

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

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จุฬาลงกรณ์มหาวิทยาลัย

CHULALONGKORN UNIVERSITY

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การวิเคราะห์ผู้มีส่วนเกี่ยวข้องในโครงการเอตส์โลก ภายใต้ศูนย์ความร่วมมือไทย-สหรัฐ
ด้านสาธารณสุข



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาสาธารณสุขศาสตรมหาบัณฑิต

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 หลัก: รศ. ดร. สติกร พงศ์พานิช, 115 หน้า.

ในการศึกษาครั้งนี้มีวัตถุประสงค์เพื่อวิเคราะห์ผู้มีส่วนเกี่ยวข้องในโครงการเอดส์โลก ภายใต้ศูนย์ความร่วมมือไทย-สหรัฐ ด้านสาธารณสุข ซึ่งการศึกษานี้ใช้วิธีการวิจัยเชิงเชิงคุณภาพ (Qualitative Approach) โดยศึกษาจากการสัมภาษณ์เชิงลึก (In-depth Interview) และแบบสอบถามให้ตอบด้วยตนเอง (Self-administered questionnaire) จากผู้มีส่วนเกี่ยวข้องทั้งในระดับผู้บริหารและระดับปฏิบัติการ จาก 14 หน่วยงานที่มีส่วนเกี่ยวข้องในโครงการเอดส์โลก ภายใต้ศูนย์ความร่วมมือไทย-สหรัฐ ด้านสาธารณสุข ทั้งในกระทรวงสาธารณสุข กรุงเทพมหานคร (กทม.) และ สำนักงานหลักประกันสุขภาพแห่งชาติ (สปสช.) โดยศึกษาเรื่องเป้าหมาย ความต้องการ ความพึงพอใจ รวมไปถึงความคาดหวังที่มีต่อการร่วมมือกันในอนาคต ของผู้มีส่วนเกี่ยวข้องในโครงการเอดส์โลก ผลการศึกษา พบว่า ผู้มีส่วนเกี่ยวข้องในโครงการเอดส์โลก ภายใต้ศูนย์ความร่วมมือไทย-สหรัฐ ด้านสาธารณสุข มีความพึงพอใจในการปฏิบัติงาน และความร่วมมือที่มีต่อโครงการฯ โดยมีผู้มีส่วนเกี่ยวข้องในโครงการฯ มีความต้องการและความคาดหวังในด้านต่างๆ ดังนี้ ด้านการวางแผนในด้านนโยบาย ทิศทางการดำเนินงาน การแบ่งปันบทเรียนแห่งความสำเร็จในอดีต แนวโน้มในการขยายแผนงาน การวิเคราะห์ผลประโยชน์ต้นทุน ปัจจัย ด้านบุคลากรทั้งในเชิงการพัฒนาด้านปริมาณ อัตรากำลังคนและคุณภาพของบุคลากร ด้านฐานข้อมูลและสื่อสารสนเทศ และด้านงบประมาณ ทั้งนี้ หากการศึกษาในลักษณะนี้จะสามารถศึกษาหลังจากที่สิ้นสุดการดำเนินงานในความร่วมมือรอบที่ 3 ปี(งบประมาณ 2559)โดยทันที เพื่อให้ผู้ตอบแบบสอบถาม/ผู้ให้สัมภาษณ์สามารถจดจำรายละเอียดของโครงการฯ/ความร่วมมือได้และยังสามารถติดต่อได้ การสัมภาษณ์ในเชิงลึกนั้นมีประโยชน์มาก เนื่องจากสามารถซักถามข้อมูลในส่วนที่ถูกละเลยในการตอบแบบสอบถามหรือเมื่อเวลาให้การให้คะแนนนั้นขัดแย้งกันในบางประเด็นหากแต่ต้องระวังในการถามคำถามที่อาจจะมีประเด็นเปราะบางและอาจจะต้องหาคำถามสำรองที่ไม่สร้างความลำบากใจกับผู้ให้สัมภาษณ์ นอกจากนี้ หากมีเวลาและงบประมาณ การศึกษาควรครอบคลุมผู้มีส่วนเกี่ยวข้องในทุกๆด้านให้ครอบคลุมทั้ง 360 องศา เช่น ศึกษาจากองค์กรอิสระ ผู้ป่วยโรคเอดส์ที่ได้รับบริการโดยตรงและองค์กรผู้ให้บริการสถาบันอื่นที่เกี่ยวข้อง

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This thesis aim to do the stakeholder analysis by study the 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 are still able to contact, their memories are able to be recalled and expressed 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 was conflicts, however, some sensitive questions had to be aware and find the alternative ways to answer. 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.

Field of Study: Public Health

Student's Signature

Academic Year: 2014

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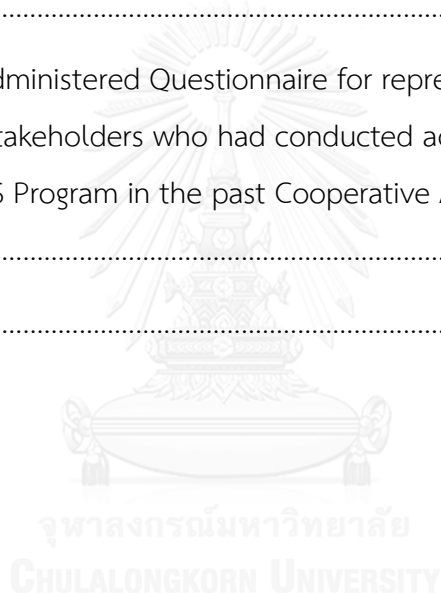
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LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AFRIMS	Armed Forces Research Institute of Medical Sciences
BMA	Bangkok Metropolitan Administration
CDC	Center for Disease Control and Prevention
FY	Fiscal Year
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human immunodeficiency virus
MOPH	Ministry of Public Health
NHSO	National Health Security Office
OGAC	Office of the U.S. Global AIDS Coordinator
STIs	Sexually Transmitted Infectious Diseases
TUC	Thailand MOPH-U.S. CDC Collaborations
UNDG	United Nations Development Group
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Background and rationale

Center for Disease Control and Prevention (CDC) Background

History

Back in July 1, 1946 the Communicable Disease Center (CDC) started on one floor of a small building in Atlanta, Georgia. In its early years, the CDC initially focused on fighting malaria by killing mosquitoes. Pursuit of malaria was the most absorbing interest of CDC during those periods with over 50% of its personnel engaged in it. DDT became available since year 1943 and it was the primary weapon to fight for malaria, also the CDC's early challenges included obtaining enough trucks, sprayers, and shovels necessary to wage the war on mosquitoes. Among less than 400 original employees, the key jobs at CDC were those of entomologists and engineers. In fact, CDC had only 7 medical officers in 1946.

Today

Center for Disease Control and Prevention (CDC) just celebrated its 60th anniversary in year 2006 and, today, CDC is the nation's premier health promotion, prevention, and preparedness agency and a global leader in public health. CDC employs more than 15,000 employees in more than 50 countries and in 168 occupational categories. It

remains at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is globally recognized for conducting research and investigations and for its action-oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies. CDC works with states and other partners to provide a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics.

Center for Disease Control and Prevention (CDC) is now focusing on becoming a more efficient and impactful agency by focusing on 5 strategic areas: supporting state and local health departments, improving global health, implementing measures to decrease leading causes of death, strengthening surveillance and epidemiology, and reforming health policies.

Global AIDS Program Background

Established in Thailand in year 2001 with few staffs, today Global AIDS Program's Thailand Southeast Asia Regional Office (GAP/SEARO) has 42 staffs; 4 CDC American staffs, 37 locally employed staffs and 1 contractor. In 2003, GAP/SEARO began to provide regional technical assistance to nearby countries, working with host country staff to successfully adapt Thai program models to other country programs. Assistance

to national HIV programs in Laos and Papua New Guinea (PNG) takes place through direct technical assistance and cooperative agreements with World Health Organization (WHO). Global AIDS Program's Southeast Asia Regional Office works with Royal Thai Government (RTG) partners to develop and expand innovative programs for surveillance, prevention and treatment of HIV and related disease, as a partner in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), for Thailand and throughout the world. To cover HIV epidemic, Global AIDS Program's Thailand Asia Regional Office (GAP/SEARO) has 5 sections to cover its business area which are: Care and Treatment Section, Preventing Mother-to-Child Transmission (PMTCT) and Pediatric Section, Special population Section, Strategic Information Section and, last, Laboratory Services Section. Also, there is a management and operations unit that manages cooperative agreements and budget/financial issues. **Vision:** A world with no new HIV infections and a high quality of life for those living with HIV. **Mission:** To prevent new HIV infections and improve the quality of life of people living with HIV, GAP Thailand/ARO effectively and reliably provides evidence-based technical assistance aimed at helping countries own an effective and sustainable HIV response.

History of Cooperative Agreement

Global AIDS Program under the Centers for Disease Control and Prevention as the U.S. Federal Agencies has various mechanisms to support the Ministry of Public Health under the Royal Thai Government. Cooperative agreement was selected when the

principal purpose of a transaction is to accomplish a public purpose of support or stimulation authorized by Federal Statute. The statutory criterion for choosing the Cooperative agreement is that the substantial involvement is expected between the executive agency and the State, local government, or other recipient when carrying out the activity contemplated in the agreement.

The first phase of Cooperative Agreement began in year 2002 to 2006 with the total number of 70 projects. In the Second Cooperative Agreement (duration from 2007-2011), Global AIDS Program had 35 projects in its first year (Fiscal Year or FY2007) then projects graduated and left 20 projects in its final year (FY2011). Now, it is the third Cooperation Agreement phase III that start from 2012 to 2016. With the integration concepts in order to better serve the needs of people living with HIV/AIDS through the Ministry of Public Health/Bangkok Metropolitan Administration leadership, the projects combine into 10 projects for Ministry of Public Health and 4 projects for Bangkok Metropolitan Administration.

Key players of Governmental Health Organizations in Thailand

Public health organizations are the key players in delivering health services across Thailand. Other non-governmental organizations may deliver some public health services as part of their other usual business. However, here are the major players of governmental health organizations in Thailand.

Ministry of Public Health (MOPH) is a Thai government body responsible for the oversight of public health in Thailand. Established 69 years ago in 1942, today Ministry

of Public Health has hundreds of organizations (departments and bureau) under its control. The Ministry of Public Health is responsible for health promotion, disease prevention and control, medical care services and rehabilitation and other affairs, by law, prescribed as authority of the Ministry of Public Health or agencies belong to it.

The agencies belong to the Ministry of Public Health are as follows:

1. Office of the Minister
2. Office of the Permanent Secretary
3. Department of Medical Services
4. Department of Disease Control
5. Department for Development of Thai Traditional and Alternative Medicine
6. Department of Medical Sciences
7. Department of Health Service Support
8. Department of Mental Health
9. Department of Health
10. Food and Drug Administration

Bangkok Metropolitan Administration (BMA) is the name given to the local government of Bangkok, the capital of the Kingdom of Thailand. The passage of the Bangkok Metropolis Organization Act, BE 2518 (1975) created the Bangkok Metropolis to replace Bangkok Province and created an elected governor with a 4 year term. The government comprises two branches: the executive (or the Governor of Bangkok) and the legislative (or Bangkok Metropolitan Council). The administration's roles are to formulate and implement policies regarding the management of Bangkok, these include: transport services, urban planning, health, waste management, housing, roads and highways, security services and the environment. Per its organization chart, there

are 3 departments related to health which are Medical Service Department, Health Department and the Office of the Permanent Secretary for the BMA. The data as of 2004 from Ministry of Public health, there are 111 hospitals in Bangkok; which based 9% of the overall country.

National Health Security Office (NHSO) is a state agency and juristic person under the supervision of the Public Health Minister. The National Health Security Act was enacted and published in the Government Gazette on 18th November B.E. 2545 (2002) and coming into force on the next day, 19th November B.E. 2545 (2002). The NHSB selects for appointment and dismisses the Secretary-General of NHSO. The funds for services provision come from the annual government budget and other incomes. The NHSB regrets the annual budget form the cabinet as the operating cost of NHSO. Not exceeding 1% of the budget that will be paid to service units will be withheld for use as preliminary assistance money for the services recipient who is damaged by the medical treatment provided by service unit. For quality and standard control, the Board comprises 35 members, including the president elected from among the members and five representatives of the civic sector.

Rationale

There are many internal and external variables that influence the success of the organization. Like any others organizations, the Global AIDS Program have both internal and external factors that drive its success in their operations.

Due to time limited, the internal factors, such as the Global AIDS Program's mission and strategy, organization structure, management practices, leadership, organization culture, are set aside and, we will focus only on the external factors i.e. stakeholder analysis.

Unlike conducting the internal factors analysis that will benefits only that particular organization itself, conducting the stakeholder analysis will also provide the inside details to any intergovernmental agencies around the world that interested in collaborating the public health aspects in Thailand.

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 Global AIDS Program will be able to make their strategic decision-making related to projects/program implementation. Speaking of the key player or stakeholder, a stakeholder analysis is brought into consideration because the stakeholder analysis is one of the tools to define and shape the understanding of how good management practice really is based on relationships; relationships with the stakeholders who both comprise and affect or are affected by the business. A stakeholder analysis is a process for providing insights into, and understanding of, the interactions between a project and its stakeholders (Grimble and Wellard 1996). The stakeholder analysis can be used to identify those stakeholders who are affected and should be involved, to clarify the different interests with regard to a certain change object, and to single out the relevance of each role of every stakeholder for the process of change by analyzing

their goals, capabilities, and skills. Also, it can be used to indicate whose interests should be taken into account when making a decision. At the same time, the analysis ought or indicate why those interests should be taken into account. From research and observation, there is no research on stakeholder analysis and how to use the stakeholder analysis in health related-context, especially HIV/AIDS partners, in Thailand yet. There is only one research that focusing on exploring the sustainability of health projects engaged in cooperative activity for prevention and care of HIV/AIDS, TB and STI, within the Global AIDS Program (GAP) Thailand which were focusing on the first cooperative agreement (Fiscal year 2001-2006) by Achara Sriinsut (2009), which not touch on the stakeholder analysis. Hence the rationale of this study is to assess the stakeholders analysis in Global AIDS Program in order to gain more knowledge on its stakeholder and become a more effective and efficient organization.

