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Master of Public Policy
Research Essay

Resource sharing and government
support in interagency working
relationships

Anna Hans Makundi

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ABSTRACT

Interagency relationships such as joint measures to control and prevent HIV/AIDS address problems of human service fragmentations and duplications. However, for the joint working relationships to be effective, the partner agencies need to equally share power/autonomy as well as other resources and the government needs to supply conducive environments to enable the same. This study addresses the practise of inter-organisational working relationships with focus on nature of resource sharing and government support to interagency working relationships. Agencies (n=3) involved in the control and prevention of HIV/AIDS in New Zealand were interviewed to analyse the nature of resource sharing among the partner agencies, and the extent of government influence on these. Results show that the government supplies conducive environments for interagency working relationships. Three key factors determine resource contributions by the agencies involved in the control and prevention of HIV/AIDS i.e. the depth of the relationship, the similarity of agency's core missions to HIV/AIDS, and the resource interdependencies of the agencies. The research findings imply that agencies will work together effectively only if the joint ventures have no significant consequences on partner agency's resources - in particular, autonomy, budget, domain problems, and professional carriers.

DEDICATION

I dedicate this essay report: to my family especially my darling husband Hans George Makundi who surrendered his good job in Tanzania to accompany me during the study period to take care of our lovely three children; his support and encouragement to my studies especially at times of hardship will never be forgotten; to my dearest

older son Heinz George Makundi for managing and taking care of himself and his little brothers during my study period; to my lovely son Hann George Makundi for his passion, tolerance, cheers, jokes, love, and encouragement to us all during my study; to my gorgeous little son Heinrich George Makundi who tirelessly waited for my "away from home" and "late home arrivals" times from age 2 months until I finished my study period; to the family of Bernard and Vaal Dooley who from the first day we met devoted their time, energy, and resources to ensure my studies and family were all well for the entire period of our stay in New Zealand; to our dearest friends Richard and Lola Mackower and his family for their endless entertainment, and countless support to me and my family (especially when my son broke his hand) during the entire period of my study in New Zealand; to the Our Lady of the Rosary Priest Rev. Michel Stieller, and all parishioners for their support and encouragement during the study period; and last but not the least, to New Zealand AIDS Development (NZ AID) programme for sponsoring the master studies together with my family.

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LIST OF ABBREVIATIONS/SYMBOLS

AEG:	AIDS epidemiology group
AIDS :	Acquired Immune Deficiency Syndrome
ARVs:	Antiretroviral Drugs
AVERT:	International AIDS charity averting HIV/AIDS
CEOs :	Chief Executives Officers
DHBs:	District Health Boards
DPMC:	Department of Prime Minister and Cabinet
FPA:	Family Planning Association
GPs:	General Practitioners
HEC:	Human Ethics Committee
HIV:	Human Immunodeficiency Virus
ICC:	Interagency Collaborating Capacity
IDUs:	Injecting Drug Users
IPS:	Institute of Policy Studies
IS :	Immigration Services
MAR:	Most at risk Population
MoE :	Ministry of Education
MOH:	Ministry of Health
MSM:	Men who have sex with men

NGOs: Non Governmental Organizations

NEP: Needle Exchange Programme

NPM: New Public Management

NZAF: New Zealand AIDS Foundation

NZBS: New Zealand Blood Services

NZPC: New Zealand Prostitute Collective

NTAECSC: National Technical Assistance and Evaluation Centre for Systems of Care

PLWHA: People Living with HIV/AIDS

STIs: Sexually Transmitted Diseases

SRAs: Strategic Result Areas

UNAIDS: United nations programme on HIV/ AIDS

UNGASS: United Nations General Assembly Special Session

WHO: World Health Organisation

1 INTRODUCTION

1.1 General introduction

This research study seeks to understand the applicability of the theory of interagency collaborations at an operational stage with major focus on resource contributions among the partner agencies and the extent of support from the national government to interagency works using a case study of HIV/AIDS control and prevention measures in New Zealand.

Sowa, (2008), & Whitcombe, (2008), urge that interagency collaboration to deliver social services is becoming popular in many countries including the USA and New Zealand. The major objectives of the collaborative ventures are to address the common problems of fragmentations and duplications of human social services caused by many separated programs of various departments each addressing the same problems, albeit in a unique way, and to promote better coordination of social service delivery in the public sector.

For instance, delivery of health services such as to control and prevent the pandemic disease HIV/AIDS, joint ventures of public, private, non-government and community organisations are highly recommended due to the multiple cross sectoral problems associated with the disease. The joint actions of the various institutions are highly appreciated and advocated for, by the WHO/UNAIDS. For example, WHO (2000) emphasizes the use of jointed and coordinated efforts of various institutions within and across nations to reduce the problems associated with HIV/AIDS, including poverty, non-adherence to treatments, increasing drug resistance, HIV co-infections, increased rate of infections, and prevalence of stigma.

A number of research studies around the field of interagency collaborations, such as: impacts associated with interagency collaborations, reasons behind why organisations collaborate, and the mechanisms of the collaborations, have been done and contributed significantly to the development of knowledge in this form of service delivery. For instance Bardach (1998) appreciates that collaborative ventures achieve 'public value' meaning enhanced productivity, and thereby profitability.

Regardless of the achievements, Bardach (1998), (Weiss,1995, cited in Bloomberg, 1997), & Sowa, (2008), urge that that there is a gap in people's understanding of, the processes employed by the collaborative stakeholders to move from identified needs or problems to collaborative action plans, what the proposed

programmes are and how they will work, and extent of resource sharing in collaborations. Nevertheless Bardach (1998) urges that in order to succeed, government administrative systems must supply environments which enable the talented individuals to practise their knowledge of interagency collaborations and must influence personnel and financial resources for these collaborations.

The aim of this master's research study is to contribute to this growing body of interagency collaboration inquiries and understanding by demonstrating how resources are contributed among partner agencies for the collaborations, and the extent of the New Zealand government support to interagency relationships, by developing a case study of HIV/AIDS control and prevention measures. This study has heavily drawn on reference materials from Bardach's book of 1998 '*Getting agencies to work together; The Practise and the Theory of Managerial Craftsmanship*'.

1.2 Structure of the essay

Section one covers the general introduction, a statement of the problem; research questions; general objectives of the study (including specific objectives); and the methodology.

Section two covers HIV/AIDS control and prevention measures including an overview of the disease worldwide, international guidelines for HIV/AIDS control and prevention measure; general status of HIV/AIDS in New Zealand; the government's response towards HIV/AIDS; the inter-organisational relations to control and prevent the disease; and the agencies involved in New Zealand.

Section three discusses an overview and history of interagency collaborations, definitions of key concepts, and theories of interagency collaborations.

Section four discusses the key resources for interagency collaborations, and the reasons why agencies may decide to contribute or not to contribute resources for collaborations.

Section five covers the New Zealand government's administration system support to interagency collaborations including management overviews in interagency collaborations, and government factors influencing interagency collaborations.

Section six covers critical analysis of the research findings including the status of HIV/AIDS; an overview of the interagency collaborations to control and prevent HIV/AIDS in New Zealand; government administrative system support to interagency collaborations; and resource contributions among the agencies.

Section seven focuses on the conclusions reached and suggested recommendations.

1.3 A Problem statement

Working together at agency level is a critical real-world problem, and is more complicated than it sounds. Besides many problems of interagency collaborations, resources for the same are always scarce and compromised by selfishness, and agencies' interest to protect their own autonomy. Not only that, but it is also difficult to align collaborative efforts in the face of a government administrative system which does not accept and or support interagency relationships. This case study analyses critically the practicability of the theory of interagency relationships with a focus on resource contributions, and extent of government support towards such interagency relationships.

1.4 Objectives of the Study

1.4.1 General Objective

The general objective is to understand the practicability of the theory of interagency collaboration at an operational stage by focusing on resource sharing and government support towards agency collaborations, using a case study of HIV/AIDS control and prevention measures in New Zealand.

There are four *specific* objectives:

1. To understand the nature and extent of resource contributions such as finance and human capital among the collaborating agencies;
2. To understand sources of funding for the interagency collaborations;
3. To understand general indications of HIV/AIDS infections in New Zealand, their control and prevention measures and the responsible agencies; and
4. To understand the extent to which the New Zealand government administrative system promotes interagency relationships

1.5 Research Questions

Four questions are addressed:

1. What are the tangible and intangible resources available for interagency collaborations to control and prevent HIV/AIDS in New Zealand?
2. How do the collaborating agencies share these resources?
3. What government policies facilitate interagency relationships in New Zealand?
4. What is the general situation with regard to HIV/AIDS in New Zealand?

1.6 Methodology

The objectives were pursued through an examination of both the theory and practise of interagency collaborations using a case study HIV/AIDS on control and prevention measures in New Zealand. The theory part reviewed interagency collaborations in New Zealand and other countries, and information on HIV/AIDS control and prevention measures.

A number of books- mostly Bardach (1989), various journals, and online information - was used to extract research information particularly on: HIV/AIDS control and prevention measures both in New Zealand and internationally; the nature of resource contributions for interagency collaborations; and extent of the New Zealand government support to interagency relationships. Based on my own perspectives, critical arguments are given in analysing practicability of the theory.

The second part covered the practise of interagency collaborations. In the case study, structured questionnaires were used to interview government officials involved in implementing collaborative works on HIV/AIDS control and prevention measures. The interviews were approved by the Victoria University of Wellington(VUW) Human Ethics Committee (HEC). Following an approval from the HEC, letters explicitly outlining the study objectives and confidentiality issues, including the schedule of interview questions, were sent to the Chief Executives Officer's (CEO's) of the selected agencies, namely the New Zealand AIDS Foundation (NZAF), Immigration Services (IS), and the Ministry of Health (MoH).

The criteria for selecting the three agencies were the nature of resources (resource independent, dependent, or principal, the nature of the agency's relationship within the collaborations (cooperation or collaborations), the type of agency (government or non-government), and the agency's level of autonomy in development of health policies (policy maker or implementer).

Using a literature-based conceptual framework of interagency collaborations at operation level to guide the investigation, questions centred on resource sharing in interagency collaborations, using the case study HIV/AIDS control and prevention measures, and the extent of government support, were directed to the selected participants.

To understand the operation level of interagency collaborations based on resource sharing, and extent of government support on agency collaborations, nine face-to-face structured interviews of about sixty minutes each, with three participants from each agency were expected. However only one participant per organization was granted.

To maximize the interview opportunities as well as quality data collection, the face-to-face interviews were planned to be supported by an audio taping for information back up. However due to various reasons, only one face-to-face interview supported by an audio tapping, was carried out. The other two interviews involved a telephonic interview with audio taping, and a written answers interview.

After data collection, perceptions of the participants were interpreted, examined, and discussed critically to reveal both the practicability of interagency collaboration theory on resource sharing, and New Zealand government support on interagency working relationships. The conclusion reached and recommendations made on practicability of interagency collaboration theory on resource sharing as well as government support to collaborations are given at the end.

1.7 Summary of section one

Interagency collaboration emerged in the 1990s mainly to address structural challenges faced by service delivery organisations and to promote better coordination of service delivery in the public sector. The interagency collaborative works are said to add public value.

However, in spite of the additional value, still there is a gap in people's understanding on the processes employed by the agencies to ensure the so called public value. Through structured interviews with three of the partner agencies involved in the case study, information on the nature of resource contributions, the status of HIV/AIDS in New Zealand, and the extent of government support to inter-organisational relationships was gathered. The objective of the study is to contribute to the knowledge of interagency collaboration specifically on resource sharing, and the extent of government policy support to collaborative ventures in New Zealand.

2 HIV/AIDS

2.1 Introduction

This section elaborates the status of HIV/AIDS in New Zealand and worldwide. Further it gives an overview of the international guidelines on HIV/AIDS control and prevention measures, it discusses the strategic actions of the New Zealand government towards the disease control and prevention, and the agencies involved and their programmes for implementing the government actions.

2.2 An overview of HIV/AIDS worldwide

AVERT, (2009a) reports that at the end of 2007, HIV/AIDS data of the World Health Organisation and United Nations (WHO/UNAIDS) showed that, worldwide, an estimate of 33 million people were living with HIV/AIDS; of these, Sub Sahara Africans accounted for 22 million. More than 25 million people have died of AIDS since 1981 and Africa has 11.6 million AIDS orphans; at the end of 2007, women accounted for 50% of all adults living with HIV/AIDS worldwide, and for 59% in sub-Saharan Africa; young people (under 25 years old) accounted for half of all new HIV/AIDS infections worldwide; and in developing and transitional countries, 9.7 million people were in immediate need of life-saving HIV/AIDS medicines, but of these, only 2.99 million (31%) were receiving the ARV drugs.

