

National Research Programme "Gender Medicine and Health" (NRP 83)

Call document



What are National Research Programmes (NRPs)?

Research conducted by National Research Programmes consists of research projects that contribute to solving contemporary problems of national importance. Under the provisions of Article 10, paragraph 2, letter c of the Federal Act on Research and Innovation of 14 December 2012 (Status as of 1 July 2023), the Federal Council selects the topics and focus areas for research in NRPs and mandates full responsibility for implementing the programmes to the Swiss National Science Foundation.

Article 3 of the Federal Ordinance on the Federal Act on Research and Innovation of 29 November 2013 (Status as of 1 September 2023) describes the NRP funding scheme as follows:

¹ The National Research Programmes (NRPs) of the Swiss National Science Foundation (SNSF) are a means of generating and conducting coordinated research projects that pursue a common goal.

² Topics of research are appropriate for National Research Programmes if:

- a. Swiss research can make a significant contribution to resolving the issue;
- b. research contributions from multiple disciplines are required to resolve the issue;
- c. research on the topic can be expected to produce research results within a five-year period that have practical applications.

³ In justifiable exceptional cases, an NRP may also be used to create specific additional research potential in Switzerland.

- ⁴ During the selection process, it will be considered whether:
 - a. the expected results of the programme can be used as the scientific basis for governmental and administrative decisions
 - b. the programme can be carried out in the context of international cooperation.



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Summary

Sex (biological attributes) and gender (sociocultural factors) have a joint and interacting influence on health. Understanding and integrating sex and gender dimensions into health research and practice is important and necessary to ensure better clinical outcomes and population health and a fairer access to health for everyone in the society.

The aim of this national research programme is to create a knowledge base for an evidence-based implementation of sex/gender aspects in health research, medicine, and public health in Switzerland. This needs to be done through (a) producing context-sensitive and transdisciplinary knowledge to understand sex/gender-related aspects in health; (b) improving and adapting clinical practice to include sex/gender specificities; (c) integrating a gender mainstreaming approach as an elemental part of the health system.

By calling for research projects on sex/gender aspects in health sciences and public health and through coordinated programme activities, the programme sets out to bring about a change in practice in these sectors and to specify standards for implementing these changes in Switzerland.

The programme is structured around three modules:

- 1) Sex/gender as a determinant of health: module 1 will assess the influence of sex and gender and their interaction on health. Projects will bring knowledge that can serve as the foundation for methodological guidelines, informing researchers on how to effectively incorporate sex and gender, as well as other key determinants of health, into health research, by using intersectional approaches.
- **2)** Sex/gender in health care and clinical practice: module 2 will focus on integrating sex and gender considerations throughout the healthcare and management processes. It will encompass the study of sex and gender-related factors in prevention, screening, diagnosis, treatment, rehabilitation, chronic care, and palliative care, aiming to inform on the development of disease-specific clinical guidelines. Projects within this module are invited to also address healthcare access, patient-provider communication, drug and medical device development, and digital healthcare solutions.
- **3)** Sex/gender at the public health and policy levels: module 3 will investigate the societal and economic repercussions of incorporating sex and gender considerations into public health and policy. Projects may also contribute to developing tools for health institutions and authorities to assimilate sex and gender dimensions into their policies and/or laws. In addition, this module will embody the implementation of health interventions and policies and explore to what extent differences in the legal framework related to sex/gender across regions impact population health.

The research phase of the programme will run for 5 years, with a total funding of CHF 11 million. Research proposals must be submitted via *my*SNF. The deadline for pre-proposal submission is 14 March 2024.

This document details the background and scope of the NRP 83 along with practical information for applicants.



