

Beth Dobbin's campaign



On 21 October, Beth Dobbin, a former Team GB sprinter who competed at the Tokyo Olympics, [wrote to Andy Burnham](#), calling for greater funding for ME research. Beth was interviewed recently by BBC Sport, speaking about being mostly housebound due to severe ME. She and family are seeking a meeting with the Prime Minister.

This briefing provides background on key developments in ME research and how MPs can support Beth's campaign.

Background

Myalgic Encephalomyelitis (ME) is a complex, chronic and disabling condition affecting multiple body systems.

An estimated 1.35 million people in the UK experience ME or ME-like symptoms; this includes approximately [half of those with Long Covid](#), who meet the ME diagnostic criteria.

Increasingly, ME is being investigated alongside other infection-associated and post-viral conditions, including Long Covid and Lyme disease.

ME research in the UK

There is currently no established cure or treatment for ME. Clinical strategies focus on managing symptoms, and biomedical research is urgently needed to understand the disease, develop diagnostic tests and find treatments.

However, the disease has received very low levels of UK government research funding, especially in comparison to other disease areas. Between 2019/20 and 2023/24, UK government research funders committed around [£6.6m to ME research](#) (£0.98 annually per person with ME and ME-like symptoms), compared with [£79.1m spent on Parkinson's](#) (£95 per person annually), and [£496.4m on dementia](#) (£101 per person annually).

The UK has a world-leading life sciences sector, yet this expertise is not being fully leveraged. ME research is critically underfunded, lacks coordination, and is not structured in a way to deliver meaningful progress at scale. This lack of funding has had a detrimental impact on research capacity, discouraging researchers from staying in the field and providing little incentive for established researchers to enter it.

In 2025, the [DecodeME research project](#), led by the University of Edinburgh, published results that established a genetic basis for ME. DecodeME is the world's largest ME genetics study and demonstrates untapped potential for the UK's life sciences sector.

The UK can play a critical role in moving the whole field of study forwards, benefitting patients not just in the UK but globally. In doing so, it can stand alongside peers such as Germany, who in 2025 committed €500 million over ten years to ME, Long Covid and post-infectious disease research. This followed [economic analysis](#) showing that, from 2020 to 2025, ME and Long Covid cost Germany €318.8 billion.

Research funding
per person per year
2019/20-2023/24



£0.98
ME*



£95
PARKINSON'S



£101
DEMENTIA

*incl. ME & ME-like symptoms

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How is the government supporting ME research?

The Government's 2025 Final Delivery Plan for ME acknowledged the “*relatively low amount of biomedical research funded [...] compared with disease burden*” and the “*low capacity and capability among the research community to respond to research needs.*”

However, the proposed actions on research were criticised by [ME charities](#) and [media commentators](#) for lacking the ambition needed to transform the UK's research landscape and guarantee a sustained pipeline of investments.

Recent investments in biomedical research include:

- **PRIME:** a small-scale four-year ME research infrastructure programme, establishing foundations for high-quality research, supported by £200k pa government funding.
- **Sequence ME and Long Covid:** a research project using [large-scale, long-read whole-genome sequencing](#) to find the root causes of ME. The UK government has contributed £4.75m which, alongside funding from a number of charitable sources, still leaves a £15m funding shortfall.

Under the Delivery Plan, the government has also funded two projects (with small grants capped at £200k) to investigate the feasibility of clinical trial infrastructure. It has also hosted a research showcase event and provided technical support for funding applications. While all of the above are welcome contributions, they are far from the transformative action needed to bring ME research onto an equal footing with research into other conditions. The level of funding still required for Sequence ME and Long Covid is a particular concern; without a further £15m, a third of the ME samples will go unsequenced and the Long Covid arm of the study will not go ahead.

Responses to written questions suggest that the government has [rejected proposals](#) for ring-fenced funding, which it describes as “*not usual practice for research funders*” on the basis that “*applications in all areas should compete for the funding available to uphold transparency and accountability.*” This is in spite of the early stage of ME research and low capacity, which put ME research at a structural disadvantage in open competition.

Recent written questions also indicate that the Medical Research Council (MRC) [does not intend to contribute funds](#) to ensure the full funding of Sequence ME and Long Covid; that DHSC has [not made an assessment](#) of the potential merits of Germany's funding model for post-infectious disease research; and that [DHSC has not performed](#) a cost-benefit analysis on funding ME research. Specifically, they have not assessed the potential return on investment that ring-fenced biomedical funding could have on reducing long-term sickness and economic inactivity.

How can MPs support Beth Dobbin's campaign for increased funding?

MPs can support Beth Dobbin's campaign by raising both her letter and her request for increased ME research funding with the Prime Minister.

We recommend that government support to accelerate ME research should focus on:

- **fully funding Sequence ME and Long Covid** by contributing the remaining £15m of funding required to complete the study's full genetic analysis;
- **funding a programme of work** that responds to the 10+ biomedical research priorities identified through the [Priority Setting Partnership](#), bringing together priorities from people with ME, their carers and clinicians;
- **committing to a clear roadmap to accelerate and build capacity in ME research**, including annual targets for research funding and proposed areas for strategic long-term government investment.