



## CALL FOR INDIVIDUAL ABSTRACTS

**Submission Deadline: April 19, 2025**

The International Conference on Family Planning 2025 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. Each track includes a detailed description of its scope. Abstract submitters are requested to submit their abstracts to one track, and they are given an optional second track choice. Individuals submitting abstracts can submit to the overall track they deem most relevant.

#### **1. ICFP 2025 Theme - Equity Through Action: Advancing Sexual and Reproductive Health and Rights for All**

*Track focus:*

Exploration of how reproductive policies and programs can address persistent inequities, emphasizing decolonizing the sexual and reproductive health and rights ecosystem. Submissions will focus on advancing sexual and reproductive health strategies that tackle intersecting challenges/polycrises—poverty, conflict, climate change, and political threats to reproductive rights—through approaches grounded in equity, justice, and inclusivity. The track highlights innovative policies, practices, partnerships, program implementation, and advocacy efforts that drive transformative change, ensuring sexual and reproductive health services and rights are equitable and accessible to all individuals.

#### **2. Environment and Climate Change**

*Track focus:*

Examination of the importance of family planning and reproductive health for climate change resilience, enabling an adaptive environment to mitigate the effects of climate change, including food and water shortages, disease outbreaks, etc. This track also explores climate change's impact on access to sexual and reproductive health products and services and the mitigation techniques being utilized to overcome these effects and support those displaced by disasters.

#### **3. Population and Sustainable Development**

*Track focus:*

Exploration of family planning's contributions to achieving sustainable development

goals, including the post-2030 agenda. It will address various aspects, including maternal and child health benefits, women's empowerment and gender equality, security and resilience, economic development, and environmental advantages. The track will examine the consequences of protracted demographic transitions and post-transition dynamics on social, economic, and planetary health and inequities.

#### **4. Social Norms and Behavior Change**

*Track focus:*

Exploration of the impact of social and community influences that enable and limit reproductive health behaviors and service use. This includes conditions for the success of interventions and messages designed to create awareness and improve the demand for contraception to achieve people's reproductive goals. The track consists of but is not limited to testing theories of social and behavior change, media engagement, community and faith-based approaches, implementation strategies, expanding access through new channels, communication strategies, and potential for scale-up.

#### **5. Social Determinants of Reproductive Health Outcomes Across the Life Course**

*Track focus:*

Examination of reproductive preferences and reproductive health needs throughout the life course, encompassing topics such as pregnancy prevention, fertility intentions, abortion and post-abortion care, infertility, and parenting. This encompasses how individual, partner/s and/or peers, family, community, and societal factors (religion, culture) contribute to the gap between fertility intentions and achievement, inequity, and reproductive justice and how addressing social determinants, intersectoral work, and social and community participation can contribute to reducing inequities in access to RH throughout the life course.

#### **6. Gender and Power Dynamics**

*Track focus:*

Exploration of the intersection of gender and power in shaping or limiting agency, autonomy, and decision-making power over sexual and reproductive choices. Topics encompass research and practices (programs/campaigns/etc.) aimed at empowering women and girls, male engagement, youth, and marginalized communities, including internally displaced persons and migrants, people with disabilities, LGBTQIA2S+ individuals, ethnic and racial minoritized populations, Indigenous Persons, those living in extreme poverty, and historically marginalized populations. This track also addresses issues of discrimination, reproductive coercion, and genderbased violence, with a focus on expanding inclusive approaches to support people of diverse sexual orientations, gender identities, and gender-expansive identities.

#### **7. Access, Integration, Quality, and Technology**

*Track focus:*

Exploration of enablers and barriers and the conditions for success in increasing access and improving the quality of comprehensive reproductive health services (contraception, abortion and post-abortion care, and infertility). The track examines models of service delivery from clinical care and primary health care to self-care, including but not limited to task-sharing, client/provider interactions, community-based delivery approaches, integration with other health services (e.g., maternal and child health, vaccination, HIV), and mHealth/artificial intelligence solutions. It also includes innovative strategies to reduce inequities in sexual and reproductive health services by developing new family planning/reproductive health technologies (including male contraception), quality improvement strategies, and ensuring commodity security and logistics.

## **8. Markets, Financing, and Commodity Security**

### *Track focus:*

Examination of family planning markets, addressing key topics such as trends, innovations, and challenges in the funding landscape for family planning and other aspects of sexual and reproductive health. This includes contraception, abortion, post-abortion care, post-partum care, and infertility treatment. It will also focus on the development, resilience, integration, and structure of family planning markets and the roles of both private and public sectors. Additionally, the track will examine how universal health coverage contributes to advancing reproductive health equity.