1. Introduction

1.1 Background and problem framing

Health knowledge has mostly been shaped using the white, middle-aged man as the norm. Public health standards and health-related research are thus often biased towards sex/gender-normative persons¹, and consequently, there are gaps in our knowledge and evidence across populations such as for women, non-binary, transgender and intersex persons. Indeed, clinical practice and guidelines often fail to fully address the needs of a diverse population, affecting the quality of health care in these populations. Additionally, most health research has historically focused on the biological differences between men and women, using a binary and biomedically-centred concept of sex. This has led to essentialist theories that explain the differences between men and women by biological factors only rather than by a mix of socio-cultural and biological factors. Finally, the failure to account for social and structural dimensions in health leads to limited health measures due to focussing primarily on individual responsibility that does not take account of structural and societal aspects.

Sex and gender in the ongoing scientific debate

Sex refers to biological variables determined by the sex chromosomes, genetic and epigenetic mechanisms, and sex hormones. Gender is a social construct and refers to culture-bound conventions, roles, and behaviours. In this call, we use the term "sex/gender" to emphasize an intricate intersectional concept that requires an understanding of the biological and societal factors as well as their interaction.

As a multidimensional concept, gender includes (1) gender norms - rules in private life, at work, or in society that influence individuals; (2) gender identity - how individuals and groups perceive and present themselves within specific cultures; (3) gender relations - power relations between individuals with different gender roles and identities. Gender encompasses a complex and dynamic social system that structures the life experience and influences the health of all human beings. Biological sex is also a multidimensional and complex construct. For instance, there is an important heterogeneity in terms of hormonal levels within the same sex category, and biology is not always binary, as can be seen in individuals with variations in sexual development (intersex people). It is important therefore, to specify the dimensions we are referring to when discussing sex and gender influences on health.

Evidence lacking before implementation

Sex and gender affect health care, clinical practice, public health, as well as health research, and thus have implications across the entire health system.

In clinical practice, sex/gender aspects affect the clinical manifestation, screening, prevention, diagnosis, treatment, and prognosis of many diseases. For example, studies have demonstrated that women are undertreated in intensive care units, have poorer results in surgery, and receive fewer kidney, liver, and heart transplantations, while men are frequently undertreated for depression and osteoporosis. According to a recent large National Health Service survey in the UK, trans and non-binary people are more likely to have learning disabilities, dementia and mental health problems, and experience greater difficulty in interpersonal communication along their patient journeys. Some unnecessary surgical interventions performed in the past for people with variations in sexual development can negatively affect their health and health care access.

¹ The term "sex/gender normative" implies that the arbitrarily defined standards include male sex, gender identity aligned with the sex assigned at birth (cisgender) and no variation in sexual development.



When developing new medical treatments, technologies, and drugs, we need to systematically integrate sex/gender aspects throughout the research and innovation cycles. Although in health research, clinical trial participants are still predominantly white and sex/gender normative, and the analysis and reporting of sex and gender aspects is uncommon. Besides, health studies have often disregarded the diverse dimensions of gender, a reason being the lack of international consensus on measuring gender. Recently, methods for the inclusion of sex and gender have been proposed at the European and international levels, and research teams have provided tools to measure the various dimensions of gender. However, cultural and institutional conditions shape gender identities, roles, norms, and power relations, and instruments aimed at capturing these dimensions in the Swiss context are lacking. Moreover, instruments should also include measures of the varying biological aspects of sex. Usually, "administrative sex" (i.e., being assigned female or male sex at birth) is used as an imprecise proxy for all biological aspects of sex. Finally, intersectional approaches are needed to better understand the dynamic and complex interplay between sex/gender and other axes of inequality (socioeconomic situation, age, migratory and cultural background, sexual and gender minority status, and (in)ability).

Sex and gender aspects have implications over the entire spectrum of the health system. US studies showed that a small but targeted investment into sex and gender-sensitive diagnosis and treatment strategies can translate into highly positive returns on investments (ROIs). In coronary artery disease, a doubling of the National Institutes of Health budget for sex and gender-related health was expected to lead to a 9.5% ROI within 30 years. Similar data exists for other disease areas, while such health economic studies are lacking in Switzerland.

