

STAKEHOLDER ANALYSIS IN GLOBAL AIDS PROGRAM (THAILAND MOPH-U.S. CDC COLLABORATIONS)

Nuchwaree Boonkumkrong, Sathirakorn Pongpanich*, Ratana Somrongthong,
Nanta Auamkul

College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: The cross-sectional study for stakeholder analysis was conducted through studying goals, needs and requirements, the level of satisfaction and the expectations in the future collaborations that the stakeholders wish to share with the Global AIDS Program. The study used qualitative approach through self-administered questionnaire and in-depth interview of all fourteen stakeholders of the Global AIDS Program, under Thailand MOPH-U.S. CDC Collaborations. The results of the self-administered questionnaire and in-depth interview of the stakeholders in both management level and operational level share the same satisfactory result toward the collaboration with the Thailand MOPH-U.S. CDC Collaboration. The issues that rose are the planning (policy, direction, share the lesson learned, future expansion, and cost- effectiveness analysis), people (concerns in both quantity and quality), database/information system, and funding. It is to be advised that after the end of the new cooperative agreement phase 3 (year 2016), this kind of study should be conducted right after the end of the Cooperative Agreement so that staffs can still be contacted, their memories are able to be recalled and their experiences expressed. The in-depth interview is a powerful tool to gain lots of ideas especially some topics that people might avoid to answer in the self-administered questionnaire or where the rating yields conflicting results. If there are more time and resources available, the study should also covered the 360 degrees' view point from non-governmental organizations (NGOs), the HIV/AIDS patients and the donors to get all the perspective from related parties.

Keywords: Global AIDS Program, Collaboration program, Stakeholder analysis, Satisfaction, Thailand

INTRODUCTION

The term “stakeholder” first appeared in 1708 with a definition of “a person who holds the stake or stakes in a bet” [1]. In health management, stakeholder analysis has usually been advocated as a tool for an (insider) organization to achieve specific advantages and goals in its dealings with other organizations, through identifying potential allies and building alliances or attenuating potential threats [2]. A policy or program will more likely succeed if a stakeholder analysis, along with other key tools, is used to guide its implementation [3]. Not only the profit organizations use the stakeholder analysis tool, the not-for-profit World leading organizations like

United Nation agencies, e.g. United Nations Development Program (UNDP), World Bank, World Wide Fund for Nature, United States Agency for International Development (USAID), the Global Fund, the Country Coordinating Mechanism (CCM) also use this tool. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) published its 5 Year Evaluation which is a 360 stakeholder assessment that illustrated the perceptions and opinions of stakeholders on the Global Fund [4, 5]. The topic of stakeholder in health context is also represented in another example in Zimbabwe in the Country Coordinating Mechanism (CCM) responding to HIV & AIDS, Tuberculosis and Malaria publication in June 2013 through “The Experience of Zimbabwe with the Global Fund’s New Funding Model” [6]. In Thailand, there are

* Correspondence to: Sathirakorn Pongpanich
E-mail: sathirakorn.p@chula.ac.th

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many studies using stakeholder analysis but most of them are in natural resources fields (water resources, land management, forestry, etc.) or in business administration (as it was originally used) but very few are in health context. Since there are many key players/stakeholders of Governmental Health Organizations in Thailand, it is vital to know the needs of each stakeholder so that the organization will be able to make its strategic decision related to projects/program implementation. The Global AIDS Program is a unit under the Centers for Disease Control and Prevention (as the U.S. Federal Agencies) with collaborations with the Ministry of Public Health (MOPH) under the Royal Thai Government, to cover HIV epidemic, through its 5 sections which are: HIV Care and Treatment Section, HIV Preventing Mother-to-Child Transmission (PMTCT) and Pediatric Section, Special population Section, Strategic Information Section and, Laboratory Services Section. The Global AIDS Program has many stakeholders working in collaborations with them to work on the HIV/AIDS issues, therefore a stakeholder analysis is needed. The objectives of this study were to identify the goals, needs and requirements that the stakeholders wish to share about their collaborations with the Global AIDS Program and to study the level of satisfaction and the expectation on the future collaboration.

MATERIALS AND METHODS

Study design

The cross-sectional study was used with all thirteen stakeholders that conducted activities with the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011 and also one potential stakeholders during 16 July to 13 September 2013.

Study population and sample

The 14 stakeholders were under the supervision of the Ministry of Public Health, Bangkok Metropolitan Administration or National Health Security Office were invited for the interview. The official invitation letter was sent to each organizations/stakeholders aiming for the interview with high level officials. In case where high officials were not able to respond to the interview, the self-administered questionnaire were sent to the delegated officers (the operational staffs who had direct experiences with the collaboration).

