CALL FOR INDIVIDUAL ABSTRACT SUBMISSIONS

Submission Deadline: March 17, 2021

The International Conference on Family Planning 2021 (ICFP2021) invites the submission of individual 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.

TRACKS

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 Thiès
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

3. 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

4. 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.

5. 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

6. 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

7. 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

8. 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

9. Integration of Family Planning into Health and Development Programs

Angela Akol  FHI 360
Clive Motunga  United States Agency for International Development
Stella Babalola  Johns Hopkins Bloomberg School of Public Health

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

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

Anna Kågesten  Karolinska Institutet
Gervais Beninguissé  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

11. 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

12. 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

13. 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

14. 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 SRHR among LGBTQI+ populations
- Family planning for persons with disabilities
- Using private sector family planning strategies to reach under-served populations

15. 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

SUBMISSION

Individual abstracts may address a) research findings, b) effective programs and best practices, or c) advocacy and accountability. Each abstract submission should follow the outlines and word count noted in the chart below. Individuals submitting abstracts should ensure they provide sufficient detail for external reviewers to evaluate their work. Abstracts should be submitted in English or French by March 17, 2021 online at https://icfp2021.dryfta.com/en/abstract-submission/abstract/detail.
## Submission Guidelines for Abstract Submission Types

<table>
<thead>
<tr>
<th>Research abstract</th>
<th>Program/Best Practice abstract</th>
<th>Advocacy and Accountability abstract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Significance/background (200-word maximum)</td>
<td>1. Significance/background (200-word maximum)</td>
<td>1. Significance/background (200-word maximum)</td>
</tr>
<tr>
<td>2. Main question/hypothesis (100-word maximum)</td>
<td>2. Program intervention/activity tested (100-word maximum)</td>
<td>2. Advocacy intervention/activity tested (100-word maximum)</td>
</tr>
<tr>
<td>3. Methodology (location, study design, data source, time frame, sample size, analysis approach) (200-word maximum)</td>
<td>3. Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach) (200-word maximum)</td>
<td>3. Methodology (location, setting, data source, time frame, intended decision-maker, intended beneficiaries, participant size, advocacy approach) (200-word maximum)</td>
</tr>
<tr>
<td>4. Results/key findings* (250-word maximum)</td>
<td>4. Results/key findings* (250-word maximum)</td>
<td>4. Results/key findings* (250-word maximum)</td>
</tr>
<tr>
<td>5. Knowledge contribution (250-word maximum)</td>
<td>5. Program implications/lessons (250-word maximum)</td>
<td>5. Policy or program implications/lessons (250-word maximum)</td>
</tr>
</tbody>
</table>

*Preliminary results and key findings are acceptable.

### 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 guidelines above (with headings).

Abstract submitters will receive an email acknowledging receipt. Track organizers will recommend acceptance of abstracts based on scores from at least three reviewers, and the scientific subcommittee will make the final determination. All corresponding authors will be notified regarding abstract 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 or poster session, may appear as a presenting author no more than two times on the conference program. This is to provide opportunities to broaden the base of conference participation.

**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