Indeed, despite growing evidence on the importance of considering sex and gender in health care, prevention and health promotion, guidelines in Switzerland currently widely disregard this and additional evidence is clearly needed to amend the clinical practice guidelines in a sex and gender-sensitive manner. It is essential therefore, to study sex and gender aspects in medicine and public health in the Swiss environment to provide a knowledge base for sex- and gender-sensitive guidelines and recommendations.

We anticipate that integrating the multidimensional aspects of sex/gender in medical and public health research and practice will bring improved health care and health interventions, contributing to optimised care and prevention for individuals and populations. This will make access to the best-quality health care fairer, rendering the promotion of sex and gender aspects ethically warranted.

1.2 The national and international research environment

Several initiatives and research programmes concerning sex and gender in health have been launched in the past years.

At the institutional level, the United Nations agreed in 2012 on a UN System-wide Action Plan on Gender Equality and the Empowerment of Women (GEEW). The World Health Organization (WHO) engages in Gender and Health activities by commissioning gender-related research and by developing norms, standards, and guidelines for gender-responsive health care. As an autonomous body of the European Union, the European Institute for Gender Equality (EIGE) aims to strengthen the promotion of gender equality.



At the research level, the <u>Gendered Innovations project</u>, an international endeavour led by Stanford University, has been developing practical methods for scientists and engineers and providing illustrative case studies. This project is supported by multiple funders over the past 13 years, including the European Commission and the U.S. National Science Foundation. In the United States and Canada, national research funders finance national centres of excellence on sex and gender in health. In Italy, the <u>Reference Centre for Gender Medicine</u> aims to raise awareness, develop a national and European network, and promote research. The Centre was built in response to legal requirements to include gender aspects in research, health care, and dissemination activities. In addition, the Dutch Ministry of Health, Wellbeing and Sports recently funded a Gender & Health programme. The European Union funded international research consortia on Gender Medicine (EUGENMED, GenPORT, PLOTINA).

In Switzerland, the project "sex and gender integration" funded by *swissuniversities* from 2021 to 2024 aims to develop a curriculum for sex/gender in medicine to be put in place in all Swiss universities. As part of this project, the Gender Education in Medicine Switzerland (GEMS) platform for sharing teaching materials about sex and gender in medical curricula was set up. There is also the related Swiss Gender Health Network, connecting professionals from universities and hospitals in Switzerland engaged in Gender Medicine and Health.

1.3 The mandate of the Federal Council

In June 2022, the Secretariat for Education, Research, and Innovation (SERI) mandated the SNSF to assess the feasibility of conducting a National Research Programme on "Gender Medicine" and tasked the SNSF on 29 November 2022 to develop a programme concept about "Gender Medicine" that defines the aims and the key research questions to be addressed. Based on this programme concept, on 2 June 2023 the Federal Council decided to launch the NRP 83 Gender Medicine and Health. The National Research Council of the SNSF elected members of the programme's Steering Committee between May and August 2023. The Steering Committee elaborated the present Call for proposals and will ensure the strategic management of the programme. The National Research Council approved the Call for proposals on 31 October 2023 and the SERI on 28 November 2023. NRP 83 has a budget of CHF 11 million and conducts research for a period of five years.

2. Goals of the National Research Programme

The NRP 83 Gender Medicine and Health aims to create a knowledge base for evidence-based implementation of sex/gender aspects in health research, medicine, and public health in Switzerland. The generated knowledge will inform health care providers and organisations working in the health system (e.g., ethics committees or health regulatory authorities).

Specifically, the programme aims to achieve the following goals:

- 1. Create and expand context-sensitive and transdisciplinary knowledge to understand sex/gender-related aspects in health at all levels.
 - Develop comprehensive health research, including all dimensions of sex/gender (biological and social) and the intersecting dimensions (class, age, race/ethnicity).



