

Exploring obstacles of administrating AIDS control and prevention strategies in Iran

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Background & aim: Executing a strategy is a complicate process that seeks to reach the best results for guarantee some achievements. To explore barriers related to executing diseases prevention and control, is crucial to resolve weakness and improve administration of therapeutic procedure. This study aims to explore obstacles of implementing acquired immune deficiency syndrome (AIDS) prevention and control strategies in Mazandaran province of Iran.

Materials and methods: This cross sectional study was conducted during 2012. The samples included 130 managers, experts and employees of Mazandaran University of Medical science of Iran and the other organization and agencies participating in an AIDS national program. The data were analysed by the chi-square method through SPSS software.

Results: The results showed that among eight factors of obstacles of implementing strategy including educational, technological, cultural, communication, legal, political, organizational and economic factors, technology and political issues are recognized as obstacles.

Conclusions: Technology as an inter-organizational factor and political factors as out-organizational factors, could affect the successful executing of AIDS control and prevention strategies, therefore the health care providers should pay more attention on these matters.

Keywords: Obstacles; AIDS prevention; AIDS control; strategies



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Introduction

The new found acquired immune deficiency syndrome (AIDS) problem is one of the third millennium challenges which is spreading rapidly. Numerous people involved the most important periods of their lifetimes, the disorder makes general health and economic and social serious challenges, in the other word it could be counted as a serious factor for social development (1). Normally HIV in patients diagnosing when the affected person by HIV virus for the first time afflicted with a serious disorder or when the number of immune cells or CD4, is below standards so that the individual is susceptible to a variety of syndromes (2,3). The incidence of AIDS is decreasing in some areas but it is

increasing globally. It could have health, social, economic, cultural and political consequences and threat the human society (4). According to the Iranian management centre of contagious disorders, there are 26,125 individual affected by HIV in Iran 5,182 people are dead out of them (5). Based on scientific analysis there would be an incidence of 7,000 in a year during ongoing years in Iran (6). The disorder imposes heavy medical care associated costs and at the current time only 10% of Iranian HIV affected are receiving required medicines (7).

HIV is the fourth cause of mortality and included 5% of the total mortality rate as the second infectious fatal factor. It counted as one of the top ten causes of disease load in the world (8). There is a serious risk of epidemics in Iran and

increasing AIDS prevalence is an alarm bell and a serious caution. The epidemics could have huge social, economic and political consequences. Controlling this disorder is a major responsibility and the key process is participating all national executive organizations (3). It would be not distance to expect that one day the governments don't come with AIDS expenses. Executing a strategy is a complicate process that attempts to do the activities in the best ways to guarantee outcomes (9).

One of the major challenges for senior managers is to assemble appropriate strategies and implementing them accurately (10). Lots of accurate strategies in Iran end to fail on implementing phases. The fact could have various factors (11). The failure is due to out-organizational factors and the time of effects to take place while the strategy needs some required developments and execution. Implementing strategies are a kind of dilemma and could be a prominent cause of failure in organizations. Charles Noble believed that strategy execution includes communication, description, discussion, coordinating and approval of strategic plans. Executing strategy involves managing some tangible variables such as motivation and commitment in executives, organizational values and refinement, and the leaders' power and behaviour. The execution requires allocating financial resources, human resources and materials. Allocating budget is an appropriate procedure for financial resources. With carefully and planned financial resources we could be assured of the efficacy of accessible resources (12). To not implement appropriate control and prevention strategies could have devastating effects related to the disease on human societies and financial loads to the governments. Removing the obstacles in Iran needs research and discussion and we attempted to do this through the current study. Recognizing the obstacles would help us prevent the problems and planning to remove or decrease them needs a consensus between all health related managers and NGOs.

Materials and methods

This cross sectional study carried out during 2012. The statistical population included all managers, experts and employees of the Mazandaran Medical University, staff managers (disease campaign units) of prisons, Red Crescent experts and welfare organization of Mazandaran province (N=130). The questionnaires were given to all samples which out of them 120 questionnaires were completed.

Inclusion criteria included: having at least two years of activity in the course, having academic education,

being related to AIDS national program organizations. The material for data gathering includes a bi-sectional questionnaire (demographic and main sections). The main section was based on Delisi model of strategy executing obstacles [2002], includes 55 questions that were designed to measure in-organizational and out organizational obstacles (13). Questions 1-9 were related to educational factors, questions 10-19 were related to structural factors, questions 20-26 were measuring technological factors, questions 27-35 explored cultural factors, 36-39 measured communication factors, 40-43 investigated legal and political factors, 44-51 evaluated organizational resources and 52-55 related to economic factors. Each answer was measured in Likert continuum, from very little (1) to very much (5). The validity of the questionnaire was evaluated by ten professionals of related background. Each professor proposed his/her opinion and after applying the opinions was returned to them again. After satisfying the professors the Chronbach Alpha coefficient of 0.83 was calculated. It is an acceptable reliability coefficient. The questionnaire was sent as Email or hard print. Finally the data were classified and analysed by Chi-square model in SPSS software.