1.2 Statement of problems

In order for the Global AIDS Program (Thailand MOPH-U.S. CDC Collaborations) to serve the needs of the stakeholders, the stakeholder analysis had to be conducted.

1.3 Research Questions

1. What are the goals, needs and requirements that the stakeholders wish to share about its collaborations with the Global AIDS Program?
2. What is the level of satisfaction that stakeholders have with the Global AIDS Program and what are their expectations in the future collaboration?

1.4 Research Objectives

1. To identify the goals, needs and requirements that the stakeholders wish to share about its collaborations with the Global AIDS Program.
2. To assess the level of satisfaction that stakeholders have with the Global AIDS Program and to find their expectation in the future collaboration.

1.5 Conceptual Framework

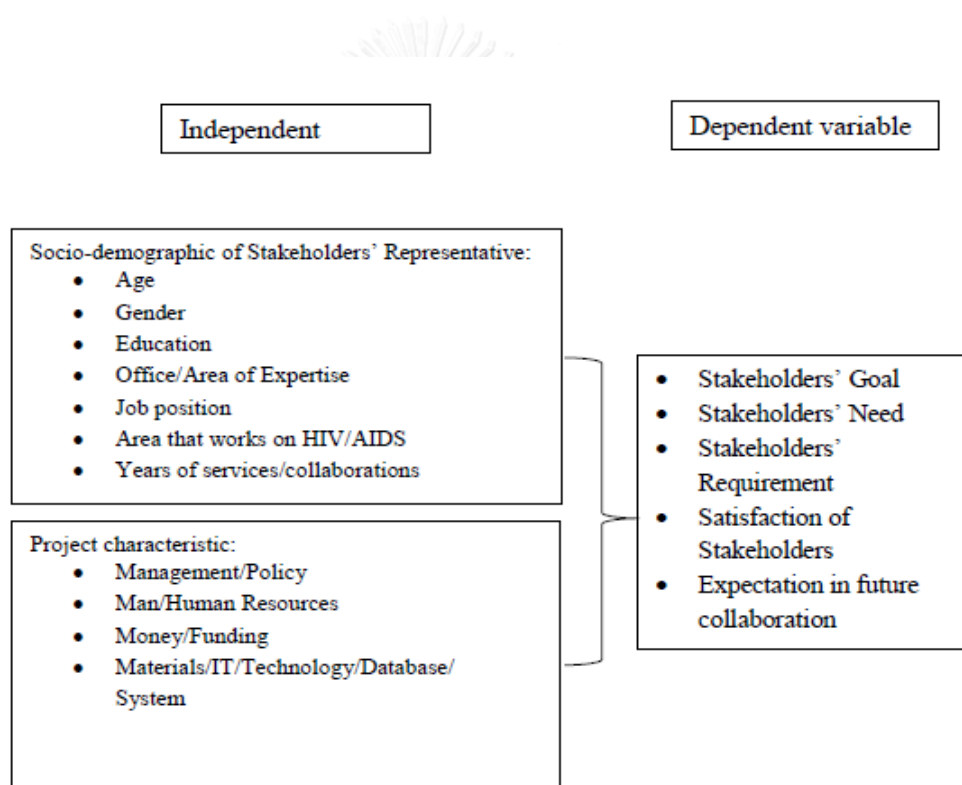


Figure 1: Conceptual Framework

1.6 Operational Definitions

Stakeholder(s) are those who is involved in or affected by a course of action.

Stakeholder analysis is a technique used to identify and assess the importance of key people, groups of people, or institutions that may significantly influence the success of the activity or project.

Cooperative agreement or Grant shall be used only when the principal purpose of a transaction is to accomplish a public purpose of support or stimulation authorized by Federal Statue. The statutory criterion for choosing between those two is that for the Cooperative agreement, "substantial involvement is expected between the executive agency and the State, local government, or other recipient when carrying out the activity contemplated in the agreement."

Delphi technique is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts.

Socio-demographic characteristics of the representative from selected stakeholders/organizations include gender, age, education, number of years in service, area of work, position hold in that project's period and present occupation of the respondents.

Number of years in service refers to the number of years the respondent has worked/coordinated in the project

Beginning and the ending of the service period is needed in order to identify the most update situation

Area of work is the department or unit the respondent was working when the project existed. For example, clinical care service provider, managerial and support staff, management level.

Position hold in that project's period is the job title that the respondent held during that project's period.

Present occupation of the respondents is the present job responsibility of the respondent at the time of interview.

Goals are a desired results that the stakeholders/organizations plans and commits to achieve.

Needs are what necessary for them to have in order to do their jobs.

Requirements are things that they needed in order to accomplish their goals.

Satisfaction means the pleasure or contentment derived from the collaborations with the Global AIDS Program.

Expectation means something the stakeholders may expect from the collaborations in the future which can be anything from technical assistance, know-how, funding, policy, human resources, etc.

CHAPTER II

LITERATURE REVIEW

2.1 Defining the concepts of stakeholder analysis

The term “stakeholder” was first appeared in 1708 with a definition of “a person who holds the stake or stakes in a bet” (Buckles, 1999) . Then there was the publication of Freeman’s landmark book, *Strategic Management: A Stakeholder Approach* in 1984, about a dozen books and more than 100 articles with primary emphasis on the stakeholder concept has appeared. Significant recent examples include books by (Bourne & Weaver, 2010), (R. E. Freeman, Harrison, & Wicks, 2007), (Key, 1999) . The recognition of the key role played by stakeholders in the determination of policy, its implementation, and outcomes has made stakeholder analysis a vital tool for strategic managers (B.L., 1991)

According to Varvasovszky and Brugha (Zsuzsa Varvasovszky & Brugha, 2000), the growing popularity of stakeholder analysis reflects an increasing recognition of how the characteristics of stakeholders- individuals, groups and organizations- influence decision-making processes. Stakeholder analysis can be used to generate knowledge about the relevant actors so as to understand their behavior, intentions, interrelations, agendas, interests, and the influence or resources they have brought – or could bring- to bear on decision-making processes. Policy development is a complex process which

frequently takes place in an unstable and rapidly change context, subject to unpredictable internal and external factors.

Stakeholder analysis refers to a range of tools for the identification and description of stakeholders on the basis of their attributes, interrelationships, and interests related to a given issue or resource. The term transcends several fields of study, including business management, international relations, policy development, and participatory research, ecology, and natural resource management. (Buckles, 1999)

Stakeholder analysis aims to evaluate and understand stakeholders from the perspective of an organization, or to determine their relevance to a project or policy. 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 ((B.L., 1991); (E. R. Freeman, 1984) ; Blair et al. 1990, Schmeer 2005)

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 (Blair, Fottler, & Whitehead, 1996). According to Schmeer's (Schmeer, 1999), stakeholders in a process are actors (persons or organizations) with a vested interest in the policy being promoted. These stakeholders, or "interested parties", can usually be grouped into the following categories: international/donors, national political (legislators, governors), public (ministry of

health, social security agency, ministry of finance), labor (unions, medical associations), commercial or private or for-profit organization, nonprofit (nongovernmental organizations [NGOs], foundations), civil society, and users/consumers.

Stakeholder analysis can be used in either development projects/programs level or policy level. In project planning and implementation, the support or opposition of parties involved in or affected by the project is an important factor in determining its success or failure. (Brinkerhoff, 1991) By carrying out the stakeholder analysis *before* implementing a policy or program, policy makers and managers can detect and act to prevent potential misunderstandings and/or opposition to the implementation of the policy or program. A policy or program will more likely succeed if a stakeholder analysis, along with other key tools, is used to guide its implementation. (Schmeer, 1999). A stakeholder analysis can be used to inform project planning, implementation or evaluation; which can be conducted during or after project completion. (ODA, 1995)

Stakeholder analysis is one of a number of different but closely related policy research or strategic tools now found in the health policy literature, including political analysis of health reform (in the Dominican Republic) or the policy mapping and political mapping (Glassman, Reich, Laserson, & Rojas, 1999) and etc. Varvasovszky and McKee conducted a stakeholder analysis of policies around alcohol in Hungary (Zsusza Varvasovszky & McKee, 1998) ; it sought to understand the process of public health policy making in a situation of political, economic and social transition. The aim was to produce results which would inform and assist policy makers in making policy

choices, i.e. an analysis for policy development, taking into account the interest and influence of a wide range of stakeholders in the development of a national alcohol policy.

Not only the profit organization that use the stakeholder analysis tools, the not-for-profit World leading organizations like United Nation agencies (i.e. United Nations Development Group (UNDG), United nations Development Program (UNDP) , World Bank, World Wide life Foundation (WWF), United States Agency for International Development (USAID), the Global Fund, the Country Coordinating Mechanism (CCM) and etc. also use this tool. These leading organizations have published the Stakeholder Analysis tools on their website (additional link in reference) with details on steps how to conduct stakeholder analysis, the benefits that will receive and how to use the result to further add value to each organization.

The Global Fund published its 5 Year Evaluation which is a 360 stakeholder assessment that illustrated the perceptions and opinions of stakeholders on the Global Fund. (Fund, 2006). The study was aimed to canvas feedback on the organization's reputation, performance, strengths and weaknesses, and to provide critical insight into diverse stakeholder perspective. By doing the study, the result have a formative role in shaping the focus and methodology of the Five-Year Evaluation.

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" (Madzorera, 2013). The report is based on interviews with a wide range of key stakeholders in Zimbabwe and finally presented the actions taken, achievements and challenges experienced during the writing process, and highlights practical lessons learnt for both the applicants (Zimbabwe) and the Global Fund.

In Thailand, the public sector reform policy was set forth as a national agenda (2002-2006) and followed with many changes in public sector management. After Thai Public Sector Development Strategic Plan of 2003-2007 was approved, it has been used to initiate public sector development with seven main strategies: 1) reforming public administration, 2) improving ministerial restructure, 3) reforming budgetary and public financial, 4) modernizing the public sector through the use of ICT and 5) promoting public participation in monitoring and decision making. As a result, the Royal Decree on Good Governance B.E. 2546 was approved in 2003 (Office of the Public Sector Development Commission or OPDC, 2005). In addition, to increase public sector performance by leveraging public management quality conforming to the Royal Decree of Good Governance B.E. 2546 and international standards, criteria for quality measurement was set as the Public Sector Management Quality Award or PMQA (OPDC, 2005). It is very interesting that in the 2 main parts of the criteria of the PMQA: A) Important Organizational Characteristics and B) 7 Categories consisting of 1) leadership 2) strategic planning 3) importance of stakeholders and customers 4) management, evaluation and knowledge management 5) human resource focus 6) process

management and 7) results based management. These criteria of the PMQA have been applied for the public sector since 2005. With this fact, we can clearly see the importance of stakeholder and customer analysis was in the spotlight in Thailand private sector since 2005. (Thailand, 2014)

There are a lot of Stakeholder Analysis theses/studies such as Stakeholder Analysis of Water Resources Projects in Thailand by Piriya Uraiwong and Tsunemi Watanabe. (Uraiwong & Watanabe, 2011), Stakeholder Analysis for Sustainable Land Management of Pak Phanang River Basin, Thailand by Meraman Mumtas and Chatupot Wichien (Mumtas & Wichien, 2013), Forestry Stakeholder Mapping in Thailand by Sureeratna Lakanavichian (Sureeratna, 2013) and much more. However, it is noticeable that most of the stakeholder analysis theses/studies are in natural resources fields (Water resources, Land Management, Forestry, etc.) or in business administration (as it was originally initiated) but are very few in health context.

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2.2 Defining how to conduct the Stakeholder Analysis

From various literature reviews; we began Stakeholder Analysis with identifying the stakeholders, creating a list using brainstorming technique from group of experts in Global AIDS program, Thailand MOPH-U.S. CDC Collaborations. The group of experts consisted of the Section Chiefs from 5 sections (or their representatives), Senior Policy Advisor, Deputy Director, and Director for Southeast Asia Regional Office. The brainstorming technique was used and the lists of stakeholders whom influence the

Global AIDS Program Southeast Asia Regional Office are as followed: Office of the U.S. Global AIDS Coordinator (OGAC), CDC headquarter, the United States Embassy, the Business Services Office (BSO) in the Thailand MOPH-U.S. CDC Collaborations, USAIDS, Armed Forces Research Institute of Medical Sciences (AFRIMS), Ministry of Public Health (MOPH), The Bangkok Metropolitan Administration (BMA), The National Health Security Office (NHSO), The Global Fund to Fight AIDS, TB and Malaria (GFATM), Provincial Chief Medical Officer (PCMOs), Hospitals, People living with HIV/AIDS (PLHA), WHO, UNICEF, UNAIDS, Non-Profit/Non-Governmental Organizations (NGOs) such as FHI360, PSI, PATH, Rainbow sky, and Others countries such as Papua New Guinea (PNG), Lao PDR, etc.

Then the Stakeholder Influence and Importance matrix was utilized in order to knowing the power of that stakeholder on its influence to a project or in developing activity. Stakeholders with much power and influence can easily divert project resources from important intended beneficiaries with little power or influence. Similarly, knowing the importance of a particular stakeholder group as a beneficiary helps ensure that the voices of these stakeholders are hear

Stakeholder Power/ Potential	Significant Importance	Importance or unknown
High Influence / Power	Most critical stakeholder group: collaborate with/manage closely	Useful for decision and opinion formulation, brokering: mitigate impacts, defend against, keep satisfied
Low Influence /Power or Unknown	Important stakeholder group, in need of empowerment: involve, build capacity and secure interests, keep informed	Least priority stakeholder group: monitor or ignore

Figure 2 Stakeholder Influence and Importance matrix

Through the above Stakeholder Influence and Importance matrix, the stakeholders with high influence and importance are listed and used for the in-depth interview later.