- Increase the inclusion of women in research (as research subjects not as researchers), acquire more complete data on their health and on health problems specific to them.
- c. Ensure inclusivity in health research, including sexual and gender minorities (i.e., non-binary, transgender and intersex persons).
- 2. Improve and adapt clinical practice to better consider sex/gender specificities.
 - a. Identify and overcome gender stereotypes in clinical management.
 - b. Develop evidence-based practice and guidelines adapted to men, women, and sexual and gender minorities.
 - Improve the quality of medical practice for understudied health problems specific to women or with a higher prevalence among women (e.g., endometriosis, long COVID).
- 3. Integrate a gender mainstreaming approach as an integral part of the health system.
 - Facilitate the implementation of health interventions and policies for prevention and health promotion aiming to change potentially harmful gendered-health behaviour.
 - b. Ensure a more equitable access to health and health care for all individuals regardless of their sex/gender.
 - c. Provide health institutions or organisations as well as regional authorities with tools to integrate a sex/gender dimension into their policies.

These goals shall be achieved through research combined with extensive effort in knowledge exchange and networking. The NRP 83 Gender Medicine and Health aims to foster such networking among researchers in the field and to create a scientific knowledge base for the Swiss health system. NRP 83 will strive to understand the barriers and facilitators of long-term implementation of sex/gender in research, medical practice, and public health (see chapter 5). As such, it will provide the starting point of a roadmap towards guidelines for medical research, clinical practice, and public policy.

3. Research areas

Three main research modules were defined to meet the goals of NRP 83 Gender Medicine and Health: module 1 "Sex/gender as a determinant of health", module 2 "Sex/gender in health care and clinical practice" and module 3 "Sex/gender at the public health and policy levels". There are overlaps between the modules and some projects may address more than one module. The specific themes outlined below under each of the modules serve as examples only, meant to stimulate the development of innovative research projects.

3.1 Module 1: Sex/gender as a determinant of health

Module 1 addresses the underlying mechanisms of sex/gender-related aspects in health with specific focus on the Swiss context. Research projects in this module should aim to describe sex/gender-related mechanisms and their dynamic interactions, assessing their role in health in the broadest sense (not restricted to the pathological aspects of medicine but including a wider vision of health).



Projects should develop knowledge that can serve as a basis for methodological guidelines. Future guidelines need to inform researchers about how to properly integrate sex/gender into studies, including biological (for example measurements of genetic facets or hormonal levels) and social (for example measurements of adherence to gender norms or social relations) effects, and appropriate methodological approaches.

Other key determinants of health (socioeconomic position, ethnicity, age, sexual and gender minority status, (in)ability) that may be sources of disparities and interact with sex/gender should be integrated into analyses using intersectional approaches.

As part of this module, research projects should cover one or more of the following themes:

- Developing and validating methods and tools to assess sex/gender as a determinant of health in health research.
- Developing and validating intersectional approaches to understand the interaction between sex/gender and other health determinants.
- Investigating how to fill the knowledge gaps among groups with less health data (e.g., women for mechanisms of pain, men for osteoporosis, pregnant women, sexual and gender minorities).
- Producing knowledge on sex/gender-specific and sex/gender-sensitive aspects in health.

3.2 Module 2: Sex/gender in health care and clinical practice

Module 2 investigates sex- and gender-sensitive aspects across health care and clinical management processes. It covers the study of sex- and gender-related dimensions in prevention, screening, diagnosis, and treatment as well as in rehabilitation, chronic and palliative care.

This module can be the basis for the development of clinical guidelines for specific diseases. Projects in this module are invited to address access to care, communication and interaction between patients and healthcare providers, as well as the development of drugs, medical devices, or digital approaches (e.g., integrating artificial intelligence, machine learning, or digital applications). Also of interest are studies on rehabilitation of persons after serious illness, as is the management of chronic illnesses and end-of-life care.

Projects dealing with previously underrepresented health questions specific to women, are also welcome in this module.

