National Diabetes Research Strategy (2026–2035)

A comprehensive strategy to drive impactful, equitable and sustainable diabetes research and improved diabetes care for the benefit of all Australians.

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Executive Summary

This National Diabetes Research Strategy (2026–2035) presents a unified national vision to transform Australia's response to diabetes through a comprehensive forward-looking research and innovation agenda. It is grounded in the urgent need to reduce the growing burden of diabetes on individuals, families, communities, healthcare systems and the national economy. At the beginning of every life-changing breakthrough lies discovery science - the pursuit of new knowledge through data-driven, pre-clinical and translational research - the foundation for breakthrough innovations that change lives. Yet today, Australia faces an alarming decline in funding for diabetes. Our next generation research workforce stands at a critical tipping point. Without immediate action, Australia risks forfeiting its global leadership in diabetes health innovation.

Guided by the priorities of the Australian National Diabetes Strategy (2021-2030) and informed by the 2024 Parliamentary Inquiry into Diabetes, this strategy sets bold, long-term goals to address the complexity of diabetes in Australia. It emphasises the need to develop precision therapeutic approaches that deliver personalised health care, creating better diagnostics for early detection, improving treatment options, reducing complications, achieving greater equity, finding cures and innovating models of care, all of which deliver transformative health and economic benefits for all Australians. Engaging with the lived experience voice in diabetes ensures that care is informed by real-world insights, fostering more personalised, practical, and effective treatment outcomes.

Our goals include establishing a MRFF mission to:

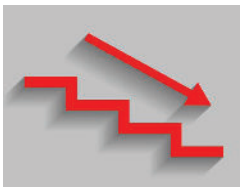
- Grow and sustain a fit-for-purpose, interdisciplinary diabetes research workforce through targeted training and career-long support.
- Implement cutting-edge multidisciplinary technologies to identify the root causes of diabetes and translate these discoveries into therapies developed and tested in Australia.
- Establish National Diabetes Centres of Excellence to integrate core discovery capabilities with clinical research and implementation science, serving as multidisciplinary platforms for innovation, collaboration and impact

Challenge

1 in 10 adults in the world has diabetes

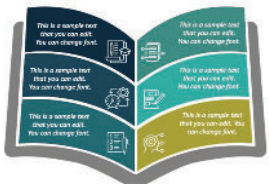
Diabetes Costs are escalating

$17.6B



Australian Research Funding Is declining

Solution – National Diabetes Research Strategy



Co-ordinated and Connected Research Strategy

Delivering Health and Economic Benefits
Every $1 spent = ~$5 returned to GDP

Unified Diabetes Sector

The Strategy is underpinned by the following Principles:

Improve Quality of life
for all people affected by diabetes, irrespective of diabetes type or their stage of life

Empower people with diabetes
to lead, co-design, and evaluate research that impacts them

Support equitable access to research participation and benefits across all communities, including Aboriginal and Torres Strait Islander peoples, rural and remote populations, and culturally diverse groups

Grow and sustain a fit-for-purpose, interdisciplinary diabetes research workforce through career-long support and training

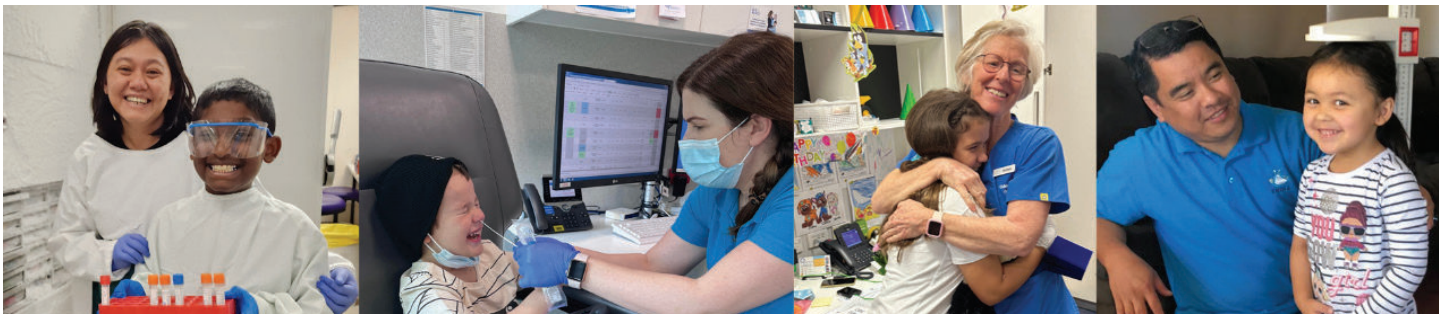
Drive novel, high-impact research and commercialisation through partnerships with industry, healthcare providers, policy makers and technology innovators

Build research infrastructure that can track, evaluate, and accelerate innovation in real-world practice

Leverage diverse investment sources to ensure research discoveries have a pathway that leads to new therapies, diagnostics, devices and better service delivery for people living with diabetes

Rapidly transition research into practice to improve the lives of Australians with or at risk of diabetes.

Alleviate the personal, social and economic impacts of diabetes to benefit all Australians



Introduction

Diabetes is one of the most pressing and complex public health challenges facing Australia in the 21st century. Over 1.5 million Australians live with diagnosed diabetes, including type 1, type 2 and gestational diabetes and other less common types, while an additional 500,000 are estimated to be living with undiagnosed type 2 diabetes. Millions more are at risk of developing the condition in coming years. If current trends continue, projections indicate that by 2050, up to 3.6 million Australians could be living with diabetes. For those who develop diabetes earlier in their lifetime, numbers of individuals diagnosed at 21-39 and <20 years of age, have significantly increased by 44% and 17% respectively[3].

