Proposals Received and Grants Funded 2007-2016

PREPARED BY AMANDA DENNIS, DRPH, MBE, DIRECTOR OF RESEARCH AND EVALUATION

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Overview

We began providing grants to Investigators to conduct rigorous research on critical family planning issues in 2007. Our grant program was administered through the Society of Family Planning (SFP) from 2007-2010. Starting in 2011, it was administered though the Society of Family Planning Research Fund (SFPRF). For ease, throughout this report, we refer to our grant program as SFPRF. We share this report to show how our grantmaking has evolved over the last ten years.

TOP TAKEAWAYS

- Over its ten-year history, SFPRF has grown in terms of the number of proposals we receive and the number of grants we are able to provide. In 2016, we received 156 proposals and funded 47 of them.
- On average, we accept approximately 29% of the proposals we receive. In 2016, 30% of proposals were accepted.
- Clinical science has historically made up the bulk of proposals and grants. In recent years, we have seen a shift and have received fewer clinical science proposals and made fewer grants for clinical science research.
- A larger number of grants have gone towards contraception-focused work when compared to abortion-focused work. However, more grant dollars have gone towards abortion-focused work than contraception-focused work.
- Research focused in the US has historically and continues to make up the bulk of proposals and grants. In recent years, however, we have seen an increase in proposals and grants focused on research in countries other than the US.
- The number of people who have become part of the SFPRF community through our funding has grown. In 2007, we provided grants to eight different Investigators; by the close of 2016, we provided grants to 177 different Investigators.

Proposals and grants, overall

Between 2007-2016, 886 proposals were submitted to SFPRF and 255 proposals were granted, meaning 29% of proposals were granted (see Figure 1, next page). In 2016, SFPRF received 156 proposals and granted 47 of those proposals, for a 30% acceptance rate.

Questions? Contact Amanda Dennis, adennis@societyfp.org.
Proposals and grants, by science type

Between 2007-2016, SFPRF received proposals and funded grants that were clinical science, social science, implementation science, and other science types. Clinical and social science research has historically and continues to make up the bulk of proposals and grants. Therefore, we look closely at trends in clinical and social science proposals and grants over time.

Though most of the proposals to and grants awarded by SFPRF were initially clinical science, the proportion of clinical science proposals and clinical science grants has steadily declined. The percentage of clinical proposals fell from 61% in 2007 to 27% in 2016; a decline which has been steady (see Figure 2). Likewise, the percentage of clinical science grants awarded fell from 56% in 2007 to 17% in 2016; a decline which has been steady.
The opposite shift has occurred in the proportion of proposals and grants that are social science. The percentage of social science proposals grew from 33% in 2007 to 47% in 2016; an increase which has been relatively steady (see Figure 3). Likewise, the percentage of social science grants awarded grew few from 33% in 2007 to 62% in 2016; an increase which has also been relatively steady.

**FIGURE 3.** Proportion of all proposals and grants that are social science, by year

![Proportion of all proposals and grants that are social science, by year](image)

Between 2007-2016, 41% of grant dollars went towards clinical science and 44% of grant dollars went towards social science. In 2016, 17% of grant dollars went towards clinical science and 60% went towards social science (see Figure 4).

**FIGURE 4.** Proportion of all grant dollars awarded to clinical and social science research, by year

![Proportion of all grant dollars awarded to clinical and social science research, by year](image)

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1 The remaining 15% of grant dollars went towards implementation science and other types of science.

2 The remaining 23% of grant dollars went towards implementation science and other types of science.
Proposals and grants, by topic

Between 2007-2016, SFPRF received proposals and funded grants that were focused on abortion, contraception, and other aspects of sexual and reproductive health. Research on abortion and contraception has historically and continues to make up the bulk of proposals and grants. Therefore, we look closely at trends in abortion- and contraception-focused proposals and grants over time.

Abortion-focused work makes up an average of 38% of all proposals and 39% of all grants. In 2007, 44% of proposals were focused on abortion, compared to 2016 when 42% of proposals were focused on abortion (see Figure 5). The percentage of abortion-focused grants awarded fell from 44% in 2007 to 26% in 2016, though the pattern has been irregular.

![Figure 5. Proportion of all proposals and grants focused on abortion, by year](image)

Contraception-focused work makes up an average of 35% of all proposals and 40% of all grants. Between 2007-2016, there was a decline in the percentage of contraception-focused proposals, with small spikes in contraception-focused proposals in 2009-2011 (see Figure 6). At the same time, the percentage of contraception-focused grants awarded fell from 56% in 2007 to 40% in 2016, though the pattern has been irregular.