Research projects in this module can cover one or more of the following themes:

- Assessing sex/gender aspects in screening and diagnostic procedures including their availability, performance, risks, acceptability, and costs.
- Producing knowledge on sex/gender-specific aspects of treatments and interventions, including drugs, surgical procedures, medical devices, and behavioural interventions. These studies can assess the safety and efficacy of existing treatments, the access to those



treatments as well as patient adherence. Studies can also evaluate the adaptation of existing guidelines/procedures and the integration of digital approaches.

- Conceptualizing drug and medical device development programmes (e.g., analysing the sensitivity of current research hypotheses, preclinical disease models and clinical trial designs regarding sex and gender aspects).
- Assessing sex and gender biases in healthcare delivery, healthcare access, and health-seeking behaviour. These include evaluating gender stereotypes that influence the management by healthcare providers as well as gender stereotypes that influence patient health-seeking behaviour, such as studies assessing communication in the healthcare setting and patient satisfaction.

Full clinical trials are beyond the scope of this NRP. Nevertheless, the NRP can fund addition of projects to ongoing prospective cohorts or clinical trials. This includes prospectively planned study designs with sufficient power to analyse effects in women, men, and gender diverse people separately, additional studies of sex-specific genetic polymorphisms or sex hormone effects, the inclusion of gender-related variables and questionnaires to already planned large clinical trials or existing databases. Thus, if applicable, the amendment of biobanks (blood, tissue) and imaging repositories for the study of sex/gender specific diagnostics in health (primary prevention) and disease (secondary prevention/ disease characterization) is possible.

3.3 Module 3: Sex/gender at the public health and policy levels

Module 3 focuses on the broader societal and economic impact of sex and gender in public health and policy. Projects in this area are expected to assess, describe and/or evaluate the current societal dynamics relevant to sex and gender-sensitive medicine and health and its implications for individuals, populations, the Swiss health system, and society.

This module contributes to providing tools for health institutions and organisations as well as regional authorities to integrate sex/gender dimensions into their policies. It can also generate health interventions and policies in the fields of prevention or public health. Further, it can allow exploring to what extent differences in the legal framework related to sex/gender across regions impact population health. Finally, it advances transforming sex/gender norms and stereotypes and reducing gender inequalities through the implementation of gender-sensitive policies.

As part of this module, research projects should cover one or more of the following themes:

- Assessing the societal benefits and challenges of systematically accounting for sex/gender dimensions in health care and in the health system (e.g., demonstrating the impact of sex and gender aspects on healthcare costs, quality of life, and well-being).
- Studying health-relevant sex and gender biases to inform and facilitate the development of gender-sensitive health care services as well as the development of gender-sensitive education of health care professionals. Using the results should lay the groundwork for the sex/gender-sensitive delivery of health care and the design of preventive and health promotion interventions in Switzerland.



Including sex and gender aspects in guidelines and policies. Analyses of past and current considerations of sex and gender aspects in medical guidelines, clinical practice guidelines, and health policies with a systematic, multidisciplinary assessment (e.g., meta-analyses, reviews, and historical analyses). Particularly welcome are projects comparing the situation in Switzerland with that in other countries, embracing an international perspective to assess potential knowledge gaps in Switzerland with recommendations on how to improve the Swiss health system.

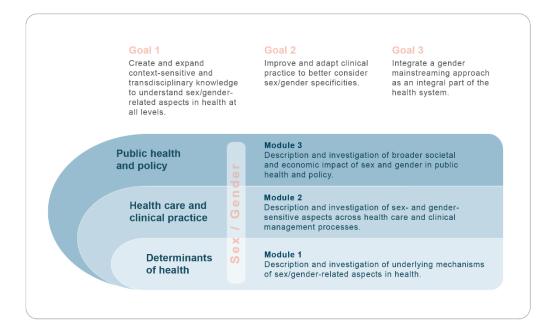


Figure: Conceptual model of NRP 83

4. Implementation and expected impact of the National Research Programme

The NRP 83 Gender Medicine and Health sets out to be the basis of further long-term activities to introduce a systemic transformation whereby sex/gender aspects are embedded into all domains of health research, health care, and public health. The perspective of NRP 83 goes well beyond the duration of the programme.

