CALL FOR PREFORMED PANEL ABSTRACT SUBMISSIONS

Submission Deadline: March 17, 2021

The International Conference on Family Planning 2021 (ICFP2021) invites the submission of preformed panel abstracts on cutting-edge research, program, and advocacy results directed at enabling individuals throughout the world, especially in low-income areas, to achieve their contraceptive and reproductive intentions. Of particular interest are abstracts on research demonstrating how family planning is an integral part of universal health coverage (UHC) and how family planning impacts the health, wealth, and autonomy of people and nations overall. The ICFP also provides an opportunity to showcase high impact or best practices in family planning programs, policy, and service delivery. Abstracts using strong scientific/evaluation methods will be given priority in the review and acceptance process.

Panels prove a distinct opportunity to tell a larger story than individual abstracts. Panels are comprised of 3-4 related presentations and should be developed with input from multiple individuals, organizations, and projects. Preformed panels should add value to and be distinctive from sessions otherwise formed from individually submitted abstracts.

Track organizers and reviewers will assess preformed panels on the strength of their overall cohesion as well as the strength and interconnectedness of the individual presentations proposed for the panel. Therefore, panel submissions should include objectives for the overall panel presentation as well as study or program objectives for each individual presentation. If possible, panelists and moderators should be identified at the time of submission.

Preformed panel submissions will be assessed as a unit and accepted or not accepted as a whole. Therefore, it is the responsibility of those forming complete panels (and the proposed presentations therein) to ensure that each presentation is independently strong, and that panel objectives, conclusions, and implications are clearly stated.

Preformed panels submitted with presentations from one single organization will not be considered for the program – this type of submission is better suited to an auxiliary/side event, sponsored by that organization. Preformed panels related to a single, large-scale project may be reviewed if the presentations are from different organizations and there is a compelling reason why a dedicated panel is important. Preformed panels should only be submitted if the panel organizers are confident that each proposed presenter will be able to participate in the conference.
TRACKS

Preformed panel submitters are requested to submit their abstracts to one track and one sub-track where applicable. Below is a list of tracks for abstract submission and respective track organizers. Illustrative examples of topics are listed under each track.

1. Universal Health Coverage and Family Planning

   James Kiarie  World Health Organization
   Vinit Sharma  United Nations Population Fund

   Can include but is not limited to:
   - Global initiatives and frameworks for family planning
   - Formulation and implementation of national and sub-national laws and policies
   - Costs associated with family planning service provision and budgeting
   - Funding landscape for family planning
   - Effective advocacy and accountability approaches for family planning
   - Sexual and reproductive health market development/Resilient family planning markets
   - Innovative financing strategies for family planning
   - Self-care
   - Social accountability
   - Health insurance schemes
   - Integration of family planning in overall healthcare
   - Private family planning provision in UHC

2. Impact of Covid-19 on Family Planning and Reproductive Health

   Linnea Zimmerman  Bill & Melinda Gates Institute for Population and Reproductive Health
   GUIELLA Georges  International Union for the Scientific Study of Population (IUSSP)
   J. Christophe Rusatira  Bill & Melinda Gates Institute for Population and Reproductive Health

   Can include but is not limited to:
   - Impact of COVID-19 on health system, FP services and resources
   - Social and gender disparities related to Covid-19 and FP
   - Impact of Covid-19 on fertility and fertility intentions
   - Advocacy responses
   - Programmatic responses/operational, including new programming and best practices
   - Impact of prevention measures (ie quarantine, social distancing, school closures) on RH
   - Strengthening FP programs outbreaks preparedness

3. Returns on Investment in Family Planning and the Demographic Dividend

   Latif Dramani  Center for Research in Economy and Applied Finances of Thiè
   Jason Bremner  Family Planning 2020
   Bernard Onyango  African Institute for Development Policy
Can include but is not limited to:
- Impact of family planning on economic development, demographic dividend
- Family planning cost/benefit analysis
- Impact of family planning on maternal and child health
- Impact of family planning on gender equality
- Population, environment, and development impacts of family planning
- Impact of family planning on security and resilience

4. Demand Generation, Social Norms and Behavior Change

Claudia Vonrasek  Johns Hopkins Center for Communication Programs
Arzum Ciloglu  Johns Hopkins Center for Communication Programs

Can include but is not limited to:
- Transitions in desired fertility
- Social and behavior change among health workers in both public and private sector
- Preferences and acceptability of contraceptive options
- Understanding reasons for non-use
- Role of myths and misconceptions regarding family planning
- Addressing consumer information needs and barriers to uptake through private sector strategies

5. Fertility Intentions and Family Planning

Leopold Ouedraogo  WHO Brazaville
Kazuyo Machiyama  London School of Hygiene & Tropical Medicine
Michelle Hindin  Population Council

Can include but is not limited to:
- Understanding and measuring fertility intentions
- Unwanted and mistimed pregnancy
- Unmet need for family planning
- Cultural and social determinants in fertility and family planning
- Addressing fertility and infertility concerns.