2.3 Defining benefits and limitation of Stakeholder Analysis

2.3.1 Benefits of analyzing stakeholder analysis

There are many benefits of using stakeholder analysis. First, using a stakeholder analysis allows managers or policy makers to identify those stakeholders need and expectation otherwise it would be marginalized or not included at all. Secondly, as it is a descriptive

approach, it will reveal the power relationships and ensuing values. Third, it will improve the decision making by bring a wide array of stakeholders' knowledge into it.

Referring to the World Wildlife Fund for nature (WWF) Cross-Cutting Tool: Stakeholder Analysis October 2005 (WWF, 2005) , the reasons why stakeholder analysis is important

is that it can help a project or program identifies:

- The interest of all stakeholders who may affect or be affected by the program/projects;
- Potential conflicts or risks that could jeopardize the initiative;
- Opportunities and relationships that can be built on during implementation;
- Groups that should be encouraged to participate in different stages of the project;
- Appropriate strategies and approaches for stakeholder engagement; and
- Ways to reduce negative impacts on vulnerable and disadvantaged groups.

Similar to the World Health Organization (1-2.Stakeholder Analysis) which stated that the use of stakeholder analysis are to anticipate the kind of influence, positive or negative, these groups will have on the project and to develop strategies to get the most effective support possible for project and reduce any obstacles to successful implementation. **(Organization, 2011)**

From Zsuzsa Varvasovszky and Ruairi Brugha on “How to do (or not to do) A stakeholder analysis”, the information from the analysis can be used to help understand how policies have developed and to assess the feasibility of future policy

directions; to facilitate the implementation of projects, specific decisions or organizational objectives; and to develop strategies for managing important stakeholders. (Zsuzsa Varvasovszky & Brugha, 2000)

Per Schmeer's Health reform tools series: Guidelines for Conducting a Stakeholder Analysis, stakeholder analysis yields useful and accurate information on health reform stakeholders. The information can be used to provide input into other analyses; to develop action plans to increase support for a reform policy; or to guide a participatory, consensus-building process. (Schmeer, 1999)

Again, per Kammi Schmeer' Stakeholder Analysis Guidelines, policy makers and managers can use a stakeholder analysis to identify the key actors and to assess their knowledge, interest, positions, alliances, and importance related to the policy. This allows more effective interaction among key stakeholders and to increase support for a given policy or program. When this stakeholder analysis is conducted before a policy or program implemented, policymakers and managers can detect and act to prevent potential misunderstandings about and/or opposition to the policy or program. When a stakeholder analysis and other key tools are used to guide the implementation, the policy or program is more likely to succeed. (Schmeer, 1999)

2.3.2 Limitations of analyzing stakeholder analysis

Although there are benefits of conducting the stakeholder analysis, some limitations or weaknesses still exist. As conducting the stakeholder analysis is a 'joined up thinking' in organization that implies incorporation of quantitative and qualitative research

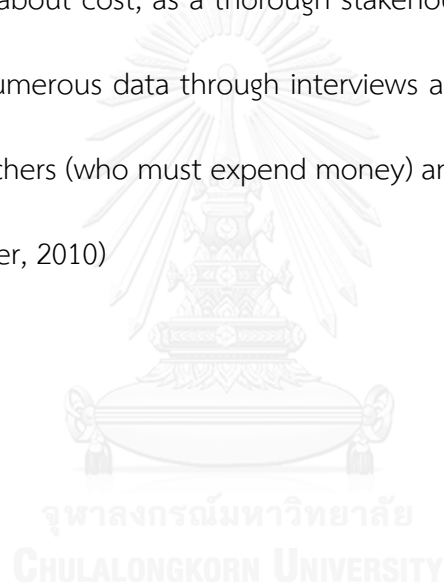
methods in a holistic method of organization enquiry. Stakeholder analysis illustrates how different research philosophies and methods can be combined in a pragmatic but robust way. (Simmons, 2005) However, the analysis provides snapshots of what maybe a rapidly changing context, where positions and influence are subject to change from internal events, external events and possibly the stakeholder analysis process itself. An in-depth analysis seeks to add value through obtaining and analyzing stakeholders' current perceptions of the historical processes which have led to the present. Recall and perceptions of these processes are influenced and colored by the events in the intervening period, and by current positions and interests. (Zsuzsa Varvasovszky & Brugha, 2000)

The environment, the context of the analysis, stakeholder interests, positions, alliances and influence change over time. The political context of policy-making is frequently unstable, especially in many developing countries, and can be subject to sudden, unexpected transformations. Therefore, if the timeframe of a prospective analysis is too long or study results are not applied in a relatively short period of time, especially in complex an unstable settings, the relevance of the analysis for informing stakeholders on how to manage the future decreases rapidly. However, its utility for policy research can be in demonstrating, through an historical analysis, the importance of an unstable or unpredictable political context; and the potential of individuals who achieve positions of national power to radically change the policy landscape, where

major international stakeholders have invested years of effort to influence the policy process (Glassman et al., 1999)

Also mentioned by the Overseas Development Administration (1995), Stakeholder analysis often involves sensitive and undiplomatic information. Many interests are covert, and agendas are partially hidden. In many situations there will be few benefits in trying to uncover such agendas in public. (Administration, 1995)

Another weakness is about cost, as a thorough stakeholder investigation and analysis involves collecting numerous data through interviews and survey methods, it can be costly to both researchers (who must expend money) and participants (who must give their time) (Christopher, 2010)



CHAPTER III

METHODOLOGY

3.1 Research design

This study was a descriptive cross-sectional study.

3.2 Study population

The high officials were selected from stakeholders/organization who had the projects/activities with the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011 and who potential to have the project in the next Cooperative Agreement. In case the stakeholders was not available for the interview, the self-administered questionnaire were sent to gather information.

The study populations are the stakeholders in Thailand that are listed and selected by using the Delphi Techniques. The Delphi technique is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. With such techniques along with help from a panel or a group of experts consisted of the Section Chiefs of each 5 sections (or their representatives) in the Global IDS program, Senior Policy Advisor, Deputy Director, and Director for Southeast Asia Regional Office. The brainstorming technique was used and the lists of stakeholders whom influence the Global AIDS Program Southeast Asia Regional Office. The study population was

selected to answer the research objectives, therefore the study population are the representative from the organizations/stakeholder that:

1. were the GAP collaborations during Cooperative Agreement Phase 2 (Fiscal year 2007-2011).
2. in terms of activities conducted, projects are either pilot or existing projects that the stakeholders conducted.
3. in terms of size (both impact and budget), all projects are included no matters what size it was.

3.2.1 Inclusion criteria: the stakeholders/organizations

- had the projects/activities with the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011
 - Ministry of Public Health
 - Bangkok Metropolitan Administration
- potential to have the project in the next Cooperative Agreement
 - National Health Security Office
- Provincial office in all provinces that Global AIDS Program (GAP) has projects in the site during fiscal year 2007-2011.
- All projects conducted in Thailand and funded by CDC Atlanta through Thailand mechanism

3.2.2 Exclusion criteria: the stakeholders/organizations

- whose have the projects conducted outside Thailand (third party fund i.e. Vietnam and Cambodia) for example, Laos and Papua New Guinea (PNG).

Instead of showing the name of the organizations/stakeholder, we divided the stakeholders into group as per its function in order to protect the confidentiality of the stakeholders. From the overall stakeholders/organizations (that were either under the supervision of the Ministry of Public Health, Bangkok Metropolitan Administer or National Health Security Office), it can be grouped as followed:

1. Purchaser are the stakeholders/organizations that has its funding and only wish to collaborated to receive the technical know-how or support that not related to funding.
2. Provider/Technical support are those stakeholders/organizations who provide 'something' such as technical support, technical knowhow to projects or end user for example the organization who provide the lab services or medical knowledge to support the projects.

3. Policy maker are those stakeholders/organizations who responsible for making policy or who have authority to set the policy, framework or plan in the health context.
4. Provincial/local Administration are those stakeholders/organizations has their own unique way in running its health management of their own area for example the Provincial Public Health Office under the Disease Prevention Control.

3.3 Study period

Data collection was done from 16 July to 13 September 2013.

3.4 Sampling technique

All stakeholders within the inclusion criteria were selected or census population which accounted for 14 stakeholders (that were either under the supervision of the Ministry of Public Health, Bangkok Metropolitan Administer or National Health Security Office)

3.5 Sample and sample size

Representatives of 14 stakeholders under the supervision of either the Ministry of Public Health, Bangkok Metropolitan Administer or National Health Security Office were invited for the interview. The official invitation letter were

sent to each organizations/stakeholders aiming for the interview with high official level. In case where high officials are not able to response on the interview, the self-administered questionnaire were used to send to the delegated officers (mostly operational staffs who had direct experiences/contact with the collaborations).

3.6 Measurement tools

Structured in-depth interview 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. The Structured in-depth interview consist of 4 parts as follows:

Section 1: Socio-demographic characteristics of stakeholder

This part of questionnaire consisted of general information regarding age, gender, education, occupation, specialized area of working, duration of their work.

Section 2: Stakeholder's perception on their goals and needs

This part was ask for the stakeholder goals, objective, vision and mission, area of expertise, strength and weakness.

Section 3: Stakeholder's Satisfaction

This part of questionnaire was intended to find the satisfaction of stakeholder using Likert five points scaling. It included five items with both positively worded and negatively worded items. Obtained satisfaction scored is computed by sum up all the recoded score. High level of Satisfaction will be those greater than or equal to Median, where Low levels of Satisfaction are those below the Median.

Section 4: Expectation on Collaboration.

This part was the open-ended to get to know the expectation on collaboration in the near future i.e. Policy, Program, Funding, Tools, Database, Info Sys, etc. In the case where the in-depth interview couldn't be conducted, the self-administered questionnaire was sent to the official using the same structured question.

3.7 Data collection

Informed Consent and Confidentiality

Official letter was sent from the College of Public Health to the organizations/stakeholders under the Ministry of Public Health, Bangkok Metropolitan Administration and National Health Security Office; proposing their prior approval to conducting both structured interview and self-administered questionnaire. After, the formal approval received, the study (interview) was initiated with a brief for the participants fully assuring their

confidentiality by the neutral interviewer. No personal data from individual interviewees were collected.

Validity and Reliability

Both questionnaire and structured interview guideline were consulted with and reviewed by three experts in HIV/AIDS and stakeholders knowledge whom carry out 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 collaborated with the Thailand MOPH-U.S. CDC Collaborations.

3.8 Data analysis

As the study was the qualitative data, the researcher using the thematic analysis to draw conclusions by the respective objects of research through the interview data. The researcher review the interview result and the self-administered result, combine into group, structured, analyzed and sort into categories.

3.9 Ethical consideration

The ethical consideration was approved by Ethical Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University before the data collection.

3.10 Limitations

- As the study is the cross-sectional study, it study for only one period of time.
- The study was done with high officials or policymakers, and few operational staffs.
- The study was done mostly with central or Bangkok/Nontaburi area, with few provincials' representatives.
- Although Stakeholder Analysis is very popular issues, there are just few literature regarding the stakeholder analysis in the health-related context. Most of the Stakeholder Analysis literature are in business administration, transportation, agricultural, or natural resources area. A few literature on stakeholder analysis on HIV/AIDS are in African context and mainly it focus on the Global Fund to Fight AIDS, Tuberculosis and Malaria (or the Global Fund or GFATM) as it is the world's largest financier or anti-AIDS, TB and malaria which by mid-2012 has approved funding of USD 22.9 billion that supports more than 1,000 programs in 151 countries. There are only few stakeholder analysis article/journal regarding the Center for Disease Control and Prevention (CDC), actually there is no stakeholder analysis article/journal for the Global AIDS

Program in Thailand (under the Thailand MOPH-U.S. CDC Collaborations).

3.11 Expected benefits and applications

1. The study can be utilized to improve the project services, effectiveness and conform to the needs of the existing partners. (Ministry of Public Health and Bangkok Metropolitan Administration)
2. The result of this study may be useful to conduct further research and expand stakeholder or related analyses to the prospect stakeholders (such as National Health Security Office or NHSO or other partners in Thailand), other organization in other countries in which the Global AIDS Program work.
3. The study will provide insights and recommendations that will be applied to the public health field; especially the HIV/AIDS related organizations/stakeholders in Thailand.
4. Models for improved communication among stakeholders will be suggested by the study.
5. Links between strategic planning and public health outcomes which is an important but neglected area in graduate education, will be explored.

CHAPTER IV

RESULTS

This study was descriptive cross-sectional study aim to identify the goals, needs and requirements that the stakeholders wish to share about its collaborations and to assess the level of satisfaction that stakeholders have with the Global AIDS Program. Eleven representatives of stakeholders was provided the feedback on the in-depth interview using a structure interview guideline and another four representatives (whom were delegated by their high officials) were responded by self-administered questionnaire; making total of 15 stakeholders representative.

Both the in-depth interviewing and self-administered questionnaire consist of 4:

Section 1: Socio-demographic characteristics of stakeholders' representative

Section 2: Stakeholder's perception on their goals, needs, requirements

Section 3: Stakeholder's Satisfaction

Section 4: Expectation on Collaboration.

4.1 Section 1: Socio-demographic characteristics of representatives

This part of questionnaire consisted of general information regarding age, gender, education, occupation, specialized area of working, duration of their work For the high official in-depth interview, 70% of high officials are male and 30% are female. 80% are age between 51-60 years old, the rest 20% are between 41-50 years old. All of high

officials are physician/medical doctor. Of eleven high officials, 50% has doctorate degree. All of high official were selected from different organizations/units so that the data will be diverse and reflect different perspectives. The selections of respondents for this thesis have been chosen from different fields and department as we need the result to reflect many dimensions and point out at the issues and solutions. Ten from eleven high officials are in Senior Level, left only one in first-line manager. All of the high official are in the supervise role of Policy and Advocacy (100%). Seven from eleven high officials has collaboration in the Information system. Half of high officials had collaboration in HIV Care and Treatment/ and LAB. Few (3 of 11) had collaboration in Prevention of Mother-to-Child Transmission (PMTCT) and Special Population (such as men who have sex with men, prisoners, sex workers, etc.). Nine out of eleven high officials had collaboration with Thailand MOPH-U.S. CDC Collaborations (TUC) for 5 years. The other 2 officials had collaboration for 3 years and 4 years consequently.