2.3 International guidelines on HIV/AIDS control and prevention measures

Control and prevention measures of the disease in the in the 21st century face many challenges worldwide. In the years since its discovery, no single drug has proved to cure the pandemic disease. Health institutions have promoted various preventive and control measures, with the result that the number of infections is escalating worldwide. In Africa particularly Tanzania, the disease is wiping out working population and is one of the causes of slow economic growth. Given the complicated control and prevention measures caused by long term doses; co-infections; stigma; and discrimination, the need to develop new modern policies across organisations and nations in problem solving is essential. For instance WHO/UNAIDS campaigns strictly for countries to apply the 'one stop shop' model whereby priority interventions which focus on HIV/AIDS prevention, treatment, and care in the health sector are developed and implemented. They advocate for multi-sectoral responses whereby

government ministries must participate in HIV/AIDS prevention, care, and support measures at all levels; private sector to contribute in cash or kind; NGOs to support prevention programmes in close collaboration with local communities; and mass media to promote behaviors and tolerance.

UNAIDS(2000) report calls for a political response (from low levels to high levels) through advocacy for joint actions, financial and human resources provisions, adoption of the most practical interventions, and motivation, support, and supervision to all change agents dedicated to HIV/AIDS mitigations. Further, they call for national strategic actions which are evidence based methods of HIV/AIDS prevention, care and impact alleviation whereby the Ministry of Health (MoH) has to play a critical role of managing the overall national responses.

2.4 HIV/AIDS in New Zealand

According to NZAF (2009a) report, the first cases of HIV/AIDS in New Zealand occurred in 1985, starting in the community of men who have sex with men (MSM). Later on, the diseases became common among other communities including the heterosexual community, and mother to child. The report says the rate of infection is increasing annually with an estimate of 184 people per year. According to the MoH (2009), by the end of June 2009, 70% of HIV/AIDS infected people were MSM. A large proportion of the MSM acquired the disease within New Zealand, while the majority of those who acquired it through other contacts (heterosexual contacts, mother to child, and all blood transfusion victims) acquired it whilst overseas, mostly from high prevalence countries of Africa and South America.

2.5 New Zealand government response to HIV/AIDS mitigation

To ensure comprehensive HIV/AIDS control and prevention in New Zealand, the government focuses on the most at risk (MAR) populations of MSM, prostitutes, injecting drug users (IDUs), youth, migrants from HIV high risk countries, people living with HIV/AIDS, and HIV positive pregnant women (MoH 2003).

Prevention measures include: promotion of condom use and clean injecting equipment, treatment of sexually transmitted infections (STIs), antenatal HIV screening, community based HIV rapid testing and counseling services, and safe blood donations. Others measures include best practices such as legalisation of prostitution, compulsory education on sexual and reproduction health for all year 7 and 13 students, and provision of special residence visas to HIV/AIDS Zimbabweans who fled Mugabe's hostile regime¹.

Treatment measures focus on all New Zealand residents living with HIV/AIDS including HIV positive pregnant women who do not have a New Zealand residence permit. The HIV/AIDS patients are supplied with a variety of quality ARVs. For example in 2007, more than 18 antiretroviral drugs were fully funded by the government, with annual treatment costs reaching NZ\$11.8 million.

2.6 Agencies involved in the control and prevention of HIV/AIDS

In general the collaborating agencies which are contracted by the MoH are involved in HIV/AIDS-related service delivery. This includes the New Zealand AIDS Foundation (NZAF), the Needle Exchange programme, the New Zealand Epidemiology Group, New Zealand Blood Services, Pharmac, New Zealand Prostitute Collective, and Family Planning. The cooperating agencies include the Ministry of Education (MoE) who provide education on sexuality and reproductive health, and the Immigration Service (IS).

2.6.1 The Ministry of Health

MoH is the lead agency in the inter-organisational relationship to control and prevent HIV/AIDS. It provides strategic leadership, guidance, and frameworks for the disease control and prevention. It uses its strategic action plan as a guide during programme development and implementations. It collaborates with the NGOs through contracting for services and cooperates with the public organisations such as the IS and Ministry of Education (MoE).

¹ A special residence policy based on humanitarian response to the disturbance in Zimbabwe, was introduced for the Zimbabweans who fled the Mugabe regime by the New Zealand government in July 2005. The policy aimed to grant residency to all Zimbabweans who qualify to live in New Zealand with the objective of protecting the health of New Zealanders and of those Zimbabweans seeking to become New Zealanders; to reduce risks related to HIV and AIDS to both the Zimbabweans and New Zealanders; and to make life certain for those who were unable to return back to Zimbabwe and yet were unlawfully living in New Zealand. Upon policy announcement, about 500 Zimbabweans turned up, but others did not apply for residence due to uncertainty about their HIV status. In August 2006, the government announced a special health waiver for the Zimbabweans covered by the Special Zimbabweans Residency Policy. This means the Zimbabweans with HIV and AIDS were also eligible for New Zealand residency.

2.6.2 The Immigration Service (IS)

The IS plays a crucial role by ensuring that all immigrants who want to stay in New Zealand for more than six months are tested for HIV/AIDS. This makes the IS a sensitive agency in the HIV/AIDS collaborations as migrants rank second from the MSM in terms of infections. The IS joined the interagency relationships to control and prevent HIV/AIDS in 2005 when the MoH expressed its concern that a large number of migrants mostly from Africa were tested HIV positive in New Zealand and they were causing stress to the public health system.

Following the discussion, the IS amended the immigration health policy whereby HIV/AIDS testing became mandatory for all migrants wishing to stay in New Zealand for more than six months especially those from high risk countries of Africa and Asia. According to the IS (2005), the objective of the amendment was to ensure that all migrants are able to carry on the task for which they have been granted entry (work or students), are not likely to be of danger to the public health, and are unlikely to impose major costs or extra demand for health services or special education services in New Zealand. The IS had to appoint a panel of doctors in more than 1,157 (see appendix 1.0) countries to carry out the medical checkups. In countries where there is no panel of doctors, the IS rely on registered or board certified or licensed practitioners or physicians.

2.6.3 The New Zealand AIDS Foundation (NZAF)

NZAF is the largest HIV focused NGO registered with the Charities Commission, and NZAF grew out of the MSM initiatives in the 1980s. The escalating rate of HIV infections among the MSM needed close attention from the government and this prompted the MoH to contract the NZAF for service delivery for the MSM, UNGASS (2007).

NZAF (2008), indicates that the NZAF strategic plan focuses on preventing transmissions of HIV/AIDS, and supporting people affected by HIV/AIDS to maximise their health and well being. Its policies include behavioural surveillance of the MSM, effective promotion of sustainable HIV prevention strategies for the MSM and other at risk populations, ensuring that all HIV prevention initiatives are responsive to the most at risk populations, reduction of HIV/AIDS incidences, minimisation of stigma and discrimination experienced by people living with HIV and AIDS (PLWHA), and significant other Members of the at risk population

Due to its long term experience of HIV/AIDS compared to others, NZAF is an active agency in the interagency relationships to control and prevent HIV/AIDS in New Zealand.

2.6.4 Needle Exchange Programme (NEP)

Exchange of needles was legalised in New Zealand through the initiation of the Health Regulations 1987 whereby sale of needles and syringes to injecting drug users was decriminalised. The needle exchange programme became the first national needle exchange programme in the world, and was initiated after the recognition that sharing of needle and syringes among the injecting drug users was one of the most efficient method of transmitting HIV and Hepatitis C among drug users (NEP,2009).

The NEP distributes syringes and needles to drug injectors on a low cost basis (about NZ\$ 1); and recruits some drug injectors to deliver the training on safe drug injection. The results are appealing as the proportion of used needles and syringes returned for destruction has increased from 26% in 1994 to 52.6% in 2000 (Bruton,2004).

In 2004, NEP started a program of 1-4-1 (new for old) exchange distribution scheme. Before the 1-4-1 scheme, NEP sale of needles and syringe remained constant and after research they discovered that the drug users can reuse the equipment for up to ten times before destruction.

NEP (2009) claims that, the NEP programme has done well and New Zealand currently enjoys one of the lowest rate of HIV infections amongst injecting drug users in the OECD, with only 0.5% of injecting drug users are infected. Moreover the proportion of used needles and syringes returned for destruction has increased to 90%, following the advertising campaign.

2.6.5 New Zealand Blood Services (NZBS)

NZBS is responsible for blood safety and has scientifically based procedures and policies to eliminate infectious disease transmissions (such as HIV) in blood transfusion and products. The NZBS distributes blood to both private health care providers and District Health Boards (DHBs); each centre has a blood bank. The blood services are free for all patients, although a modest fee applies to the receiving health centres.

To ensure safety of the donated blood, donors who have a history of male to male sexual acts, HIV high risk activities (such as being a partner of someone who has participated in high risk activities), and/or have had body tattoos within the past six months, are not allowed to donate blood (NZBS, 2007).

2.6.6 New Zealand Prostitute Collective (NZPC) Programme

According to NZPC (2008) the programme was formed in 1987 by sex workers with the objective of seeking equal rights for the sex workers including human rights, health and well-being of the sex workers. A year later, it signed a permanent contract with the MoH to provide a range of services to sex workers by focusing on HIV/AIDS prevention measures.

Due to police harassment to sex workers at times during programme implementation, it became difficult to deliver the contracted services. Soon later following an outcry of NZPC staff and long advocacy of various stakeholders, prostitution was decriminalised in 2003.

2.6.7 AIDS Epidemiology Group (AEG)

The AEG was established in 1989 at the department of Preventive and Social Medicine, University of Otago funded by the MoH and Health Research Council. Since its inception, AEG has been responsible for national surveillance on HIV/AIDS infections in New Zealand. The main objectives of AEG are: to contribute to a wider understanding about HIV/AIDS; to monitor the HIV/AIDS epidemic in New Zealand through on-going observation; and where needed, development of new methods of HIV monitoring and evaluations (AEG,2008). The AEG has been an active provider of up-to date reports which give a view of the national HIV/AIDS situation twice a year.

2.6.8 Family Planning Association (FPA) programme

The FPA is focused at ensuring that people have positive views about sexuality and are able to make informed choices about their sexual and reproductive health and well being. According to FPA (2007), they provide a range of services including contraception, testing for STI's and their treatment. Other services are health promotion services such as the provision of workshops on adolescent sexuality and education on sexual and reproductive health for primary and health care professionals.

2.6.9 Other HIV And AIDS supporting programmes

Other agencies involved in the interagency relationship to control and prevent HIV/AIDS include Mental Health Foundation (MHF), Drug Foundation, Ministry of Social Development (MSD), District Health Boards (DHBs), Ministry of Education, Pharmac, Ministry of Internal Affairs, and the media.

2.7 Summary

HIV/AIDS is a worldwide threat and has left a number of people in desperate conditions such as orphans and widows. WHO/UNAIDS and the Ottawa Charter, advocate for joint actions across and within nations, as the key important guidelines for control and prevention of the disease.

Until June 2009, a total number of 3,192 people or 0.075% of the population in New Zealand were living with HIV/AIDS. This proportion is not as high as that of other nations. AVERT (2009) shows that 23.9% of adult Botswains, 11% of South Africans, and 26.5% of Swazilandians live with HIV/AIDS. The New Zealand MoH has developed plausible national strategic action plans for HIV/AIDS whereby, through the public health centres and contracting for services, a number of HIV/AIDS programmes are in place including those of the public organisations such as that of the IS and the MoE.

3 DEFINITION OF KEY CONCEPTS, AN OVERVIEW, HISTORY, AND THEORIES OF INTERAGENCY COLLABORATION

3.1 Introduction

This section covers an overview, and history of interagency collaborations, the definitions of key concepts used in interagency collaborations using the HIV/AIDS case study, and the theories of interagency collaborations.

3.2 An overview of interagency collaborations

Modern and sound state policies aimed at promoting development are, in most cases, developed by harmonising various cross-sectoral priority issues. The harmonisation process includes, but is not limited to, consideration and incorporation of the priority cross-sectoral and cross-cutting issues into policy design, implementation, monitoring, and evaluation. The harmonisation happens when a sector understands and values the positive linkages it has with other sectors; that is, when it prioritises its sectoral issues;, the cross-sectoral and cross-cutting priority issues are also considered and mainstreamed into the policy processes.

