AstraZeneca

Transforming Cardio-Renal Health: Accelerating Early Diagnosis and Optimising Care Pathways

2026/27 Patient Advocacy Grant Programme

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2026 Patient Advocacy Grant Programme

This guidance document outlines the purpose, scope, and requirements of AstraZeneca UK's 2026 grant programme, **Transforming Cardio-Renal Health: Accelerating Early Diagnosis and Optimising Care Pathways**, and is intended for UK-registered charitable patient organisations interested in applying for grant funding.

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Overview

The **Transforming Cardio-Renal Health: Accelerating Early Diagnosis and Optimising Care Pathways** grant programme aims to support innovative projects that help transform cardio-renal health by accelerating early diagnosis and optimising care pathways, whether through new approaches or the expansion of existing services.

AstraZeneca UK has launched this programme in response to inequities in access to cardio-renal health and care and in recognition of the vital role patient organisations play in supporting their communities at each stage of their journey.

Through the provision of this grant funding, we aim to improve outcomes for people living with cardio-renal conditions in the UK. The programme seeks to strengthen the evidence base needed for policy and system change and to inform policy and guideline pull-through to reduce variability and ensure the sustainability of services.

Grants are a reactive provision of monetary support by AstraZeneca to an organisation, to help deliver a specific, defined outcome. Grants are provided by AstraZeneca without intent or agreement for AstraZeneca to receive a benefit in exchange.

The programme is open to charitable organisations involved in the care and support of people with cardio-renal conditions registered in the UK. For this programme, we have a specific interest in programmes which will support people with, or at high risk of chronic kidney disease, dyslipidaemia, heart failure, hyperkalaemia, and complex hypertension.

Through this programme, up to £20,000 (including VAT, if applicable) will be made available to up to five patient organisations.

Through this grant programme, we aim to support patient organisations to design patient-centred, evidence-based services for their communities and meet our four goals:

Supporting earlier identification and diagnosis

Improving pathways to earlier intervention and integrated care

Reducing inequalities in cardio-renal health

Generating evidence and shared learning

Programme Context

Cardio-renal conditions represent a significant and growing health challenge in the UK. Currently, over 8 million people live with CVD (cardiovascular disease) in the UK.[1] In England, early deaths from these conditions have reached a 14-year high, with 39,000 premature deaths recorded in a single year.[2] The burden of CVD is set to grow rapidly. Due to an ageing and growing population alongside rising obesity rates, an estimated one million more people could be living with CVD by 2030, rising to two million more by 2040.[1]