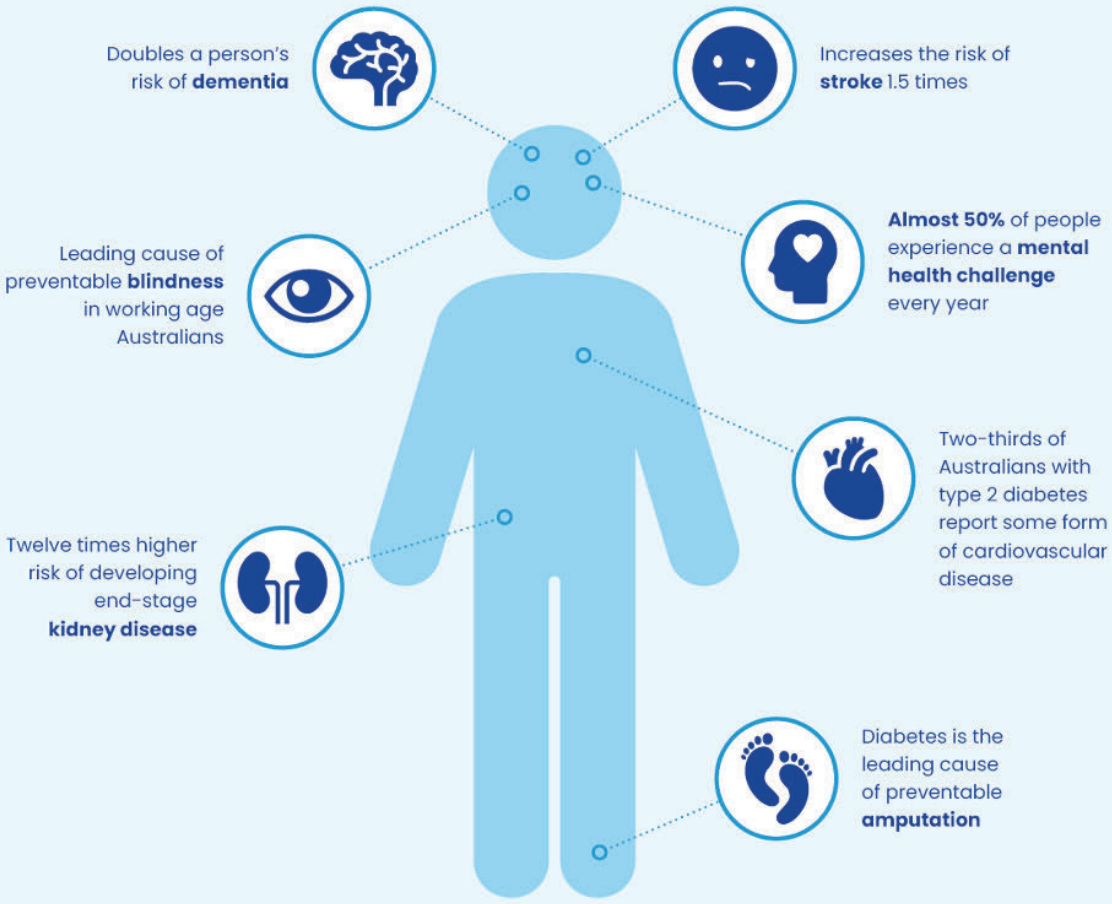
Diabetes is far more than a disorder of high blood glucose. It is a driver of complex, life-altering complications including heart disease, kidney failure, limb amputation, stroke, preventable blindness, congenital malformations, dementia, eating disorders and depression. The psychosocial impacts can be profound not just for affected individuals, but also for their carers and families. Diabetes carries significant social and economic consequences, contributing to reduced workforce participation including early retirement and increased disability payouts, decreased quality of life, higher rates of hospitalisation, and premature mortality.

Diabetes disproportionately affects some of our most vulnerable populations. Aboriginal and Torres Strait Islander people are three times more likely to develop diabetes than non-Indigenous Australians, responsible for 50% of their premature mortality[4]. and often experience worse outcomes due to reduced access to services, systemic racial and financial disadvantage and complications. This is escalating, with type 2 diabetes diagnosed in Aboriginal children as young as 4 years of age, half of whom need dialysis for kidney failure by age 40, driving serious disparity in life expectancy[5]. Additionally, people from culturally and linguistically diverse (CALD) backgrounds and those living in rural and remote areas face higher rates of complications due to delayed diagnosis and fragmented care pathways. Those individuals that develop diabetes as children, adolescents or young adults, are also particularly impacted by more aggressive disease and less evidence-based treatment options.

According to the Australian Institute of Health and Welfare (AIHW), type 2 diabetes is responsible for 124,000 years of healthy life lost annually, and accounts for more than 2.2% of the total disease burden in Australia, ranking as one of the top ten causes of death. Diabetes costs the Australian health system an estimated $9.1 billion per year, with indirect costs such as lost productivity bringing the total national cost to more than $17.6 billion annually.

Strikethrough

DIABETES IMPACTS EVERY PART OF THE BODY



Pregnancy – Twice as likely to require **caesarean birth** (women living with type 1 and type 2 diabetes)

Children born to mothers with type 2 diabetes and gestational diabetes are at higher risk of developing type 2 diabetes

Impact on people

136,771
with type 1 diabetes

1,270,865
with type 2 diabetes

44,213
with gestational diabetes

960,383
with diabetes aged 60+

Impact on health

4,400
amputations in **Australia** per annum

111,247
are living with diabetes-related vision loss

966,090
are living with diabetes and heart disease

278,117
are living with diabetes and kidney disease

Impact on communities

731,886
will experience a mental health challenge per annum

585,509
living with silent, undiagnosed type 2 diabetes

161,015
hospitalisations resulting from diabetes per annum

$17.6

17.
cost of diabetes in **Australia** per annum

The Case for a National Research Strategy

Despite advances in care and technology, Australia's response to diabetes remains fragmented, underfunded, and reactive. NHMRC data reveals a 51% decline in federal diabetes research funding over the past decade, with per capita funding decreasing by 63% even as prevalence has surged. The return on investment from Australian diabetes research is clear as long-term, sustained support has enabled translation of immunotherapies, glucagon like peptide (GLP-1) receptor agonists, and precision diagnostics into practice for people living with diabetes. Despite excellent outcomes, these new medicines and technologies are not "magic bullets" and it takes around 17 years for a discovery to translate to positive life changing outcomes for people living with diabetes. Further, a majority of diabetes health challenges still remain, including research to reform our healthcare systems to deliver better care in partnership with people with diabetes. Current infrastructure, data systems/data integration and workforce support are also lacking a coordinated strategic vision to meet the growing need.

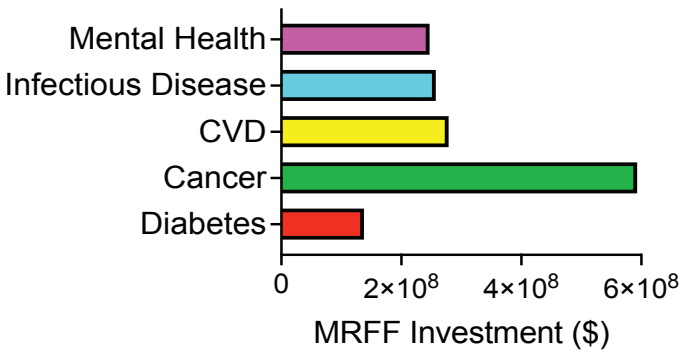
Unfortunately, investment in diabetes research in Australia is less than 1% of what is required for diabetes care and support. This is in sharp contrast to other major disease areas *(see Figure 2, NH&MRC investment[9] and Figure 3, MRFF Investment[10], below)*. The COVID-19 pandemic has delivered additional challenges including declining income to medical research charities for diabetes, which may be further eroded given the current global economic climate.