To pursue this goal, we will establish a **community of practice** (CoP), i.e., a community of actors who share an interest in investigating sex/gender dimensions and their impact on health. Specifically, the CoP strives to connect the NRP 83 topic-related scientific community with stakeholders, such as actors from the allied practical healthcare field, professional organisations, medical associations, education, patients and end-users, decision-makers, and other health organisations. We expect this to improve knowledge management capability in the field. The CoP will create and share new knowledge to advance the domain in research and professional practice and policies. The main purposes are to:

- increase the awareness of the role of sex/gender in health care and health systems,



- enable and encourage networking with existing academic and non-academic communities in Switzerland.
- seek and strengthen international partnerships and research exchange,
- achieve a clear view of what is specific to Switzerland in the field of Gender Medicine and Health,
- identify the action points to promote Gender Medicine and Health in Switzerland.

Overall, we expect NRP 83 to reveal the concrete health practice activities (e.g., regarding care, curricula, patient competencies) for promoting sex and gender aspects in medicine and public health. Moreover, the programme may compile the knowledge needed for setting up guidelines and recommendations for a systematic consideration of sex and gender, but also possibly of diversity in medical and public health research and practice and with this, prepare the foundation for long-term funding of Gender Medicine and Health.

NRP 83 will contribute to the following Sustainable Development Goals of the United Nations: 3 Good Health and Well-being, 5 Gender Equality, 10 Reduced inequalities, and 16 Peace, Justice and Strong Institutions.

5. Specific requirements for projects

The following call-specific requirements must be considered when submitting a proposal.

Inclusion of sex/gender

- Projects must provide clear information on the dimensions of sex/gender (biological and social) included in the research proposal and their operationalization. We strongly encourage applicants to refer to sex/gender in all their dimensions. We understand that variables for some dimensions are not always available, therefore the currently identified gender-related and socio-cultural variables (e.g., education, income, caregiver functions, social support, etc.) may be integrated into the study where relevant. In all cases, please justify research topics, methods, and data used or generated accordingly.
- Researchers are expected to inform on how sex/gender interact with other determinants of health. I.e., using an intersectional approach, sex/gender need to be analysed in interaction with other key determinants of health (such as age, ethnicity, socioeconomic position, sexual and gender minority status, (in)ability).

Inter-, multi-, and trans-disciplinarity

- "Gender Medicine and Health" is an inter- and multidisciplinary research field. Wherever a research question calls for it, mixed research groups (coming from different disciplines, with complementary methodological skills) should be set-up and adequate methodology and cooperation between actors defined.



- Also, the inclusion of end-users (target populations, patients/clients, and their relatives/families) and the implementation of corresponding methodology are to be considered.
- Cooperation between NRP 83 projects and teams are welcomed.

Sampling and data

- Applicants are asked to consider the availability of data at an early stage of the project development (at the stage of pre-proposal and also at the stage of full proposal).
- Sampling in terms of sex/gender is of utmost relevance and should be detailed and rationalised. Reported data should be disaggregated by sex, and an analysis of sex and gender differences and similarities provided where appropriate and with adequately powered samples.
- If possible, accessibility and interoperability of databases should be developed to allow for additional analyses of sex/gender aspects in the future. Also, we encourage projects as part of ongoing prospective Swiss cohorts and clinical trials.
- Proposals must respect the SNSF principles on Open Research Data.

Practical significance, implementation, and dissemination

- NRP 83 strives to establish a community of practice (CoP). Accordingly, we strongly recommend projects that create practical partnerships and include relevant stakeholders.
- Projects initiating links between different topics and between individual, organisational and systemic approaches are very desirable.
- Pragmatic suggestions for the implementation of project results in practice are expected.
- Project proposals must include public outreach and communication activities to raise awareness in a wide audience.