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For the self-administered questionnaire, 100% of respondents are female. Most of respondents are between 31-40 years old. The other two are in 20-30 years old, and the other one in 41-51 years old.

Table 1: Distribution of socio-demographic characteristics

Socio-demographic characteristics	Number	Percentage
Gender (n=17)		
Male	8	47
Female	9	53
Age (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)		

Socio-demographic characteristics	Number	Percentage
Contract staffs	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 (PMTCT) and Pediatric	4	9
Special Populations (MSM,Prisoner,Sex workers,etc)	4	9
Laboratory	7	15
Information System	8	17
Policy and Advocacy	13	28

Socio-demographic characteristics	Number	Percentage
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

Four of six respondents held Master Degree while the other two, each hold Bachelor and Ph.D. From six respondents, three of them are from Bureau of AIDS TB and STI, Department of Disease Control, Ministry of Public Health, one from Department of Medical Sciences, Ministry of Public Health, one represent Bangkok Metropolitan Administration and the last one represent Provincial Health Office, Saraburi province.

Four of six respondents are full time (in general/operations level) and the other two are Contract Staffs. Most of general/operational staffs had collaboration in HIV Care and Treatment area. The other fields of PMTCT, Special Population, Laboratory, Information system and Policy and Advocacy are limited to one each in the field. Out of five respondents, three of them had more than 5 years of collaboration i.e. they

had 8 years, 9 years and 10 years accordingly. The other 2 respondents had experiences working with Thailand MOPH-U.S. CDC Collaborations (TUC) for 3 and 4 year consecutively.

4.2 Section 2: Stakeholder's perception on their goals, needs and requirements

From the overall stakeholders/organizations (that were either under the supervision of the Ministry of Public Health, Bangkok Metropolitan Administer or National Health Security Office), that we group the stakeholders into 4 categories in order to protect the confidentiality:

1. Purchaser are the stakeholders/organizations that has its funding and only wish to collaborated to receive the technical know-how or support that not related to funding.
2. Provider/Technical support are those stakeholders/organizations who provide 'something' such as technical support, technical knowhow to projects or end user for example the organization who provide the lab services or medical knowledge to support the projects.
3. Policy maker are those stakeholders/organizations who responsible for making policy or who have authority to set the policy, framework or plan in the health context.

4. Provincial/local Administration are those stakeholders/organizations has their own unique way in running its health management of their own area for example the Provincial Public Health Office under the Disease Prevention Control.

We group the feedback on stakeholder goals, objective, vision and mission, area of expertise, strengths and area for improvement (or needs and requirements) as followed:

1. Purchaser

- A key purchaser with lots of funding in Thailand has its 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.

The organization vision is “Health security system that ensures equitable accessibility, public confidence and provider satisfaction”

with mission to

- Promote and develop quality health care system with public confidence and provider satisfaction.
- Promote the participation of civil society and local administration organization in health security development.

- Promote and protect the people's right to health security as well as reinforce the learning process of the public in realizing their rights and duties.
- Manage the health security funding and the utilization of the fund in the manner of sufficiency and efficiency.
- Establish an organizational management system which is of high standard and promote continuous development towards a learning organization.
- For purchaser who focus on the issues of AIDS on Mother and Child. Issues of collaboration between departments/organizations in both Control and Prevention aspects, the big picture was focused on the pregnancy woman; from pregnancy period, delivery till taking care of children in the past 20 year. The organizations/stakeholder that work on the prevention from mother to child area has to 1. Prevent the infectious from mother to child. 2. In case of complicated family (couple/family infected before pregnancy), they had to find the way to prevent mother and child from infection. There are multiple way such as natural protection, medication (which depend on amount time and other factors of medication), economical factor of that country. 3. Children have to have happiness and good quality of life.

- Another stakeholder in the purchaser category has its goals as follow:
 - To improve/develop its organization to be the Center of Excellence/National Institutes and lead to National Health Accreditation (NHA)
 - To strengthen and make a connection to increase the capacity of educational and services of health services center
 - To solve the health problems as per their top management policy
 - To improve educational/scientific knowledge and services of treatment or rehabilitation of drug addicts with quality standards
 - To prepare their organization to ASEAN Economics Community
 - To improve the management system
 - Vision: To be the valuable leader in medical field in assist and control physician/medical of the country that lead to a good quality of health of the citizen
 - Mission: To improve the academic knowledge in treatment, medical rehabilitation, rehabilitation medicine by:
 1. Study, research, assess, develop and distribute (publish) the medical knowledge/technology in the national level

2. Schedule, develop and follow up the quality standard of the standards of care both public and private organization
3. Pass on and increase staffs' medical knowledge including supporting the academic knowledge to health services network
4. Provide specialized medical services in secondary level and above with national standard
5. Develop and suggest health policy that solve health problem of citizen
6. Suggest/introduce policy, guideline in protection, control and treatment in drug addicted

2. Provider/Technical support

- The provider focused on the collaboration, common interest and international relationship on the technical support.
- Provider whom provide the lab support has it goal to be the leading LAB in Region (at least in ASEAN). To be a National Referral Laboratory of Ministry of Public Health that could be referred to both Communicable Disease, Non-Communicable Disease (NCD), Toxicology (for developing of tools, vaccine, and test).

- Another provider mentioned that they works as secretariats office of HIV/AIDS National Committee to prevent and solve HIV/AIDS problem with its mission to build National Policy with collaborations between governmental agencies, ministries, localities and citizens, to monitor and control the HIV/AIDS in country, to follow up and assessment and, lastly, to support the work and policy advocacy. The vision is to focus on the evidence-based as a tool to generate information by using input and collaborations from all stakeholders.

3. Policy maker

- As a policy maker, one stakeholder set its direction to be the center of the administration; it integrates the public health strategies of the Ministry of Public Health. To undertakes the task of providing health data and information that cover all the aspects for the purpose of proposing policy and strategy that is in accord with the public health situation of the country. Their vision is for Thai people to have capacity to manage risk factors and environments causing the lifestyle diseases by collective movement of all sectors integrally, well-balanced, sustainably and joyfully on the basis of the philosophy of sufficiency economy. Their mission is to creating communities, local and societies

that are aware of, take action to reduce risk factors and increase enabling factors, and actively participate in bringing policy to practice; namely, problem identification, surveillance, prevention and control, management and development of all sectors systematically, holistically, inclusively and effectively.

- Another policy maker organization has its goals for citizen to have good physical and mental health with its vision, to be an organization that has medical and public health network/connection that has accreditation/well-known in a national standard and its mission: To improve medical and public health services, to prepare for the aging society and make sure that elderly is valued/folk wisdom, to provide holistic health services, to support a stronger medical network, to communicate/have public relation that makes organization to be well-known/acknowledge by public, to have efficient information technology management, to have a continuous improvement on human resources, academic, research and to prepare/develop/improve medical system for disaster emergency management

4. Provincial/local administration

- A stakeholder from the Provincial/local administration mentioned that HIV is important problem since long time ago, as that province has high HIV cases number which has impact in many aspects to economy, social and health. Vision was to have capacity, understanding, reach the target to both prevent and take care of patient. Need to take care of all aspects (both prevention and care) of HIV/AIDS

When asking the stakeholders/representatives about **the area of HIV/AIDS that they work/or their organization responsible for**, the answer were various but, mostly, still fall into the 5 categories of the area that the Global AIDS Program, Thailand MOPH-U.S. CDC Collaboration had which are:

- 1) Care and Treatment Section
- 2) Preventing Mother-to-Child Transmission (PMTCT) and Pediatric Section
- 3) Special population Section
- 4) Strategic Information Section
- 5) Laboratory Services Section.

Or fall into the 6) Policy and Advocacy area.

From Table 1: Distribution of socio-demographic characteristics, of 14 representatives' stakeholder, Policy and Advocacy are the area of HIV/AIDS that Interviewee had collaboration during such period of working with the Global AIDS Program with 28%.

Following with HIV Care and Treatment for 22%, Information System 17% and laboratories related 15%. The special population group (MSM, prisoner, sex worker, etc.) and the Preventing Mother-to-Child Transmission (PMTCT) and Pediatric Section have equally 9% each response.

Below are the responses from the stakeholder when group into 4 categories according to its nature:

1. Purchaser

- As a key purchaser, this stakeholder explain the area of HIV/AIDS that the organization responsible for are the Policy and Advocacy, the HIV Care and Treatment and the strengthening of laboratory and facilities. That is why this stakeholder need technical assistant such as to register for the Accreditation. Or in terms of Strategic Information System, they need the analysis of data/info/launch report/lab standard.

2. Provider/Technical support

- As a stakeholder in provider or technical support role, this organization works are covered all area of HIV Care and Treatment, Pediatric and HIV Prevention from Mother to Child (PMTCT), Special Populations (Prisoner, Injection Drug Users, Sex worker, men who have sex with men), Strengthening Laboratory and facilities, Strategic Information System, Policy and Advocacy.

- Another stakeholder mentioned that the works can be viewed 2 main areas which are programmatic and research. For Programmatic, this organization has to initiate the new project. For Research quality and assurance, this organization has to find out the possibility, feasibility study and the implementation.
- Another provider in laboratory explained that the area of work are 1) Research in HIV, focusing on LAB reference 2) Provide service in organizing PMTCT 3) Improve QA of HIV Tools kits, CD4, Window period, PCR (Polymerase chain reaction tests), Early Detection.
- As a provider in medical services, the representative describe that her organization has to take care of the treatment, infectious disease in hospital, HIV/AIDS Policy, coordinate with Department of Disease Control, National AIDS Management Center (NAMC), hospitals, National Cancer Institute, etc.
- As a provider in HIV/AIDS area, one organization replied that the work area is about the coordinating or Oversee Thailand HIV/AIDS policy for overall country.

3. Policy maker

- As a policy maker in health, one organization identified that the area of works are related to almost the Pediatric and HIV Prevention from Mother to Child (PMTCT), HIV Care and Treatment, Strategic Information System, Policy and Advocacy
- Another policy maker mentioned that “Unfortunately, main development goals are not quite related to HIV/AIDS in particular but in health context in general. Main

development goals are to reduce problems from 5 important lifestyle diseases; namely, 1) Diabetes, 2) Hypertension 3) Heart disease 4) Cerebrovascular disease 5) Cancers; in 5 aspects of 1) incidence reduction 2) complication reduction 3) disability reduction 4) mortality reduction 5) expense reduction; by promoting three components of sufficiency lifestyle 1) balanced diet 2) adequate physical exercise 3) suitable emotion management.

4. Provincial/local Administration

- As a Provincial/local Administration that manage more than 10 projects, a stakeholder mentioned that the areas of work cover all aspects of HIV Care and Treatment, Pediatric and HIV Prevention from Mother to Child (PMTCT), Special Populations (Prisoner, IDUs, Sex worker, MSM), Strengthening Laboratory and facilities, Strategic Information System and Policy and Advocacy.
- Another Provincial/local Administration stakeholder also described that their organization has to deal with all aspects with the Global AIDS Program i.e. Policy and Advocacy, Strategic Information System, Prevention with Positives, Treatment and Care and Counseling.

After learning their area of work/duty, the next area that we wish to know are their strength and area that they wish to improve, which the viewpoint from the high

official and operation staffs are in the same directions with few minor in details as follow:

Strengths of Stakeholders

From the in-depth interview and the response from self-administered questionnaire, it is found that their strengths are varies as per each different entity and scope of work (nature of their responsibility/category). It can be group as follow.

- **Expertise/Specialize in their own area** All of the interviewee in the Provider/Technical Support category realized that they are the experts in their field or get recognition from other organization and society. Likewise, one organizations in the medical services area knew that they are the central department of academic knowledge. They provide training to provinces around Thailand and are Center of Excellence in 22 areas.

While the Policy maker category knew that they provide coordination and problem solving, but not provide expertise in deep details. They act as a center of data and information and assist in conducting effective meeting.

Some stakeholders are experts in the field/provincial area such as a stakeholder from Provincial Public Health Office from provinces (from the Northern part of Thailand) as they faced with the HIV/AIDS outbreak for more than 10 years (since year 1990 or since the beginning) that there are many problems to deal with from

care and treatment, patient's suicidal problem, psychology and its understanding, etc. From long experiences, those staffs have a better understanding/experience to take care of patients. Society has more interest in HIV/AIDS. Staffs also have more direct experience/case that makes them understand patient more. Likewise, another staff from another Provincial Health Office quoted that all Staffs (in her unit/province) has lots of experience and understand HIV/AIDS guideline and procedure

A representative from the governmental agency which assists in coordination of surveillance and control of HIV/AIDS and STIs mention that her organization also works with domestics and international partners to develop the policy for surveillance and control of HIV/AIDS and STIs. They have unit to prevent and control the disease in provincial level to coordinate, process and push the HIV/AIDS policy and works hand-in-hand with hospitals under Ministry of Public health. A representative from one local administer cited that her organization “dedicate to the job in coordinating, information gathering (centralize data) and disseminate knowledge to related organization”.

- **Management style and Management support** Some stakeholder whom are not under the government/parliament but under the board of management control has advantages from a more flexibility and less hierarchical level (when comparing with other governmental agency). In terms of Management Support, some

organizations like the provincial/local administration then to have a clearer policy addressed on HIV/AIDS issues (In BMA Plan and Policy period 2009-2012, the issues on HIV/AIDS was addressed where strategy issues, strategies and indicators are clearly identified.) Therefore, with the management support, the counterpart organization will get benefits from the management support through clear policy.

- **Funding** For a purchaser stakeholder whom manage funding of more than 100,000 thousand millions Baht annually for all over the country, the funding need is not the issue of their concerns. Another purchase organization also stated that they have various sources of funding support. Hence lacks of funding are not the concerns to some organizations.
- **IT/Database system** Some purchaser organization already have strong IT system as it has to control/take care lots of money, hence all data must be correct and accurate. Quote from the representative is that “We can say that the IT system of our organization is now the best health information/database. We have both outpatient and inpatient, infectious disease database that one of the leading info in the world.” The other organizations that view its IT (program that support its operations) as strength is also the purchaser stakeholder with sufficient funding supported from various donor.

