



INTERNATIONAL CONFERENCE ON **FAMILY PLANNING**

PATTAYA CITY, THAILAND • 14-17 NOVEMBER 2022

CALL FOR INDIVIDUAL ABSTRACTS

Submission Deadline: March 15, 2022

The International Conference on Family Planning 2022 invites 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 access and how family planning impacts the health, wealth, and autonomy of people and nations overall. The ICFP also is 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 co-organizers for each track. Under each track, illustrative examples of topics are listed. Abstract submitters are requested to submit their abstracts to one track and one sub-track where applicable and they are given an optional second track choice. *The topics listed under each track are not exhaustive.* Individuals submitting abstracts can submit to the overall track they deem most relevant, even if there is not a similar topic listed.

1. Universal Health Coverage and Family Planning

James Kiarie	World Health Organization
Vinit Sharma	United Nations Population Fund
Nene Fofana	Africa Forward Foundation

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
- SRH 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 sector family planning provision in UHC

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

Latif Dramani Center for Research in Economy and Applied Finances of Thiès
Jay Gribble Palladium
Bernard Onyango African Institute for Development Policy

Can include but is not limited to:

- Impact of family planning on maternal and child health
- Impact of family planning on gender equality
- Family planning cost/benefit analyses
- Family planning, population, environment, and development
- Impact of family planning on security and resilience
- Using programs and policy/advocacy to achieve a demographic dividend

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:

- Social and behavior change among health workers in both public and private sector
- Provider Behavior Change (PBC) - client-provider interaction; provider bias for method preference for youth or nulliparous clients
- Preferences and acceptability of contraceptive options
- Understanding reasons for non-use and discontinuation
- Role of myths and misconceptions regarding FP
- Addressing consumer information needs and barriers to uptake through private sector strategies
- Evidence of social and gender norms on FP uptake and sustained use
- Interpersonal communication and community engagement to build support for FP use
- Cultural and social determinants in of family planning

4. Fertility Intentions and Family Planning

Leopold Ouedraogo WHO Brazaville
Kazuyo Machiyama London School of Hygiene & Tropical Medicine
Michelle Hindin Evidence 4 Global Impact

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
- Transitions in desired fertility

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
Aparna Jain Population Council
Celia Karp Johns Hopkins Bloomberg School of Public Health

Can include but is not limited to:

- Quality improvement in family planning
- Quality of care, discontinuation, and contraceptive dynamics
- Method Information Index (Plus) and client satisfaction
- Assessment of family planning service quality
- Human Centered Design
- Improving quality in private sector FP

7. Expanding Access to Family Planning

Ben Bellows Population Council
Alex Ezeh Drexel University
Kerry MacQuarrie DHS Program (Avenir Health)

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 Vogel song Bill & Melinda Gates Foundation
Brian McKenna Reproductive Health Supplies Coalition

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 fertility or contraceptive apps and FP

9. Integration of Family Planning into Health and Development Programs

Angela Akol IPAS Africa Alliance
Clive Motunga United States Agency for International Development
Mohamed Ly EngenderHealth

Can include but is not limited to:

- Integration of family planning with maternal and child health
- 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 (PHE), climate change, and development
- Integration of family planning with reproductive tract cancer screening programs

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

Sandra Mudhune International Planned Parenthood Federation
Naglaa Fathy National Population Council and Centre for Development Services
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 SRH / FP 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 FP

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 SRH / FP in fragile states

13. Faith and Family Planning

Sandra Chipanta Johns Hopkins University
Luz Frances Chua Catholics for Reproductive Health, Philippines
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:

- FP inequities in urban areas
- Improving equity in use of FP services
- Addressing FP needs of marginalized and hard-to-reach populations
- Intersectional SRHR among LGBTQI+
- Addressing FP needs of persons with disabilities

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

Can include but is not limited to:

- Data for M&E: Source, Systems and Quality (including HMIS)
- Advances in measurement of family planning indicators such as universal access, contraceptive use and discontinuation, demand for contraception/intention to use, contraceptive stock/stockout, quality of care
- Data use in monitoring and programmatic decision making
- Linking performance measures to outcomes (e.g., linking quality of care to contraceptive use/continuation)
- Data utilization for measuring results, advocacy impact, and accountability

