

always fully expended. The balance of domestic to donor funding varied widely by country. The highest sector contributors to nutrition were Health, Agriculture, and Local Government/Development.

Interpretation: We need a more accurate global picture of nutrition funding. SPRING's validated country approach is a step toward that goal, and is now available in a nutrition budget analysis tool. SPRING is also collaborating with SUN and selected implementing partners to harmonize this with other financial tracking methods to provide a unified set of global guidelines on nutrition financial tracking.

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Pioneering sustainable delivery of world-class emergency medicine services for all Tanzanians: Muhimbili National Hospital in Tanzania

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Program/Project Purpose: According to the Disease Control Priorities Project, 45% of deaths in low-income countries could potentially be addressed by emergency medical systems, yet few emergency services exist in low-income countries (Kobusingye et al, Disease Control Priorities in Development Countries, Volume II, 2006). Tanzania had no dedicated emergency care training and no full-capacity emergency unit until 2010, when Abbott Fund Tanzania partnered with the Ministry of Health and Social Welfare (MOHSW) in Tanzania to establish an Emergency Medicine Department (EMD) at the national public hospital in Dar-es-Salaam.

Structure/Method/Design: MOHSW, Abbott Fund Tanzania, and Muhimbili National Hospital recognized from the beginning that while new infrastructure and equipment was necessary, only an innovative approach to human resource development and care delivery would allow the EMD to provide sustainable first-class emergency care to all Tanzanians. An Emergency Medicine specialty program school was established, in partnership with emergency medicine experts from UCSF and other universities. Abbott Fund also worked with the non-profit consulting firm FSG to develop a financial and professional sustainability strategy, based on the premise that public institutions can attract paying patients to subsidize the costs of all care by offering high quality, in-demand services.

Outcome & Evaluation: The EMD opened in January 2010, and became a business unit with the authority to manage its own finances in July 2013. By June 2015, the EMD was serving ~130 patients per day, with 58% receiving subsidized or free care. The EMD generated 1 million USD of revenue from private and insured patients in its first year of revenue collection covering supply and operating expenses previously covered by donations. Patient volume and revenue growth has continued. The residency program has graduated 17 specialists and retained 12 as faculty, while other graduates have gone on to lead other Tanzanian emergency departments.

A recent study found a 5.4% drop in the hospital-wide mortality rate in the 2 years following the opening of the EMD.

Going Forward: The EMD's progress illustrates a compelling model for sustainably improving healthcare services in resource-constrained settings.

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One institution's experience in leveraging and adapting domestically used program planning tools to the development of sustainable global health plans

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Program Purpose: Planning is the foundation of any successful and sustainable project. Planning methods have long been used in developed countries in healthcare settings. As domestic healthcare programs extend their reach into global settings, making use of existing tools facilitates the planning processes needed in global settings; however, some adaptations made be necessary for cultural, logistical, political or other reasons. We are an academic healthcare organization with 20 years' experience in domestic planning tool development and implementation in a very successful U.S.-based pediatric hematology-oncology center. We reviewed and modified our standardly used program planning tools as they were applied in global health program planning initiatives in sub-Saharan African programs.

Structure/Method/Design: Over the course of planning four large healthcare programs in SSA, modifications to well-used planning tools included the need to address logistics of planning across great distances with communication challenges via a variety of technological approaches, relationship building over long distances with less face-to-face contact, and adaptation of communication approaches. Other modifications required the construct and implementation of unique technologies such as data gathering databases to catalogue large amounts of information rapidly during both offsite and onsite assessment stages. The ordinary processes, order and methods of the steps used for planning required more flexibility to fit the setting, culture and logistics. Examples included increasing the number of individual interviews with fewer group interviews. While the building blocks of a strong, sustainable plan were achieved, the format, presentation and delivery required adaptation.

Outcome & Evaluation: The output of the globally adapted planning process, a detailed, comprehensive assessment report document, successfully addressed the required elements of a solid strategic plan and received positive feedback from the participating parties. The approach taken to consider how to leverage and adapt the standard process, supported the development of a plan with a delivery method, that while different from the one used domestically, was better suited to the unique needs of the stakeholders in the global setting.

Going Forward: As these programs move forward, continued application, assessment and improvement of planning tools and training of more globally placed staff in their use will be the focus.

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