Results

The result of demographic variables showed that 59.16% of the sample were men and 40.84% were women. 21.66% were between 20 and 30 years old, 49.16% were between 31 and 40 years old, 25.83% were between 41 and 50 and 3.33% were older than 50 years old. Also regarding academic education, 9.16% held technician degrees, 55% held BA, 19.6% held master degree and 16.66% held PhDs.

Chi square results showed that educational ($P=0.86$), structural ($P=0.203$), cultural ($P=0.053$), communicational ($P=0.081$), human resources ($P=0.97$) and economic ($P=0.062$) factors had not a significant relationship to executional obstacles of prevention and control. On the other hands political ($P=0.017$) and technological ($P=0.035$) had significant relationships to the obstacles (*Table 1*).

Discussion

Altogether, the results indicated that educational obstacles does not have impacted the prevention program. The employees participating in our research believed that education courses administered fairly. Abdollahzadeh and colleagues [2010] conducted an inquiry on a corporation staffs and found that educational factor is a considerable

Table 1 The results of χ^2 test for relationship between the variables and obstacles

Statistics (the factors)	χ^2	P
Educational	3.5	0.863
Structural	3.635	0.203
Technological	3.707	0.035
Cultural	4.053	0.053
Communicational	2.381	0.081
Political	3.173	0.017
Organizational	2.944	0.97
Economic	2.208	0.062

obstacle to executing organizational strategy (14). Rahmani and colleagues [2011] searched the tax affairs organization to determine obstacles to strategic performance. They found that lack of knowledge and skills among staffs, unawareness about organizational strategy, managers' unfamiliarity with strategic execution concepts, lack of knowledge about planning and its consequences among managers and other similar items that could be classified in educational factor were the main obstacles (15). Considering that their survey included substantially different organization these results is explainable because of todays in Iran information about HIV is available in various ways.

Our findings showed that structural factors are not considerable for our medical and health related context. During a delivery of health services survey in Uganda, only 29% of health facilities were able to offer HIV testing and only 15% able to provide the full preventive package (16). Sakyi and colleagues [2010] also concluded that inadequate logistic equipment and required technology are among executive obstacles of strategies (17). According to the results of our study, cultural and communication factors are not considerable obstacles. While in Sub-Saharan Africa cultural barriers reported as one of considerable problems in prevention of mother to child HIV (18). According to our findings managers reported political obstacles as an interrupting factor in implementing AIDS control strategies. In South Afrika also despite the various preventive programs advocated by government ministries of health and development partners, these efforts are not well coordinated at the country level. As such, health planning and allocation of resources may not reflect the urgent priorities; while tracking, and monitoring and evaluation of progress made are inadequate (18). Sakyi and colleagues [2011] cited lack of transparency and political struggles as an obstacle for strategy

executing (17). We found that organizational resources are not considerable obstacles in a prevention program. Mamdohi and colleagues [2008] also reported that resources are not obstacles for executing strategy (19,20). Rahmani *et al.* [2011] found that problems related to organizational resources such as lacking human resources, insufficient opportunity for creative thinking and restricted resources, disturbed the tax affairs organization of Golestan-Iran (15). Abdollahzade and colleagues [2010] also reported the organizational resources of an insurance corporation had some problems that could affect implementing strategies (14). Sakyi and colleagues [2011] reported that insufficient funding, unqualified staffs, lack of logistic equipment and functional system could be some obstacles for accomplishing strategies (17).

Our findings indicated that economic factors were not obstacles for accomplishing AIDS control and prevention in Mazandaran-Iran. While Delvaux & Nöstlinger [2007] mentioned economic factors as a barrier in preventing from spreading HIV (21).

Conclusions

The findings of this study showed that among eight investigated factors related to obstacles of AIDS control and prevention strategies in Mazandaran-Iran, technology as an inter-organizational factor and political factors as out-organizational factors, could affect the successful executing of AIDS control and prevention strategies.

The foresaid results implicate that the staffs of the Medical University of Mazandaran cited the technological and political factors as more important ones. They believed that there was not up to date technologies in their workplace and there was not enough education about how to use new technologies. It should be said that from political factors such as changes in political traffic, management, official positions, and generally all political events could have a negative effect on accomplishing planned strategies.

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