NHMRC expenditure ($ million) by Former National Health Priority Areas 2014 to 2024

Priority Areas	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Arthritis											
Osteoporosis	22.7	24.7	19.3	18.9	17.5	18.3	16.1	14.8	16	16.9	17.8
Asthma	23.6	22.7	15.3	13.3	15.7	13.8	13.3	14.1	12.5	11.8	9.2
Cancer	188.3	191.4	170.6	175.8	178.9	181.6	170.2	153.7	158.9	165.6	164.7
Cardiovas Disease	129.4	130	114.9	111.4	105.3	112.6	107.6	102.5	97.5	93.1	88.8
Dementia[1]	31.5	33.4	45.6	50.2	60.9	71.2	64.1	55.3	51.5	44.2	38.8
Diabetes	**70.2**	**70.3**	**65.0**	**57.7**	**50.7**	**46.5**	**45.6**	**42.6**	**42.3**	**41.4**	**34.1**
Injury	58.4	61.5	45.8	44.2	49.9	51.1	49.8	46.6	49.8	49.2	48.8
Mental Health[2]	95.9	100	91.1	93.4	104.9	110.2	103.9	102.3	100.8	105.5	102.8
Obesity	40.7	39.0	28.1	27.6	23.0	23.5	24.3	23.1	20	18.4	16

51%

Worryingly, this decline in funding by >30% has persisted while the number of people diagnosed with diabetes has increased by 36% in the last decade. In addition, diabetes is causative of or exacerbates many of the conditions listed above. **That means that in 2014, the NHMRC provided $60 in research funding for every person living with diabetes. In 2024, that figure fell to $22 per person, despite a 35% increase people with diabetes over this period[9]**



Left: The Medical Research Future Fund (MRFF) actual awarded dollars were calculated from year-by-year data since inception (Figure 3, % of awarded funds) showing disparity in equitable funding made available for research to benefit people at risk for/or living with diabetes[10]. CVD - cardiovascular disease

Australia has world-class research capacity, capability and a track record of excellence in diabetes research. However, efforts are often siloed, short-term, and lacking the translation pipelines required to bring innovations into policy and practice. By contrast, countries like the USA and UK have adopted mission-oriented approaches that link funding, discovery, and policy—yielding scalable solutions. Australia must now do the same.

NHMRC data shows a 51% ↓ in federal diabetes research funding over the past decade and per capita funding down by 63% ↓.

Discovery science globally has already delivered game-changing advances for Australians living with diabetes. The discovery of insulin a century ago—born from basic physiological research—transformed type 1 diabetes from a fatal condition into a manageable disease. More recently, fundamental immunology research led by Australian scientists has paved the way for trials of immune interventions to delay or prevent type 1 diabetes. Discovery-based endocrinology and metabolic science has underpinned the development of GLP-1 receptor agonists, which are now revolutionising type 2 diabetes and obesity management globally, including across Australia. Advances in bioengineering and molecular biology have also contributed to the development of insulin pumps, continuous glucose monitoring (CGM), and closed-loop technologies, dramatically improving glycaemia and quality of life. The positive and ongoing impact of Australian diabetes research is highlighted in the recent National Health and Medical Research Council Evaluation of NHMRC-Funded Dementia and Diabetes research Report (infographic below; ref).

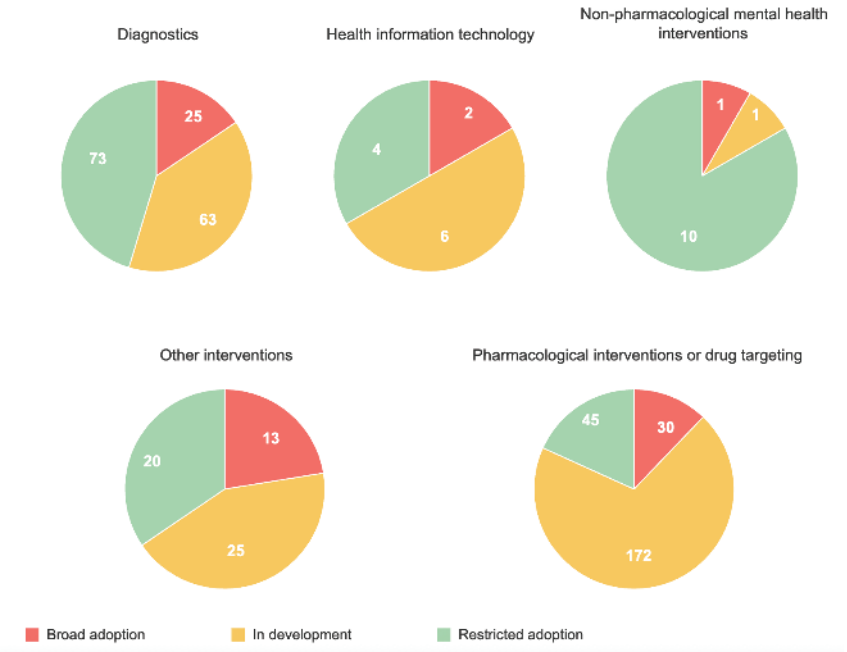
This Strategy recognises that without investment in foundational discovery science today, the breakthroughs of tomorrow—such as prevention and a cure for type 1 diabetes, or precision prevention strategies for type 2 diabetes—will remain out of reach.

The National Diabetes Research Strategy (2026–2035) responds to this need by providing a unified, goal-oriented research roadmap for the country. It draws on priorities from national diabetes stakeholder goals and is aligned with the Commonwealth National Diabetes Strategy (2021–2030), the NHMRC investment framework, and findings from the 2024 Parliamentary Inquiry into Diabetes. This strategy sets out a transformational agenda aligning with global vision, such as the United Kingdom Diabetes Research Roadmap, the National Institute of Health (NIH USA) Strategic Plan for Diabetes Research and the World Health Organisations (WHO) Global Diabetes Compact. Yet, it is distinctly Australian, reflecting our health system, population needs and unique research strengths.

Successful Health Interventions

The production of new, successful health interventions – or improvements on already successful interventions – is the objective or motivation for most of the biomedical research and innovation enterprise. The definition of health interventions deployed here includes a wide range of actions aimed at improving health outcomes and promoting well-being among individuals and populations. While our specific implementation for quantitative analysis is noted below, in principle these interventions cover:

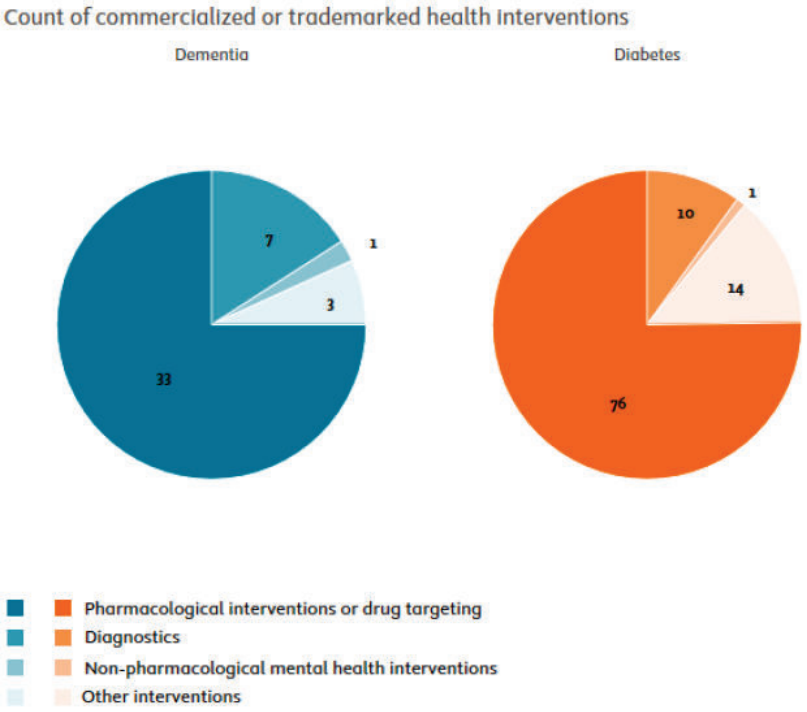
- pharmaceutical measures such as preventive and therapeutic drugs;
- diagnostic tools;
- surgical procedures;
- medical devices and technologies;
- behavioural and lifestyle changes, including health education, promotion, and mental health counselling;
- public health initiatives involving community health programmes, policy and regulation, and nutritional efforts;
- and health systems interventions that enhance service delivery and workforce training to improve access, quality, and efficiency in healthcare.