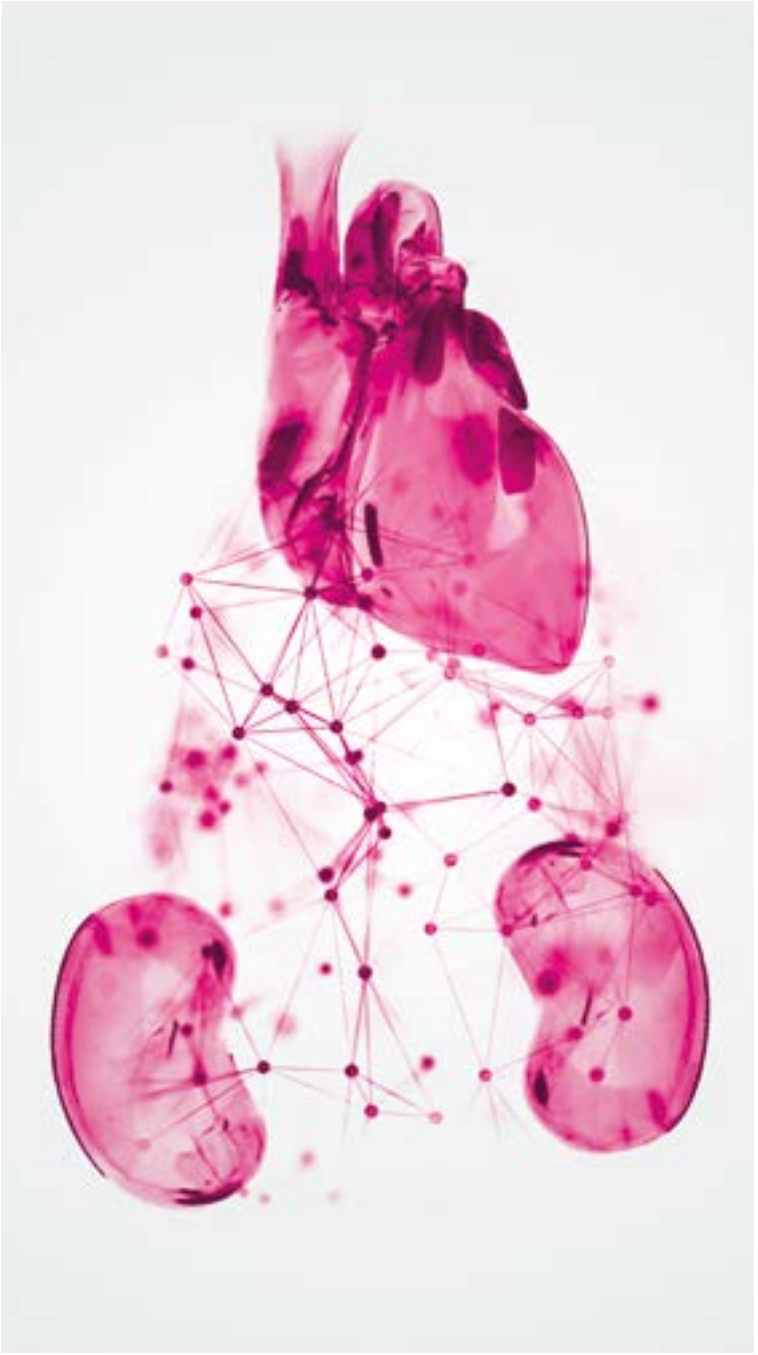
The economic and systemic burden is equally staggering. CVD, diabetes, and CKD (chronic kidney disease) collectively cost the NHS over £32.8 billion annually.[3-5] Furthermore, cardiovascular problems contribute to the economic inactivity of 770,000 working-age people,[6] placing a £24 billion strain on the wider economy each year.[7]

The burden of CVD is not felt equally; in 2022, people under the age of 75 living in the most deprived areas of England were more than twice as likely to die from heart disease than people living in the least deprived areas.[8] CVD and its associated risk factors disproportionately affect specific populations, particularly older adults, individuals living with severe mental illness, and people of South Asian or African Caribbean heritage.[9-10]

Despite advancements in understanding cardio-renal conditions, the current healthcare pathways remain highly fragmented. Patients are frequently assessed in silos for interconnected conditions like hypertension, diabetes, and CKD, meaning that many life-threatening events, such as heart failure or stroke, become preventable endpoints of undetected or poorly managed disease.[11-12] For instance, around 80% of heart failure diagnoses occur during an emergency hospital admission, despite half of these individuals previously presenting to primary care with symptoms that should have prompted an earlier assessment.[13]

The assessment of several key risk factors, such as blood pressure screening, decreased significantly during the COVID-19 pandemic and has not returned to pre-pandemic levels.[14] Urine albumin/creatinine ratio (uACR) testing, which can identify CKD, was the least likely process to be performed between 2017/18 and 2021/22 in England.[15] At-risk patients remain under-tested and under-coded: approximately one million people in the UK have, based on their estimated glomerular filtration rate (eGFR) results, CKD stage 3-5 but are not coded.[16] There is long-standing under-use of guideline-directed medical therapy across CVD conditions, for example a third of people with hypertension are not treated to target, and one in six people with CVD are not on lipid lowering therapies.[17] Current pathways simply do not reliably get high-risk patients to the right clinician at the right time, slowing intervention and worsening outcomes.

Amidst these fragmented care pathways and health inequalities, patient advocacy groups have increasingly provided critical support and education for people with cardio-renal conditions, empowering them from the early identification of risk factors, through to optimisation of their long-term care.



