

## WHO NCD Lab

### Cycle 3 Call for Submissions Women and Girls

For questions or clarifications, please contact Ms Yvonne Arivalagan, WHO GCM/NCD at [arivalagany@who.int](mailto:arivalagany@who.int).

**Apply now!**



#### Introduction

Noncommunicable diseases (NCDs) and mental health conditions are the world's biggest causes of death and disability. Due to persisting inequities in NCD prevention, treatment and care, fewer than one-fifth of countries are on track to achieve the 2030 Sustainable Development Goal targets to reduce premature deaths from NCDs by one-third. WHO recognizes that tackling NCDs on a global scale calls for innovative, evidence-informed approaches that combine new technologies with outside-the-box response strategies, multidisciplinary thinking, and cross-sectoral action.

The [NCD Lab](#), a WHO initiative launched by the Global Coordination Mechanism on NCDs (GCM/NCD) crowdsources innovative approaches from around the world that accelerate action on NCDs. In recurring submission cycles, the NCD Lab invites, reviews, and showcases innovative tools and novel approaches to tackle NCDs and mental health conditions in countries around the world. Winners and finalists are [featured on the NCD Lab website](#) and amplified through the GCM/NCD's extensive global network of leading health actors.



#### Background: Worldwide rise in obesity

Recent trends show a global increase in the number of people living with obesity. Latest findings highlight that countries will not only miss the 2025 WHO targets to halt the rise of obesity at 2010 levels, but that the number of people with obesity is expected to double across the globe by 2030. The highest number of people living with obesity are in low- and middle-income countries (LMICs), with numbers currently more than doubling across all LMICs, and tripling in low-income countries, compared to 2010. WHO is responding to these trends through an [Acceleration Plan to tackle and reverse obesity](#) on a global scale, of which the NCD Lab is a part.



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The causes of obesity include changes in diet and physical activity, often linked to a lack of supportive policies in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing, and education. Misrepresentation and stigma also obscures the complex roots of obesity, such as genetics, healthcare access, mental health, socio-cultural factors and environmental determinants, thus hampering efforts to prevent, manage and treat obesity.



## Women and Girls

By 2030, 1 in 5 women will be living with obesity, as compared to 1 in 7 men. The prevalence of obesity is higher among women living in LMICs, many of which face a double burden of malnutrition. Gender and other intersecting inequalities in areas such as education, the care economy, health care systems, mobility and cultural norms restrict the choices that girls and women of all ages are able to make around food intake and physical activity.

Below are just some examples that highlight the need for inclusive policies, programmes and services, rooted in the lived experience of women and girls of all ages, that address both gender inequalities and the complex and varied causes of obesity.

- UNICEF estimated that 20 million girls globally could drop out of school during the COVID-19 pandemic, thus limiting their access to school feeding programmes, education on nutrition and physical activity.
- Women spend an average of 3 hours more than men on unpaid care work, which could reduce the time they are able to spend on healthy eating and exercise.
- In some contexts, social and cultural norms relating to gender restrict the mobility of women and girls and their ability to attain healthy levels of physical exercise.
- Women and girls from communities experiencing marginalization may face barriers in accessing health information on food labels due to a lack of educational justice that impacts levels of literacy.
- Older women, particularly those living with disability, may face particular challenges in accessing healthy food and physical activity.
- Women are more likely than men to experience obesity stigma, with consequences such as eating disorders, depression, anxiety and avoidance of medical care.



## Cycle 3 Call for Submissions

For its third cycle, the NCD Lab welcomes innovative approaches that address the environmental, social, cultural, economic, political and other systemic determinants of obesity that impact how people make decisions around food intake and physical activity. Systemic determinants of obesity



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include but are not limited to: food systems; health care; social protection; sports; education; urban design and built environment; information systems and digital environment.

**The dedicated focus of this call are submissions that explicitly address the unique challenges that women and girls face across the life course, such as those outlined in the previous section:**

For more information on eligible submission types, please see below.



## Why should you apply?

Winners of the WHO NCD Lab will have the opportunity to shape global policy and practice on NCDs through the following:

- Being among the world's leading solutions to tackle obesity under the [WHO Obesity Acceleration Plan](#)
- Inclusion in a global portfolio of health innovations under the [WHO Innovation Hub](#), which could offer:
  - Matchmaking to countries and ministries of health
  - Funding through a Transition-to-Scale Fund
  - Scale-up support and resources across global, regional and country levels
- Increased visibility and networking opportunities with WHO and leading global health partners
- Membership to a worldwide alumni of [NCD Lab winners](#)
- Signed WHO winners' certificate



## Who can apply?

Applicants must be an individual or group of individuals. Projects may receive support from an entity (e.g. research, funding) but may not be submitted on behalf or in the name of any entity. Applicants are required to provide relevant information within the submission form and undergo appropriate WHO screening and due diligence procedures.

For more information, please refer to the [NCD Lab Terms of Reference](#).

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## Submission types

The following are a list of submission types that include but are not limited to:

1. Digital health products or services
2. Integrated service delivery models
3. Social processes
4. Policy design, development or implementation activities (e.g. nutrition labelling to reach illiterate women, nutrition and physical education policy for out-of-school girls, etc.)
5. Marketing and sponsorship interventions
6. Initiatives shaping early food environments
7. Food procurement initiatives
8. Capacity-building initiatives
9. Bottom-up accountability cycles and reporting systems
10. Public health education and awareness initiatives
11. Advocacy and communications campaigns, frameworks, and toolkits
12. Stakeholder engagement and partnership activities (e.g. governments, UN agencies, private sector, civil society, academia, etc.)



## Eligibility criteria

### Inclusion criteria:

1. The submission is aligned with Sustainable Development Goal 3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
2. The submission is aligned with Sustainable Development Goal 5, and advances progress towards the achievement of gender equality and empowerment of all women and girls.
3. The submission is mature and ready-to-scale<sup>1</sup>, with preference to submissions which are fully developed, or at an advanced stage of development, and are or soon to be implemented.
4. The submission includes clear evidence and assessment of impact.
5. The submission incorporates meaningful engagement of the population which the submission aims to support during the ideation, development and/or implementation phase.

### Exclusion criteria:

Excluded if the submission fulfils one or more of the following:

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<sup>1</sup> Submission must already have scaled to serve needs at the country or regional level or is rapidly approaching this goal. Submissions may not be early stage (e.g. planning) or start-ups.



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1. Funded by any of the following industries: pharmacological, food and beverage, sports, gaming, alcohol, or gambling, and sports betting;
2. During the past four years, the applicant was linked to the tobacco and/or arms industry, or any subsidiary of a tobacco/arms company or a commercial entity involved with the manufacture, sale, or distribution of tobacco/arms or tobacco related products
3. The submission is or will be carried outside the 194 UN Member States; or
4. The submission is a start-up or at early stage of development (e.g. planning).



## Timeline

Submissions for Cycle 3 will be open from **4 April to 30 June 2022**. Winners and finalists will be announced in the second half of 2022 and amplified across various WHO partners and platforms.



## Examples of obesity innovations

Please explore the links below to find out more about exemplary innovations tackling obesity around the world:

- Jamaica: [Octagonal warning labels to help consumers choose healthier food in Jamaica](#)

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- USA: [Personalized health program to manage weight, diabetes and blood pressure](#)
- Fiji, Samoa, Tonga, Vanuatu: [Reality TV cooking show providing solutions to barriers to healthy eating such as convenience, taste and affordability](#)