At the same time that consideration is needed for overall harmonisation, each sector needs accurate data and systematic problem solving to jointly plan and coordinate the issues effectively. In most cases, the task of coordinating priority issues is difficult for any one sector to address. Thus, through a number of processes, actions and steps, the different sectors find themselves working together, either informally or formally to create public value. When the agencies work together to add public value through formal arrangements, such inter-organisational relationships are called "interagency collaborations" (Bardach, 1998).

Ryan and Gill (2008), & IPS (2008) state that, prior to the formalisation of interagency collaborations to address the jointly perceived issues, the agencies may have started joint works through communication and/or resource sharing. The continued resource sharing and joint tasks, commitments, and the degree of trust and equality, tend to change the relationships along different continuums. These continuums include stages of co-existence, cooperation, coordination, collaboration and service integration, on the one hand, and simple to complex inter-organisational relationships, on the other (see figure no.1). Moreover, scholars (Salmon,1995 cited in Sowa, 2008),& IPS (2008) urge that for the agencies to collaborate, they need a longer period of time for joint

projects accompanied by resource sharing to allow understanding of each other's potentiality, to build trust, to become creative, to share common understanding over the problem, and to become more committed to pre-set goals.

IPS (2008) says that none of the aforementioned inter-organisational relationships is inherently superior over another; rather the nature of the work involved, and the desired goals determine the most appropriate approach. Of the approaches, collaboration seems to be more commonly used when dealing with 'wicked' issues (too many multidimensional problem causes), whereby no single agency can claim to have the information and or resources to address the issue on its own, only through joined efforts across various agencies, for instance those with the 'piece of jigsaw' (knowledge and resource) over the problem tend to address it. Pathfinder (2003) & Walker (2002) urge that the collaborations are characterised by having common goals, formal relationships, supporting secretariat, and shared policies or practise.

The IPS,(2008) says, within a single interagency relationship, there could be a mix of more than one relationship, as a single collaborative venture may comprise coordination, cooperation, and collaboration working relationships. (Gray, 1989, cited in Walker, 2006), urges that what are often referred to as interagency collaborations between agencies for delivering services, can be a number of different inter-organisational relationships ranging from *cooperation, coordination, to collaboration*. This is really confusing. Some scholars urge that collaboration develops from cooperation and coordination, yet within collaboration, others say there could be coordination and cooperation. To make it clear and to reduce ambiguity, the proper term for all three relations, could be inter-organisational relationships, and this report has tried to use the term.

Bardach, (1998) urges that, the collaborations are not necessary initiated by top managers, even middle managers can initiate unofficially, and once successful, it can be approved by executives and become a formal interagency collaborations. IPS, (2008) urges that success of collaboration has strong correlation with the characters of the initiator. The initiator must have appropriate personalities, skills and competencies; must be good at forming diverse social networks between public, NGOs, and community organisations; must be focused at outcomes and not the organisation's mission; and must able to use the perspective of the client or citizen as a

reference framework for initiating the collaboration. This is true, but in most cases, the initiators are few in number and even the few do not last long in any one agency, they are always subject to relocation.

Collaborative works can happen at different levels such as at policy level, organisational level, program level, and client level. For example, collaboration at program level focuses on improving operations of the programs being delivered in an organization, while collaborations at policy levels focus on improving the structure and operations of a policy field as a whole, (Kagan, 1993, cited in Sowa, 2008).

Three models namely markets, hierarchies, and networks are used to characterize and analyse the way interagency collaborations occurs. (Frances et al 1991 cited in Walker 2002), urges that the market model is said to coordinate under the 'invisible hand' of price system in market exchange; hierarchies work through authoritative administrative systems that organize linkages between component parts; and networks coordinates through political, social and economical relationships that cross the boundaries of established organisational units. The hierarchy model is said to have a 'head' that has authority to make decisions on behalf of the partner agencies (top down method) or has capacity to issue instructions, the network model requires consultation and consensus building, persuasion, establishment of supportive relationships to define and sustain their common grounds on which to act jointly and achieve benefits for its members. Meanwhile both the network and hierarchy models are often successfully and jointly used by governments.

Different theories have tried to explain reasons behind success of collaborative works. Bardach (1998) discusses three theories namely, Craftsman's theory based on capacity of the agencies as a dependant variable for successful collaborations; resource theory based on resources as the determinant factor for collaboration; and Networking theory based on communication capacity as a dependable variable to successful collaboration. Of the three theories, Bardach, agrees with craftsman's theory due its diversity in analysis. The theory allows two different and complementing forms of casual analysis i.e. the difference in degree of success across a number of cases, and the qualitative understanding of various aspects of the materials used in the collaboration, the process of collaboration, and the end results of collaboration.

IPS, (2008), Pathfinder,(2003), Walker, (2006) ,& NTAECSC,(2008) urge that success of Interagency collaboration depends on a number of factors including accountability and transparency level, availability and

contribution of resources, agency creativity and innovations, evaluation, leadership and management style, external factors such as policy or government changes, and financial management. Resource limitation tends to prevent implementation of collaborative ventures because initial arrangements of collaboration may have passed, but the unwillingness of partners to contribute resources, may tend to prevent implementation of the collaborative activities. Bardach, (1998), urges that resources for interagency collaborations such as problem domain (clienteles), budget, and autonomy are always at crisis, and agencies do not want to loose control over such resources for fear that their organisational mission will be compromised.

Even if the above factors are not the case, collaborations can be unrewarding if the partner agencies do not trust each other. Bardach (1998 p.4) urges that trusting each other means an expectation that the actor can be relied on to fulfill obligations, can behave in predictable manner, and can act and negotiate fairly when possibility of opportunism is present. As the trust increases, the agencies become more willing to take risks and act together in confidence with less worries of being disadvantaged. With less trust, the willingness to take risks and cooperate decreases, and the likelihood of betrayal, along with the need to defend individual agency interests, increases. To reduce the problem of mistrust, Bardach emphasizes that, the agencies need to establish a system of interpersonal culture of trust and pragmatism together with a system for building and maintaining consensus at the executive, or policy levels; and they need time, efforts, skills, and a mix of constructive personalities who are around for a long time to establish an effective collaborative relationship.

3.3 An outline of history of interagency collaboration in New Zealand

In general interagency collaborations became popular after repeated failures in delivering social services mostly from 1980s to mid 1990s. Apart from that, (Salamon, 1998, cited in Sowa, 2008) urges that governance trends in 21st century focus more on managing for and sharing for outcomes rather than outputs due to the recognition that often agencies contribute to shared outcomes. The recognition of shared outcomes among agencies has made local agencies to engage more in coordination (policy development and service delivery) so as to achieve their goals, making interagency collaboration more popular.

Bloomberg, (1997), urges that in the USA, interagency collaborations became popular due to fragmentation of several social services where there was lack of coordination and integration approaches to service delivery, whereby the Health, Welfare and Education sectors were more affected. (Richardson, 1972 p. 20 cited in Bloomberg, 1997), claims that, the situations in USA called for joint communication, joint planning among the agencies, coordinated program operations, and a comprehensive system of dealing with the people.

In New Zealand Interagency collaboration became an important strategy of the governance mechanisms since the election of the Labour led government in 1999 where the government experienced two waves of reforms. Stace and Cumming, (2006) & Whitcombe, (2008) urge that the intention of the reforms were to ensure public sector delivers quality services, become innovative and accountable, but instead, the reforms brought a lot of stress to the public sector and one of the consequences was the fragmentation of sectors including isolation of departments and ministries, thereby causing inefficiencies, lack of policy co-ordination, and duplications.

Walker, (2006), says, the Labour-led government soon after election in 1999, took a critical look at the achievements of the NPM reforms, and it became more concerned about cohesiveness, consistency, constructive relationships, and shared values across the government sectors. Whitcombe, (2008), & Walker, (2006), urge that departments were advised to work together in constructive ways in order to achieve government goals, to improve service delivery, and to manage for shared outcomes.

The Steering Group and Managing for Outcomes Roll-Out 2003/04,(2002) in Lewis (2007), says government departments were required report on the linkages they have with other departments' outputs and the intended government outcomes. Lewis,(2007) says that to ensure the outcomes, ministers are required to contract for outputs which contribute to the outcomes, and are held accountable for the outcomes, whereas the Chief Executives are more accountable for the delivery by their departments of specific services.

3.4 Definition of concepts

3.4.1 Interagency collaborations

Warmington et al, (2004) defines interagency collaboration as 'when more than one agency is working together at a strategic or operational level, in a planned and formal way, rather than simply through informal

networking (although the latter may support and develop the former). Gray(1989 p. 5) defines it as “a procedure through which parties who seeks different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible”.

Bardach (1998 p. 8) says “ is any joint activity by two or more agencies working together with the intention of increasing public value by having the agencies working together rather than separately”,

(Gray and Wood, 1991 cited in Bardach, 1998) says “interagency collaboration occurs when a group of autonomous stakeholders of problem domain engage in an interactive process, using shared rules, norms and structures, to act or decide on issues related to that domain”. Gray (1985) says “is the pooling of appreciations and or tangible resources such as information, money, and labour by two or more stakeholders to solve a set of problems which neither can solve individually”. Mattessich and Monsey ((1992 p.7) cited in Bloomberg, 1997) says that “is a mutually beneficial and well defined relationship entered into by two or more organisations to achieve common goals including commitment to a definition of mutual relationships and goals, joint developed structures and shared responsibility, mutual authority and accountability for success, sharing of resources and rewards”.

Bloomberg (1997) says “Is a mutually beneficial and well defined relationship entered into by two or more organisations to achieve common goals including commitment to a definition of mutual relationships and goals, joint developed structures and shared responsibilities, mutual authority and accountability for success, and sharing of resources and rewards”.

cooperation “is the relationship between management and staff in different organization, characterised by informality and lack of formal structure, and coordination involves multiple organisations working together to coordinate their services, yet remain fundamentally independent from each other; and collaboration is where organisations share resources and rewards”, (Kagan, 1991 cited in Sowa, 2008),

(Hall et al, 1977 cited in policy quarterly, 2006), says cooperation “is the extent to which organisations attempt to ensure that their activities take into account those of other organisations while coordination is characterised by informal trade-offs and by attempts to establish reciprocity in the absence of rules”.

Generally the definitions of collaborations are convincing. However Mattessich's and Monsey's definition is more coherent due to inclusion of resource sharing, commitments, and mutual accountability.

Relationship Description

Relationship Formality

Relationship Support

Relationship Characteristics

Coexistence

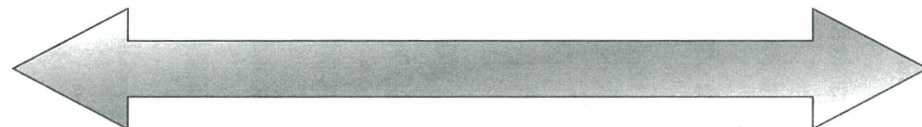
Communication

Cooperation

Co-ordination

Collaboration

Informal



Formal

N.A

Broker

Revolving Secretariat

Network Secretariat

Formal Secretariat

Self Reliance

Autonomy Emphasized

Shared information

Autonomy Retained

Shared Resources

Autonomy attenuated

Shared Work

Autonomy further attenuated

Shared Responsibility

Autonomy attenuated still

Source: Better Connected for Kiwis: A discussion document for managers and front line staff on better joining up the horizontal and the vertical: Institute of policy studies, 2008

3.4.2 Resources

Gray, (1985) says collaborative resources are the means by which several stakeholders who are involved in collaborations (both the individual groups and the organisations that are directly influenced by the actions of the others within the domain) use to achieve constructive resolution of the problem.

Bardach, (1998) urges resources are 'an available supply that can be drawn on, when needed; the ability to deal with a difficult or troublesome situation effectively; means that can be used to cope with a difficult situation; the total means available for economic and political development, such as mineral wealth, labour force, and armaments; or the total means available to a company for increasing production or profit, including plant, labour, and raw material'.

3.4.3 HIV and AIDS

WHO,(2010), defines HIV means as " Human Immune deficiency Virus which is a retro-virus that infects cells of the immune system by destroying or impairing their functions". As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections and develop AIDS (Acquired Immunodeficiency Syndrome) which is the most advanced stage of HIV infection. The person can delay exposure to AIDS (10-15years) through use of ARVs, but at the end the patients die either due to ARVs complications or other diseases due to lack of AIDS cure to date.

The HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles and or other contaminated hospital facilities, and between an infected mother and her infant during pregnancy, childbirth, and breastfeeding.

