The Conference organizers invite abstracts on cutting edge research and program results directed at enabling individuals in 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 benefits and advances the health and wealth of people and nations and on high impact or best practices of family planning programs, policy and service delivery. Abstracts using strong scientific/evaluation methods will be given priority in the review and acceptance process.

Below is a list topics abstracts can be submitted under. Abstracts with a focus that does not easily fit one of these will be considered, but should be submitted using the “Other topics” category when submitting. The topics in bold will be spotlighted tracks within the conference.

1. **Family planning practice**
   - Patterns and trends in contraceptive use and method mix
   - Reducing unmet need for FP
   - Contraceptive continuation/failure
   - Contraceptive choice (short/long acting methods, EC)

2. **Demand generation and social change**
   - Cultural and behavioral barriers to use
   - FP acceptability (social norms, perceptions, beliefs)
   - Health communications

3. **Family planning policy, advocacy and accountability**
   - Policy change and political investment; implementation and impact
   - *Frameworks: SDG, ICPD, FP2020*
   - Effective advocacy and accountability approaches
   - Performance, Monitoring and Accountability (PMA) and transparency in FP2020

4. **Family planning, rights and empowerment**
   - Fertility preferences and intentions
   - Contraceptive choice
   - Equity
   - Human rights
   - Voluntarism

5. **Effective family planning programs**
   - *Quality of care*
   - Access, availability, affordability
Trained workforce

**Faith-based organizations and FP**
Other demand and supply side interventions

6  Health systems strengthening
   Strategies for contraceptive security
   Supply chain management

7  **Innovations in FP financing**
   Global financing facility
   Health insurance models
   Performance-based financing
   Budget monitoring and costing FP
   Expanding private sector participation
   Total market approach, market dynamics

8  **Youth and adolescents**
   Youth-oriented service delivery innovations and models
   Developing youth leaders
   Contraceptive use by youth (acceptability, use and continuation)
   Delayed marriage, delayed first pregnancy
   Pre-adolescence

9  Innovations in contraceptive service delivery + IBP
   Community-based models
   Task shifting, task sharing
   High-impact practices
   Postpartum family planning
   mHealth and other information communication technology applications for FP

10  Sustainable development and family planning
    **Demographic dividend**
    Socioeconomic impacts of FP
    Gender equality
    Population and environment
    Population and poverty

11  Health benefits of family planning
    FP for people living with HIV
    FP and maternal and child survival
    Gender-based violence
    Birth spacing
    1000-day window for neonatal and child development
12 Contraceptive technology updates
   Male contraceptive methods
   Female condom, EC
   Multi-purpose prevention technologies

13 Integrating family planning services
   Child health services
   Maternal health care
   Sexual health services (HIV, PMTCT, STI, cervical cancer)
   Education, environment, agriculture, sports and other sectors

14 Family planning and abortion
   Post-abortion FP
   Unsafe abortion

15 Family planning for underserved or vulnerable populations
   Men, displaced/refugee, persons with disabilities, older persons
   Persons with impaired fecundity

16 Innovations in family planning monitoring, evaluation and research
   Health management information systems and indicators
   Evolution of population-based surveys
   Empowering decision makers with data and impact assessments
   Translating FP research into action

17 Other
   Late-breaking results
   Leadership development

Tracks (A track is an issue-oriented theme to organize abstracts within)
A track is a series of sessions based on a specific theme. A track will comprise of multiple
sessions on the same theme that will be organized cohesively. Tracks will be identified in the
conference program.
When submitting, you will be asked to identify if your abstract can fit within a particular track.
This is not required, and all abstracts will be reviewed and considered regardless if they fit into
a track or not.
Spotlighted Tracks
- Addressing youth needs and involvement
- Quality of care: True improvements or lip service?
- The Demographic Dividend: How South-to-South exchanges can help its realization
- Advancing FP through faith organizations
- FP2020 progresses and challenges
- Innovations in financing (GFF, Universal Health Care, Amplify)
- Accountability and advocacy
• Demand Generation and Social Change

**INDIVIDUAL ABSTRACT SUBMISSION**

Individual abstracts may address a) research findings or b) effective program practices. 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.

**OUTLINE FOR ABSTRACTS**

<table>
<thead>
<tr>
<th>Research abstract</th>
<th>Program/Best Practice abstract</th>
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</thead>
<tbody>
<tr>
<td>1. Significance/background (200 words max)</td>
<td>1. Significance/background (200 words max)</td>
</tr>
<tr>
<td>2. Main question/hypothesis (100 words max)</td>
<td>2. Program intervention/activity tested (100 words max)</td>
</tr>
<tr>
<td>3. Methodology (location, study design, data source, time frame, sample size, analysis approach) (200 words max)</td>
<td>3. Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach) (200 words max)</td>
</tr>
<tr>
<td>4. Results/key findings (250 words max)</td>
<td>4. Results/key findings (250 words max)</td>
</tr>
<tr>
<td>5. Knowledge contribution (250 words max)</td>
<td>5. Program implications/lessons (250 words max)</td>
</tr>
</tbody>
</table>

**EVALUATION CRITERIA**

1. Originality – Contains significant new findings
2. Quality – Significantly advances evidence base for addressing family planning needs
3. Importance – Directly addresses key themes for conference
4. Presentation – Clearly presents material according to outline (with headings)

Abstracts should be submitted in English or French by **May 1, 2015** online at www.fpconference.org or by e-mail, along with the completed cover form to abstracts@fpconference.org. Submitters will receive an e-mail acknowledging receipt. The corresponding author will be notified regarding abstract decisions by **June 19, 2015**. Authors/presenters will be asked to confirm their participation by **July 24, 2015**.

*Note, persons with accepted presentations, either as individuals or on panels, will be restricted in their appearance on the conference program to two times. This is to provide opportunity for a broadened base of conferee 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. Travel support application forms will be provided with notification letters.

*For more information, please contact: info@fpconference.org*