Measurement tool

The structured in-depth interview guideline

was developed from the self-administered questionnaire for the customer satisfaction survey (fiscal year 2013) of the Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health along with the Questions for Government/Donors from the United Nations Development Group. In carrying out the analysis, questions were asked about the position, interest, influence, interrelations, networks and other characteristics of stakeholders, with reference to their past, present positions and future potential [2, 3, 7]. The structured interview guideline was reviewed by three experts in HIV/AIDS and stakeholders knowledge who assessed the content validity. Before the data collection, pre-test was conducted with the projects that shared similar settings i.e. the staff from governmental organizations that used to collaborate with the Thailand MOPH-U.S. CDC Collaborations. The structured in-depth interview guideline was composed of four parts. The first section contained 7 questions of socio-demographic characteristics of stakeholder's representative; consisted of age, gender, education, occupation, specialized area of working, duration of their work. The second part contained 3 questions of stakeholder's perception on the stakeholder goals, objective, vision and mission, area of expertise, strength and weakness. The third section contained 21 questions of stakeholder's satisfaction using Likert five points scaling ('strongly agree', 'agree', 'neutral', 'disagree' and 'strongly disagree') was used to assess the response of the representative's stakeholder. The fourth part contained only one question to find out the expectation on collaboration in the near future i.e. policy, program, funding, tools, database, information system, etc.

Ethical consideration

The study proposal and the structured in-depth interview guideline were sent to experts from the Ethics Review Committee for Research involving Human Subjects, Health Science Group, Chulalongkorn University (COA no. 084.2/55)

RESULTS

Section 1: Socio-demographic of the representatives' stakeholder are presented in Table 1. The majority of respondents were females (53%). As the study was focused on the in-depth interview of high official, the respondents in the age group of 51-60 year old were about half of the information provided (53%) with having the master degree (59%) and doctorate degree (35%). Majority of the respondents were in the senior or management

Table 1 Distribution of socio-demographic characteristics

Socio-demographic characteristics	n	%
Gender (n=17)		
Male	8	47
Female	9	53
Age (years) (n=17)		
20-30	1	6
31-40	4	24
41-50	3	18
51-60	9	53
Educational level (n=17)		
Bachelor	1	6
Master	10	59
PhD	6	35
Job position (n=17)		
Contract staff	2	12
Governmental operations level	4	24
First-line manager	1	6
Senior level	10	59
Experiences in area of HIV/AIDS (n=46)		
HIV care and treatment	10	22
Preventing mother-to-child transmission and pediatric care	4	9
Special populations (MSM, prisoner, sex workers, etc.)	4	9
Laboratory	7	15
Information system	8	17
Policy and advocacy	13	28
Duration/number of years in collaborations with the Global AIDS Program (n=17)		
3 years	2	12
4 years	2	12
5 years	13	76

level (59%) with more than half (76%) were in the collaborations with the Global AIDS Program for 5 years.

Section 2: Stakeholder's perception on their goals, needs and requirements. From the overall stakeholders/organizations, we can group the stakeholders into 4 categories in order to protect the anonymity of the respondents : 1) Purchasers: are the stakeholders/organizations that have their own funding and only wish to collaborate to receive the technical know-how or support that is not related to funding. 2) Providers of Technical support: are those stakeholders/organizations who provide 'something' such as technical support, technical know-how to projects or end users for example the organizations that provide the lab services or medical knowledge to support the projects. 3) Policy makers: are those stakeholders/organizations responsible for making policy or who have authority to set the policy, framework or plan in the health context. 4) Provincial/local administration officials: are those stakeholders responsible for the health system management of their own area for example the officials of the Provincial Public Health Office

under the Disease Prevention Control Department. The perceptions on their goals, needs and requirements of each group are 1) Purchasers with lots of funding in Thailand have their goals towards Desirable Health Care System under Universal Health Coverage system with accessibility and equity, acceptable quality, efficiency and transparency, health providers' benefits and satisfaction of all stakeholders' participation. 2) Providers of Technical support focus on the collaboration, common interest and international networks of technical support depending on their specialty such as HIV/AIDS knowledge and laboratory. 3) Policy makers put themselves at the center of the administration; running the public health strategies of the Ministry of Public Health, undertaking the task of reviewing and make use of health data and information that cover all aspects of the health system for the purpose of proposing policies and strategies that are in accord with the public health situation of the country. 4) Provincial/local administration officials wish to have capacity and understanding to reach the target of both preventing diseases and taking care of patients (HIV/AIDS in particular). When asking the

stakeholders about their area of work in HIV/AIDS, we receive various answers but, mostly, they fall into the 5 categories of the Global AIDS Program's section, Thailand MOPH-U.S. CDC Collaboration which are: 1) HIV/AIDS Care and Treatment 2) Preventing Mother-to-Child Transmission (PMTCT) and Pediatric care 3) Special populations 4) Strategic Information 5) Laboratory Services and 6) Policy and Advocacy area.