- **Tools** Some provider organizations under the Ministry of Public Health mentioned that they have readiness tools for operations and their laboratory even have the Quality Assurance/Accreditation.
- **Networking** A staff from a provider category of the Ministry of Public Health cited that her organization has a strong network in all level; from community level to provincial level.

Area for improvement (for stakeholders/self)

Area for improvement was intended to identify the needs and requirements that the stakeholder have in order to a better improvement in the future collaboration. The result showed that half of the representatives emphasize on the personnel/human resources and the rest topics are as followed:

- **Personnel/Human Resources** Six out of eleven the high official from stakeholder representative emphasize on their personnel/human resources issues as the area that need to be improved in both quality and quantity.
- **Expertise/Specialize in the field** One representative mentioned that she need qualified staffs who can find information and taking such information to make the policy as there's insufficient in terms of both quantity and quality of staffs. Many representatives discussed about high volume of workload. One stakeholder in policy maker category pointed out that he needed “personnel with direct experience, as there are not that much as they need years of experiences to build.

For him, staffs need public health knowledge with good communication skills and coordination skills with multiple parties, as those staffs need to adjust other people behavioral, hence they need to have the physician and/or nurse background”. High officials from the purchaser category identified that most staffs are from the business administration or management background which has good knowledge of financial aspect but doesn't have the (medical) technical know-how. Therefore, when this purchaser stakeholder has to use the collaboration principle such as asking for the assistance from another stakeholder, for example, in HIV Care and Treatment area, this stakeholder had to discuss with another stakeholder on where/which area to spend money on, which this is the part where the Global AIDS Program under the Thailand MOPH-U.S. CDC Collaborations came in, as CDC/TUC is one of its stakeholder who has strength in HIV/AIDS.

- **Diverse skills set** Not only to be experts or specialize in the field, but the stakeholders also mentioned that the staffs should have diverse skills ranging from medical, public health to management in order to operate in all aspects successfully.
- **Human resource planning/successor** More than one of the interviewees indicated that the human resource planning is another area that their organizations should focus on as it takes years to strengthen the staffs' capability to get them ready to work. One stakeholder from the Policy maker category indicated that “Currently

there's no planning regarding the successor while executives has lots of workload so they cannot teach their subordinates/look into details. The organizations need to have HR/staffs assessment. Staffs need to be able to work will minimize supervision such as able to plan/execute/conduct meeting. However, there is a need to consider about workload analysis as well. There should be more Junior Executive level (as there are only high officials then operations staff, (no middle level), so operation staff need to work by themselves as high official level is too busy to conduct the routine jobs such as the weekly meeting). Also another aspect is that since HIV/AIDS was first reported in Thailand in 1984, it has been 20 years now so the experts at that time might be retired or changed their jobs by now. So it is a high urgency to develop and strengthen the human resource planning or finding the successor for the future. A representative from the Policy maker category quote "Some staffs might not be ready to be in an expert level. HR processing is sometime might not be clear. The connection from Centralized couldn't connect to the provincial level."

- **Connection** One representative from Policy maker category quoted that "I wish my staffs to have more connection with other organization such as, to have a joining with lab, clinic and epidemiology, otherwise it will be a lab development with no relevant with local problem/situation." The other one representative as a Provider mentioned that his organization should take more roles in prevention of

infection in community by having more “connection” between organization (among governmental agency/within Ministry of Public Health). Not only the connection among the same level or within Ministry of Public Health, but also in terms of Centralized to the provincial level also said by a provider in provincial/local administer.

- **Public interest** In the view point of the Provincial Public Health Office, there are still more rooms of improvement in the disease prevention and research for medicine such as the antiretroviral drugs. There are still some lacks of public interest or awareness from people in community about disease in the way that they may takes long time to aware about the disease which lead to delayed in diagnosis which caused high dead rate/morbidity rate.
- **Knowledge/Innovation** One policy maker from the provincial/local administrator quote that he “wish to see new academic knowledge through research and innovation regarding the health issues (especially HIV/AIDS) as the HIV/AIDS issues has no new finding comparing to other emerging diseases which could not bring public attention nowadays.”
- **Prevention of HIV** Three representatives mentioned on their concerns regarding the prevention of HIV. One quotes that “although HIV/AIDS is now lesser when comparing to the last 10 years (and it might be lesser when it is curable in the future), prevention is still an important need. In economic view point, we have to

look in the long run because HIV/AIDS is a chronic infection disease which high cost of medication, high impact on mentality both in short term and long term, with burden in economic, social and mental.”

For the representative from the operational level, like their Management level, the areas that they wish to see the improvement most is the staffs in terms of **staffs capability, expertise, and specialization**. Most of them wish to see more training offer both academic/work-related and soft-skills.

For Academic or work-related area, here are some quotations taken from the operations staffs:

- “be experts in the field by receiving more training that will help them to become an expert/specialize in the particular field.”
- “I wish to learn more about the laboratory indicators”
- “Quality assurance knowledge/know-how is needed”

For soft-skills, the representative staffs quoted:

- “learn more on the coordination skills so that we would support or assist others in coordination with related department and share more information.”
- “Have a better attitude to works and colleagues.”

Other suggestions for improvement that they wish to see are

- System/database improvement. They wish to see a development in the system or database that will smooth their work.
- Process-related. Such as they will be able to follow up and assess the overall outcome of the project,
- Organization structure/chart. They wish to see a new clearer organization structure/ chart as the existing one is not quite clear for them.
- Working environment. The staffs wish to see the improvement in their working environment as it is congested recently.

4.3 Section 3: Stakeholder's Satisfaction including the strengths and area of improvement

This part of questionnaire is to find the satisfaction of stakeholder by using the Likert five points scaling concept where 5 equal to Strongly Agree, 4 equal to Agree, 3 equal to Neither agree or disagree/or neutral, 2 equal to Disagree, and 1 equal to Strongly Disagree. For the in-depth interview, apart from the rating that were asked, it gave us opportunity to ask for more elaboration/explanation from the interviewee while, in the self-administered questionnaire, the respondent will just use the 5 scaling point to express their satisfaction. Please be noted that for the result through the self-administered questionnaire, each question was asked to provide the score (to make it shorten and influence respondents to provide feedback); which contrary to the in-

depth interview), where the score only ask for the main question such as question number 1, 2, 3, but the questionnaire respondent was asked to rate each sub-question (question number 1.1, 1.2, 1.3, and so on.)

Table 2 Satisfaction of Stakeholders

Section 3: Questions to research for the satisfaction that Stakeholder has with the Global AIDS Program, Thailand MOPH-US CDC Collaboration in the past phase	Average Score	
	Operational Staffs	High Official
1. Management, collaborations and process. Satisfaction of Management and collaboration.	4.00	4.00
1.1 Process/collaboration is easy for understanding/ not complicated.	4.17	
1.2 Duration of collaboration is appropriated	4.50	
1.3 Equality	4.00	
1.4 Good management	3.67	
1.5 Overall satisfaction in Management, collaborations and process.	4.00	
2. Quality of Collaboration (in terms of services received/collaborations)	3.83	4.00
2.1. Receive services/assistances that meet requirement and expectation.	4.00	
2.2. Completeness, correctness, professionalism.	4.17	
2.3. Overall satisfaction.	3.83	
3. Staffs and Experts are:	4.33	4.36
3.1. professional.	4.17	
3.2. expert, knowledgeable, specialize in the field.	4.33	
3.3. good attitude, human skills and relations.	4.17	
3.4. Overall satisfaction.	4.33	

4. Tools, facilities, Information System, Database, Supporting system are:	4.17	3.67
4.1. up-to-date.	4.33	
4.2. fulfill goals and expectation.	4.00	
4.3. users friendly.	4.00	
4.4. Overall satisfaction.	4.17	

The result in this part showed that the stakeholders representative share the same satisfactory result toward the collaboration with the Global AIDS Program, Thailand MOPH-U.S. CDC Collaboration as the average result is on and above 4, which is the ‘satisfied level’. The results of the four areas that we focus on are as followed:

1. Management, collaborations and process

The average score in measuring the Management, collaborations and process read 4 which is a satisfied level.

Purchaser A purchaser stakeholder quoted it satisfaction on the management and collaboration as ‘Satisfy’ because “TUC has good positioning strategy, supporting in Know-how, know the limitations of NHSO such as limitation in budget spending”.

Provider As a provider viewpoint, one representative quoted “Highly satisfied with excellent service received in Technical support aspect.”

Policy maker In the Policy maker viewpoint, overall are satisfied with the management, collaborations and process. One cited that “Good setting/assignment for both Thai and Foreign Staffs/Experts in the way that staffs/experts are highly compromise, get along

well with others, (not positioning themselves as higher or lower than others, not showing of or being too proud that they are better of), rapport/companionship, give credit to Thai (Ministry/department/local area).

Provincial/local administer also provide a ‘satisfied’ feedback with response read “Satisfied. Lots of financial support. Good Technical support (Experts can advise, solve problem, conduct financial audit, has good collaboration, good vision, good thought, easy to understand, direct (not complicated when comparing to some organization), one-stop service, think of the end result rather than process so it is faster/less time consuming, more professional than governmental agency (has global standard), has External Audit.”

2. Quality of Collaboration (in terms of services received/collaborations)

This question aimed to ask the stakeholders idea whether they received services/assistances that meet requirement and expectation or not and to make sure that the collaborations that they have is complete, correct and professional. The average score for question regarding the Quality of Collaboration (in terms of services received/collaborations) read 4 out of 5 (as Agree); which 2 high officials rated Highly Agree (5 out of 5), the other 2 high officials also rated Neutral (3 out of 5) and the majority of seven from eleven high officials rated Agree (4 out of 5). When asking the operational staffs to rate the Quality of Collaboration (in terms of services received/collaborations), they rated the 2 sub-topic as Agree (Average of 4 out of 5 for 2.1) Receive services/assistances that meet requirement and expectation) and (Average

of 4.17 out of 5 for 2.2) Completeness, correctness, professionalism), however when asking to rate the 'overall satisfaction' the result turn into 3.83 out of 5. It's unfortunate that the rating was conducted through the questionnaire, so we did not have a chance to find out about this contrast.

When categorize into 4 groups as per its nature, the result are as follow:

Purchaser A feedback from one purchaser stakeholder read "Competency of TUC staffs (mostly) are in "Excellent" level. As TUC is an American governmental agency or CDC, knowledge/innovation is from a reliable source. Our organization has lots of good know-how, especially on how to analyze data, which now we try to use that know-how to apply to all area that we can."

Provider A stakeholder in provide category quoted "Satisfied with quality of collaboration/service received especially successful of Preventing Mother-to-Child Transmission, successful of HIVQUAL Program (HIV Qualitative Tracking Program), Same Day Test Result; which comes from the collaboration of brainstorming and action taking from both parties which lead to both National and Global Impact". Another viewpoint from provider in AIDS, TB and STIs field quoted "Satisfy with quality of Collaboration (in terms of services) Meet expectation. Completeness, correctness, professionalism."

Policy maker A policy maker revealed it satisfaction on the Quality of Collaborations as " Good quality in the way that staffs/system in TUC has good principle and research finding, finding gap in locality, big picture and international level. They know where

the gap is and how to manage it. They know the structure/hierarchical level/management style of Thailand and provide good recommendation, work as a good team.

Provincial/local administrator A Provincial/local administrator cited that “(TUC is) More professional than Governmental agency with Global/worldwide standard and the external Audit.”

3. Staffs and Experts

This question was intended to ask the interviewees and respondents on their ideas regarding the staffs and/or experts in the Thailand MOPH-U.S. CDC Collaborations in area of professionalism, expert, knowledgeable, specialize in the field, good attitude, human skills and relations. The result from the interview revealed that the representative from high official level “agreed” that the Staffs and/or Experts in the Thailand MOPH-U.S. CDC Collaborations are professionalism, expert, knowledgeable, specialize in the field, good attitude, human skills and relations with score of 4.36 (out of 5) which relevant with the result from the operational level viewpoint is pretty much the same with the High Official level as both group rate above 4 out of 5.

Purchaser A feedback from purchaser stakeholder quoted “(The Global AIDS Program’s) Staffs/Experts are professional, expert, knowledgeable, good attitude, human skills&relations, good support/collaborate”. Likewise another purchaser that cited “Staffs and Experts are professional, expertise, knowledgeable in the related

topic, good attitude, services-minded, good human skills&relations, praise and respect co-workers in all level, enthusiasm and helpful. Overall satisfaction is good.”

Provider One provider in HIV/AIDS area brought out an interesting feedback as “Satisfied that Staffs/Experts are professional, expert, knowledgeable, good attitude, human skills&relations. Overall is satisfied, just some staffs that work quite slow which might due to their workload which is understandable. However, there are sometimes that too much workload that TUC has to assist in area of information finding and conducting by themselves, which the root caused is that governmental agency cannot work by themselves so they need TUC to assist which it should not be like that. There should be a country level capacity building, conducting a model development. Sometimes when we do project, we have to have goals&objectives and measure it. We have to assess that some projects has been existed for a long time, Does it still working/running as the same? If it has no end, what should we do? We have to have the big picture/framework/national policy and make sure that all are align and go to the same direction or which project is on what area of that plan. We (as government agency) must be responsible for the planning part as well.”

Policy maker. All the policy maker provide the same direction regarding the staffs and experts that they are professional, expert, knowledgeable, good attitude, human skills&relations.

Provincial/local administrator. Same as other group, the provincial/local administrator quoted “(Staffs/experts are) Professional, knowledgeable, expertise, good

understanding in all aspects, good recruitment in having good staffs that has good counseling skills, good human resource development, good attitude, interperson skills and human relation Internation, good specialty relation approach.”

4. Tools, Facilities, Information System, Database, Supporting system

This question was intended to ask the interviewees and respondents on their ideas regarding whether the tools, facilities, information system, database, supporting system are up-to-date, fulfill goals /expectation and users friendly or not. From the interview, half of the representative from high official level feel Neutral/Average about the tools, facilities, information system, database and supporting system and the other half feel satisfied. This maybe because they are not the one who have direct contact/impact from this factor (unlike the Operational Staffs, whom also give a higher rating as per the result table). The operational staffs rated 4.33 (out of 5) for its up-to-date, with average of 4 for both the fact that its fulfill goals and expectation, and, its users friendly.