16. Impact of COVID-19 on Family Planning and Reproductive Health

Jason Bremner FP2030
Aurelie Brunie FHI 360

Can include but is not limited to:

- Impact of COVID-19 on health systems, family planning services and resources
- Equity in FP under COVID-19 Impact of COVID-19 on fertility and fertility intentions
- Impact of COVID-19 on fertility, fertility intentions, and contraceptive use and use dynamics
- Impact of COVID-19 on economics and FP financing
- Advocacy responses to COVID-19
- Programmatic/operational responses, including new programming and best practices
- Impact of prevention measures (i.e. quarantine, social distancing, school closures) on FP and reproductive health
- Lessons from COVID-19 to strengthen emergency preparedness, response and resilience

SUBMISSION

Individual abstracts may address a) research findings, b) effective programs and best practices, or c) advocacy and accountability. Each should follow their respective outlines and word counts per section noted 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 15, 2022 online at <https://icfp2021.dryfta.com/>.

OUTLINE FOR ABSTRACTS

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

*Preliminary results and key findings are acceptable.

EVALUATION CRITERIA

Submissions to research, program implementation, and advocacy are evaluated by the following criteria. Abstracts that are judged to have low relevance to the overall conference (i.e. are not sufficiently related to the family planning field) will not be reviewed.

	Research abstract	Advocacy and Accountability abstract	Program/Best Practice abstract	Score 1 (low) – 5 (high)
Conference Relevance	To what extent does the research align with the conference?	To what extent does the research align with the conference?	To what extent does the research align with the conference?	Low/ Medium/ High
Track Relevance	To what extent does the research align with the track?	To what extent does the research align with the track?	Does the program align with the conference theme and the focus of the track?	1-5
Objective and Rationale	Is there a clear objective to the research? Do the authors explain why this research question is important?	Is the abstract associated with specific policy or funding results and/or impact? Does it focus on a particularly challenging or under-recognized advocacy issue?	Are the objective(s) and rationale for the program clearly articulated?	1-5
Methodology/ Approach	Is the methodology clearly presented and correct for the research question? Are there flaws in the study population, research design that would affect the results?	Is the advocacy effort evidence based, evidence driven or evidence informed? Is it theory based?	Is the program/project informed by data/evidence and/or a clear theory of change?	1-5
Results/Key Findings	Are the results/anticipated results clearly presented? Do they relate to the specific objectives? Are the conclusions based on the data? If results are not presented, is it clear that the authors will be able to meet the objectives with the methodology proposed?	Are results quantified in relation to inputs and outputs and/or are immediate results correlated with quantified outcomes and impact (real or potential)?	Are the effects of the program quantified? Are the lessons learned from the implementation and success or failure of the program clearly described?	1-5

	Research abstract	Advocacy and Accountability abstract	Program/Best Practice abstract	Score 1 (low) – 5 (high)
Implications/Sustainability	Do the authors identify relevant policy, program, or research implications?	Is the advocacy effort potentially sustainable (e.g. is cost-effective, easy to replicate)	Is there discussion of scale, impact, sustainability, efficiency; local ownership and commitment	1-5
Innovation	Is the research contributing something new to the field? Is it a new research question or a question that has not been asked in the population before?	Does this represent a first ever or unique collaboration? Does it use a new tool or approach?	Is the program/project contributing something new to the field? Is it a new program/project or one that has not been implemented previously in this context/setting/population?	1-5

Submitters will receive an email acknowledging receipt. Track organizers will recommend acceptance of abstracts based on scores from three reviewers, and the scientific subcommittee will make final determination. Abstracts accepted for oral and poster presentation will be confirmed by June 1, 2022. Authors/presenters will be asked to confirm their participation by June 14, 2022.

Authors with accepted abstracts may appear as a presenting author up to two times on the conference program. This is inclusive of oral presentations (either in a pre-formed panel or through individual abstract submission), oral flash presentations, and serving as a moderator on a panel, but does not include poster presentations. There is no limit to the number of presentations an individual may be listed on; only the number of times they present. 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 14, 2022) from developing countries. Travel support application invitations will be provided with abstract acceptance notification by June 1, 2022.

For more information, please contact: abstracts@theicfp.org