6. Gender Equality, Empowerment and Reproductive Rights

Nathalie Sawadogo  International Union for the Scientific Study of Population
Suzanne Bell  Johns Hopkins Bloomberg School of Public Health
Richine Masengo  Si Jeunesse Savait (SJS)

Can include but is not limited to:
- Abortion
- Empowerment and reproductive health
- Contraceptive choice
- Gender-based violence and family planning
- Sexual health and pleasure
7. **Improving Quality of Care**

Blami Dao  
Jhpiego
Richard Adanu  
University of Ghana
Aparna Jain  
Population Council

*Can include but is not limited to:*

- Quality improvement in family planning
- Quality of care, discontinuation, and contraceptive dynamics
- Method Information Index and client satisfaction
- Assessment of family planning service quality
- Human-centered design
- Improving quality in private sector family planning

8. **Expanding Access to Family Planning**

Ben Bellows  
Population Council
Alex Ezeh  
Drexel University
Elizabeth Omoluabi  
Centre for Research, Evaluation Resources and Development

*Can include but is not limited to:*

- Challenges and solutions to broaden method mix
- Task shifting and community-based delivery approaches
- Total market approach
- Public-private partnership to expand access
- Safety and effectiveness of various contraceptive methods
- Increasing access to contraceptive generics
- Strategies to expand financial access

9. **Advances in Contraceptive Technology and Contraceptive Commodity Security**

Kirsten Vogelsong  
Bill & Melinda Gates Foundation
John Skibiak  
Reproductive Health Supplies Coalition
Nene Fofana Cisse  
EngenderHealth

*Can include but is not limited to:*

- Product innovations - contraceptive research and development
- Novel contraceptives for men - challenges and opportunities
- Introduction and scale-up of new contraceptive products, including in the private sector
- Multipurpose prevention technologies
- Commodity security and logistics, including private sector supply chains
- Digital technology and family planning

10. **Integration of Family Planning into Health and Development Programs**
Can include but is not limited to:

- Post-abortion care and family planning
- Integration of family planning with maternal and child health services
- Integration of family planning with services for HIV/AIDS and STI's
- Integration of family planning with primary health care services
- Integration of family planning with population, health, and environment programs
- Integration of reproductive health and climate change programs
- Integration of family planning with socio-economic development programs
- Integration of family planning with reproductive tract cancer screening programs

11. Sexual and Reproductive Health and Rights Among Adolescents and Youth

Anna Kågesten  Karolinska Institutet
Gervais Benguissé   Institut de Formation et de Recherche Démographiques
Ilene Speizer  University of North Carolina at Chapel Hill

Can include but is not limited to:

- Barriers to access contraceptive methods among adolescents and youth
- Innovations in youth-oriented service delivery approaches
- Contraceptive use among adolescents and youth
- Early marriage and family planning
- Youth leadership in family planning
- Comprehensive sexual education for adolescent boys and girls
- Private sector sexual and reproductive health / family planning for adolescents and youth

12. Men and Family Planning

Visseho Adjiwanou  Quebec University
Logan Nickels  Male Contraceptive Initiative

Can include but is not limited to:

- Men as contraceptive method users
- Couple dynamics in family planning
- Male engagement in social norm changes
- Family planning programs with men and couples
- Redefining masculinity and the role of men in family planning

13. Family Planning and Reproductive Health in Humanitarian Settings

Monica Adhiambo Onyango  Boston University School of Public Health
Ndola Prata  University of California, Berkley
Can include but is not limited to:
- Family planning programs for refugees and internally displaced population
- Natural disasters and family planning and reproductive health
- Family planning during disease outbreak and epidemic crises
- Post-abortion family planning in humanitarian settings
- Contraceptives and adolescents in humanitarian settings
- Role of private sector sexual and reproductive health and family planning in fragile states

14. Faith and Family Planning

Sandra Chipanta  Georgetown University’s Institute for Reproductive Health
Luz Frances Chua  Catholics for Reproductive Health, Philippines
Cheikh Mbacké  Consultant for Hewlett Foundation
Emma Rachmawati,  Muhammadiyah, Indonesia

Can include but is not limited to:
- Role of religious leaders and faith-based organizations in family planning, including interfaith approaches
- Relationship between religion and social norms related to family planning
- Faith-based considerations in comprehensive sexuality education
- Religion and family planning in the context of conflict, post-conflict, and extremism
- Faith-based organizations and partnership for family planning-expanding to scale