When categorize into 4 groups as per its nature, the result are as follow:

Purchaser One purchaser brought up a very interesting feedback regarding the IT as follow “Actually, database is the strength of my organization. We start from preparing infrastructure, design the model/system/input/process/output, data collection. But what we need is how to use that information. Having good IT knowledge is not enough, we have to have medical knowledge too as HIV/AIDS is medical database, which need experts to interpret the technical knowhow. As mentioned earlier that we has budget

management knowledge but not medical know-how, hence TUC/CDC is the one who fill in this gap, to make it complete. Just like the 4 x 100 meters relay where we are the first (to third) runners who bring the baton (all information) to the last runner (TUC) to do the report that use in National level, which TUC has knowledge even in the global level i.e. world standard/WHO/UN standard, TUC know best about key indicator, what/when/where/how to be use, how to write the script, which factors/indicators will bring the best solution to the country. Moreover, TUC has lots of epidemiologist and good IT staffs that capable to build/conduct good database that benefits both national and international level. Also, benefits will go to level such as the patient follow up system that is critical management, focusing on patient, which we have to give credit to TUC who began this idea. TUC is the one who wrote the program, pull database into report then do the site visit and teach local staffs to input program and teach them how to pull the data to be a report and conduct the plan, which is tailor made to each locality (as different area has different need)”

Provider As a provider in the medical services area, the interesting advice is that “TUC should support tools, facilities, Information System, database, supporting system such as computer (hardware), programming and database (statistical database/programming) in order to assist in the operation. Overall satisfaction in this area is average.”

Policy maker A policy maker quoted “Satisfied and found that TUC has full capacity/plenty of resources and tools”

Provincial/local administrator A provincial/local administrator provided an interesting comments as follow “Tools, facilities, Information System, Database, Supporting system are up-to-date, fulfill goals and expectation, users friendly. First time when GAP got in, the fund from Global Fund was used with existing project, there was a province selection and invest first and large installment to renovate the building, buy hardware and meeting room, support in database. The first and large financial support is very helpful in communication/report/coordination as they also pay for the transportation cost which MOPH does not support in this area. TUC also hire a programmer to take care of HIVQUAL program which is a role model program.”

Strengths of Thailand MOPH-US CDC Collaboration

From the interview to seeking the idea on the Strengths of the Thailand MOPH-US CDC Collaborations the response can group as follow:

- **Methods or Technical knowhow** All of the stakeholders mentioned that the Thailand MOPH-US CDC Collaborations has their strengths in the technical knowhow; they have lots of information with good research and development. Another representative cited that “TUC’s technical support and knowledge management in public health.” “Projects are useful for locality and country.” “Projects are greatly increased the capacity in the hospital and result are clearly defined. Apart from the technical know-how, the stakeholders had included

TUC's strength in having clear goal, data, information, work plan, framework and knowing strengths and weaknesses of its stakeholder. A provider with high satisfy quoted "I'm highly satisfy with technical support, HR/staffs because they are high qualify with great vision and proactiveness. They are professional with world-class standard". Another provider in medical services area mentioned "GAP has a supporting role since the implementation phase in 1989. Strength is its study and research." One interviewee from the provincial/local administrator cited that all projects meet his organization's need.

- **People** Related to the technical knowhow is the **Staffs** or Experts at TUC. Half of the stakeholders cited that they satisfied with the Staffs/Experts at TUC using the wording as follow: great vision, proactive, professional, world class, high quality, good team work, good training, good communication and understanding. Representatives from the operational level also reflected the same response as "Staffs are specialized/expertise in all the fields." "Staffs are friendly and have good relation skills."
- **Material or Resources/Infrastructure** The representatives mentioned that TUC has resources to support program including good infrastructure, new innovation to fill the gap and funding to support the pilot project at the beginning of the phase. Another representative quoted "TUC Strengths are their high technology, users-friendly and supporting working environment."

- **Initiatives/Innovation** One of the representatives also mentioned that TUC new initiatives that finally come into standard/routine work. Another policy maker quoted “TUC has innovation to fill the gap that my organization lack of.”
- **Funding** Apart from the technical know-how and academic assistance, TUC also provide some funding support to many organizations which it is recognized through the response in questionnaire.

Areas that Stakeholders wish the Thailand MOPH-US CDC Collaboration to improve

When conducting the in-depth interview regarding the areas that the interviewees think the Thailand MOPH-US CDC Collaboration should improve, it can be group as follow:

- **Policy** In terms of Policy, there are some concerns from a purchaser that, in order to drive the national policy, the Global AIDS Program have to have economics knowledge too. The knowledge of clinical versus health economics must be carefully considered. It would be good if the Global AIDS Program would consider in terms of health economics too, as there might be better for policy recommendation.

There are 3 representatives (from 3 categories of purchaser, provider, and policy maker) that comments in terms of initiative that the Thai side (Thai Governmental Health agencies) is not strong (in terms of clinical/academic/knowledge) enough,

then GAP/TUC had to be the one who initiate the idea. Actually this should be the area of improvement for Thai side (stakeholders) but GAP/TUC should realize this fact so that it will push back to Thai side (stakeholders) to improve and initiate more/new idea when collaboration. Also, Policy from Thailand is not quite 'push', but hopefully it will be better in the near future. The other provider stakeholder also comments that he wish to see more equally collaboration/development rather one party over another party, in all aspect of budget, human resources, time, area of common interest. There is also the other view (from policy maker) that the research questions were set from the US (US CDC) side which Thai has to follow. The operational level also concerns about policy. One did mention that the Thailand MOPH-US CDC Collaborations (TUC) should allow partner to ride the van for the meeting together, which this one is the policy from the US as they worry about the safety and responsibility of life which might not get along well with Thai/local context that when we have a meeting we tend to car pool/offering partners to get into the same vehicle. But for TUC they did not allow partner to ride the US government vehicle with them. So, for this one, it is like the policy that partners which to see it improve to apply with local/Thai context.

- **Concerns about change** One respondent from a provider category under Ministry of Public Health provided answer that “At the present, the situation is fine. But if

there will be changed, it should not affect the staffs in the organization or partners.”

- **Rules and regulations** There are differences in rules and regulations such as some laboratory safety issue that USA concern but Thai did not. For example, there was a problem in one project/office building as, for USA standard, the Emergency Exit is a must, while, for Thai at that time, it was not necessary. However, in order to align with USA Standard, that building has to be renovated or to rebuild the emergency exit.
- **Direction/guideline development** must be clear with stakeholders. For example, if CDC really wishes to strengthen the lab capacity, then it should not establish the standalone laboratories, but should use Thai (local/stakeholder) lab to minimize cost and really strengthening its partner.
- **Politics/Diplomatic concerns.** A view point from the Policy maker, in terms of collaboration between Thai-USA, is that when US want to extend it collaboration to other countries, actually it should not base or start in Thailand as it may affect international relation issues or the concerns in Ministry of Foreign Affairs. (Right now, it seems like US use Thailand’s stakeholder as base or the starting point then goes to the neighbor countries such as Laos, Cambodia, etc. In the future, the interviewee wishes to see TUC to bring Ministry of Foreign Affairs to acknowledge

these kinds of activities in order to avoid the sensitive issues with the neighbor countries.

- **Management.** A provincial/local administrator advised that TUC should conduct stakeholder analysis (local/organizational analysis) before getting into the local area such as what might be the need/want in that area? What are their stakeholders' strengths and weaknesses? What was the success and failure in the last project? Because TUC has the way of thinking, its vision and good though that is special and positive, before big investment, TUC should do the analysis to truly understand the local/stakeholder/organization first before conducting anything so there will be smoother work and reduce the weakness.
- **Coordination.** As well as the idea earlier, the same staff from the provider category from Ministry of Public Health wished to see the "Coordination" to be improved.
- **Local context.** A representative from high official (provider category) wished that TUC should know/apply knowledge and adapt to Thai context. For example, some documents were translated from the Africa country, which cannot be applied to Thailand. TUC should apply to Thai context rather than taking the African version to use here.
- **Public relation.** One purchaser felt that there should be more public relation/advertisement as it was none or not many recently, comparing (Global AIDS Program or GAP) with other units (inside the Thailand MOPH-U.S. CDC itself)

like IEIP (International Emerging Infections Program) has lots of public relation when new outbreak/diseases, they will come for sharing their study/public relation and get in touch while HIV/AIDS (as GAP) has no public relation hence no awareness from public.

- **Funding.** One provider feel like the funding stream from the US Headquarter to TUC is decreasing which might create some issues such as TUC cannot be as much support in activities like before (such as in the pilot/beginning of the project) as normally there were lots of funding for the pilot or when in the beginning of the activity. However, if TUC can continue its support to its stakeholder, it is not a problem in stakeholder's point of view. Also, related to the funding issues, one interviewees advice that the Premium pay/salary for staffs should be re-adjust as there are lots of workload (to record information/statistics of the project) which sometimes they have to work overtime.
- **Tools/mechanisms of funding.** As there are multiple methods/ways in collaborations such as Grant, Cooperative Agreement, Contract, sometimes Thai stakeholders are not sure one is the best one that suit Thai's need.

There are 2 interviewees (policy maker) that raised their concerns on the differences in terms of policy among Thai and US, where some expenses cannot be reimbursed in US, and the other cannot be reimbursed in Thai, vice versa.

- **Human Resource.** A stakeholder from the purchaser group advice that some Project Coordinators should get educational development or training in topic related to that particular project or to be more specialized in that field of services.
- **Database** such as program/database system that all organization can use (easy-to-access) and to be in the same direction. **Database.** A staff from Provincial/local administer replied that s/he wished to see the locality or provincial health office to be able to utilize overall database provided as, currently the database did not link or centralized hence it was not fully utilized.
- **No Comments.** To be noted that, 1/3 of representatives did not response to this question. As they feel uncomfortable to answer this question through the interview (even through the anonymous questionnaire too)

4.4 Section 4: Expectation on Collaboration.

This part is to define stakeholders' expectation in the near future in all aspect of Policy, Program, Funding, Tools, Database, Information System, etc. The interview result regarding the expectation in the future that the high official have with the Thailand MOPH-US CDC Collaboration can be group as follow:

- **Planning for projects/policy.** As we knew that Planning is a crucial activity to do when we start a new project/activity. All interviewees mentioned about the need of planning (in various aspects) that they wish to see in the future. The planning that was mentioned is ranging from the policy, world trend, direction, successor, database, projects which lead to the discussion part in Chapter V. One example is that a high official quoted that “Policy should be communicated in the management level so the policy will be from the top-down pattern to make things happen”. One provincial/local administer quoted that she “expected to see the coordination with related organization in launching the Policy of HIV/AIDS Care and Treatment in the provincial level.” The other one mentioned that she expected to see policy in supporting academic and funding in quality of care and treatment in HIV/AIDS infectious patients.
- **Continuation of collaborations/project.** From the interview with stakeholders, four out of eleven representatives stated clearly that they wish to see the continuation of the collaborations or the continuation of the project.

- **Continuous improvement.** Two representatives replied in the questionnaire on the continuous improvement as she expected that project will has continuous improvement in enhance the capacity and strengthen its efficiency in HIV/AIDS.
- **Accessibility.** One staff expected to see more access to locality/provincial.
- **Share the lessons learned/success story.** Three out of eleven interviewees wish to see the Thailand MOPH-U.S. CDC Collaborations to share the lessons learned or the success story.
- **Future expansion.** As many projects are successful, there are at least three high officials that expected to see future expansion of the projects both in terms of width (expand to other provinces/more cites) and depth (to be more specialized in that particular issues)
- **Expansion should funded by Thai.** Related to the earlier suggestion, a high official suggest that the future expansion should be funded by Thai as he believe that if a project funded by Thai, there will be an ownership feeling and one will make the best if they are the one who funded it.
- **Cost effectiveness analysis.** Related to the above suggestion on sharing a lessons learned or success story. There is a high official who wish to see the cost effectiveness on the spending of the project. He suggested that TUC should review the spending whether it was used at its maximization or not. If

the spending worth or making any innovation, that is great. If it was not, it may be good for the planning of the next project or continuation.

- **Tools.** There is a high official who advice that if there will be more projects /activities in the future then there will be need for more staffs, hence more need on tools, material, knowledge, funding/budget.
- **Database.** There are three representative from high officials that mentioned about Database or IT system. One high official mentioned that TUC should support in the Database/IT system more in terms of computer to record information/statistical data. Two representatives from the operational level provide feedback on database/IT. One stated that “Expect more budget/funding to support database development for continuous improvement and users friendly database” and also expect to see the software development that will benefits locality or provincial. The other one raise the expectation on creating the database for HIV/AIDS Care and Treatment in the national level.
- **Training.** There is a high official who raise concerns about the training need for his staffs in the organization (as TUC also support the training through its Capacity Building projects/activities).

- **Funding.** There are various expectations when interviewing about the funding from no expectation of funding to the need of funding in pilot phase only, regular funding for project, premium funding for the overtime hours work.
 - No need of funding. A high official mentioned that her organization had no expectation on funding at all as her organization has lots of funding support from multiple agencies (such as governmental agencies, multi-national organization and Universal health care organization)
 - Need only on the pilot phase. Another high official mentioned that his organization had no expectation on funding except during the pilot phase as the US Regulations is easier to get the funding support in the pilot phase than the Thai Regulations.
 - Need regular funding. One official mentioned that the need for funding is as per regular funding that the organization usually gets from the previous collaboration.
- Need funding/premium to fund the overtime. Apart from the regular funding needed, one official mentioned that there should be more funding/premium support those staffs who work overtime for the collaboration project as its extra work from their routine job.