Commercialisation and Trademarks

Drugs: Examples of NHMRC contributions to this class of interventions include dementia-related work on Aricept (donepezil), Glucophage (metformin), or Lipitor (atorvastatin). Examples in the diabetes area include the aforementioned Glucophage, Victoza (liraglutide), Jardiance (empagliflozin) and Invokana (canagliflozin) regimen, or Tricor (fenofibrate).

Technology: For the remaining commercialised or trademarked interventions in the diabetes area, the portfolio includes medical devices such as the Dexcom G6, the MiniMed 670G, or the Lap-Band surgical system; diagnostic tools such as PromarkerD or Fibroscan; and also the MyCompass digital mental health online solution.



Policy Documents

The category of policy-related documentation includes evidence syntheses written by scientists to disseminate their findings towards a policymaking audience; commissioned reports for governmental agencies; white papers by inter-governmental organisations; and, to a lesser degree, legislative documents.

A share of 15.2% of NHMRC diabetes publications received one or more policy-related citations. This share was moderately above other AUS funders' average (11.3%) and NIH and Wellcome Trust as the next best performing funder in the area (10.8% and 9.9%). This performance placed NHMRC decidedly above CIHR (6.9%), the EC (6.3%), and JDRF (6.0%).

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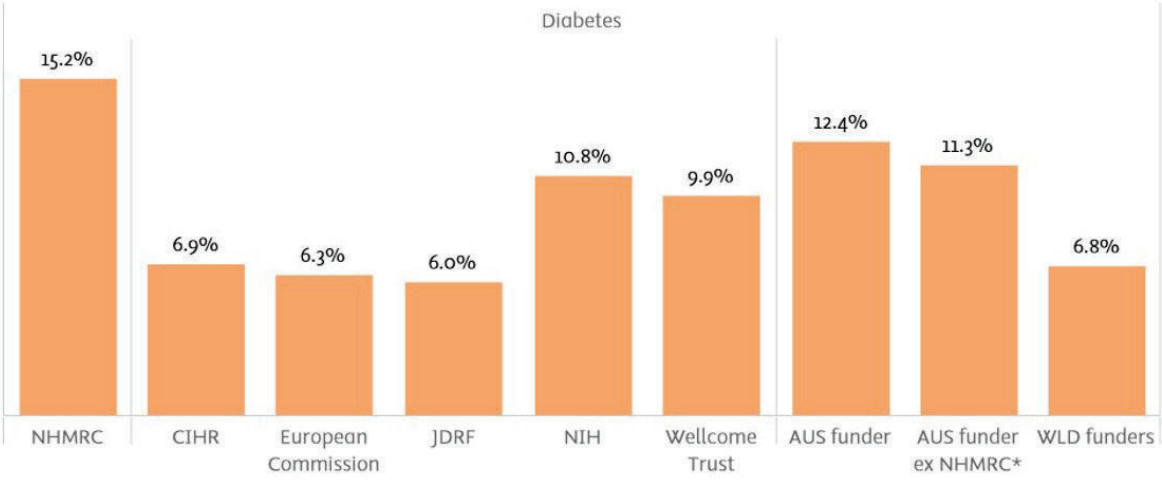
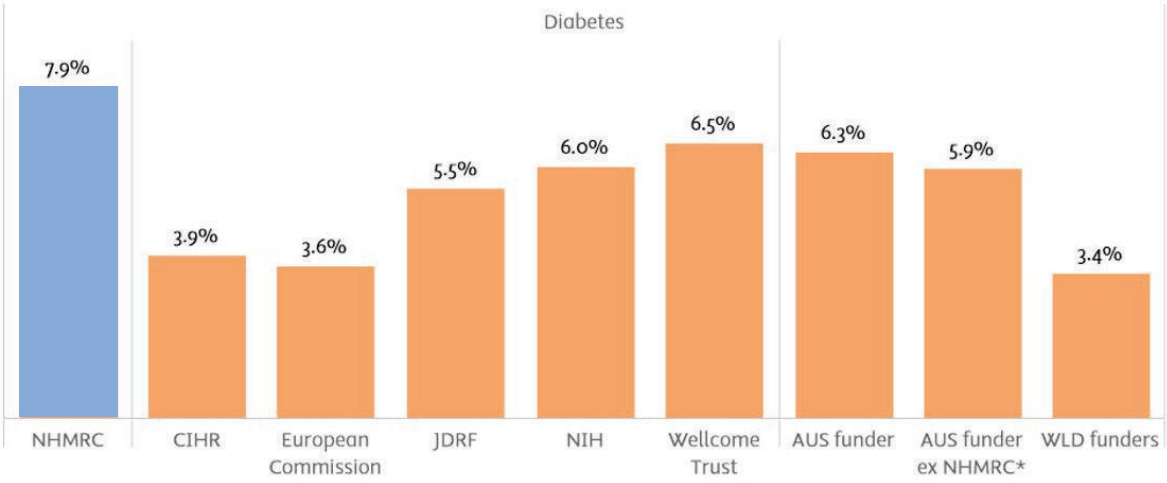


Share of publications cited by policy documents (* excl NHMRC-only funded papers)

Uptake into clinical guidelines

A proportion of 7.9% of NHMRC publications were cited in diabetes clinical guidelines, a fairly good lead (given small effect amplitudes) to the next best comparator, Wellcome (6.5%). This level of cited publications also put NHMRC two times or more above the world level of funded research (3.4%), the EC (3.6%), or CIHR (3.9%).