Funding Guidance

Your grant request must not exceed 20% of your organisation's annual revenue, as stated in its most recent annual accounts on the Charity Commission website. In addition, the grant request, when combined with any other grants, sponsorships or consultancy fees provided to your organisation by AstraZeneca in this calendar year, must not exceed 30% of your organisation's annual revenue. If either limit is exceeded, please include a clear rationale within your submission.

Please request an appropriate level of funding according to your project needs.

Only one application per organisation is permitted.

Funding cannot be given to:

- Individuals, healthcare providers, medical group practices, public officials
- Organisations that:
  - Discriminate on the basis of age, race, colour, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis
  - Promote political or religious viewpoints to their beneficiaries
  - Use the funds to make grants or donations to other organisations or individuals
  - Are unable to supply bank details or report back on outcomes
  - Are non-charitable
- Initiatives already funded through other AstraZeneca programmes
- Initiatives that support communities outside of the UK
- Projects that provide treatment or pay for medicines
- Projects that benefit AstraZeneca's commercial business
- Applications over £20,000
- Retrospective funding
- Capital expenses (e.g. office equipment or medical equipment), or building appeals
- Any other activities prohibited under local standards

Project Assessment

How will we decide which projects to fund?

Every application will undergo an initial screening to confirm whether proposals meet the criteria set out in the '***Funding Guidance***' section of this document. Proposals that do not meet all these criteria will not be reviewed by the Grants Committee.

Grant proposals will be reviewed and selected by a Grants Committee made up of independent external experts in transforming cardio-renal healthcare and representatives from AstraZeneca. To evaluate projects, we have developed inclusion criteria to ensure proposals meet our four goals.

Inclusion Criteria:

1. Supporting earlier identification and diagnosis

- Proposals demonstrate a clear approach to increasing routine testing and improving risk stratification in populations at risk of cardio-renal disease.
- Activities incorporate interventions that support earlier and more accurate identification of individuals at risk.
- A realistic and deliverable implementation plan is outlined.

2. Improving pathways to earlier intervention and integrated care

- Proposals focus on improving referral processes, care co-ordination, or integrated care pathways to support timely intervention for people at risk of, or living with, cardio-renal conditions.
- Consideration is given to how the approach could be embedded into routine practice.

3. Reducing inequalities in cardio-renal health

- Proposals demonstrate a clear commitment to improving access, experience, and outcomes for underserved or underrepresented communities.
- Plans for scalability, sustainability, or wider adoption beyond the initial project are outlined.

4. Generating evidence and shared learning

- Proposals include a clear approach to measurement, evaluation, and learning
- Activities generate insights into what improves earlier testing, care optimisation, pathway performance, or patient outcomes.
- Consideration is given to how the findings of the project will be disseminated.

What happens once a project is chosen for funding?

Once the Grants Committee has reviewed the applications and made their selection, applicants will be contacted to undergo a due diligence check to ensure their organisation has a charitable purpose and the funds can be legally transferred for that purpose.

This process can take several weeks, and AstraZeneca may be in contact to request further information or documentation at this stage.

What happens once due diligence is complete for successful applicants?

If your organisation passes the due diligence check, a grant will be offered. The funding will be transferred, and monitoring and reporting requirements will be agreed as part of a signed grant agreement.

In the unlikely event that your organisation does not pass the due diligence checks, you will receive a response from us. Where possible, we will offer feedback.

The grant is provided under an arm's-length arrangement between AstraZeneca and the organisation. Therefore, AstraZeneca will have no influence over the project once the funds have been disbursed.

Measurement & Evaluation

Your application must include a clear measurement and evaluation plan that sets out the objectives of the project, indicators you will track, the methods you will use to collect data, and the timelines for assessing progress and impact against the objectives.

At the end of the project, you will be required to submit a reconciliation report detailing how the funds were used, the outcomes achieved, and the overall impact of the project on people living with or at risk of cardio-renal conditions.

Please note that once contracts are in place, the information about awarded grants under the "***Transforming Cardio-Renal Health: Accelerating Early Diagnosis and Optimising Care Pathways***" programme may be published on social channels and/or external websites. All awarded grants are considered transfers of value and will be disclosed publicly in accordance with the ABPI Code of Practice.