Project scope according to programme budget

NRP 83 will not be able to fund large clinical trials or drug development research. Funding priority is given to projects that aim for short-term implementation. This rule does not exclude intervention studies or ongoing clinical trials that could incorporate the dimension of sex/gender into the investigation.

6. Submission and evaluation procedure

6.1 General conditions

Number of projects: We kindly ask applicants to submit one or more applications in accordance with their capacity to manage the projects.



Project duration: Research projects conducted under NRP 83 should last a minimum of 36 months and up to a maximum of 48 months. NRP 83 will not fund a fourth year of a PhD student's salary in projects lasting under 48 months. Therefore, for projects lasting under 48 months and employing one or more PhD students, applicants must be able to guarantee the PhD salaries for 48 months at the project selection stage.

Project size: The budget of a project should lie between the expected CHF 250'000 and CHF 600'000. These figures are provided as a reference.

Language of proposals: Pre- and full proposals are expected to be submitted in English.

Project start: To allow for optimal coordination, approved projects must start no later than four months after the approval date.

Legal basis: The present Call document of NRP 83, the <u>Funding Regulations of the SNSF</u> and the <u>General implementation regulations for the Funding Regulations</u> provide the legal basis for the call. These documents and further relevant instructions for the submission of proposals can be found on *my*SNF under 'information/documents' after selecting the corresponding NRP and creating a new application.

Cooperation with experts from the practical side of the field: We promote cooperation with experts from the practice provided collaboration generates added value and the project does not serve a direct commercial purpose. Within a proposal, experts from practice may take the role of project partners for whom the requested funding share may not exceed 20% of the total requested project budget.

Cross-border research projects: We support cross-border projects if the competence of researchers from abroad is essential for realising the project. As a rule, the financing of researchers abroad may not exceed 30% of the overall budget, and the person responsible for the project abroad may not be assigned as a corresponding applicant with the SNSF. For applicants from abroad, the norms and salary rates of the relevant country will be applied mutatis mutandis with the SNSF maximum rates as the upper limit. Before submitting a proposal with a cross-border component, please contact the programme managers of NRP 83.

Only one call for proposals is envisaged. However, in the event of significant thematic gaps, a second call may be launched.

6.2 Submission procedure

A **two-stage submission procedure** is in place: pre-proposals are submitted first, followed by full proposals upon invitation.

Pre- and full proposals must be **submitted online via** <u>mySNF</u>. Applicants must register as mySNF users to be able to submit a proposal. It is advisable to request a new user account as soon as possible via mySNF. Past user accounts remain valid and provide access to this call.

Specifications for a pre-proposal

Deadline: The deadline for submission of a pre-proposal is 14.3.2024, 17:00 CET.



Content: In addition to the data that is to be entered directly in *my*SNF, the following documents need to be uploaded:

- Research plan (in PDF format): Applicants must use the template provided on mySNF under 'information/documents' for their proposal. The project description must not exceed six pages.
- CV (one PDF file per applicant): Applicants must compile their CV on the SNSF Portal and subsequently upload a PDF version onto mySNF in the data container "CV and major achievements". Information can be found on the CV website and on the SNSF-Portal.

Specifications for a full proposal

Deadline: The deadline for submitting a full proposal is 2.9.2024, 17:00 CET.

Content: In addition to the data that is to be entered directly in *my*SNF, the following documents need to be uploaded:

- Research plan (in PDF format): Applicants must use the template provided on mySNF under 'Information/documents' for their proposal. The research plan must not exceed 20 pages.
- CV (one PDF per applicant): Applicants must compile their CV on the SNSF Portal and subsequently upload a PDF version onto mySNF in the data container "CV and major achievements". Information can be found on the CV website and on the SNSF-Portal.
- Supplementary documents: e. g., support letters, confirmation of cooperation or cofinancing, and ethical approval, are required and can be uploaded on mySNF.