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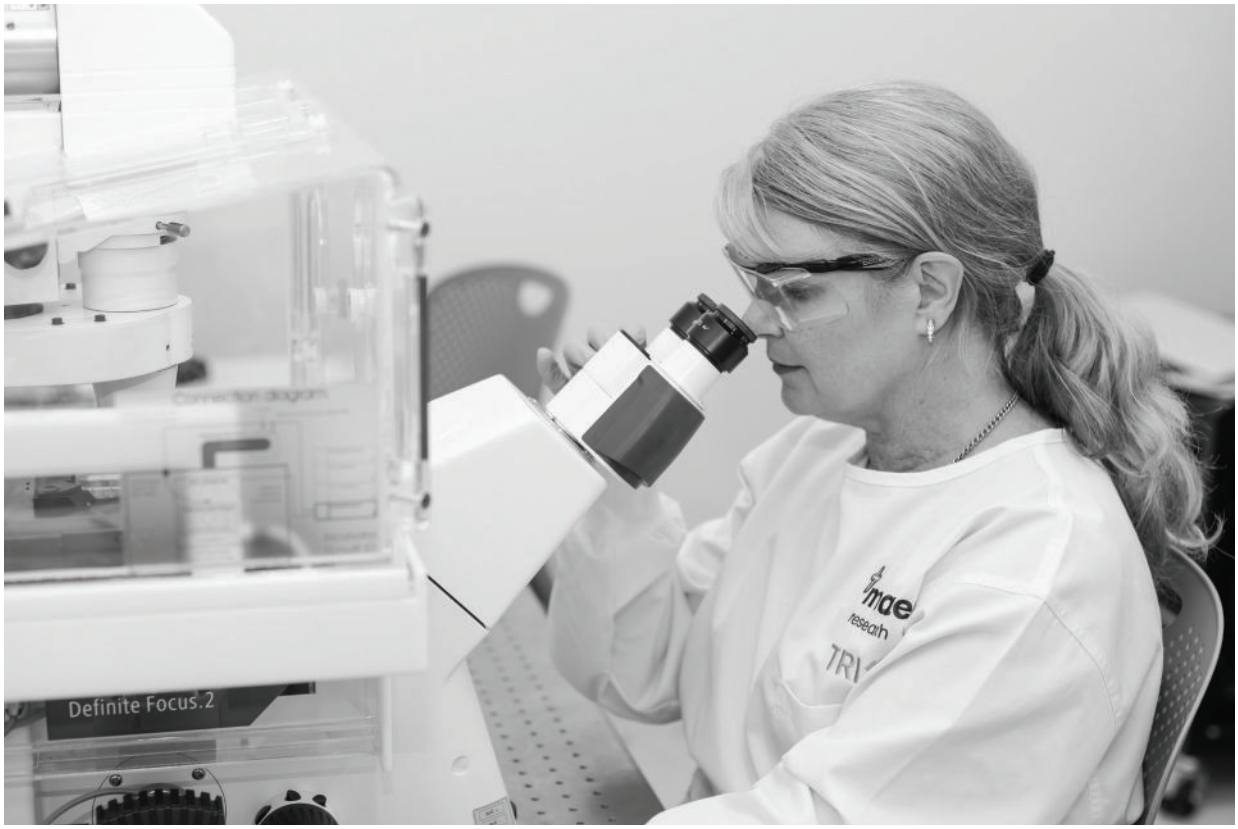


CASE STUDIES

A Legacy Partnership Improving Diabetes Outcomes for First Nations Australians

1982: Kerin O'Dea with two Mowanjum Women

Aboriginal and Torres Strait Islander People are vulnerable to and disproportionally affected by type 2 diabetes. Beginning with her time in the Kimberley in 1982, Professor Kerin O'Dea did more than demonstrate the power of food and physical movement to normalise blood glucose levels in Aboriginal Communities. She learned that their hunter-gatherer legacy had set them up for success as people with well-developed systems for maintaining a secure and healthy food supply.

Over the next 30 years, Kerin partnered with communities to gain irrevocable evidence that enabling strategies that use Aboriginal knowledge for food security, improve and maintain good health better than any available medication. This legacy continues with Aboriginal and Torres Strait Islander leaders such as Profs Alex Brown, Jackie Hughes and Sian Graham partnering with community, health professionals, policy makers to elicit real change for people with diabetes.

Impact: Novel Healthcare Models, New Government Policy; Partnering with Community; Indigenous Led Research/Leadership; Improvements in Chronic Disease equivalent to or better than medications.

World First Discovery Research Moving towards Type 1 Diabetes Treatment

2023: L to R: Profs Tom Kay, Helen Thomas (SVIMR Leads), Prof Richard MacIsaac (SVH) Clinical Trial Site Lead)

Up until now, people with type 1 diabetes have been completely reliant on insulin delivered via injection or pumps to control their blood glucose and survive. A decade of research from Profs Tom Kay and Helen Thomas in Melbourne has culminated in a medication that if administered soon after type 1 diabetes diagnosis, it preserves insulin production making control of blood sugar and the disease much easier. The clinical trial, BANDIT, is a huge step towards better management and long-term outcomes and will significantly improve the quality of life and health of many people :affected by type 1 diabetes.

Janus kinase (JAK) inhibitors, the medicine tested in BANDIT, block enzymes that lead to overactivity of the immune system. The immune system is the body's natural defense against infection and other diseases but can become overactive to cause medical problems such as type 1 diabetes. After successfully testing JAK inhibitors in the lab, St. Vincent's Institute of Medical Research in Melbourne, Australia, was the first team globally to conduct a clinical study of a JAK inhibitor in people newly diagnosed with type 1 diabetes.

Impact: New medicines for the treatment of type 1 diabetes; Access to state of the art medicines for people in Australia; Partnership among Australian researchers/clinicians/patients.

Strategic Goals for National Diabetes Research (2025–2035)

The following goals are derived from consultation among the major diabetes stakeholder groups involved in the conception and the planned implementation of this strategy. They provide a thematic structure for research investment, workforce development, and system reform over the next ten years. Each goal identifies a strategic priority area with proposed outcomes, aligned to equity, innovation, translation and impact.

Goal 1: Empower People Living with Diabetes to Guide and Shape Research

People living with diabetes and their families/carers are experts through their lived experience and must be central to shaping research questions, outcomes, and evaluation. This goal calls for widespread adoption of privilege for voices of people with lived experience in priority setting and participatory research methods, embedded community advisory models and funding mechanisms that reward authentic partnership with the community. Globally, organisations like Patient Centred Outcomes Research Institute (PCORI) USA have demonstrated the impact of embedded community research leadership. Australia must do more to replicate and build on these models. The outcomes of this goal will be research that is in line with community identified barriers/needs, is feasible in the real world, ethically responsible, and produces relevant, trustworthy, impactful science.

KEY ACTIONS OF GOAL 1:

- Encourage community co-design or voice privilege in all major national research consortia and funding streams where possible and feasible.
- Facilitate community partnership in research projects by embedding dedicated funding for these activities.
- Support training for researchers and community in research design, partnership and community engagement.
- Develop a national network of lived experience research advocates and advisors to support research and priority setting

Goal 2: Enable Equitable Access to Research Participation and Benefits

Participation in diabetes research remains concentrated in major metropolitan areas. Too often, Australians in rural and remote areas, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) populations and people of lower socioeconomic status are excluded from clinical trials and research participation. By failing to include diverse communities, findings may not be relevant to or effective for those who need them most. This goal ensures that research investment delivers benefits for all, not just the well-resourced.

KEY ACTIONS OF GOAL 2:

- Fund site-based capacity and infrastructure in peri-urban, rural, remote, and regional areas equitably across states.
- Fund resources to support multicultural recruitment including interpreters and diverse recruitment models and cultural training
- Mandate equity and diversity reporting and recruitment targets in all funded trials/research including providing support for enabling protocol modifications.
- Partner with Aboriginal Community-Controlled Health Organizations (ACCHOs) and multicultural organizations for co-designed projects.
- Design studies that are feasible and acceptable to participants in the real world.