![Figure 6. Proportion of all proposals and grants focused on contraception, by year](image)
In terms of grant dollars awarded, 46% of all grant dollars have been allocated to abortion-focused research and 43% have gone towards contraception-focused research. More grant dollars have gone towards abortion-focused research than contraception-focused research since 2012 (see Figure 7). In 2016, 42% of grant dollars went towards abortion-focused research and 34% went towards contraception-focused research.

**FIGURE 7. Proportion of all grant dollars awarded to abortion and contraception research, by year**

![Proportion of all grant dollars awarded to abortion and contraception research, by year](image)

**Proposals and grants, by grant mechanism**

As of 2016, SFPRF has eight unique grant mechanisms. By far, the most applications have been submitted to the Large grant mechanisms (n=459), followed by the Trainee mechanism (n=154), and the Small grant mechanism (n=154). The remaining mechanisms have all received less than 40 applications per mechanism. In terms of competitiveness of the grant mechanisms, Multisite grants (13% acceptance rate) and Large grants (22% acceptance rate) are the most competitive (see Figure 8). The least competitive mechanisms are I² square grants (52% acceptance rate) and Mid-career/mentor grants (44% acceptance rate).

**FIGURE 8. Acceptance rate, by grant type**

![Acceptance rate, by grant type](image)

3 The remaining 15% of grant dollars went towards research on other sexual and reproductive health topics.
Proposals and grants, by geographic focus

US-focused work makes up an average of 82% of all proposals and 85% of all grants, though we are starting to see an increase in the number of proposals from and grants to research focused in countries other than the US. In 2007, 94% of proposals were focused on research in the US, compared to 2016 when 77% of proposals were focused on research in the US (see Figure 9). At the same time, the percentage of grants focused on research in the US fell from 100% in 2007 to 83% in 2016.

In terms of grant dollars awarded, 85% of all grant dollars have been allocated to research focused on the US and 15% have been allocated to research focused in other countries. In 2016, 84% of grant dollars were allocated to US-focused research and 15% were allocated to research focused in other countries (see Figure 10).
Proposals and grants, by individuals

Overall, 423 individuals have submitted one or more proposals to SFPRF, and 177 have received one or more grants. In 2016, 140 individuals submitted one or more proposals and 46 received one or more grants.

We have one piece of sociodemographic data about individuals applying for or receiving grants from SFPRF: their highest degree. We find that MDs make up the largest group of applicants and those that receive grants, a pattern which held true for 2016 (see Table 1).

<table>
<thead>
<tr>
<th>Highest degree</th>
<th>All applicants 2007-2016</th>
<th>Accepted applicants 2007-2016</th>
<th>All applicants 2016</th>
<th>Accepted applicants 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>200 (47%)</td>
<td>90 (51%)</td>
<td>67 (48%)</td>
<td>18 (39%)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>87 (21%)</td>
<td>45 (25%)</td>
<td>34 (24%)</td>
<td>14 (30%)</td>
</tr>
<tr>
<td>Masters</td>
<td>39 (9%)</td>
<td>24 (13%)</td>
<td>16 (11%)</td>
<td>8 (17%)</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>7 (2%)</td>
<td>7 (4%)</td>
<td>2 (1%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Multiple</td>
<td>7 (2%)</td>
<td>6 (3%)</td>
<td>4 (3%)</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Advanced nursing</td>
<td>1 (0%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>JD</td>
<td>1 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>82 (19%)</td>
<td>5 (3%)</td>
<td>17 (12%)</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

In terms of one-time-only applicants, 234 individuals have applied to SFPRF only once. Of these, most have submitted proposals recently (see Figure 11), and most have applied for Trainee or Small grants (see Figure 12, next page), suggesting that the bulk of one-time-only applicants are new to the field of family planning research.

FIGURE 11. Number of one-time-only applicants, by year

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4 A small number of applicants are counted twice in this table as their highest degree changed over time.
SFPRF is honored to support a growing field of Investigators conducting rigorous research on critical topics in the field of family planning. Over the last ten years, we have worked to be responsive to changes in the field of family planning. We find a growing interest from new Investigators in conducting research in family planning, in parallel with an increase in proposals in social science research and international research and a decline in contraception-focused proposals. This review of internal grant-management data is unable to explore why patterns in proposals have changed. We are unsure if proposals have changed in response to signals from SFPRF or other funders, the interests of Investigators, the needs of the field, or other dynamics. Patterns in grants funded largely mirror proposal patterns. We look forward to continuing to learn and make change, alongside the Investigators we support.