetes
Professor Claire Hills	University of Lincoln	of	Semaglutide targets multi cell NLRP3 inflammasome and the senescence induced SASP in diabetic kidney disease

Projects grants related to our highlight notices

Dr Ruth Brauer	University College London		Menopause and Diabetes: A health-data study to investigate the role of health inequalities
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Early Career Small Grants

Dr Gráinne Whelehan	University of Leicester		Investigating how dietary protein impacts the liver-alpha cell axis and insulin clearance in Black African and Caribbean adults with type 2 diabetes
Mr Rory Brown	University of Manchester		Defining the link between peri-transplant hyperglycaemia, inflammation, and graft survival in pancreas transplantation for type 1 diabetes.
Dr Min Gao	University of Oxford		Comparing the Effects of Antidiabetic Medications on Depression: Network meta-analysis
Dr Harriet Allan	Queen Mary, University of London		Investigating the effect of Semaglutide on platelet and megakaryocyte function

RD Lawrence Fellowship

Dr Thomas Hill	University of Oxford	An investigation into dysregulated islet α - and δ -cell function contributing to the development of life-threatening hypoglycaemia in type-1 diabetes
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Sir George Alberti Clinical Training Fellowship

Dr Kasra Bahadori	University of Cambridge	Virome and Immune Responses Associated with Islet Autoantibody and Type 1 Diabetes (The VIRAT1D study)
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PhDs (Standard)

Dr Margarita Dominguez-Villar	Imperial College London	Metabolic reprogramming and redox imbalance of innate immune cells in T1D: G6PD and immune dysfunction
Professor Paul Squires	University of Lincoln	Examining the role for the gut microbial metabolite imidazole propionate in vascular dysfunction and inflammation in type 2 diabetes
Professor Roman Hovorka	University of Cambridge	Optimising fully closed-loop insulin delivery
Dr Kashyap Patel	University of Exeter	Discovering new genes and developing a diagnostic tool for lipodystrophy, a step towards understanding lean type 2 diabetes

PhDs (Black Leaders)

Professor Kathleen Gillespie	University of Bristol	Innovative strategies to predict progression rate to Stage 3 type 1 diabetes in adults and children
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Type 1 Grand Challenge: Validation Sites

Dr Catherine Arden	University of Newcastle	Assessing viability, function, composition and phenotype of cryopreserved stem-cell derived beta-cells.
Professor David Hodson	University of Oxford	Determining SC-islet function from glucose metabolism to insulin secretion

Professor Shareen Forbes	University of Edinburgh	Stem Cell Derived Beta Cell Product Validation At The University of Edinburgh
Professor Shanta Persaud	King's College London	KCL validation site for stem cell-derived beta cells