AVERT, (2009b) on theories of HIV claims that, AIDS is believed to emerge in the early 1980s and the first cases were observed from the gay men in New York and California USA. Other theory claims that the origin of the disease or the virus is thought to be from Africa (Southern Cameroon).

3.4.4 Public value

Moore, (2004) defines public value as, "the managerial success in the public sector in initiating and reshaping public sector enterprises in ways that increase their value to the public in both the short and long run; sometimes this means increasing efficiency, effectiveness, or fairness in currently defined missions; other times, it means introducing programs that respond to new political aspirations or meet a new need in the organization's task environments so that old capabilities can be used more responsibly and effectively; on occasions it means reducing the claims that government organisations make on tax payers and reclaiming the resources now committed to the organisations for alternative public or private uses".

Bardach,(1998) says "Is the achievement of the politically authorized mission of the organization, and the fulfilment of the citizen desires that were more or less reproduced in that authorization and in the third part organisations, public value means the achievements of its social purposes and the satisfaction of the donors' desires to contribute to the cause that the organization embodies". Bryson, (1988) says "is the tangible order when faith is followed by enactment or is the greater achievement of the organization's goals and heightened stakeholder satisfaction. Moore, (2000) says is the value proposition embodied in strategic plans as the plans move from being a hypothetical story to being a true story through effective implementation. Alford, (2001) says "is the provision of legal framework which underpins laws and orders as well as providing the pre-conditions for the operation of the market such as reinforcing property rights and contracts.

The word public value has different perceptions by different sectors. Moore, (2000) urges that, in the for-profit sector, public value means, the financial returns delivered to the shareholders, and use value delivered to customers, and the value is well measured by financial performance which is described by financial statements, whereas in the public sector, public value means, changes in social conditions such as improved health or security.

3.5 Theories of interagency collaborations

3.5.1 Craftsman Theory

The theory focuses on 'capacity' of an organization to collaborate as a dependent variable to a successful interagency collaboration. First the theory appreciates that collaboration is a set of acts or activities which different agencies engage in to solve shared problems. However, according to Bardach,(1998), the

theory urges that the collaboration does not need the actual implementation of the planned activities to be termed as collaborative work, but even the initial arrangements alone such as mutual agreements, have social value.

The said value is the potential change in individual's attitude, behaviours or peace of mind, once they recognize existence of the joint services of the agencies. Thus the theory emphasizes that, it is potential to engage in interagency collaboration relationships, even if the implementation stage is uncertain, for it is the existence of the interagency collaboration which is most important to the public. For example, an understanding that environmental enforcement agencies acting collaboratively may detect and punish offenders, is not of great value than the restriction capacity the offenders fear to test; or the understanding that fire department will provide joint help in an emergency, is of more value everyday to the surrounding community, than the value they will give to the agency in the day the agency offers mutual aid when conditions require them either once in a year or ten years.

The theory's argument is very practical and rational, due to its application to the case study of interagency relationships to control and prevent HIV/AIDS in New Zealand. For instance, by knowing that Immigration Services requires HIV/AIDS testing as a policy to qualify for a New Zealand visa, or residence permit, applicants may fear to engage in risk sexual behaviours to avoid HIV contaminations, or those who are not sure of their HIV statuses, may not be ready to risk their money and time for visa and or residence applications.

Bardach (1998, pg. 21) claims that craftsman's theory believes that, the *interagency collaborative capacity* is as an agency itself with conventional agency system inside it such as an operating system, an overhead and control system, and a decision making system. The theory urges, that the collaborative capacity has five important good features namely: *subjective* and *objective* components whereby the objective component includes all various administrative services which will support the collaboration, while the *subjective* component is mainly the mutual trust among the agencies that each partner is capable of, committed to, and ready to engage in the collaborative work; *variation* is the exact nature of the capacity depending on the nature of the task, the agencies or the intention in question, and in most cases the capacity can fit a multitude of tasks without involving further principles; *flexibility* of the capacity which can start by organizing division of labour, followed by quite

easy tasks, and then more challenging tasks which may involve pooling of resources to archive production; ability of the capacity to understand authorities within the trans-organisational system such as readiness to support, commit resources, and govern the collaboration; and the *quantity* and *quality* of the collaborative work which is measured by 'how much?' and 'how good?' standards, although the second one is in most cases ignored when evaluating collaborative works.

Bardach urges that, craftsman's theory is acceptable for it allows variation in degree of success across various cases as well as the qualitative understanding of the technical materials, process and product of the process. However Bardach warns that, the theory is based on estimation. For example, the case of subjective component, the capacity is a state of mind which is difficult to measure from outside and it is complex to measure the state of mind which changes with the identity of the players who owns the mind.

The capacity of the agencies is fundamental to successful collaborations. With limited capacity, the collaborative efforts are useless. For instance, the first feature *objective* and *subjective* are crucial to collaboration, as administrative power (objective) including management, financial and human resources, initiates and implement collaborative activities; and communication channels at all levels of the agencies, allows exchange of information and feed backs, and consistence. Nevertheless, the *subjective* component is even more crucial, for without trust, even with the administrative capacity in place, no agency will be ready to engage in collaboration or the collaborative efforts will not be rewarding.

Nevertheless, the capacity to understand authorities within the trans-organisational system, is also vital in ensuring successful collaboration, for it allows an understanding of the different philosophical and ideological backgrounds of the organisations thereby identifying and effectively addressing the jointly perceived problems.

Apart from the criticism that the theory is based on estimation, it is also limited by the fact that, it did not take into account the issue of governance structure which is a foundation for successful interagency collaborations within a nation. NTAECSC (2008) urges that, the governance structure focuses at clarifying and addressing agency's roles, visioning, mutual accountability and transparency, policy and practise changes, and strategic planning, which the agencies need most to ensure their collaborative works are rewarding and

sustainable. For example, the New Zealand governance system is highly focused on performance measurement and managing for outcomes, and this has become a support to interagency collaborations in New Zealand today.

3.5.2 Resource Dependency Theory:

The theory claims that, dependency for resources attracts interagency collaborations. The proponent of the theory believes that in most cases agencies value autonomy and avoids collaborations. Bardach (1998) & NTAECSC (2008) urge that if the resource base of the focal agency depends on the resources of the others, it is likely to engage in collaboration more easily for it is assured of social legitimacy or some kinds of rewards.

Bardach (1998) finds that the resource theory claims that, as the gains from collaboration such as revenue, and legitimacy dishes-up value creation and concurrent protection of agency's goals, as well as opening up windows for agency's managers to use the additional resources for various organisational purposes, resource dependency pre-determines the interagency collaboration relationships.

The major limitation of the theory according to Bardach (1998) is that although it predicts collaboration basing on resources, it does not say whether the efforts will be fruitful or not; or what the agencies will regard as success. Nor, when there are reasonable agencies for collaboration, which one the focal agency will turn to. Moreover, he rejects the theory on the ground that firstly, it is not common for public sector agencies to rush for collaborations which are resource dependency-risk; secondly, managers seeking to create public value through collaboration, do not use resource dependency as the criteria for engaging in collaborations, instead the resource dependency follows later after the collaboration has been established; and thirdly, for successful collaborations, the resources must go hand in hand with other key factors such as the emergence of a common vision, mutual trust, and the technical capacity to ensure effective use of the resources.

The resource theory is applicable due to its relevancy to the case study of HIV/AIDS. In the case study, the MoH is the focal agency, and although it gives financial resources to others (NZAF, Needle exchange Group, AIDS Epidemiology) through contracting for services, it also depends on such organisations for human resources who have long term field experience, and are rich in information and knowledge of HIV/AIDS management. In other words there is a mutual dependency between the provider and the principal agency.

To some extent the theory is limited because it does not discuss the impact of the resource-rich agencies on the relationships. It is common to have more powerful agencies in a collaborating team and such agencies tend to take control over the problem domain because they can. Gray (1985) urges that you cannot avoid having some stakeholders who have more strong decision-making power over the problem domain, whereas less resourceful stakeholders tend to become dependent on, and vulnerable to, the actions of the stronger stakeholders. However, Gray warns that the power imbalance limits collaborative efforts as effective collaborations cannot take place unless the key stakeholders possess at least equal capability in managing the problem domain.

Moreover, the theory did not discuss the depth of the inter-organisational relationships in relation to the extent of resource dependency. According to Van de Ven (1979 cited in Gray, 1985), with more resources to depend on, the inter-organisational structure is greatly formalised, whereas with less resources to depend on, a loosely organised exchange of information becomes adequate.

The theory does not state what happens when there are many reasonable agencies for collaborations (which one the focal agency turn to), however according to my own perspective, when there is more than one plausible collaborator, the focal agency is likely to turn to all collaborators as long as they all fit the purpose. It depends on the interagency collaboration capacity of the agency, and it is possible for an agency to share resources from more than one source so long as it can meet the agreed performance expectations.

Nevertheless, the criticism that the theory does not take into account the fact that resource sharing goes hand in hand with other key factors (such as trust, and technical capacity to ensure effective collaboration) is also agreed. Bardach (1998) urges that the existence of strategic management, mutual trust, and a culture of pragmatism ensures that the environments support the agencies to utilize the resources easily and constructively to produce the public value.

3.5.3 Network Theory:

According to Bardach (1998) the Network theory claims that with good communication capacity, relationships can emerge, sustain, and create value for the participants and the society at large. The theory

sustains the view that participants engage in networking for the sake of product marketing, advocacy, socialisation and service delivery purposes. The network enables participants to easily search for partners whose productive capacities are likely to be of use to themselves. Participants who want their potentialities to be discovered by others within the network, advertise their potentialities. The theory believes that, the networking relationships can form and dissolve quickly without involving suffers delays or costs of formalisation. However, for the success of the network, it is important for the participants to be motivated to network and there must be an element of trust. Further Bardach urges that apart from various networks, in relation to interagency collaborations, the network theory claims only two main networks namely an interagency implementing network, and a production network.

According to (Morgan *et al*, 1996 cited in Bardach (1998), the interagency *implementing networks* have a set of individuals who carry out the daily operations within the constraints set by the various agencies. The individuals design a system which smoothes the daily operations by overcoming problems the partners face. The partners can use various systems of work including regular formal meetings by the working groups or a committee of middle managers, established budget and personnel, and work schedules, the use of telephone calls to solve emergence cases that are already fairly well coordinated, and up-front planning together when rapid organisational change is foreseen.

The interagency *production networks* are said to be organisations and not individuals. The categories of the production relationships include markets (buyers, producers, customers, service providers) or professionals sharing expertise, information and authority to manage things better. Key factors such as social bonds, similar cultures, and mutual trust of the production partners enables quick understandings of their production networks, and users can easily protect themselves against opportunists without suffering delays and formal contracting.

The theory claims that in the private sector the production network relationship is judged by money, while in the public sector, it is mediated either by contracts, memorandum of understandings, personal commitment or based on tradition; and where partners are separated geographically, the major means of communication are: a common information system, accepted referrals, or location of personnel on common sites, to facilitate customers.

Although the networking theory is based on effective communication as a basis for successful collaborations, it is criticised on the ground that, it does not guarantee effectiveness of the networked collaborations. Powel (1990, cited in Bardach, 1998) urges that the theory did not take into account factors such as motivation, and competence which are crucial in managing the network; it ignored the issue of leadership roles for peer monitoring and coordination duties; and it neglected the aspect of hierarchy such as the division of labour, and differentiation of tasks which guarantee performance.

The theory's claim - that communication capacity determines successful collaborations - is supported. This is because the capacity to communicate includes ability of the agencies to appropriately and effectively use the communication tools to share the learning, understandings, and exchange of feed back to ensure successful collaborations.

The criticism by Powel (1990) that the theory ignored leadership and role differentiation and division of labour, is also supported. To engage in collaboration without role differentiation and division of labour, means duplication of efforts which results into wastage of resources. Bardach (1998) argues that for successful collaborations, agencies need to specialise and integrate as through utilising specialisation and integration to create public value, there is division of labour.

3.6 Summary

When agencies work together to provide a solution for a single task, different inter-organisational relationships are likely to occur, including cooperation, coordination, and collaboration. The words "*public value*" in general means increased effectiveness and efficiency. For instance, in the public sector, it means change in social condition such as improved health, while in the private sector it means the financial returns delivered to the shareholders, and use value delivered to customers. Resources are means used to achieve constructive resolution of the problem , and HIV/AIDS implies weakened immune system of a person.