Goal 3: Build and Retain a Skilled, Sustainable Research Workforce

Diabetes research in Australia depends on a workforce that is diverse, multidisciplinary, collaborative and adequately supported across all career stages. Given that diabetes is a complex disorder it requires multifaceted solutions from a diverse research workforce. The diabetes research workforce is currently undergoing significant attrition due to insecure funding for a long-term career in research, fewer promotion pathways, lack of interdisciplinary opportunities and limited pathways in rural, regional or primary care settings. This goal supports capacity-building across discovery, clinical, and implementation sciences with strategic investment in long-term fellowships, mentoring, rural career incentives, and cross-sector mobility. With an emphasis on equity and sustainability, a 10-year investment plan for diabetes research careers across the spectrum from the most senior scientists to provide mentorship and guidamce to emerging leaders, aligned with broader reforms is proposed in alignment with the Australian Universities Accord and MRFF capacity-building schemes.

KEY ACTIONS OF GOAL 3:

- Fund protected diverse career development pathways across early-, mid-, and late-career stages.
- Enable and fund diabetes health care professional engagement in research.
- Expand capability and training in relevant interdisciplinary skills (e.g., commercialisation, epidemiology, digital health/data linkage, health economics, artificial intelligence/ bioinformatics, behavioural science, implementation science and clinical trials).
- Provide targeted fellowships for researchers from under-represented groups and regions.
- Diversify funding sources for workforce including via industry and commercial partnerships.

Goal 4: Accelerate Innovation through Collaboration and Commercialisation

Australia's strong diabetes research has yet to reach its full translational potential. This goal will drive collaboration among researchers, industry, and healthcare providers, and streamline regulatory and commercial pathways to bring innovations into care faster.

KEY ACTIONS OF GOAL 4:

- Fund translation-ready innovation platforms in Australia.
- Incentivise cross-sector partnerships with commercial and digital health innovators.
- Build fast-track regulatory and reimbursement pathways for validated technologies and therapeutics.

Goal 5: Develop and Maintain Fit-for-Purpose Research Infrastructure

A national research strategy needs a robust infrastructure backbone. This includes integrated datasets, trial networks, lab and clinical platforms, biobanks, and scalable workforce capacity across sectors. The complexities of cross-institutional ethics and governance should also be addressed within this strategy to enable collaborative and inclusive research across health, industry, academic institutions and geographically distant facilities. Shared, open access platforms are essential to avoid duplication and maximise impact.

KEY ACTIONS OF GOAL 5:

- Expand national diabetes trial infrastructure to rural and remote locations.
- Build and link diabetes-relevant databases/datasets with secure, ethics-approved access.
- Support shared services and research hubs to enable equity and cost-efficiency.
- Ensure that diabetes is included in planning and agendas for new infrastructure initiatives, research accelerators and cell/gene engineering platforms.

Goal 6: Translate Research into Practice and Policy

Translation of research into real-world outcomes is central to reducing the burden of diabetes. This goal supports embedded implementation science, health systems research, and strong connections between evidence and action.

KEY ACTIONS OF GOAL 6:

- Embed implementation and health economics evaluation in all major research initiatives.
- Fund partnerships between researchers and service providers for model-of-care evaluations.
- Ensure real-time feedback loops between evidence, clinical guidelines, and policy.

Goal 7: Coordinate National Research Efforts and Drive Policy Alignment

Australia's research system is currently fragmented, with multiple funding sources and limited strategic alignment. This goal aims to build national coherence across jurisdictions, funders, and sectors to ensure coordinated investment and rapid response.

KEY ACTIONS OF GOAL 7:

- Develop a national diabetes research agenda and implementation roadmap through the Department of Health and Aged Care.
- Establish a coordinating committee linking NHMRC, MRFF, Australian Diabetes Society and Australian Diabetes Educators Association, Breakthrough T1D (Formerly JDRF), Australia and NZ Society for Paediatric Endocrinology and Diabetes (ANZPED), Diabetes Australia, state diabetes organizations and the Federal CDC/Department of Health and Aged Care.
- Foster industry partnerships that enable diabetes research and implementation capability
- Map and evaluate existing programs and funding streams to align efforts and identify gaps.
- Advocating for streamlining in Health and Research processes eg. ethics and governance.

National Research Priorities and Themes

To deliver on the Strategic Goals, the following research priorities form the thematic foundation of the National Diabetes Research Strategy. These themes reflect national health needs, research capacity, funding alignment, and stakeholder input. They will be underpinned by workforce training and community partnership. Each theme identifies a core domain for discovery, translation, and systems integration across the next ten years.

Theme	Description	Priority Areas
1. Understanding Cause(s) of Diabetes and its Complications to Better Target Prevention	Addressing diabetes requires deeper knowledge of disease aetiology, triggers, and modifiers. This theme supports research into epi/genetics, immune pathways, metabolic dysfunction, environmental exposures, and intergenerational risk, particularly for vulnerable groups such as Aboriginal and Torres Strait Islander peoples and those with youth-onset diabetes.	Discovery science to identify: • Modifiable risk factors for type 1, type 2, diabetes in pregnancy and other types of diabetes. Including environmental and social determinants of diabetes onset and progression. • Studies of pancreatic islet beta-cell dysfunction, insulin resistance, autoimmunity, and other intersecting pathways. • Provide mechanistic understanding of diabetes complications.
2. Precision Diagnostics, Therapeutics and Monitoring	Personalised care is the future of diabetes management. This theme aims to refine and scale targeted diagnostics, novel therapeutics, and monitoring tools based on subtypes, biomarkers, and patient context.	• Biomarker, including genetic and other risk score development for staging and stratifying diabetes and complications. • Trials of emerging therapeutics (e.g., SGLT2 inhibitors, incretin based therapies including GLP-1R agonists, immunotherapy, stem cells, multi-agonists/antagonists). • AI based models for monitoring outcomes with continuous blood glucose monitoring (CGM), automated insulin delivery systems, ketone monitoring, smart insulin systems, therapy use subsidised by the PBS and evolving technologies especially in high-need populations.