Section 3: Stakeholder's Satisfaction including the strengths and area of improvement. All stakeholders share the same satisfactory result (average 4 and above corresponding to 'satisfied level') toward the Global AIDS Program, Thailand MOPH-U.S. CDC Collaboration. The strengths of stakeholders were grouped as followed: expertise in their own area, effective management and good management support, good funding support, strong information technology/database system, readiness tools for operations (such as laboratory tools with quality assurance/accreditation), and good networking with other organizations. Area of improvement were the insufficient number of personnel, lack of knowledge or specialization in the field, no successor/human resource planning, no connection with other organizations, no attention from public interest, lack of innovation, and lower awareness of HIV prevention (comparing to the past).

Section 4: Expectation on Collaboration in the near future in all aspects of policy, program, funding, tools, database, information system, etc. The result can be group as follow: need for projects/policy planning, continuation of collaborations/project, continuous improvement, accessibility, sharing of the lessons learned and success story, future expansion both in terms of width (expand to other provinces/more sites) and depth (to be more specialized in that particular issues), need of the cost effectiveness analysis, need on tools, database, training and funding support.

DISCUSSION

Conducting a stakeholder analysis is resources consuming (time, funding, human resources etc.) hence the analysis must be well-planned and the data derived must be used for further improvement or implication [8]. From the in-depth interview of the stakeholders of the Global AIDS Program under the Thailand MOPH-U.S. CDC Collaboration, the result showed that the stakeholders in both management/high official level and operational level share the same satisfactory result toward the

collaboration with the Thailand MOPH-U.S. CDC Collaboration. According to the result, the issues to be considered in the future collaboration and when conducting the stakeholder analysis in the future are:

Planning: As well as the other study/guidelines, planning is a crucial activity to do when we start a new project/activity especially conducting the stakeholder analysis. The need of planning is aligned with other guideline by Schmeer [3] **People:** Similar to the finding of Brugha and Varvasovszky [9], people is one of a key success factor in conducting projects. **Equipment** i.e. database, information technology, tools, infrastructure are the basic needs in all projects/collaborations. The supported in this fundamental factors would lead to a better result in project implementation and management. Database or the information system seems to be the universal problem around the world, as the Zimbabwe study result quoted "A major challenge was that everything was online and we couldn't readily retrieve the information that we entered" [6]. Similar to the challenges that Zimbabwe faced, the technical issues of tools, database and information technology supports are also the issues in Thailand.

LIMITATIONS

As the last cooperative agreement ended in year 2011 while the data collection was conducted in year 2013 or 2 years after the cooperative agreement ended, the research is limited by possible recall bias. Some issues or some questions are quite sensitive for some respondent or interviewee and they feel uncomfortable to answer, we should have other ways to ask those questions or use other tools to find out the answer. For example, when asking about the area to improvement for the Thailand MOPH-U.S. CDC Collaboration, two representatives felt uncomfortable to answer this question and advised that no one would truly answer that they want the Thailand MOPH-U.S. CDC Collaboration to improve in some area as they are direct counterpart of the collaboration and to criticize it is inappropriate. Although a Self-administered questionnaire was used, respondents might have not trusted the privacy/confidentiality of their answers and, therefore, not have reported their real situation.

RECOMMENDATIONS

The expectations that were raised from data collection should be reviewed carefully and acted upon positively for a better collaborations. The people/human resources factors were mentioned repeatedly in various contexts and it was recommended to increase the number of staff due to insufficient human resources, the awareness of the

need for a successor, the training opportunities to improve the capacity of staffs/experts.

After the end of the new cooperative agreement phase 3 (year 2016), the stakeholder analysis and satisfaction of stakeholders should be conducted to see the result whether there are any changes according to their suggestion/expectation or not. The study should find out whether the problems that were raised/ mentioned are solved, any new stakeholders added from the past cooperative agreement, the satisfaction of the existing stakeholder. As per representatives discussion, the lesson learns or the success story from the Global AIDS Program under the Thailand MOPH-U.S. CDC Collaborations are very interesting and should be published and shared with as all the leading donor organizations like the Global Fund and the United Nations agencies.

For future data collection, it is advised that the data collection should be conducted right after the end of the Cooperative Agreement so that staff can still be contacted, their memory still able to recall and express their experiences. The in-depth interview is a powerful tool to gain lots of ideas especially some topics that people might avoid to answer in the self-administered questionnaire or where the rating gave conflicting results, however, some sensitive questions must be identified and find alternative ways of putting the questions. If an open-ended questionnaire is considered a tool, a researcher has to be aware that Thai respondent dislike the open-ended question hence such question should be minimized. The closed end question seems to be working well for Thai behavior. If there are more time and resources available, the study should also covered the 360 degrees' view point by conducting in-depth-interviews or administering the questionnaire among non-governmental organizations (NGOs) who works in the area, the HIV/AIDS patients and the donors (Center for Disease Control and Prevention i.e. CDC Headquarter in Atlanta) to get all the perspective from related parties.

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