Interagency collaboration has three important theories which proclaim that successful interagency collaboration is either determined by agency's collaboration capacity, resource dependency, or communication capacity. Of the three theories, collaboration capacity theory (Craftsman theory) is more accredited for it allows differences in degree of achievements across a number of cases, and it understands the quality of the technical

materials, the processes, and the products of these processes which interagency collaborations undergo to produce the public value. The resource theory is applicable but it is limited by the fact that resources alone cannot ensure successful collaboration, and it is not resources that motivate public agencies to engage in collaborations, rather resources come in later. The network theory is somehow valid for successful interagency collaborations, but it is limited by the fact that it ignored key factors for successful collaborations such as division of labour, leadership role for peer monitoring and coordination, and motivation and competence of the partners in ensuring effective communication.

4 RESOURCES FOR INTERAGENCY COLLABORATION

4.1 Introduction

This section discusses key resources for Interagency relationships including turf, autonomy, money, and personnel. It further discusses the key factors which determine flow of resources among the agencies.

4.2 An overview of resources for interagency collaborations

Bardach (1998) claims that, the major resources of greatest consequence in collaboration are namely turf (problem domain, or client), autonomy, and money. Others include personnel, information, and political standing. , The first four resources were focused on in this research.

Walker (2006) urges that resource sharing in collaborative work tend to strengthens the relationship and move the relation from simple to complex, informal to formal, or from co-existence to collaboration.

IPS (2008) emphasises that for successful collaborations, each member agency need to be treated as being equally potential in terms of resources, information or influence to define and address the issues of concern. If one agency has more resources than others, in order to avoid diminishment of contributions others can make, the more powerful agency should be willing to share power and resources among the group in a way that will not create dependency or patronage. The argument is good, but being less resourceful implies low capacity to negotiate, fulfil the financial obligations, and supply the necessary information. This means low capacity automatically reduces the influence of a less resourceful agency over the interagency collaborative venture. This is supported by Bardach (1998) who urges that agencies that are over-involved in crises such as financial, poor leadership, and or having internal disagreement are likely to negotiate less equally with other partners.

Vogel *et al* (2007) states that resources are said to be the key limiting factor in commencing collaborative projects due to selfishness of the agencies, and scarcity of the resources themselves. He says that, on one hand, some collaborative projects may die due to limited resources, and on the other hand, other projects tend to advance even further following a period of resource constraints simply because when faced with resource difficulties, the partner agencies tend to be more innovative, and creative in searching for new resource sources.

Bardach, (1998), urges that three factors namely: careerist, bureaucratic, and value oriented purposes determine flow of resources among the agencies. The factors tend to promote the agencies to contribute resources or tend to discourage the agencies from contributing resources for collaborations; and the factors tend to reinforce each other.

4.3 Key resources for interagency relationships

4.3.1 Turf/problem domain/clientele population

"Turf" means the problem domain or the clients to be served. Bardach (1998) urges that turf is more essential than money, for it is the problem domain which is used to justify the reason for budget allocation, and not budget allocations which justify the problem domain. Where the clientele population is inadequate, the interagency collaboration capacity (ICC) as well as the individual agencies themselves tend to take hold of the clienteles and this brings stress to the collaboration.

Vogel *et al*, (2007) notes that where agencies are rooted in different fields, turf wars are less likely to occur due to diversity of their activities. His argument agrees with that of Bardach (1998), who claims that for effective collaboration, agencies need to specialise and integrate. Combining the two arguments, this implies that differentiation avoids tension for the turf.

4.3.2 Money

Next to turf, another key resource is money. The money may come from either the agency's budget or grants, or through commercialization of agency's services. Bardach (1998) comments that in most cases, when public agencies collaborate with each other, they don't use physical money, rather money in the form of personnel, information, and facilities; whereas when they collaborate with private agencies, transactions involving money are inevitable and is sometimes given under legally binding contracts. The resource money itself can be a key reason for terminating, delaying, or avoiding collaborative relationships, simply because the agencies tend to be selfish - either by withholding the potential funds, or by hiding information about the existence of funding opportunities.

4.3.3 Autonomy/authority/legitimacy

James (1989 cited in Bardach, 1998) says that autonomy in inter-organisational relationships means the freedom with which the partner agencies can make decisions without limits and prior consultation with the partners, or without the need to give an excuse after a decision. To avoid the misuse of power, Gray (1985) emphasizes that before initiating any collaboration, the critical consideration is to analyse which agencies have the perceived rights and capacity (legitimate stake) to participate in the development process. The legitimate power can be the expertise over the problem, financial, and or information resources.

Bardach (1998) also says that the extent of autonomy goes hand in hand with the resource capacity of the agency (money, information, knowledge, staff), thus a less resourceful agency is likely to be less powerful in negotiations and the reverse is true. To play a fair role in decision making, Bardach emphasizes that a low-powered agency may need to use advocacy (coalition building) before becoming legitimate.

Stace and Cumming (2006) believe that collaborations are more likely to happen where the involved agencies are confident about their autonomies; and that where agencies with mixed confidences are involved, collaboration is unlikely. Gray (1985) says that with mixed levels of confidences agencies tend to avoid the legitimacy of others, and focus on perception that "*each one of us has equal right to participate*". If one agency perceives the other as a threat to its legitimacy, the collaboration may fail. To avoid the differences of power perceptions Levin and White (1961 cited in Gray, 1985), emphasise that agencies must empower the goals and the methods of each other, instead of concentrating on power differences.

Autonomy can be expressed by leadership and management styles. To avoid the same problems of dominance, Pathfinder (2003) states that the leadership and management styles need to be modified with creativity to avoid annoyance to any of its members; need to be active, open and consultative to avoid risks of non-flourishing collaborations; need to use analytical skills which can lead to consensus on the best intervention approaches; need influencing skills such as ability to sell an idea and to be seen as honest and transparent with no hidden agendas; need facilitation skills including an ability to create a formal and positive atmosphere; and need organisational planning skills.

Based on the aforementioned arguments, the management and leadership styles are highly supported. With leadership and management skills, the powerful agency can still act as a dominant agency due to their professional skills, the less resourceful agencies may not have such skills and therefore be unable to influence the joint ventures. The power dominance is even more expressed when the principal needs to ensure "funds for services" as he is held accountable for the outcomes of the collaborative ventures.

4.3.4 Personnel

Agencies in inter-organisational relationships tend to rely on their staff for human resources and staff tend to remain in their usual workplace. However, where there is a coordinating centre especially for the case of networked inter-organisational relationship, or where the collaborative venture is new to the agencies, particular staff may be shifted from their work places or hired from outside to enable the collaboration.

In general, for successful interagency collaborations, there are key personnel who need to be around to guide the collaboration. IPS (2008) names the key personnel as *lead persons*, or *initiators/catalysts*. These personnel are said to have either expertise, great sympathy, and or influence over the problem domain, or leadership skills for steering the course. However such personnel are limited within agencies. Bardach (1998) notes that due to their limited number, key personnel are relocated from time to time and the relocation tends to disrupt the interagency collaborations processes as the new personnel take time to understand the system thoroughly.

4.4 Factors determining the flow of collaborative resources among the agencies

4.4.1 Value creating purpose

Avoidance purpose: Bardach (1998) claims there are five key factors which are likely to prevent an agency from contributing its resources for the sake of protecting its value. First, an agency may fear that if it contributes its resources for collaborations, its unique goal/mission, which it is mandated by the legislature and which it embraces for a long time, the agency may undergo some problems including the possibility of losing power over the mandated mission. While this has a negative effect to collaboration, to weak agencies it is of value as Dawes (1988, p.40 cited in Bardach, 1998, p.167) considers that the protection purpose rescues such weak agencies, proves their professional responsibility, enables them to avoid criticism of overseers and

superiors who may supervise the collaboration, and also avoids the loss of existing assets (clients, money, autonomy) belonging to the weak agency.

Second, agencies may fear to contribute resources due to the possibility that collaborative activities may cause inefficiencies to their agencies due to additional organisational activities whereby there will be competing means of serving both sides. Third, an agency may refuse to collaborate to avoid the hassles associated with implementations thereby causing delivery failure. Fourth, the agencies may refuse to contribute resources because of irrelevancy of the collaboration venture in relation to the core mission of the organisation, which is likely to interfere with the agency's method of doing things, the nature of resource utilisation, and law enforcement. Fifth, agencies may avoid collaborations if they fear they may lose their power over clients, actions and social value due to relocation of activities and centres of action following the collaboration.

Willingness purpose: Using Value to create purpose as a key reason for avoiding resource contribution on one hand, may enhance willingness to contribute resources on the other hand. Bardach (1998) urges that individuals including legislators, managers, and line workers who are motivated to create public value, may ensure that the implementation of promising partnerships works. To ensure the public value, the legislators may appropriate basket funds which reinforce the partner agencies to join the collaborative ventures; the agency managers may provide guidance and support to the collaborative works; and the committed line workers may spend their time and energy in order to affect the collaboration activities.

Further, Bardach claims that some organisational actors may have conceived a public need and become willing to meet such needs, and be eager to push for policy changes. However due to their minority statuses within their organisations, they may have failed to do so. But when collaboration ventures of potential partner agencies become available, such people tend to push for the collaboration as it is the only way to gain a legitimate power to engage in political coalition building outside their organisations. When such people are exposed in collaboration ventures, they are sometimes used as a door to access other potential actors within their organisations who could otherwise not be accessed without their assistance.

4.4.2 Careerist purpose

Avoidance purpose: Civil servants tend to avoid collaborative works if they sense that the collaborative venture will jeopardise their carriers. According to Bardach (1998) public servants have their own personal ambitions such as: job security, high income, decision making power, good reputation, and opportunities for well paying jobs. Should the individuals predict any negative effect to their personal ambitions following interagency relationships, top managers may tend to block collaborations, and middle managers tend to distort or delay collaborative processes. At the start of the collaboration process, should such individuals (mostly public servants) sense the need to cut down workers, reduce salaries, increase or reduce workloads, and or amalgamate managerial posts to reduce operational costs, they tend to drop out immediately; should the agencies discover that the collaboration venture is primarily for prevention rather than control, the agencies who work to treat the problem may shy away, knowing it may shrink their workloads. Should the collaboration involve changing of the normal system of work, those individuals may avoid such collaborations due to fear of negative consequences on their carrier statuses such as mixing of lower and higher professionals, exposure of lower professionals to accountability demands of higher professions, and less likelihood of fitting the new system. Moreover, individuals may avoid collaboration due to fear of stress, the extent of the time involved, and complicated duties (both inter and intra organisational) of collaborative work. Bureaucrats may avoid collaborations due to fear of fruitlessness resulting from collaboration failures, embarrassment, criticism, and damage to one's carrier reputation.

Willingness purpose: Personal ambition for carrier promotion in bureaucratic and policy setting may equally motivate the individuals to desire collaborative works instead of avoiding. Bardach (1998, p. 188) comments that individuals whose agency's missions are threatened may become enthusiastic about collaborative ventures, hoping that by mixing with new agency professionals, they will renew their threatened carrier through the sharing of new ideas and information, enrichment and widening of their job coverage, gaining of creativity, new perspectives and information, and new learning. Individuals may, as well, push for interagency relationships which are likely to increase job security, provide new employment opportunities, and offer promotion of carrier positions.

4.4.3 Bureaucratic purpose

Avoidance purpose: According to Bardach (1998, p. 179), the key issue to avoid in collaborations under bureaucratic purpose is fear of competition for the key resources - money, problem domain, and autonomy. The agencies are not ready to use their budget for collaborations, to fight for the domain, or to lose control over the domain. For instance, when the cost of implementing collaborative activities is presented, agencies tend to shy away; when agencies sense that they will fight for the clientele should the collaboration take place, they tend to hide information; when they fear they will lose decision power or autonomy, they avoid collaboration. When one agency tends to overpower the rest, the collaboration ends, and when the responsible agency perceives that the partner agencies will not perform better - while knowing it will be held accountable - it may not collaborate.

The arguments are supported and to some extent they are practical. Since the turf justifies budget and so the autonomy over the turf, no single agency will like to lose any of these resources, for the agency's mission will be at risk and budget justification will be impaired.

Willingness purpose: Bardach, (1998), claims that, instead of protecting bureaucratic turf and budget, agency professionals may as well turn to support inter-agency collaborations for the sake of enhancing their agency's income, creating bureaucratic venture capital, and meet environmental demands. For example, agency's professionals tend to join collaborative works which are funded simply because they are assured of revenue which adds up to their total budget, whereas only those agencies which prove to be loyal, enthusiastic, and committed to the mission of the donor are granted the funds.