3. Reducing Complications and Improving Outcomes	Complications from diabetes remain a major cause of disability and death in Australia. This theme focuses on identifying predictors, improving screening, and testing new strategies to prevent and manage kidney disease, cardiovascular disease, neuropathy, mental health comorbidities, and cancer.	• Early biomarkers predicting kidney function decline, cardiovascular risk, diabetic foot ulceration and other complications. • Environmental and social determinants of diabetes onset and progression. • Trials of interventions to prevent and reduce complications across diverse populations. • Integration of physical including lifestyle interventions and behavioural/psychosocial strategies for comprehensive diabetes education and care. • Expanding access to AI based models of diabetes and complications risk assessment
4. Digital Health, Data and Real-World Evidence	Harnessing Australia's digital health assets can transform how diabetes is detected, monitored and treated. This theme supports data-driven and technology enabled approaches to care delivery, remote monitoring, AI-guided tools and real-world outcome tracking.	• Expansion of My Health Record integration with diabetes registries and CGM platforms. • AI and machine learning applications for prediction and stratification. • Use of real-world evidence to improve understanding of the full burden of diabetes and to optimise health system design and reimbursement decisions. • Mobilisation of pharmacies and telehealth for diagnosis, risk monitoring and self-management.
5. Implementation Science, Models of Care, and Equity	Research impact depends on how well evidence is translated into practice. This theme funds implementation science, policy-relevant trials, and systems-based approaches that in addition address health inequity and promote access in priority populations.	• Embedded a strong research culture at all levels of care • Integrated clinical research pipeline to translate and scale proven models for all diabetes • Co-designed care models for all people with diabetes, with emphasis on Aboriginal and Torres Strait Islander communities and rural populations. • Integrated diabetes and pregnancy care for women with GDM or pre-pregnancy diabetes. • Relevant co-designed models for other vulnerable groups including youth onset diabetes, the elderly and CALD. • Novel models of health care delivery to meet the rapidly changing therapeutic landscape. • Expert guidelines for diabetes care freely available to primary care, specialist care, allied health communities and the community
6. Translation, Commercialisation, and Economic Return	Australian diabetes research has substantial commercial and economic potential. This theme enables translation of discoveries into new diagnostics, devices, therapies, and services that benefit patients and the national economy.	• Product development and IP pathways for high-impact research innovations. • Public-private partnerships to support trials, marketing and reimbursement of new technologies. • National incubators and accelerators focused on diabetes-related health technologies and services.

Implementation Framework

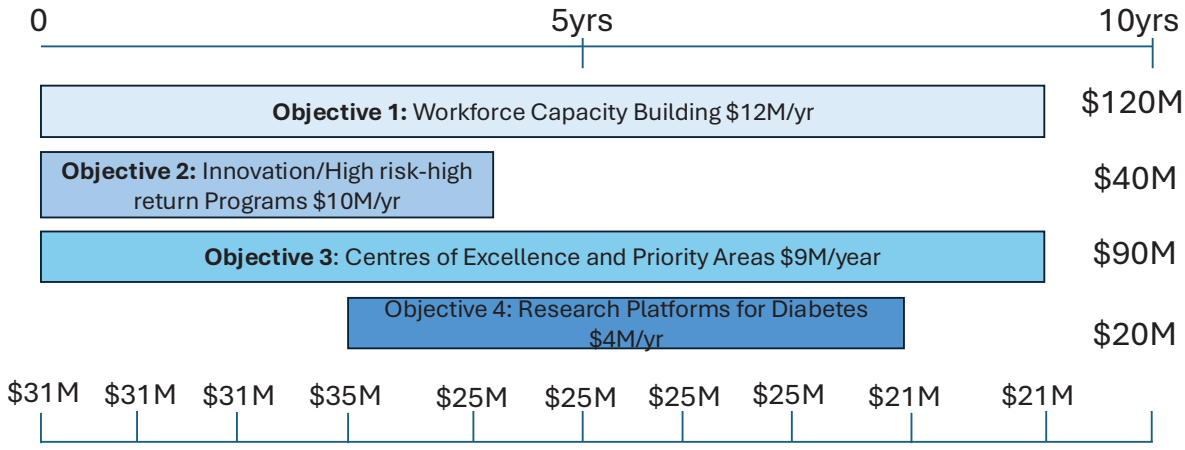
Delivering this strategy requires a coordinated and well-resourced implementation plan. This framework outlines the mechanisms and structures needed to turn strategic goals and research priorities into measurable progress. It builds on Australia's strengths in medical research and health system delivery, while addressing key barriers in translation, access, and sustainability.

1. Investment and Funding

A bold, long-term investment is required to reverse the decline in diabetes research funding and realise the returns from discovery and innovation. A combined approach leveraging the MRFF, NHMRC, government and private sector investment will drive high-impact, translational work.

- Establish a $270 million National Diabetes Mission under the MRFF, aligned to the strategy's priorities.

MRFF Mission in a Nutshell:



Mission by Objective:

MRFF Mission Objective	Specific Support	Investment Over 10 Years
Objective 1 – To support, attract and retain a vibrant and sustainable research workforce		
	Early Career Fellowships (<6 years) – 5 years	20 Fellows $15,240,800
	Early Career Fellowships (5-10 years) – 5 years	20 fellows = $21,723,800
	Early/Mid-Career Fellowships (10-15 years) – 5 years	20 fellows = $30,393,100
	Experienced Research Fellows >15 years	20 Fellows = $50,000,000

	PhD Scholarships to attract new talent. $35.000 per year, 3.5y = $122,500 per student.	20 scholarships = $2,450,000
	Training Activities to Support Talent – Media Workshops, Dissemination of Knowledge Activities eg. support for skill-based learning activities overseas to bring state of the art learning back to Australia; support to attend International meetings/ training programs)	$2,000,000
	Subtotal	**$121,807,700**
Objective 2 - Innovation and "high risk" frontier research in Diabetes		
	Industry partnered pilot/feasibility funding for drug discovery and biomedical engineering	1 year "take a risk" grants 20 x $150,000 = 3,000,000 3 year "accelerator" grants 20 x $500,000 = 10,000,000
	Pilot feasibility funding in diabetes research across all research areas	$130000 over 1-2 years. 10 per year for 9 years = $11,700,000
	Precision Medicine for early disease detection and Response to treatment (type 2, gestational diabetes, vulnerable groups)	-omics/bioinformatics/AI 10 x $1,500,000 = $15,000,000
	Subtotal	**$39,700,000**
Objective 3 – Specific support of identified research priorities for Diabetes		
	National Centres of Research Excellence to Support National Collaboration. 5 years duration. Alignment with priority areas.	$10m each; 5 centres supported for 5 years delivered over 10 years = $50,000,000
	Investigator Led Cohorts, Clinical Trials, Implementation, Vulnerable and/or underserved Populations in Diabetes research.	3-5 year grants 20 x $2 million over 4 years =$40,000,000
	Subtotal	**$90,000,000**
Objective 4 – Connected and Collaborative - Research Platforms for Diabetes		
	Monitoring the state of diabetes - Integrated big data	$5,000,000
	Supporting and Establishing Sustainable National Capacity for Clinical Trials	$250,000 year for 5 years. $1,250,000
	Regional and Rural Research or Disadvantaged Capacity Focused Projects	$10,000,000
	Subtotal	**$16,250,000**
Mission Support – Responsible Governance and Transition to Sustainable National Diabetes Research Alliance		
	Mission Administrative Project officers 2 x full time $110,000 per year per person over the 9 years of funding.	$1,980,000
Mission Total		**~$270,000,000**

- Protect and expand NHMRC diabetes funding for investigator-driven research across disciplines including via development of agreed targeted calls for research.
- Incentivise co-investment by industry and philanthropic sectors through matched funding schemes.
- Ensure secure funding for infrastructure, clinical trials networks, and embedded research roles.