Timelines & How to Apply

We have set out below the estimated timeline for the 2026/27 grant application process. We anticipate that most projects will be initiated shortly after contracting and completed within two years.

15 September 2026	Application period opens
27 October 2026	Deadline for applications
January 2027	Decisions communicated to organisation
February 2027	Due diligence and contracting
Once contracted	Project starts
Project end date	Reconciliation report due

All proposals should be completed through the ***CyberGrants portal***.

Proposal Format

Submissions must be provided in presentation slide format and must not exceed five slides (excluding the title slide and any required disclaimers). For any files longer than five slides, only the first five content slides will be reviewed. The slides should be uploaded within "*Additional Attachments*" in the "*Attachments & Executed LOA*" section of the CyberGrants process.

Within these five slides, please include the following information, which will correspond to the Committee's assessment criteria:

- Unmet medical need and addressing health inequalities
- Implementation timeline
- Dissemination of findings
- Potential for scaling/sustainability
- Measurement and evaluation

Budget Template

To provide sufficient detail and breakdowns on how the funding will be used, please complete the budget template below, and include under the "*Budget Schedule / Cost Breakdown*" in the "A*ttachments & Executed LOA*" section of the CyberGrants process. An example budget is available on a separate tab for illustration.

Budget template available here

Please include as much information as you can for each line item in the *Details/Comments* column. If personnel from your organisation will deliver the project and you are requesting salary funding, include each staff member's estimated number of hours and hourly rate.

Frequently Asked Questions

Please consult our ***FAQ document*** if you have any outstanding questions after reviewing this document.

Application Summary

1. Check your organisation is eligible

- □ Registered UK charitable organisation
- □ Involved in supporting people with or at risk of cardio-renal conditions
- □ Meets criteria set out in the '***Funding Guidance***' section

2. Confirm your project fits the programme

- □ Focuses on transforming cardio-renal health by accelerating early diagnosis and/or optimising care pathways
- □ Activities aim to address one or more of the core goals of the programme: supporting earlier identification and diagnosis, improving pathways to earlier intervention and integrated care, reducing inequalities in cardio-renal health, and/or generating evidence and shared learning.
- □ Aligns with our areas of scientific expertise, including chronic kidney disease, dyslipidaemia, heart failure, hyperkalaemia, and complex hypertension

3. Design your proposed project

- □ Clearly describe the unmet need your project will address, using evidence to explain the problem in your target population
- □ Outline the planned activities and intended outcomes
- □ Describe how you will address health inequalities and improve access, diagnosis, care or outcomes for under-served or disproportionately affected communities
- □ Define how impact will be measured and evaluated (see '***Measurement and Evaluation***' for more)

4. Prepare your application

- □ A proposal of up to ***five content slides*** (excluding the title slide and any required disclaimers)
- □ A completed ***budget template***, detailing how funds will be used

5. Submit your application

- □ Applications must be submitted via the ***CyberGrants portal***
- □ Application window: 15 September 2026 and 27 October 2026

6. Initial eligibility screening

- □ Applications are checked against programme objectives and criteria set out in '***Funding Guidance***'
- □ Only eligible submissions progress to full review

7. Committee review

- □ Applications are assessed by a committee of independent experts and AstraZeneca representatives
- □ Proposals are evaluated against the published assessment criteria

8. Application outcomes communicated

- □ All applicant organisations will be informed of the outcome of their application in January 2027
- □ Successful organisations will undergo standard due-diligence checks, after which contracting will be initiated

References

All references accessed August 2026.