Moreover, due to rapid changing world, environmental demands of the public and government may awaken agencies to support collaborative works instead of avoiding them.

4.5 Summary

Resources are important in strengthening and promoting interagency collaborative works whereby turf, money and autonomy are the principle resources for interagency collaborations. Agencies need to share resources and power equally to avoid patronage or dependency.

Agencies may avoid or support collaborative interventions depending on three purposes namely careerist, bureaucratic, and value oriented purposes. These three purposes can, on one hand, attract an agency to join collaborative ventures and on the other hand, can expel the desire to do so.

To determine resource contributions, agencies must consider the impact associated with the collaboration ventures mostly on their: organisational mission, personal carriers, autonomy, revenue, and clientele population.

5 NEW ZEALAND GOVERNMENT ADMINISTRATION SYSTEM SUPPORT TO INTERAGENCY COLLABORATIONS

5.1 Introduction

5.2 Management overview in interagency collaborations

NTAECSC (2008) states that interagency collaborations are built on a number of useful structures and functions such as governance, management, monitoring and evaluation as well as communication processes. The governance structure is said to focus on visioning, policy and practise changes and strategic planning, as well as clarifying and addressing the roles, mutual accountabilities, responsibilities and authority of communities shaping the system. The management structure is said to promote interagency collaboration at an administrative level by implementing strategic plans; training; coordination of both cases and interagency protocols for information sharing; and developing monitoring and evaluation processes that provide partners with up-to-date relevant information related to their joint efforts. This enables an assessment of partner effectiveness as well as manage outcomes. The communication process creates an open convincing process, and identifies and addresses the collaborative challenging issues.

Pathfinder (2003) recommends that since the primary objective of interagency collaboration is to maximize benefits to citizens, the collaboration must focus on improving outcomes, and the agencies must both value the collaboration and have deep seated interests in shared outcomes. Each agency must have its own defined outcomes; well defined intervention logic; be clear about its accountabilities, roles, resources and interests shared with other agencies; and well defined processes, including a guiding committee, joint processes for gathering performance feedback; integration with other initiatives within the agency and results which justify costs (cost effective integrated actions).

Pathfinder (2003) emphasizes that managers need to get their own houses in order (by delivering well defined intervention logic and clear outcomes) and inform their ministers and significant stakeholders about the progress of collaboration. They must define and agree on the shared outcomes (as working to different

objectives may result into future conflicts); be open, consultative and have an active leadership style; be clear about their own roles and responsibilities under the collaboration and that of others; and take time to build mutual trust, knowledge and commitment across the agencies.

5.3 Government factors which influence interagency collaborations

A number of factors promoted the agency collaborations in New Zealand. McAdam (2007) advises that key factors influencing agency collaboration in New Zealand include the ability to effectively deliver Strategic Result Areas (SRAs)(1994), Key Government Goals (2001), the development goals of the State Services Commission (SCC), and Managing for Outcomes (2002).

Strategic Result Area (SRAs): Kettl (2000) noted that following a broader exploration of government policies (i.e. how outputs accumulates to outcomes), collaboration emerged as the government required agencies to apply strategies to determine SRAs on which to focus over for three to five years. The SRAs shaped the specific output required of the CEOs, their accountability over the same, and determined how their different pieces could fit together in the government policy to ensure public value.

Key Government Goals in 2001: The overall goal of the New Zealand government was to “grow the economy to deliver greater prosperity, security and opportunity for all New Zealanders”. To meet that the government of the time itemized six key goals. One of the key goals was to maintain trust in government and provide strong social services. According to the Department of the Prime Minister and Cabinet (DPMC,2002), the goal focused on working in partnerships with communities, providing strong social services for all, building safe communities and promoting community development, keeping faith with the electorate, working constructively in parliament and promoting a strong and effective public service.

Development Goals of SSC: To meet its plans of ensuring its effective support to economic and social success of New Zealand, McAdams (2007) says that one of the State Services Commission, (SSC) goals focuses on the coordination of state agencies to ensure that the contribution of government agencies is greater than sum of its parts. SSC(2006, p.5 cited in McAdam, 2007) emphasized that: *“To accomplish this, we need to walk together more effectively. At time this will require us to make decisions that put the interest of the State*

Services above those of our individual agencies. This will necessitate a broadening of our strategic vision and of our concepts of leadership, and trust in each other's ability to lead and to deliver that vision. This collaborative approach may also present some challenge in the short term".

Managing for Outcomes in 2002: Lewis (2007) notes that the SSC issued a statement of managing for outcomes in 2002 with the objective of encouraging departments to report on their contribution to government outcomes. The departments need to focus on longer-term outcomes rather than outputs and to ensure the outcomes, the departments need to be coordinated with other sectors.

Others: Stace and Cumming (2006) urges that interagency collaboration in New Zealand reflects the amended Public Finance Act of 2004 which calls for stronger governance relationships between government and crown entities, managing for outcomes rather than outputs, and public service standards for public resources. Moreover, the call for pluralistic policy approaches led to the adoption of governance mechanisms which focus on inclusive, cross-sectoral, and joined-up ways of working through networks, joint ventures, coalitions, and partnership between private, public, community, and voluntary sector organisations.

However, in spite of the government support to agency collaborations, there are factors which tend to limit collaborations including too many bureaucratic procedures during contracting for services.

5.4 Summary

For successful interagency relationships to exist at a country level, there is a need to have sound public policies, and good management styles. To a large extent, the New Zealand government administration system promotes and supports partnership between private, public, community, and voluntary sector organisations in the delivery of social and health services. The support is reflected in strategic result areas, key government goals, development goals of the State Services Commission, and managing for outcomes policies.

6 RESEARCH FINDINGS AND DISCUSSIONS

6.1 Introduction

This section discusses the results of the case study with a major focus on general ideas around how the agencies work together in order to control and prevent HIV/AIDS, general indications of HIV/AIDS in New Zealand, available government environments which support interagency relationships, and resource contributions for inter-organisational relationships.

6.2 General ideas of how the agencies integrate to control and prevent HIV/AIDS

The objectives of the agencies involved in HIV/AIDS management are to ensure that: the at-risk population is not infected by the disease; the already infected population does not suffer unnecessarily from torture, stigma, discriminations, and pains, and does not spread the disease; mother to child HIV transmissions cease; further pressure for services on the health sector is reduced; there is no significant additional HIV/AIDS medical costs to the government; and the general population understands what HIV/AIDS is and their HIV statuses for further protection.

The interagency relationships to control and prevent HIV/AIDS in New Zealand occur in a variety of ways: at policy planning and implementation levels, locally and internationally, and between agencies (inter-agency) and within agencies (intra-agency). The depth of the relationship is based on the extent of resource sharing (mostly financial and personnel), and the extent to which the core activity of the agencies matches with the HIV/AIDS agenda. Agencies whose resource base depends on others, and whose core activities match the HIV/AIDS venture, like the GPs and NZAF, collaborate, but resource independent agencies like the IS and MoE, co-operate. The degree of interdependency promotes greater formalisation in these structures whereas, for less interdependent stakeholders, a loosely organised exchange of information is sufficient (Walker & Liston, 1979 cited in Gray 1985).

At local level, the MoH collaborates with the HIV/AIDS focused NGOs, and with some publicly funded health centres such as DHBs and GPs (intra agency); and also cooperates with other public organisations including the Ministry of Education (MoE) and IS. The NGOs cooperate with both each other, and with the public

organisations, and the IS collaborates with the GPs who provide consultations for HIV/AIDS related issues within the IS.

Internationally, the MoH co-operates with other international agencies such as the United Nations General Assembly on HIV/AIDS (UNGASS), WHO, Australia, and the Pacific; NZAF cooperates with some international NGOs from the Pacific region; and the IS coordinates with overseas panel doctors and laboratories to ensure that tests for health conditions such as TB, and HIV/AIDS are done using up-to-date methods and equipment. They also coordinate with the International Health Immigration Health Working Group which comprises representatives of immigration including Australia and Canada to discuss issues of migration and health.

Bardach (1998) states that to create public value, agencies need to specialise and integrate. To a large extent, specialisation of the agencies contributes to the government expectations on HIV/AIDS outcomes for the public. In the case study, each agency does what fits most effectively in its area of specialisation. For example, the IS is specialised in border control for migration purposes, thus they have the capabilities to successfully implement the immigration policy on HIV/AIDS testing for all immigrants who want to live in New Zealand for more than six months, especially those from HIV high risk countries. NZAF, who originally specialised in managing HIV cases among men who have sex with men (MSM), provides professional HIV/AIDS services to the MSM, African migrants, people living with HIV/AIDS, and other at-risk populations. DHBs, and GPs who specialise in general medical services such as laboratory tests, treatments and counselling, supply the ARVs, provide HIV/AIDS laboratory testing and counselling services; Needle Exchange Programmes supply syringes and needles to the injecting drug users, implement HIV programmes for the IDUs. The MoH specialises in implementing education training programmes, and the education programme on sexual and reproductive health for all students aged 13-17 years.

The respective agencies integrate through meetings, forums, telephone calls, e-mails, and conferences, and formally there are two HIV/AIDS related national meetings, run by the MoH. Other meetings depend on the state of emergency that may exist and other arrangements the agencies may make.

6.3 General indications of HIV/AIDS infections and its treatments in New Zealand

Since its discovery in New Zealand in 1980s among the MSM community, HIV/AIDS has spread to other populations and the number of infected people is escalating. NZAF (2009a) shows that to date, the most highly affected group is still MSM, followed by African migrants. In 2008 MSM accounted for 83% of the total HIV diagnoses recorded in New Zealand, followed by the heterosexual community (17%), the majority of whom contracted the disease from overseas (mostly Africa).

According to the 2009a report, surveillance data for HIV/AIDS in New Zealand for the first six months of 2009 showed that 3,192 (0.075%) people of the total New Zealand population of 4,268, 600 were living with HIV/AIDS. Of these, Europeans accounted for 49.7%, Maori 7.20%, Pacific 3.3%, Asian 11.7%, Africans 21.3%, others 3.5%, and an unknown group 3.0%. Further, a total number of 1,012 people were notified with HIV/AIDS in the first quarter of 2009. Of this latter group, 700 (69.2%) were European, 112 (11.1%) Maori, 34 (3.3%) Pacific people, 72 (7.1%) African, 61 (6.0%) Asian, 26 (2.6%) of other ethnicity. Information on ethnicity was not provided for 7 (0.7%). Nevertheless, there are high incidences of STIs among youth aged 20 and under and the most common STI is Chlamydia followed by Gonorrhoea, and Syphilis, UNGASS, (2007).

WHO (2009) emphasises that every country should implement HIV/AIDS prevention and control interventions to reduce the chances of HIV/AIDS transmissions. The measures includes treatment of HIV/AIDS by using quality ARVs, regular use of condoms, male circumcisions, provision of clean injecting equipment, blood safety, monitoring of the most-at-risk-population, prevention of mother-to-child transmissions, treatment of STIs, and HIV testing and counselling. Janssen J., et al. (2007), emphasises that by knowing their serostatuses, HIV/AIDS victims become more careful in their sexual behaviour. In New Zealand the control and prevention of HIV/AIDS is very practical. HIV/AIDS treatments using ARVs (of about 18 different types) and HIV/AIDS testing and counselling services for all citizens - including non-citizen pregnant women - are free. Further, HIV/AIDS prevention measures target the at-risk populations, already affected populations, and pregnant women. Prevention measures includes social marketing, free condom programmes, pre-natal HIV testing for every pregnant woman, and free testing and counselling services for all STIs.

According to an MoH official, the major causes of the HIV/AIDS increasing cases in New Zealand are: the HIV positive migrants who entered New Zealand before the 2005 immigration policy of HIV/AIDS testing for

all migrants who want to stay in New Zealand for more than six months; the increased number of people joining the homosexual community with more youths who are less knowledgeable and able to negotiate about sex engaging in at-risk behaviours such as group sex and online dating; the increased number of New Zealanders who travel overseas especially to high risk HIV countries and engage in risky sexual behaviours; and the stable number of the HIV patients who do not die following the introduction of the free ARVs.

In general HIV/AIDS in New Zealand is not as serious as in other countries. For instance, infections are common among the drug injecting people in other countries such as Eastern Europe and Asia, but in New Zealand it is not the case. However given its small population of 4 million people whose 0.075% are affected, and the complicated means of disease transmissions, prevention, and control, something more credible needs to be undertaken by the government to ensure the rate of infection remains stable.