2. Workforce and Capacity Development

The strategy supports development of a skilled, diverse research workforce with capacity to lead and implement across all research stages and settings of diabetes. Despite sub-optimal investment in diabetes research in Australia, we have seen significant and tangible outcomes for people living with diabetes **(ref**). Increases in targeted allocation of funds towards disease areas such as CVD, cancer and dementia has shown that this type of model delivers better health care outcomes **(ref).**

- Create sustainable national fellowship and scholarship schemes with equity targets.
- Fund interdisciplinary and rural research career pathways.
- Support co-appointments between academia, health services and community organisations.
- Expand training in implementation science, commercialisation, and data analytics.

3. Infrastructure and Data Integration

- Strategic infrastructure investment is essential to link research, care, and innovation. Integrated data systems, clinical trial platforms, biobanks, and digital tools will ensure discoveries are rapidly tested and scaled into practice.
- Build and enable diabetes research data platforms, including linked registry, administrative primary to tertiary care electronic health data. This would require leadership by and partnership with federal government, states and territories.
- Support shared clinical, technological and lab infrastructure to enable research in urban, rural and remote regions.
- Establish open-access biospecimen and genomic repositories aligned to diabetes research needs.
- Integrate digital platforms like CGM, telemonitoring and AI decision tools into trials and care evaluations.
- Streamlining ethics and research governance compliance and processes.

4. Stakeholder Coordination and Partnerships

This strategy depends on coordinated action across federal, state, and local governments, research funders, clinical networks, community partners, industry, and the lived-experience community. A clear governance and engagement structure is essential.

- Establish a National Diabetes Research Strategy Implementation Committee with cross-sectoral representation.
- Support national innovation hubs involving community/lived experience, clinicians, and researchers.

- Foster formal partnerships between ACCHOs, multicultural health services and academic centres.
- Engage private sector partners in technology translation, workforce development, and co-investment.

5. Governance and Accountability

Transparent, accountable governance is key to sustaining trust and momentum. A monitoring and evaluation framework will track performance and outcomes against defined metrics.

- Develop a national dashboard to track research investment, participation, outputs, and outcomes.
- Establish key performance indicators (KPIs) aligned to each strategic goal and research priority.
- Report annually to Federal, State and Local Government and the public on progress and outcomes.
- Ensure inclusion of lived experience voices in all governance and decision-making structures.

Monitoring, Evaluation and Impact

A comprehensive monitoring and evaluation (M&E) framework is critical to measure progress, adjust priorities, and ensure accountability. This framework enables transparent reporting on how research funding translates into improved outcomes for people living with or at risk of diabetes.

1. Key Performance Indicators (KPIs)

Description	Key Points
The following KPIs will be tracked and reported annually to assess strategic progress:	• Total diabetes research investment by funding source and allocation by theme. • Diabetes research workforce by sector and level. • Number and demographics of participants enrolled in diabetes-related clinical trials. • Uptake of research findings in national/international clinical guidelines and practice standards. • Hospitalisation rates for acute and chronic diabetes complications and comorbidities over time. • Number of commercialisation outputs: patents, startups, products launched. • Research co-design metrics: proportion of studies with community involvement from inception. • Participation of rural, remote, Aboriginal and Torres Strait Islander Peoples and CALD populations in funded research.

2. Evaluation Tools and Methods

Description	Key Points
Evaluation will draw on both quantitative and qualitative tools and methods including:	• Logic models and implementation frameworks for large-scale initiatives. • Real-time data dashboards and national registry integration to PBAC. • Impact case studies and outcome narratives informed by benchmarks from organisations including the NHMRC, state and national departments of health. • Independent mid-term and end-of-period reviews with stakeholder consultation. • Use of AI, big data analytics, and bibliometrics to track citation, policy, and practice translation. • Economic evaluation of health and research strategies already implemented and projections for newer models.

3. Translating Research into Measurable Impact

Description	Key Points
Beyond traditional outputs such as publications and grants, the strategy focuses on the societal, clinical, and economic impacts of research.	• Improved health equity and outcomes in underserved populations. • Reduction in diabetes-related complications, hospitalisations, and disability-adjusted life years (DALYs), improved quality of life and reduced diabetes distress • Earlier diagnosis and prevention of all forms of diabetes through screening and prevention innovations. • Economic return on research investment via commercial translation and health system savings. • Evidence-informed health and social policy reform at federal, state and local levels.

Conclusion

The National Diabetes Research Strategy (2026–2035) lays a bold and achievable path toward a healthier, more equitable Australia, reduced health costs and improvements for people living with diabetes. Grounded in the voices of people with lived experience, informed by robust evidence and backed by national and international best practice, this strategy signals a turning point in how diabetes research is prioritized, funded, and translated into real-world change.

As diabetes prevalence rises and its impacts deepen across health, social and economic systems, Australia must respond with urgency and vision. This strategy commits to coordinated national action that empowers communities, accelerates discovery, and ensures that the benefits of research are equitably shared. By embedding research into clinical care, lived experience and policy, it will help prevent diabetes where possible, improve quality of life for those living with the condition, and reduce the long-term impact on families, health services, and the economy.

Success will depend on sustained leadership, inclusive partnerships, and accountable investment. It will require strong coordination between government, academia, industry, health services and importantly the community. Through the implementation of this strategy, Australia can enhance global leadership in diabetes innovation, ensure every research dollar delivers impact and move decisively toward a future where diabetes is no longer a leading cause of disability and inequity.

Participating Organisations

Australian Diabetes Society, Australian Diabetes Educators Association, Breakthrough T1D, Australia and New Zealand Society of Paediatric Endocrinology and Diabetes, Diabetes Australia, Diabetes Victoria, Endocrine Society of Australia, Australia and New Zealand Obesity Society, Research Australia, Diabetes Feet Australia.

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Appendices

Appendix A: Summary of Consultation Workshops

Appendix B: Diabetes Research Logic Model – FIX this to include all doc used – just included for the moment but we can delete this later.

Appendix C: Glossary of Terms

Appendix D Full List of Stakeholder Contributors

Glossary of Terms

ACADI: Australian Centre for Accelerating Diabetes Innovations – a national diabetes research translation and innovation consortium.

CGM: Continuous Glucose Monitoring – technology that tracks glucose levels in real time throughout the day and night.

DALY: Disability-Adjusted Life Year – a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

GDM: Gestational Diabetes Mellitus – a form of diabetes occurring during pregnancy.

Implementation Science: The study of methods to promote the integration of research findings and evidence into healthcare policy and practice.

Logic Model: A framework that outlines how inputs and activities lead to expected outputs, outcomes, and long-term impacts.

MRFF: Medical Research Future Fund – a significant source of medical research funding administered by the Australian Government.

NHMRC: National Health and Medical Research Council – Australia's leading body for health and medical research funding.

PBS: Pharmaceutical Benefits Scheme – a program of the Australian Government that provides subsidised prescription drugs to residents.

SGLT2 Inhibitor: A class of medications used to lower blood sugar levels in people with type 2 diabetes, also offering heart and kidney protection.

GLP-1RA: A class of medications used to lower blood sugar levels and for weight loss in people with type 2 diabetes, also offering heart and kidney protection and other organ protection.