CHAPTER V

DISCUSSIONS

5.1 Discussions

The study was descriptive cross-sectional study aim to assess the satisfaction of the stakeholders and to identify the goals, needs and requirements that the stakeholders wish to share about its collaborations with the Global AIDS Program. The high officials were selected from stakeholders/organization who had the projects/activities with the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011 and who potential to have the project in the next Cooperative Agreement. The measurement tools are the structure in-depth interview which in case the interviewees were not able to response, the self-administered questionnaire was send out to collect data. As the study was the qualitative data, the researcher using the thematic analysis to draw conclusions by the respective objects of research through the interview data. The researcher review the interview result and the self-administered result, combine into group, structured, analyzed and sort into categories.

From the in-depth interview and self-administered questionnaire of the eleven stakeholders of the Thailand MOPH-U.S. CDC Collaboration, the result showed that the stakeholder 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 as the average result is on and above 4, which is the 'satisfied level'.

The areas or issues that had been raised to be improved are as follow:

1. Management, collaborations and process. The **high official level** provided the rating which read 4 which is a satisfied level. Two of interviewees showed their high level of satisfaction (Score of 5/5) as one mentioned "Highly satisfied with excellent service received in Technical support aspect." And the other one said "Overall satisfaction of services/collaboration is high." Majority of the interviewees (6 of 11) rate a satisfied level (Score of 4/5) and there are two interviewees that express their neutral satisfaction (Scored of 3/5) regarding the Management, collaborations and process.

Likewise their high official level, the operational staffs level provided the rating which read 4 which is a satisfied level. They rated the Duration of Collaboration (5 years of project/Cooperative Agreement) as high as 4.50 out of 5. The Process/collaboration is easy for understanding/ not complicated; as rated 4.17 out of 5. While the operational staffs rated for "Good management" as a little above average for 3.67 out of 5.

In conclusion, both high official and operational staffs level are satisfied with the management, collaborations and process in the way that process/collaboration is easy for understanding/ not complicated, it is equality with good management and the duration of collaboration is appropriated.

2. Quality of Collaboration (in terms of services received/collaborations). This question aimed to ask the stakeholders idea whether they received

services/assistances that meet requirement and expectation or not and to make sure that the collaborations that they have is complete, correct and professional. The majority of representatives from high official level (seven from eleven) rated Agree (4 out of 5). For the other four interviewees; two high officials rated Highly Agree (5 out of 5); the other two high officials also rated Neutral (3 out of 5). One quote from a high official from a purchaser category was that “Competency of TUC staffs (mostly) are in "Excellent" level. As TUC is an American governmental agency or CDC, knowledge/innovation is from a reliable source.”

For the operational staffs level, they rated the 2 sub-topics as Agree (Average of 4 out of 5 for 2.1) Receive services/assistances that meet requirement and expectation) and (Average of 4.17 out of 5 for 2.2) Completeness, correctness, professionalism). However when asking to rate the ‘overall satisfaction’ the result turn into 3.83 out of 5. It’s unfortunate that the rating was conducted through the self-administered questionnaire, so the researcher did not have a chance to find out about this contrast.

In conclusion, both high official and operational staffs level are satisfied with the quality of collaboration as they received services/assistances that meet requirement and expectation and the result is complete, correct and professional.

3. Staffs and Experts.

This question was intended to ask the interviewees and respondents on their ideas regarding the staffs and/or experts in the Thailand MOPH-U.S. CDC Collaborations in area of professionalism, expert, knowledgeable, specialize in the field, good attitude, human skills and relations. The result from interviewing the high official revealed that they “agreed” that the Staffs and/or Experts in the Thailand MOPH-U.S. CDC Collaborations are professionalism, expert, knowledgeable, specialize in the field, good attitude, human skills and relations with score of 4.36 (out of 5). Similarly to the operational staffs viewpoint is pretty much the same with the high official level as both group rated above 4 out of 5.

In conclusion, both high official and operational staffs level are satisfied with the quality of collaboration as they received services/assistances that meet requirement and expectation and the result is complete, correct and professional.

4. Tools, Facilities, Information System, Database, Supporting system

This question was intended to ask the interviewees and respondents on their ideas regarding whether the tools, facilities, information system, database, supporting system are up-to-date, fulfill goals /expectation and users friendly or not.

From the interview, half of the high officials rated Neutral/Average about the tools, facilities, information system, database and supporting system and the other half rated as satisfied. This maybe because they are not the one who have direct contact/impact

from this factor (unlike the Operational Staffs, whom also gave a higher rating as per the result table).

As the one who really work with the systems, tools, database, and facilities, the operational staffs rated 4.33 (out of 5) for its up-to-date, with average of 4 for both the fact that its fulfill goals and expectation, and, its users friendly.

In conclusion, both high official and operational staffs level are satisfied with the tools, facilities, information system, database, supporting system are up-to-date, fulfill goals /expectation and users friendly.

From the result from four sections to assess the satisfaction where the score read 3(Average) and above, we can conclude that the stakeholders are satisfied with the collaborations with the Global AIDS Program in the cooperative agreement phase 2 (Fiscal year 2007-2011)

In terms of expectation on the future collaboration, the result can be concluded as follow:

- **Planning.** As we knew that Planning is a crucial activity to do when we start a new project/activity. All interviewees mentioned about the need of planning (in various aspects) that they wish to see in the future. The planning that was mentioned is ranging from the policy, world trend, direction, successor, database, projects.

- **Policy.** Half of them expect to see a better policy in the future. One quoted that she expected to see the coordination with related organization in launching the Policy of HIV/AIDS Care and Treatment in the provincial level. The other one mentioned that she expected to see policy in supporting academic and funding in quality of care and treatment in HIV/AIDS infectious patients.
- **Direction.** A high official quoted that “Policy should be communicated in the management level so the policy will be from the top-down pattern to make things happen”. Another high official from the Purchaser category suggested that the policy should also consider of the world trend. (Although he mentioned about changes in communicable diseases such as flu or other emerging diseases, this can be a good idea for the HIV/AIDS to consider in this aspect). which this is aligned with the result of the study from the Zimbabwe’s The Experience of Zimbabwe with the Global Fund’s New Funding Model (Madzorera, 2013)
- **Share the lessons learned/success story.** Three out of eleven representatives wish to see the Thailand MOPH-U.S. CDC Collaborations to share the lessons learned or the success story. This feedback is aligned with other study regarding the needs for sharing the lessons learned or success story from many researches and study recommendation in all industries (natural resources,

agriculture, to health context) as the lessons learned sharing is very crucial and have positive impact for the future planning. “We should be careful not to forget the lessons learned from the donor-funded integrated rural development projects experience. Administrative integration can be very costly in terms of time, personnel, and financial resources.” Quoted Research Note from A publication of USAID’s Implementing Policy Change Project: Managing Madagascar’s Environmental Action Plan (Brinkerhoff, 1991). As well as the quoted from The Experience of Zimbabwe with The Global Fund's New Funding Model, “The Global Fund should consider how useful materials developed by early applicant countries could be shared more broadly as part of the rollout.” (Madzorera, 2013)

- **Future expansion.** As many projects are successful, there are high officials that expected to see future expansion of the projects both in terms of width (expand to other provinces/more cities) and depth (to be more specialized in that particular issues)
- **Cost effectiveness analysis.** Related to the above suggestion on sharing a lessons learned or success story. There is a high official who wish to see the cost effectiveness on the spending of the project. He suggested that TUC should review the spending whether it was used at its maximization or not. If

the spending worth or making any innovation, that is great. If it was not, it may be good for the planning of the next project or continuation.

— **People.** As people is one of a key success factor in conducting projects. The people factor is raised by both high officials and operational staffs level in both quantity and quality concerns.

○ **Quantity.** There are three high officials who had their concerns regarding insufficient staffs to work on their projects. There are also concerns about the successor in the future as those who experts in HIV/AIDS are retire or change their job; leaving a concern that the experts in the field may not be sufficient for the near future.

○ **Quality.** There is a high official who raise concerns about the training need for his staffs in the organization (as TUC also support the training through its Capacity Building projects/activities.) He mentioned that his staffs have good business/management background but need a medical/academic/know-how from the Global AIDS Program from TUC to support their knowledge in HIV/AIDS.

Not only have the high officials, the operational staffs needed to have more training for both work-related/academic area and soft-skills. For the work-related/academic area, the staffs wish to be experts in the

field by receiving more training that will help them to become an expert/specialize in that particular area, some wish to learn more about the indicators and some need more knowledge about quality assurance. For the non-work related or soft-skills, they wish to learn more on the coordination skills so that they would support or assist others in coordination with related department and share more information.

- **Database/Information system.** 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.” (Madzorera, 2013) Similar to the challenges that Zimbabwe faced, the technical issues of tools, database and IT supports are also the issues in Thailand as well. There are three stakeholders of high official level that mentioned about Database or IT system. One high official mentioned that TUC should support in the Database/IT system more in terms of computer to record information/statistical data. The other one high official raised a concern that Thailand has many sources of data and many existing data system but could not pull into one big pool or integrate the database. There are two out of six operational staffs mentioned about the

database. One stated that “Expect more budget/funding to support database development for continuous improvement and users friendly database” and also expect to see the software development that will benefits locality or provincial. The other one raise the expectation on creating the database for HIV/AIDS Care and Treatment in the national level.

- **Funding.** The response regarding funding need is aligned with the Zimbabwe study of “The Experience of Zimbabwe with The Global Fund's New Funding Model (Madzorera, 2013) where the funding issues was brought up and discusses. There are various expectations when interviewing about the funding from no expectation of funding to the need of funding in pilot phase only, regular funding for project, premium funding for the overtime hours work depending on the nature of business of the stakeholders (the 4 categories of Purchaser, Provider/Technical support, Policy maker and Provincial/local administer)
 - No need of funding. As a purchaser with lots of funding support, a representative from high official mentioned that her organization had no expectation on funding at all as her organization has lots of funding support from multiple agencies (such as governmental agencies, multi-national organization and Universal health care organization). Another high official had an idea that the future expansion should be funded by

Thai(local agency) as he believe that if a project funded by Thai, there will be an ownership feeling and one will make the best if they are the one who funded it.

- Need only on the pilot phase. Another high official representative from the Provider category (whose organization already has sufficient funding support) mentioned that his organization had no expectation on funding except at the beginning or at the pilot phase as the US Regulations is easier to get the funding support in the pilot phase than the Thai Regulations.
- Need regular funding. One official from the provider category mentioned that the need for funding is as per regular funding that the organization usually gets from the previous collaboration.
- Need extra funding/premium to fund the overtime. Apart from the regular funding needed, one high official from the provincial/local administer mentioned that there should be more funding/premium support those staffs who work overtime for the collaboration project as its extra work from their routine job.

5.2 Conclusion

In conclusion, the results and all suggestion from the representatives aligned with earlier literature review on stakeholder analysis as its aim to evaluate and understand

stakeholders from the perspective of an organization, or to determine their relevance to a project or policy. 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 ((E. R. Freeman, 1984) ; Blair et al. 1990, Schmeer 2005). The stakeholder analysis also represents an important step toward a new theory of the organization in which organizations as seen as within a socio-economics system of interdependencies or implicit contracts (Schilling, 2000).

5.3 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, it is one of the main reasons that they could not recalled what is their perception on the last Cooperative Agreement. Other respondent mentioned their occupied from their routine jobs, some couldn't be contacted as once the project terminated, they joined another projects or changing jobs.
- Another caused of issues of low response rate might be that the self-administered questionnaire was full of the open-ended questions where Thai respondent does not like to reply to both long and open-ended questions as it is noticeable from those questionnaires received that the answer in the open-ended section is quite short and did not elaborate much about the details.

- When conducting the in-depth interview, respondents (especially in high level) have limited time available so the interview had to be concise and short therefore the detailed scoring part were shorten to be asked only the main topic, unlike the self-administered questionnaire where the respondents were ask to score each detailed questions. Therefore, in the result part, there is a different in scoring the Section 3: Questions to research for the satisfaction that Stakeholder has with the Global AIDS Program, Thailand MOPH-US CDC Collaboration in the past phase, where the high official provided the score on the main topic but the operations staffs provided scoring in all detailed questions.
- Some issues or some questions are quite sensitive for some respondent or interviewee that they feel uncomfortable to answer which we should have the other way to ask 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, one of the high official feel uncomfortable to answer this question and the person advice that this is not a good question to be asked as all the high official will have to reply that they are satisfied, although they are not. The respondent advice that no one will truly answer that they want the Thailand MOPH-U.S. CDC Collaboration in what area as they are direct counterpart and to criticize is inappropriate. Although it is a Self-administered questionnaire, respondent might not trust the privacy/confidential to reply the real response.

- Conducting the stakeholder might be resources consuming (time, funding, human resources to conduct the data collection and analysis, etc.) hence the organizations must be well-planned and use the data derived for further improvement or implication. The concerns on cost effectiveness analysis is also brought up in another research on stakeholder analysis “An Advocacy Coalition Framework Approach to Stakeholder Analysis: Understanding the Political Context of California Marine Protected Area Policy” (Christopher, 2010) where the researcher also brought up the issues of doing the stakeholder analysis is not without costs and limitations A systematic collection of information through surveys and interview, which is relatively costly. However, the benefits of conducting a good stakeholder analysis are often underestimated because the longevity of the analysis is longer than many contend. Likewise the study from a Technical Note of USAID publication namely Stakeholder Analysis: A Vital Tool for Strategic Managers that quoted “Finally, and perhaps as a warning, since stakeholder exercise can be fascinating, it can be tempting to devote too much time, and worse, too much credence to the analysis. The stakeholder analysis is only a tool, that helps to understand better the field upon which policy change and the implementation of those changes will be played. It is not an end in itself.” (B.L., 1991)

5.4 Recommendations

From the results of the study showed, a number of recommendations are listed as followed, the expectations that were raised from data collection should be reviewed carefully and response positively for a better collaborations. The results that frequently re-instated and should be focused are:

People/Human resources. The people factors were mentioned repeatedly in various contexts. It was mentioned for the need of more human resources from insufficient manpower, its awareness of the need for successor, the training need to improve the capacity of staffs/experts.

Equipment i.e. Database, IT, 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.

Management i.e. policy, support, direction, collaboration, communication are the recurrent issues that was brought up when conducting the data collection as better management would lead to better result.