6.3 Evaluation procedure

The evaluation panel formed of the Steering Committee and appointed ad-hoc experts will evaluate the pre-proposals. The ad-hoc experts provide complementary expertise necessary for the evaluation of the pre-proposals. The Steering Committee makes the final decision on the pre-proposals.

The Steering Committee will invite authors of selected pre-proposals to submit a full proposal. In the invitation letter, the Steering Committee may include recommendations or set conditions for the full proposal. Applicants not invited to submit a full proposal will be informed in writing by means of a ruling.

Full proposals will be reviewed externally. Interviews with applicants may be part of this evaluation process. Based on the expert reviews and eventual interviews, the Steering Committee will propose approval or rejection of a proposal to the National Research Council.

6.4 Evaluation criteria

The Secretariat of the SNSF checks that proposals meet the personal and formal requirements as per the Funding Regulations before forwarding them for scientific review (cf. chapter 2 of the Funding Regulations of the SNSF). Pre- and full proposals that do not meet the personal and formal requirements will not be considered further. Eligible pre- and full proposals are then reviewed based on the following criteria:



- Compliance with the aims of NRP 83: pre- and full proposals have to correspond to the
 programme aims specified in this call for proposals and fall within the overall framework of the
 programme.
- Scientific quality: pre- and full proposals must meet a high standard in relation to scientific quality, scientific relevance, topicality, originality, suitability of methods and the feasibility.
 They have to exhibit an innovative component. They have to contribute to achieving the programme aims and authors must have checked originality against completed or ongoing research projects in the same field.
- Integration of sex/gender dimensions into the research content: inclusion and conceptualization of biological and social aspects of sex/gender and their interactions into the research content are required.
- Inter-, multi-, and trans-disciplinarity: For projects with research questions involving several disciplines or that require approaches that span the boundaries between science and practice, team constellations, or interactions between actors, methodology and project management must be set up accordingly.
- Application, implementation, relevance to practice: A potential for practical application
 and the implementation of results are key elements of NRPs. In this respect, we give priority
 to projects with a clear practical relevance.
- Scientific qualifications of the researchers: Applicants need to have a proven scientific
 track record in the field of the proposal. Adequate personnel resources and a suitable
 infrastructure must be in place for the project.
- Response to comments: The Steering Committee may address comments, suggestions and recommendations to the research proposal teams at the time of inviting them to submit a full proposal. Response to this feedback will be taken into consideration when assessing the research proposal.

7. Budget and schedule

Budget

Module 1: Sex/gender as a determinant of health	CHF 3.2 million
Module 2: Sex/gender in health care and clinical practice	CHF 3.2 million
Module 3: Sex/gender at the public health and policy levels	CHF 3.2 million
Knowledge building, creation, and exchange; implementation and technology transfer; programme synthesis	CHF 1.1 million
Scientific evaluation and support, administration	CHF 0.3 million
Total Budget	CHF 11 million



Schedule

Call for proposals	12 December 2023
Submission pre-proposals	14 March 2024
Communication of decision	Mid-June 2024
Submission full proposals	2 September 2024
Communication of decision	Mid-December 2024
Start of research	January to March 2025
End of research	Spring 2030
Programme closure with publication of programme synthesis and final reporting	Early 2031

8. Organisation and actors

Steering Committee NRP 83

Prof. Dr Carole Clair, Health and Gender Unit, Unisanté, University of Lausanne (President)

Prof. Dr Murielle Bochud, Department Epidemiology and Health systems, Unisanté, University of Lausanne

Prof. Dr Gabriele Dennert, Faculty of Applied Social Studies, University of Applied Sciences and Arts, Dortmund, Germany

Prof. Dr Andreas Gerber-Grote, School of Health Sciences, Zurich Universities of Applied Sciences and Arts (ZHAW)

Prof. Dr Sabine Oertelt-Prigione, Sex- and gender-sensitive medicine, Radbound University medical centre, The Netherlands, and Medical School OWL, University Bielefeld, Germany

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Prof. Dr Susanne Wegener, Department of Neurology, University Hospital Zurich

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