15. Social and Economic Disparities in Family Planning Use and Services

Ann Biddlecom  Guttmacher Institute
Mervyn Christian  Bill & Melinda Gates Institute for Population and Reproductive Health
Crispin Mabika  University of Kinshasa

Can include but is not limited to:
- Urban inequities in use of family planning services
- Equity analyses
- Family planning for marginalized and hard to reach populations
- Intersectional sexual and reproductive health and rights among LGBTQI+ populations
- Family planning for persons with disabilities
- Using private sector family planning strategies to reach under-served populations

16. Advances in monitoring and evaluation methods

Philip A. Anglewicz  Johns Hopkins Bloomberg School of Public Health
Alain Koffi  Johns Hopkins Bloomberg School of Public Health
Shireen Assaf  ICF International

Can include but is not limited to:
- Data for M&E: Source, Systems and Quality (including HMIS)
• Advances in measurement of family planning indicators: defining and measuring Universal Access, Contraceptive discontinuation
• Advances in measurement of family planning indicators, including discontinuation
• Data use in monitoring and programmatic decision making
• Linking performance measures to outcomes
• Data utilization for measuring results, advocacy impact, and accountability

17. Impact of Covid-19 on Family Planning and Reproductive Health

*Can include but is not limited to:*
• Impact of COVID-19 on health system, FP services and resources
• Social and gender disparities related to Covid-19 and FP
• Impact of Covid-19 on fertility and fertility intentions
• Advocacy responses
• Programmatic responses/operational, including new programming and best practices
• Impact of prevention measures (ie quarantine, social distancing, school closures) on RH
• Strengthening FP programs outbreaks preparedness

SUBMISSION

Panel organizers should complete and submit ONE submission that includes both the overall panel information as well as details of each separate presentation. Each presentation should be described separately within the submission. The word count of the entire panel submission is 2,000. This comprises 400 words for the overall panel information and 400 for each additional presentation up to four (4) presentations. The overall panel information should include panel objectives, description, and research/program/policy implications. Each individual presentation within the panel should include clearly labeled title, background, methods, results, and conclusions. Word counts for sections are strictly enforced.


EVALUATION CRITERIA

1. **Objective and Relevance** – Objective of the research, advocacy effort or program intervention and its relevance clearly described. Directly address key themes for the conference and track.

2. **Methodology/Approach** – Research method, advocacy effort, or program implementation and evaluation method/approach is clearly described. Research methods are scientifically accurate, and advocacy and program approaches are informed by evidence.

3. **Originality** – Submission describes a novel approach, new methodology, statistical
advance, or application of method/approach to a new geography.

4. **Results and Implications** – Significantly contributes to the evidence and knowledge base for addressing family planning needs. Implications for research, program or policy action are clearly stated.

5. **Presentation** – Clearly presents abstract content according to the outline (with section titles) mentioned above.

Preformed panel submissions will be reviewed by track organizers and reviewers following the same criteria used for individual abstract submissions. Additionally, preformed panels must consider the following:

1. **Preformed panels submitted with presentations from one single organization will not be considered for the program**
2. **Preformed panel submissions will be assessed as a unit and accepted or not accepted as a whole.** It is the responsibility of the panel organizer to ensure that all submitted abstracts are independently strong, and that each abstract can be reviewed based on the evaluation criteria above. Panels that provide limited information and only include suggested speakers or topics will not be competitive.
3. **Panels that include a combination of research, policy, and practice abstracts will be prioritized.**

Track organizers will recommend acceptance of panels, and the scientific subcommittee will make the final determination. The panel organizer will be notified regarding panel decisions by June 1, 2021. Authors/presenters will be asked to confirm their participation by June 16, 2021.

Authors with accepted abstracts, including those presenting in a preformed panel, may appear as a presenting author no more than two times in the conference program. This is inclusive of oral presentations (either in a pre-formed panel or through individual abstract submission) and oral flash presentations. This is to provide opportunities to broaden the base of conference participation.

In particular cases, if a panel is not accepted but track organizers find one or two of the abstracts in the panel can make substantial contribution to the conference, they will contact the panel organizer to extend an invitation for individual presentations.

**AUXILIARY/SIDE MEETINGS**

Organizations wishing to devote a session solely to the results of a particular project by one organization are invited to hold auxiliary meetings rather than propose preformed panels. Information about auxiliary meeting space and associated costs can be obtained from Anastasia Pierron at sideevents@icfp2021.org or online at https://icfp2021.org/.

**CONFERENCE TRAVEL SUPPORT**

Limited travel support is available. Only individuals whose abstracts are selected for oral presentation will be eligible to apply. Priority will be given to junior researchers under 35 years of age (by November 8, 2021) from developing countries. Travel support application invitations will be provided with abstract acceptance notification by June 1, 2021.
For more information, please contact: abstracts@icfp2021.org