6.4 Extent of government administrative system support to interagency collaborations

IPS (2008) points out that interagency collaboration in New Zealand is increasing as agencies find that the normal service delivery system is ineffective for complex problems. This applies to the case study as the agencies engage in collaborations as a matter of agency's concern over wicked issues, and not as a government policy requirement. It is the people in roles such as middle managers or top managers who in most cases initiate collaborations after discovering that their agencies cannot address the wicked issues through the normal service delivery system. Apart from that, CEOs are held accountable for the wicked issues facing their organisations. For example, the MoH had to ensure co-operation with the IS when it was learned that the number of HIV positive migrants was escalating². The outcome was the 2005 new immigration health policy of mandatory HIV/AIDS testing for all people (especially those from HIV high risk countries) wanting to travel to and reside in New Zealand for more than 12 months.

Bardach (1998) urges that the success of collaboration depends a lot upon the government administrative system. The government must supply environments which enable talented individuals to practice their knowledge

² Public health centres expressed their concern about the rapid increasing number of HIV/AIDS among migrants - mostly those from Africa (refugees and Zimbabweans)

of interagency collaborations and must be adept at influencing personnel and ensuring financial resources for collaboration. To a large extent, the New Zealand government administrative system supports interagency collaborations. Firstly, the feasible, coherent, and integrated public policies support integration both between and within government departments, and between government and non-government organisations. According to an MoH official, the government requires public policies to be developed out of high criteria and in harmony with other sectors' needs - mostly the sectors which are likely to benefit or bear the burden of the policy outcomes- and managers need to exercise good practice. For example, the IS (which is responsible for entry of tourists, students, and skilled workers who come to contribute to the economy), consults with the tourist and education sectors, the Department of Labour, and the MoH during policy development to ensure their needs and concerns are taken into account.

Secondly, the strong legal framework ensures strong rules and orders and high levels of transparency and accountability, and promotes effective implementation of public policies. For example, Ministers and CEOs are held accountable for the activities of their departments and the contributions their activities make to the outcomes the government wants for its citizens, and failure to do so may lead to termination of their contracts (SSC,2006). There is also prompt enactment of laws whenever conditions require change - for instance the legalisation of prostitution, to improve human rights and health status of the prostitutes, (UNGASS,2007).

Thirdly, there is outstanding government funding for public agencies. The legislature appropriates significant budgets for public agencies to pursue their missions. It is such funding which allows the agencies to engage in interagency relationships. Had the budget not been enough for the IS, they would have been unable to channel sufficient resource money to consulting medical practitioners, or maintain the network with panel doctors worldwide for the HIV/AIDS cooperation venture. Nor could the MoH fund the 16,500 health service delivery contracts – including those for HIV/AIDS (Stace & Cumming, 2006).

Fourth, there is good management, such as strategic planning at top levels and adherence to protocols for information sharing which enables an exchange of new information, and the expression of issues of concern such as adverse reactions from decisions made by other agencies. De Carolis et al. (2007) urges that with well developed collaboration communications channels at all levels, the exchange of information, feedbacks and

perceptions among the partners, as well as the ability to work as a cohesive team, becomes easier. According to an MoH official, the MoH funds two annual conferences where participants from the HIV/AIDS agencies express their issues of concern, in particular any adverse reactions of the IS³; further the MoH provides funds for HIV surveillances data and their frequent publications. In addition, the contracted NGOs are required to produce major reports every six months.

Moreover, the developed New Zealand infrastructure supports interagency collaborations. For example, the free telephone services within regions and high speed broadband services in most places enables interagency collaboration. Specific examples are: the contracted NGOs may use telephones and internet services to make frequent communication with the agencies involved in HIV/AIDS collaborations and the IS uses internet and telephonic conferences to discuss key health issues including HIV/AIDS with the international stakeholders such as the panel doctors.

6.5 Resource contributions for interagency relationships in New Zealand

The interagency relationships to control and prevent HIV/AIDS in New Zealand involve resources sharing and the extent of contributions is determined by the depth of the relationship. The collaborating agencies (NGOs, DHBs, and GPs) do share significant amount of resources, whereas the co-operating agencies share negligible resources.

The major key resources are turf, autonomy, and financial. In the case study, the key turf are the people living with HIV/AIDS, at risk population of the youth, MSM, injecting drug users and African migrants.

The major source of resources is divided into three categories: the agency's own budget from the government, charity donations to the agencies, and contract funds for health service delivery. Collaborating agencies such as the MoH, GPs, publicly funded health sectors, and the NGOs share funds from the government through the MoH. About 80% of the lead agency budget goes to the public health sectors and 20% to the contracted NGOs. The 80% and 20% MoH funds for both public and NGO organisations provides for a variety of health services including the HIV/AIDS programmes. Further the MoH contributes money for engagement with

³ Immigration Services was blamed for the inconsistent policy of HIV and AIDS testing for all immigrants. The IS sometimes allowed entry of some HIV positive migrants on the basis that they had economically potential, or had professionally high expertise. This caused pressure for health services in the public sector.

partner agencies such as meetings, forums and conferences. The cooperating agencies such as the MoE, and the IS, use their own budget to implement the shared HIV/AIDS activities. For example, to implement education programmes for reproductive health and a sexual strategy for students in years 13-17, the MoE uses its own vote; and to ensure effective HIV screening for the migrants, IS uses its own budget.

Gray(1989) urges that the recognition by stakeholders that their actions are linked to the actions of the other stakeholders is a critical basis for collaboration. Moreover, Bardach (1998) says that an agency's professionals tend to join collaborative works which are funded simply because they are assured of revenue which adds up to their total budget. On one hand, resource dependency has been the key factor for the collaboration between the MoH and the NGOs and the resource dependency has pushed for collaborations. For example, the NZAF official said "we try to do what we can to ensure our relation with the MoH remains stable, as they give us 93% of our budget".

The resource interdependency is good, but precautions should be taken to avoid engagement of less qualifying agencies that may end up wasting the collaboration resources, hence the lead agency needs to carefully scrutinise the partner agencies before initiating the collaborative ventures.

On the other hand, collaboration has been a matter of good practise of the agencies. The CEOs of the cooperating agencies are held accountable for the outcomes of their actions. For instance the IS was held accountable for the adverse reactions from its decisions, in particular the entry of HIV positive migrants. The MoH official said, "the IS had no way out as they are required to ensure harmony with other sectors, that is why the IS had to implement the HIV/AIDS testing policy in 2005".

Walker (2006) suggests that resource sharing in collaborative work tends to strengthen the relationship and move it from simple to complex, informal to formal, or from co-existence to collaboration. In regard to the case study, according to the IS official, there are less chances of advancing the relationship in the future due to the mismatch between the core activities of the IS and the HIV/AIDS venture. Given the two theoretical and practical arguments, this implies that strengthening of relations is likely to happen between the lead agency and those agencies whose core missions more closely match the collaboration venture. Thus the developmental stages of

the relationships (simple-complex, cooperation to collaboration) indicate the time needed for the agencies to understand each other's potentiality and the collaboration venture.

IPS (2008) emphasises that for successful collaborations, each member agency needs to be treated as being of equal potential in terms of resources, information or influence to define and address the issues of concern. Autonomy among the partner agencies in the case study is somehow shared fairly. Although the MoH is perceived to be more powerful, this is not always the case. Sometimes the MoH is flexible and tends to leave decisions to the agencies. This is also supported by IPS (2008) who states that if one agency has more resources than the others, to avoid diminishing contributions that others can make, the powerful agency should be willing to share power and resources among the group in a way that will not create dependency or patronage.

Bardach (1998) urges that agencies must build cultures of mutual trust and pragmatism to ensure successful collaborations.. According to a NZAF official, apart from prolonged bureaucracy during the contracting process, the contracting process is fair, reasonable, and the relationship is stable. For example the MoH official said "the NZAF can decide to over-spend before consulting us and may claim the difference later. In 2005 they decided to add the African migrants as new clientele with a related increase in cost, and we were happy with that. Moreover the NZAF writes proposals stating all activities to be implemented and in most cases we don't question much on the same, we approve the proposals on the basis of mutual trust".

Equal power and trust is important and highly supported. However, regardless of importance of the equal power sharing, there is a need for the principle agency to dominate the partner agencies on occasions for the sake of accountability. The principle agency is held accountable for the outcomes of the services being contracted for, thus power domination is sometimes inevitable to ensure adherence to the rules of the game. This is why Bardach (1998) claims that, if the responsible agency perceives that the partner agency will not perform better, while knowing it will be held accountable, it may not collaborate.

Gray (1985) urges that the degree of power among the stakeholders is closely linked to the degree of interdependency, as powerful stakeholders who perceive no interdependence try to preserve their control over the domain and endeavour to resist attempts to share power with other partners' agencies. In the case study, on one hand, the resource independent agencies have strong autonomy over the funded agencies, and autonomy

between public agencies that are at the same level of decision making tends to be attenuated. The MoH holds more power over the NGOs, however its autonomy over the IS and the MoE tends to be reduced, and the IS has the ability to make decisions just like the MoH. For example, IS has been in crisis with the MoH and other partner agencies over HIV positive migrants⁴. However, resource dependency agencies like the NZAF do not have such power to resist or force an issue. The NZAF official said sometimes it takes a long struggle to sell their ideas on HIV/AIDS. "We think we have rich information and expertise on HIV/AIDS issues, however whenever we want to advocate for some key evidence based policies, other organisations do not buy our ideas up-front".

On the other hand, most rich resource dependency agencies have strong power over the less rich resource dependency agencies. . Friend et al., (1974) notes that some stakeholders have greater control over the decision process than others, a fact which cannot be ignored. Pfeffer & Salancik (1978); and Aldrich (1976 cited in Gray, 1985) urge that without direct access to critical resources, some organisations become dependent on and vulnerable to the actions of the others in the network. The discretionary power of NZAF over the other NGOs is stronger due to NZAF's resource richness (expertise and experience, finance, administration, turf) over the other NGOs. For example, NZAF chairs forums, advocates for policy changes, and chairs the UNGASS report writing which is not done by the other NGOs, NZAF, (2009a).

Gray (1985) states that evidence suggests that effective collaboration cannot take place unless the *key* stakeholders possess roughly equal capability to influence domain development. In the case study, *key* powerful agencies are the MoH, IS and the NZAF and as these agencies have significant resources to influence the domain including finance, they are the reason behind the successful HIV/AIDS control and prevention measures.

In general these varieties of discretionary powers among the agencies over the domain (HIV/AIDS) imply that, first, autonomy of an agency is closely correlated to its resource capacity, second, the hierarchy of an

⁴ The IS is blamed for inconsistency and unreliability in implementing the health policy. Although HIV/AIDS testing for immigrants is a must, still a certain number of migrants get permission to enter New Zealand with HIV status, or at few times some migrants who were allowed entry on the basis of good health, are found HIV positive upon arrival in New Zealand.

agency determines its autonomy, and third, agencies whose core mission matches the collaborative venture, tend to be powerful due to ease in the justification of their budget.

Bardach (1998) urges that the more agencies find themselves competing for the same resource niche (funds or problem domain), the more they distract each others' motivations, and hide information about their own resource caches. Given the large number of the NGOs involved in HIV/AIDS compared to the limited number of the HIV clientele, the available turf is "up for grabs" simply because some of the NGOs are rooted in narrow fields. The IS, which is focussed on ensuring border security, is never likely to compete with NZAF for clientele as their fields are too different. However the key clientele for the NZAF, the Needle Exchange programme, Body Positive Inc., and the New Zealand Prostitute Collective, are likely to be the same. For instance, a HIV positive prostitute becomes a "grab client" for the NZAF who provide care and support services to PLWHA, and also for the New Zealand Prostitute Collective who cares for the prostitutes; or a gay drug injecting man becomes a "grab client" for the Needle Exchange Programme who distributed needles and syringe, and for the NZAF who distributes condoms and lubricants. To some extent, the fight for turf has created a tension between the NGOs.

Bardach (1998) urges that resource money can be the key reason for terminating, delaying, or avoiding collaborative relationships, simply because the agencies tend to be selfish, either by withholding the potential funds or by hiding the information about existence of funding opportunities. When interviewed on their relations regarding the turf, and their plans towards additional funding for the HIV/AIDS projects in the future, NZAF official said, "other NGOs have started later than us and are now struggling to take our clientele, which is why we never talk to them about our financial arrangements with the MoH". The theory and practical arguments are possible, the tension is inevitable and the only way the NGOs can avoid it is by broadening their missions to accommodate new turfs.