1. British Heart Foundation. **UK Cardiovascular Disease Factsheet.** July 2026. Available from: https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet-jul26.pdf?rev=b4564e3e00504d778ad2db7efea92a76&hash=FB19A378FA741A72E8B88EA14015ED7D
2. Jacqui Wise. **Early deaths from cardiovascular disease reach 14 year high in England.** January 2024, British Medical Journal. Available from: https://www.bmj.com/content/384/bmj.q176
3. NHS England. **Cardiovascular disease prevention audit (CVDPREVENT audit).** Available from: https://digital.nhs.uk/data-and-information/keeping-data-safe-and-benefitting-the-public/gdpr/gdpr-register/cardiovascular-disease-prevention-audit-cvdprevent-audit#:~:text=Healthcare%20costs%20relating%20to%20
4. NHS England. **NHS prevention programme cuts chances of type 2 diabetes for thousands.** May 2022. Available from: https://www.england.nhs.uk/2022/03/nhs-prevention-programme-cuts-chances-of-type-2-diabetes-for-thousands/
5. Kidney Research UK. **Kidney disease: A UK public health emergency.** June 2023. Available from: https://www.kidneyresearchuk.org/wp-content/uploads/2023/06/Economics-of-Kidney-Disease-full-report_accessible.pdf?_gl=1*wrykcc*_up*MQ..*_ga*MTYxOTkzNDM2Mi4xNzExMDA5MDM1*_ga_737HY1XF35*MTcxMTAwOTAzMy4xLjAuMTcxMTAwOTAzMy4wLjAuMA
6. UK Government. **UIN HL5941.** March 2025. Available from: https://questions-statements.parliament.uk/written-questions/detail/2025-03-18/hl5941
7. UK Government. **UIN HL5942.** March 2025. Available from: https://questions-statements.parliament.uk/written-questions/detail/2025-03-18/hl5942
8. Lord Ara Darzi. **Independent investigation of the National Health Service in England.** September 2024. Available from: https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf
9. National Audit Office. **Progress in preventing cardiovascular disease.** November 2024. Available from: https://www.nao.org.uk/wp-content/uploads/2024/11/progress-in-preventing-cardiovascular-disease.pdf
10. British Heart Foundation. **Bridging Hearts: Addressing inequalities in cardiovascular health and care.** April 2025. Available from: https://www.bhf.org.uk/-/media/files/what-we-do/policy-and-public-affairs/bridging-hearts-british-heart-foundation.pdf?rev=2d366ec8dec34e41bb471f829a690719
11. British Society for Heart Failure. **25in25 Summit: reducing heart failure deaths by 25% in the next 25 years.** March 2023. Available from: https://static1.squarespace.com/static/62416ca389785537abb9dea3/t/64138b59321f27542e99ed92/1679002458843/230309+25in25+Summit+Information.pdf
12. S. Mahon et al. **Primary prevention of stroke and cardiovascular disease in the community (PREVENTS): Methodology of a health wellness coaching.** International Journal of Stroke. February 2018, Vol. 13. Available from: https://pubmed.ncbi.nlm.nih.gov/28901219/#:~:text=Abstract,PREDICT%20web%2Dbased%20clinical%20tool
13. Alliance for Heart Failure. **Heart Failure being overlooked in primary care, warns the Alliance for Heart Failure.** December 2025. Available from: https://allianceforheartfailure.org/heart-failure-being-overlooked-in-primary-care-warns-the-alliance-for-heart-failure/
14. Sharmin Shabnam et al. **COVID-19 pandemic and risk factor measurement in individuals with cardio-renal-metabolic diseases: A retrospective study in the United Kingdom.** April 2025, PLoS One, Vol. 20. Available from: https://pubmed.ncbi.nlm.nih.gov/40273067
15. NHS Digital. **National Diabetes Audit 2021-22, Report 1: Care processes and treatment targets, overview.** October 2023. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/nda-core-21-22/nda-core-21-22-data
16. Mariam Molokhia et al. **Uncoded chronic kidney disease in primary care: a cross-sectional study of inequalities and cardiovascular disease risk management.** 700, October 2020, British Journal of General Practice , Vol. 70. Available from: https://pubmed.ncbi.nlm.nih.gov/33077509/
17. UCLPartners Health Innovation. **CVDACTION implementation evaluation report.** February 2025. Available from: https://uclpartners.com/wp-content/uploads/UCLP-CVDACTION-Implementation-Evaluation-Report.pdf