

These include 1. the ‘human right to health’ theoretical position; 2. approaches to analysis that are “geographically broad and historically deep”, that is, that are attentive to the effects of social, political, and economic forces operating both nationally and internationally throughout history (i.e. slavery, colonialism, military intervention, extractive economic arrangements, etc.) on present political and economic configurations. Such analysis might draw on world systems analysis and consider long-term historical trends consonant with the *longue durée* approach of the French Annales School; 3. the role of present social, political, and economic configurations as upstream “fundamental causes” of disease patterning across national and global populations; and 4. the relative balance of class interests as a latent variable in influencing national social policy pertaining to health and general welfare.

Interpretation: Political economy analysis is a potentially productive approach to conducting a form of health systems research that privileges the role of social, political, and economic arrangements in the distribution of national and global disease burdens and one that interrogates the relations of power that sustain the status quo. Here I present an outline of a political economy analysis that is based in the traditions of political economy of health and social medicine. More work is needed to clarify this approach, as well as other approaches based in alternative traditions of political economy (i.e. neoclassical, neoliberal, institutional, etc.).

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Old partners – who were they? Examining the factors that sustain global health partnerships

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Background: As academic institutions seek to integrate global health (GH) training into the education continuum, there is a growing recognition of the challenges to developing and sustaining a GH program. GH partnerships vary in focus, trainees, number, and type of partners. Little is known about the factors that sustain academic GH partnerships.

Methods: From March to November 2013, we conducted a series of structured interviews to explore the relationship between a reciprocal and a successful GH program. The study was approved as IRB exempt by the Indiana University Institutional Review Board. After a review of published program descriptions to identify reciprocal elements based on the WEIGHT guidelines, seven GH programs were selected to participate. All programs were part of a University-affiliated Center or Institute for Global Health. Six programs were U.S.-based, with one U.K.-based program. GH Program length was 5–25 (14.8) years with 5–9 (7.3) partners in Africa, Asia, Central and South America. Qualitative data from the interview transcripts were independently reviewed by two study investigators (JJ, RU) experienced in thematic analysis using the constant comparative method. Saturation was achieved after no new themes emerged from the data. NVIVO 10 (QSR International) software was used to organize data and assess coder agreement.

Findings: The themes that emerged around successful GH programs were: Attention to partnership development, often with a specific individual playing a key role as the “guardian of the mission”; “Identifying challenges”, collaboratively with partner input; “Role of learners”, in both developing and sustaining the program; a routine of “Constant communication”; “Role of funding” and “Evaluation of program impact”. Other themes were: the “Randomness of program development”, as programs responded to new needs and challenges; a “Constantly changing landscape”, with changes in institutional leadership and local needs; and the challenges of leadership: “So much administration”.

Interpretation: Global health programs encounter many challenges that threaten their longevity. Attention to early partnership development with mutual goals, work with local ethics committees in conducting research, keeping open channels of communication between partners, utilizing multiple sources of funding, and active evaluation of program impact contribute to long-term sustainability.

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Estimating country-level nutrition investments: Global implications of a two country study

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Background: Malnutrition is one of the greatest challenges to health and development in many low- and middle-income countries (LMIC). Like any national challenge, sufficient, sustained funding is needed to address this issue. Yet there is little information available in most LMIC on funding for nutrition. To meet the need for better data on nutrition financing, USAID’s SPRING Project has collaborated with the governments of Uganda and Nepal to analyze funding for nutrition and to develop a series of tools that can be shared globally.

Methods: SPRING adapted the Scaling Up Nutrition (SUN) Movement’s 3-Step approach to conduct a mixed method, country-specific analysis of multi-sector government budgets and donor reporting. SPRING defined the range of searchable nutrition activities across six sectors by using the country’s national nutrition action plan (NNAP). Budgets and work plans were collected during key informant interviews with government, NGO and donor stakeholders, and analyzed against the NNAP activity matrices. Budget validation meetings were then held to ensure completeness, accuracy, and breakdown of integrated activities.

Findings: SPRING’s validated estimates of two fiscal years (2013/14 and 2014/15) have been shared with country stakeholders and with SUN as part of their regional and global financial tracking exercises. By relying on nationally-recognized and locally-created documents, SPRING provided a familiar basis for discussions to increase credibility and local ownership of findings. Funding allocations for both countries can be provided by funding source, sector, and NNAP strategic area. Results of the analysis include that budgeted funds exceeded NNAP estimates of cost, but budgets were not