Funding although there are various expectations regarding the funding, the well understood about its expectation would satisfy the stakeholders needs and requirement.

After the end of the new cooperative agreement phase 3 (year 2016), this kind of study (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 adding from the past cooperative agreement, the satisfaction of the existing stakeholder satisfied with the cooperation. 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 to learn and share as all the leading donor organizations published its lesson learns/success story 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 staffs are still able to contact, their memories are able to be recalled and expressed 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 were conflicts, however, some sensitive questions had to be aware and find the alternative ways to answer.

If the open-ended questionnaire is considered to be a tool, it had to be aware that Thai respondent dislike the open-ended question hence such question should be minimalized. 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 interview or do the questionnaire data collection from 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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Appendix 1: History of the collaborations between the Thailand Ministry of Public Health and the U.S. Centers for Disease Control and Prevention.

The Ministry of Public Health of Thailand (MOPH) and the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (CDC) initiated a Thailand MOPH – U.S. CDC collaboration (formerly known as HIV/AIDS collaboration, HAC) in 1990. In the early year, the collaboration was for the purposes of conducting joint epidemiologic, laboratory, operational, behavioral, and health education/media communication research and training related to HIV infection and AIDS in Thailand. The goal is to improve understanding of the occurrence of HIV infection and AIDS and the dynamics of its spread in Thailand, and to provide a scientific basis for the planning, monitoring, and evaluation of intervention programs to prevent and control the disease in line with the prevention strategies outlined in the National AIDS prevention and Control Policy of the Royal Thai Government.

The early work of the Thailand MOPH – U.S. CDC collaboration includes the female sex worker cohort study based in Chiang Rai (1991), the perinatal HIV transmission study (1992), the Chiang Rai blood-donor study of risk of transfusion transmission (1993), national HIV genomic surveillance (1994), the Bangkok Metropolitan Administration, World Health Organization, UNAIDS, Mahidol University, MOPH and HAC collaborative cohort study to determine the feasibility of conducting a vaccine trial in injecting drug users (1995), the Perinatal AZT trial (1996), phase I of the PC-503 lambda-carrageenan microbicide research (1998) and the VaxGen AIDSVAX phase III vaccine trial (1999).

Since 2000, the Thailand MOPH – U.S. CDC collaboration has experienced a rapid growth with the addition of new programs activities into the collaboration. In 2001, Thailand become one of 25 countries participating in U.S. CDC’s Global AIDS program (GAP), a U.S. Government effort to assist countries with a high burden of HIV/AIDS by providing support for HIV prevention programs, care for persons living with HIV/AIDS, and capacity building in surveillance, laboratory testing, training, monitoring and evaluation.

In late 2001, the collaboration also added the U.S. CDC’s first International Emerging Infectious Program (IEIP). The IEIP aims to integrate disease surveillance, applied research, prevention and control activities, and to strengthen national public health capacity and training in laboratory and epidemiologic science for emerging infections.

In 2003, the tuberculosis prevention and control program (TB program) and GAP/Asia Regional Program were added into the collaboration. The TB program provides technical assistance to national TB program and conducts active, population-based surveillance in four network sites in Thailand. The GAP/Asia Regional Program facilitates country-to-country technical assistance, develops cooperation between countries to share lessons learned from successful programs, implements cross-border and migrant projects and provide technical assistance to countries without GAP bilateral programs. The addition of the new programs and activities has made the Collaboration more active in both research front and the program implementation front. The important works of the second decade of the collaboration includes:

- Providing technical support and laboratory assistance in Severe Acute Respiratory Syndrome (SARS) outbreak control (2003)
- Identify the hidden epidemic of HIV among men who had sex with men (2003)
- Providing technical assistance and laboratory support in Avian Influenza outbreak control (2004-present)
- Providing technical assistance in disaster response following a tsunami (2004)
- Providing technical assistance, laboratory support and antitoxin in the outbreak of botulism (2006, 2010)
- Providing technical assistance and laboratory support in Novel Influenza A (H1N1) outbreak control (2010)
- Identify the hidden epidemic of HIV among female sex worker

Over the last 20 years, the Thailand MOPH – U.S. CDC collaboration has worked to improve the health of Thai people in so many ways.

Appendix 2: Project Summary of Cooperative Agreement Phase 2 (2007-2011)

The Global AIDS Program under the Thailand MOPH-U.S. CDC Collaborations projects can be divided into 6 categories as follow:

1. Care and Treatment Section
2. Preventing Mother-to-Child Transmission (PMTCT) and Pediatric Section
3. Special population Section
4. Strategic Information Section
5. Laboratory Services Section
6. Coordinating/ Policy/ Management/Administrative

List of projects can be described as:

- System and Model Development for HIV/AIDS Care in Day Care Centers (in provincial level)
- Strengthening Laboratories for Accreditation in Three Northern Provinces
- Quality Systems in Hospital Laboratories in Provincial level
- Developing a Model for STI and Family Planning Services for Youth in Provincial level
- Quality of HIV Care
- Expanded Community-Based Pediatric HIV Treatment and Care (Both Central and Provincial)

- National Counseling and Testing (CT) Guidelines Development
- Behavior Change Communication and Strengthening of VCT and STI Services for Thai Seafarers
- A Formative Assessment to Develop an HIV/STD Prevention and Care Program for Young Prisoners at the Central Correctional Institution for Young Offenders (Provincial level)
- Behavior Change Communications to Support HIV/STI/TB Prevention and Care (Provincial level)
- Capacity Building for Inmate Volunteers and Provision of STI Care to Prevent HIV Transmission in Prison (Provincial level)
- Couples VCT in Antenatal Care (Provincial level)
- HIV Prevention Among MSM in Thailand (Both Central and Provincial)
- HIV Prevention for Sex Workers (Both Central and Provincial)
- Prevention with Positives (Both Central and Provincial)
- PMTCT Monitoring and Evaluation (in collaboration with Bureau of Epidemiology and Department of Health)
- PMTCT Monitoring and Evaluation (in collaboration with Bureau of Epidemiology and Department of Health)

- A Formative Assessment to Develop an HIV/STD Prevention and Care Program for Young Prisoners at the Central Correctional Institution for Young Offenders- Central and provincial level)
- STIQUAL Model Development
- Promotion of ARV adherence and development of HIV disclosure model for HIV-infected Thai children using multidisciplinary approach
- Improving the Quality of Life for Children and Families Affected by HIV/AIDS (in North-East province)
- HIV Infant Diagnosis and Laboratory Improvement in (Provincial level)
- Strengthening HIV/AIDS Testing and Laboratory Quality System
- Strengthening the Quality of HIV/AIDS Testing Laboratories (in collaboration with Central level)
- Strengthening Surveillance to Monitor the National HIV/AIDS Program (in collaboration with Central level)
- Strengthening Surveillance of ARV Assistance in Thailand
- Strengthening Management and Use of ART Program Data for Surveillance, Monitoring and Evaluation
- Strengthening Laboratory Quality Improvement Programs in Cambodia and Vietnam

- Strengthening the Hospital-based HIV/AIDS Reporting Systems and its utilization for program Planning-Department of Disease Control
- Coordinating Unit/Policy (Focus on Central/Main, Multi-sector, IT area)
- Enhancement of Network Coordinating Units (for provincial level)
- International Field Epidemiology Training Program (FETP)
- Region Coordinating Unit (as GAP has collaboration with other countries in the region such as Lao, Cambodia, Vietnam)
- Lao PDR/Thailand Cross Border HIV Prevention and Treatment
- International Training Center for HIV/AIDS, TB and STI
- Regional PMTCT Training

Bangkok Metropolitan Administration's project can group by:

- HIV Preventions (men who have sex with men, sex workers and injection drugs users)
- Quality of HIV Care
- Coordinating Unit/Policy

Appendix 3: Structured Interview Guideline for high officials of selected organization who had conducted activities/collaborated with the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011

This interview is conducted to study the stakeholder analysis by interview the representative of stakeholders on their idea and perception toward the Global AIDS Program in the past Cooperative Agreement Phase II Fiscal year 2007-2011. Data, information and knowledge from the interview will be used in research for an Interdependent Study for a Master Degree of Public Health Science, College of Public Health Science, Chulalongkorn University. In addition, this study will be further benefits Thailand through the collaborations with Inter-agencies around the World. This questionnaire divided into 4 sections which are:

Section 1: Socio-demographic characteristics of stakeholders' representative

Section 2: Stakeholder's perception on their goals and needs

Section 3: Stakeholder's Satisfaction

Section 4: Expectation on Collaboration.

Section 1: Socio-demographic characteristics of stakeholders' representative

1. **Gender** Male Female
2. **Age** 20-30 31-40 41-50 51-60
3. **Education level** Vocational school or lower Master Degree

Certificate Doctoral Degree Bachelor Degree

4. Organization/Unit _____

5. Job level Operational Level

 Senior Operational Level Management Level Policy Level

6. Area of work collaborated: HIV Care and Treatment

 Pediatric and HIV Prevention from Mother
to Child Special Populations (Prisoner, Sex worker,
IDUs, MSM) Strengthening Laboratory and facilities Strategic Information System Policy and Advocacy

7. Collaboration period with GAP: Less than 1 year

 1 year 2 years 3 years 4 years

More than 5 years (please identify) -

Section 2: Stakeholder's perception on their goals, needs and requirement

1. Please describe Goals, Visions, and Mission of your Organization. What area of HIV/AIDS that you are working on?
2. Please explain area of your HIV/AIDS work/or your organization responsible for
3. Please describe your Organization's Strengths. And also please describe which area that your Organization wish to improve.

Section 3: Stakeholder's Satisfaction

Questions to research for the satisfaction that Stakeholder has with the Global AIDS Program, Thailand MOPH-US CDC Collaboration in the past phase. This is also including the expectation on operation and future collaborations.

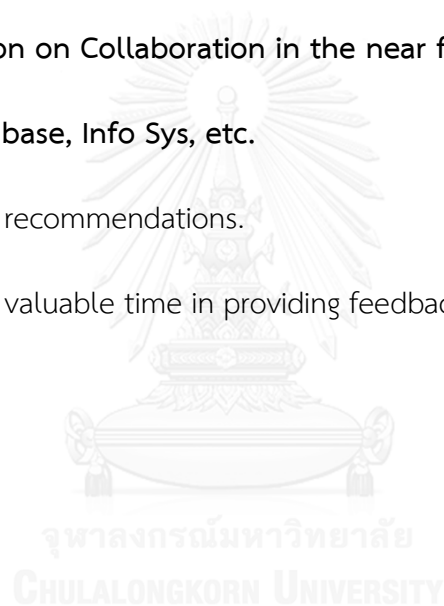
1. Management, collaborations and process. Satisfaction of Mgmt and collaboration. How do you think about process/collaboration (easy for understanding or complicated)? Duration of collaboration is appropriated? Equality? Overall satisfaction.
2. Quality of Collaboration (in terms of services) Meet expectation? Completeness, correctness, professionalism. Overall satisfaction.

3. Staffs&Experts: are professional, expert, knowledgeable, good attitude, human skills&relations. Overall satisfaction.
4. Tools, Facilities, Information System, Database, Supporting system: are up-to-date, fulfill goals and expectation, users friendly. Overall satisfaction.
5. Please explain Strengths of TUC
6. Please explain area that you think TUC should improve

Section 4: Expectation on Collaboration in the near future i.e. Policy, Program, Funding, Tools, Database, Info Sys, etc.

Other suggestion and recommendations.

-- Thank you for your valuable time in providing feedback in this in-depth interview--



- Certificate Doctoral Degree
- Bachelor Degree

4. Organization/Unit _____

5. Job level
- Operational Level
- Senior Operational Level
- Management Level
- Policy Level

6. Area of work collaborated:
- HIV Care and Treatment
- Pediatric and HIV Prevention from Mother to Child
- Special Populations (Prisoner, Sex worker, IDUs, MSM)
- Strengthening Laboratory and facilities
- Strategic Information System
- Policy and Advocacy

7. Collaboration period with GAP:
- Less than 1 year
- 1 year
- 2 years
- 3 years

4 years

More than 5 years (please identify) -

Section 2: Stakeholder's perception on their goals, needs, and requirements

1. Please describe Goals, Visions, and Mission of your Organization. What area of HIV/AIDS that you are working on?
2. Please explain area of your HIV/AIDS work/or your organization responsible for
3. Please describe your Organization's Strengths. And also please describe which area that your Organization wish to improve.

Section 3: Stakeholder's Satisfaction

Questions to research for the satisfaction that Stakeholder has with the Global AIDS Program, Thailand MOPH-US CDC Collaboration in the past phase. This is also including the expectation on operation and future collaborations.

Please tick/mark in the box where you mostly agree which Strongly Agree=5 Agree=4

Neither agree nor disagree=3 Disagree=2 and Strongly Disagree=1.

1. Management, collaborations and process. Satisfaction of Mgmt and collaboration. How do you think about process/collaboration	Strongly Agree=5	Agree=4	Neutral/ Neither agree or disagree =3	Disagree=2	Strongly Disagree=1
1.1 Process/collaboration is easy for understanding/ not complicated.					
1.2 Duration of collaboration is appropriated					
1.3 Equality					
1.4 Overall satisfaction in Management,					

collaborations and process.					
1.5. Good management					
2. Quality of Collaboration (in terms of services)					
2.1. Receive services/assistances that meet requirement and expectation.					
2.2. Completeness, correctness, professionalism.					
2.3. Overall satisfaction.					
3. Staffs&Experts are:					
3.1. professional.					

3.2. expertise, knowledgeable, specialize in the field.					
3.3. good attitude, human skills&relations.					
4. Tools, facilities, Information System, Database, Supporting system are:					
4.1. up-to-date.					
4.2. fulfill goals and expectation.					
4.3. users friendly.					
4.4. Overall satisfaction.					

5. Please explain Strengths of TUC

6. Please explain area that you think TUC should improve

Section 4: Expectation on Collaboration in the near future i.e. Policy, Program,
Funding, Tools, Database, Info Sys, etc.

Other suggestion and recommendations.

-- Thank you for your valuable time in providing feedback in this in-depth interview--



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