## **9. Adolescents and Youth**

### *Track focus:*

Identification of enablers and barriers to promoting adolescent and youth sexual and reproductive health and rights (AYSRHR). Key topics will encompass research and interventions (e.g., programs, campaigns, etc.) related to emerging sexual and reproductive health competencies among adolescents and youth (e.g., knowledge, attitudes, interpersonal skills, agency), reproductive health needs, and AYSRHR inequities. This track also includes exploring strategies and policy initiatives to promote youth sexual and reproductive health and rights (e.g., comprehensive sexuality education, school-based interventions, and reaching in- and out-of-school youth), enhance youth engagement, and foster innovations in AYSRHR programming (e.g., digital health, social media, etc.).

## **10. Humanitarian Settings and Crises**

Track focus: Examining the challenges and innovative solutions for delivering essential and comprehensive SRH services in humanitarian contexts, including natural disasters, epidemics, and armed conflicts. This track focuses on tailored and innovative solutions to provide essential and comprehensive SRH services in all types of conflict and crisis settings, including emergency preparedness and competencies needed to adapt to and preserve sexual and reproductive health and care during and after crises. This includes practical strategies and programs for refugees, internally displaced populations, host communities, and others affected by humanitarian crises and mitigation of and adaptation to the effects of climate change.

## **11. Faith and Religion**

*Track focus:*

Exploring the role of religious leaders and faith-based organizations in family planning, including interfaith approaches. Key topics include the relationship between religion and social norms related to family planning, faith-based considerations in comprehensive sexuality education, religion, and family planning in conflict, post-conflict, and extremism, and faith-based organizations and partnerships for family planning.

## **12. Advances in Measurement and Analytics**

*Track focus:*

Examining indicators and analytical strategies that enhance research, monitoring, and accountability. This track examines new sexual and reproductive health and rights indicators and their value. It also includes new data sources, artificial intelligence, and machine learning techniques for processing large datasets, modeling sexual and reproductive health behaviors, measuring inequities in reproductive health, and understanding their impact on population dynamics.

## **13. Sexuality and Sexual Health**

*Track focus:*

Exploration of sexuality and sexual health across the life course, including sexual knowledge and attitudes, sexual identities, sexual relations, and sexual practices. It examines programs, strategies, and policies addressing sexual health inequities and promoting sexual well-being through education and SRH services. Emphasis will be placed on the importance of understanding and promoting positive sexual experiences (intimacy, pleasure, satisfaction), emphasizing consent, and protecting sexual rights, highlighting their importance in overall well-being and discussing their effective integration into comprehensive SRH services.

## **14. Overlooked Areas in Sexual and Reproductive Health and Rights**

*Track focus:*

Inclusion of cross-cutting and innovative new approaches to equitable sexual and reproductive health and rights. These may include multifaceted approaches, unique partnerships, work with champions, and the use of art, media, music, and/or theater to advance family planning and reproductive equity.

## 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, French or Spanish by April 19, 2025 online at <https://icfp2025.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.

|                                | <b>Research abstract</b>   | <b>Advocacy and Accountability abstract</b>   | <b>Program/Best Practice abstract</b>   | <b>Score 1 (low) – 5 (high)</b> |
|--------------------------------|--|---|---|---------------------------------|
| <b>Conference Relevance</b>    | 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/<br>Medium/<br>High         |
| <b>Track Relevance</b>         | 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                             |
| <b>Objective and Rationale</b> | 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                             |
| <b>Methodology/ Approach</b>   | 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                             |
| <b>Results/Key Findings</b>    | 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                             |

|                                    | <b>Research abstract</b>   | <b>Advocacy and Accountability abstract</b>   | <b>Program/Best Practice abstract</b>   | <b>Score 1 (low) – 5 (high)</b> |
|------------------------------------|--|---|---|---------------------------------|
| <b>Implications/Sustainability</b> | 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                             |
| <b>Innovation</b>                  | 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 two reviewers, and the scientific subcommittee will make final determination. Abstracts accepted for oral and poster presentation will be confirmed by June 20, 2025, respectively. Authors/presenters will be asked to confirm their participation by July 21, 2025.

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 3, 2025) from developing countries. Travel support application invitations will be provided with abstract acceptance notification by June 20, 2025.

For more information, please contact: [abstracts@theicfp.org](mailto:abstracts@theicfp.org)