Personnel resource is also shared but not as much as money or turf. Bardach (1998) believes that agencies in inter-organisational relationships tend to rely on their staff for human resources and that staff tend to remain in their usual workplace. However, where the collaborative venture is new to the agencies, particular staff may be shifted from their work places or hired from outside to enable the collaboration. This applies to the case

study. During the interview, the MoH official said, "IS did not have professional doctors to handle the HIV/AIDS case when the cooperation venture came upon, so what they did was to hire professionals from the MoH.

De Carolis et al., (2007, cited in NTAECSC, 2008) claims that with well developed collaboration communications channels at all levels, the exchange of information, evaluation, and feedback perception among partners (as well as working as a cohesive team) becomes easier. To manage the interagency relationships, the major means of evaluating the activities of the NGOs is through the use of big reports which are submitted every six months by each contracted NGO. The NGOs are held accountable for the outcome of their activities. According to the MoH official, to date none of the NGOs has been denied renewal of contract due to failure.

The use of reports for evaluation is supported. However, given human errors, in order to ensure effective collaborations, the lead agency needs to have a separate monitoring and evaluation unit whose staff can conduct professional evaluations. The evaluation will confirm the reports, as well as aid in gaining a general understanding of what works well on the ground and what does not, to enable managing for outcomes, such as policy changes and or advanced strategic planning.

7 Conclusion and Recommendations

7.1 Conclusion

Generally, interagency relationships to control and prevent HIV/AIDS in New Zealand occur with paramount resource sharing and with negligible resource sharing (collaborations and cooperation) and at different levels i.e. at international and national levels, within agencies and between agencies (intra and inter). The relationships are well supported by the government policies and to a greater extent, the resource interdependencies of the agencies motivate the interagency relationships.

HIV/AIDS in New Zealand is obvious with 0.075% of the population affected. The number is increasing with time, and the most at-risk population is the gay community, followed by the heterosexual community (mostly the African migrants). However the proportion is negligible compared to other countries where HIV/AIDS is widespread up to 26% of the population. The government is well positioned to fight the disease, however given the nature of disease transmissions and the difficulties in its control and prevention measures, the government of New Zealand needs to excel more with the current HIV/AIDS measures.

Personal observations as per the study The rate of HIV/AIDS infections in New Zealand is very low compared to other countries. Given the time the disease was first recognised (early 1980s), and the current total number of affected people, the rate is quite low. However, it is very strange that only the gay community is highly susceptible to the disease, as the affected persons in the heterosexual community are mostly migrants who contracted the disease from overseas. It is worthwhile for medical researchers to investigate the gay men HIV/AIDS scenario as it may help in the development of new and better prevention measures.

What is referred to as "interagency collaborations" in both literature and practise by some scholars, can actually mean collaboration, co-ordination, and/or co-operation. This can at times be really confusing and misleading. Few scholars have managed to explain the terminology correctly; they have used "*interagency relationships*" to explain collaborations, cooperation and coordination, and they have used the term collaborations to explain relationships which involve intensive resource sharing. Thus more socialisation of the term is necessary to ensure consistence and meaning of the term "interagency collaborations."

Effective inter-organisational relationships especially interagency collaborations will only occur if the organisations have firstly, mutual interdependencies, secondly, a good governance system which recognises and supports inter-organisational relationships, and thirdly, each agency's lead persons/initiators must have exceptional ability and values (good leadership, negotiation, influencing and management skills, motivated towards outcomes, and enthusiastic about the needs of the community) which can enable them to effectively steer the joint work.

There is no way that power imbalances in inter-organisational working relationships may be avoided. The most resourceful agency/agencies in interagency relationships have the management skills to influence the venture, have outstanding budgets, are experienced in the perceived problem and perhaps have data/information about the problem. Thus, even if the partners perceive that there is power balance, in a real sense there is not, rather, it is a matter of technical handling of the whole process. For instance, if an agency does not have enough budget, it will never be able to negotiate effectively over issues and will therefore be unable to influence, or if an agency do not have enough information and expertise over the shared problem, will never be able to influence the joint discussions.

A culture of trusting each other among the agencies as well as being practical is the backbone of successful interagency relationships, and mostly interagency collaborations. If the agencies do not have culture of trust, even if all other resources are made available, the ability of the joint venture to move forward easily is much less likely.

Inter-organisational relationships can be compared to an agency which acts as a rival agency to the participating agencies. This being the case, agencies do think strategically before initiating relationships in order to ensure their autonomy over the domain, agency budget, and personal carriers remains intact. Thus successful inter-organisational relationships especially collaborations are the ones whose partner agencies do not sense any danger, rather they perceive benefits.

The three theories used in the study (interagency collaboration capacity, resource dependency, and networking capacity) underpin each other, rather than being separate. They make sense when put together. Agencies will not succeed in joint ventures if they don't have resource interdependencies; they will not

communicate matters effectively if they don't have a well established central networking system; and will never reach the desired goals if they don't have the ability to control the whole process of interagency relationship in a manner which ensures the outcomes while at the same time maintaining harmony among the agencies.

Lastly, where there are more than three agencies working together for the resolution of a common problem to ensure effectiveness, mutual respect, and understanding among the agencies, there must be a separate autonomous unit (committee, council, central body) selected from the members to oversee, coordinate and fine tune actions of the members. Without such a body, it is likely that the agencies will lack effective common understanding which may cause misuse of resources over processes such as extended negotiations. The key task of the unit can be controlling and moderating actions of the partner agencies which are quite tricky when conducted without such a central body.

7.2 Recommendations

Interagency relationships to control and prevent HIV/AIDS in New Zealand are fragmented. The current national coordinator NZAF is ineffective due to insufficient power - caused by inadequate resources and autonomy. Thus there is a need to develop a National Policy on HIV/AIDS and a national coordinating body or council created and enacted by Parliament. Such a council will have the power to timely develop new HIV/AIDS related policies, and or advise the government effectively on the same. Moreover, the council will act as an overseer of the multi-sectoral responses to HIV/AIDS and provide guidance to the partner sectors, and will provide leadership roles.

The escalating rate of STIs including Chlamydia indicates that there is need for an urgent amendment of the Sexual and Reproductive Health Strategy by the MoH in order to reduce the escalating number of STIs. As well, the Public Health Bill needs to be enacted to ensure close monitoring of STIs to ensure effective strategy development.

Immigration New Zealand needs to cooperate effectively with the HIV/AIDS agencies. The IS needs to carefully scrutinise its health policies and act feasibly and consistently. Where possible, the government needs to intervene and ensure that the proposed measures by the partner agencies are taken into effect by the IS.

There is need for some agencies to broaden their mission so as to avoid competition for turf and autonomy.

The number of overseas travellers bringing back HIV infections into the country needs to be reduced by implementing a programme for all New Zealand travellers. The programme should require all travelling New Zealanders to access HIV/AIDS promotion and awareness materials prior to departure so that their health, safety and wellbeing when in foreign countries, particularly those travelling to HIV high prevalence countries, is not compromised.

There is a need to increase mass awareness of HIV/AIDS. The current public awareness campaigns through the media are too few, brief and limited. Part of the population is still in a dilemma as to what HIV/AIDS actually is.

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Table 1. Exposure category by time of diagnosis for those found to be infected with HIV by antibody test and first viral load test.

	Exposure category	HIV Infection*							
		1985-2003		2004-2008		2009 (to end of June)		Total	
Sex		No	%	No	%	No	%	No	%
Male	Homosexual contact	1162	56.1	487	47.7	44	45.4	1693	53.0
	Homosexual & IDU	26	1.3	15	1.5	1	1.0	42	1.3
	Heterosexual contact	212	10.2	199	19.5	11	11.3	422	13.2
	Injecting drug use	53	2.6	6	0.6	4	4.1	63	2.0
	Blood product recipient	34	1.6	0	0.0	0	0.0	34	1.1
	Transfusion recipient [†]	9	0.4	4	0.4	0	0.0	13	0.4
	Perinatal	13	0.6	17	1.7	2	2.1	32	1.0
	Other	4	0.2	5	0.5	0	0.0	9	0.3
	Unknown	239	11.5	65	6.4	12	12.4	316	10.0
Female	Heterosexual contact	234	11.3	187	18.3	22	22.7	443	13.8
	Injecting drug use	11	0.5	0	0.0	0	0.0	11	0.3
	Transfusion recipient [†]	8	0.4	2	0.2	0	0.0	10	0.3
	Perinatal	11	0.5	9	0.9	0	0.0	20	0.6
	Other	7	0.3	5	0.5	0	0.0	12	0.4
	Unknown	24	1.2	20	2.0	1	1.0	45	1.4
Transgender	Total	8	0.4	1	0.1	0	0.0	9	0.3
NS	Transfusion recipient	5	0.2	0	0.0	0	0.0	5	0.2
	Unknown	13	0.6	0	0.0	0	0.0	13	0.4
TOTAL		2073	100.0	1022	100.0	97	100.0	3192	100.0

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those reported through viral load testing. The latter include many who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.

NS = Not stated † All people in this category, diagnosed since 1996, infection was acquired overseas

Table 2. Ethnicity[†] by time of diagnosis in New Zealand for those found to be infected with HIV by antibody test and first viral load test.

	Ethnicity	HIV Infection*							
		1996-2003		2004-2008		2009 (to end of June)		Total	
Sex		No	%	No	%	No	%	No	%
Male	European/Pakeha	513	50.0	430	42.1	39	40.2	982	45.7
	Māori	60	5.8	75	7.3	2	2.1	137	6.4
	Pacific Island	18	1.8	25	2.4	2	2.1	45	2.1
	African	96	9.3	127	12.4	5	5.1	228	10.6
	Asian	91	8.9	81	7.9	6	6.2	178	8.3
	Other	19	1.9	35	3.4	11	11.3	65	3.0
	Unknown	22	2.1	25	2.4	9	9.3	56	2.6
		European/Pakeha	53	5.2	30	2.9	4	4.1	87
Female	Māori	7	0.7	8	0.8	3	3.1	18	0.8
	Pacific Island	13	1.3	11	1.1	1	1.0	25	1.2
	African	88	8.6	130	12.7	11	11.3	229	10.7
	Asian	44	4.3	28	2.7	2	2.1	74	3.4
	Other	1	0.1	8	0.8	2	2.1	11	0.5
	Unknown	1	0.1	8	0.8	0	0.0	9	0.4
Transgender	Total	1	0.1	1	0.1	0	0.0	2	0.1
TOTAL		1027	100.0	1022	100.0	97	100.0	2146	100.0

[†] Information on ethnicity of people diagnosed with HIV only collected since 1996

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those reported through viral load testing. The latter include many who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.

† Includes people who belong to Māori and another ethnic group

For further information about the occurrence of HIV/AIDS in New Zealand, contact:
 Sue McAllister, AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago Medical School, PO Box 913,
 Dunedin, New Zealand. Website address: www.otago.ac.nz/aids/epigroup
 Phone: (03) 479 7220, Fax: (03) 479 7298, or Email aids@epigroup@otago.ac.nz

**LIST OF COUNTRIES WITH PANEL OF DOCTORS FOR CARRYING OUT MEDICAL EXAMINATION FOR IMMIGRATION
NEW ZEALAND.**

Country: Armenia
City or County: Yerevan
Doctor/Clinic: Dr Armen Pirouzyan
Address: Malatia Medical Centre, 28A Varougan
Street, Yerevan 375032
Phone: + 374 1 773 079 or + 374 1 520 028 **Fax:** +
374 1 583 333 **Email:** pirouzyaar@state.gov
Type: Doctor

Country: Australia
Phone: 0061 2 9806 7333
Notes: For Applicants who are in Australia who require
health checks for Immigration New Zealand
requirements, please refer to Health Services Australia
for assistance. Note: Your medical will need to have a
Health Services Australia stamp on it.

Country: Austria
City or County: Bregenz
Doctor/Clinic: Dr Anton Glocklhofer
Address: Deuringstrasse 3/3, 6900 Bregenz
Phone: + 43 557 452 233 **Fax:** +43 557 522 3318
Type: Doctor

Country: Austria
City or County: Bregenz
Doctor/Clinic: Dr Ingrid Mayrhauser
Address: Bahnhofstrasse 39, 6900 Bregenz
Phone: + 43 557 443 624
Type: Radiologist

Country: Austria
City or County: Graz
Doctor/Clinic: Dr Gert Tillich
Address: Hans Sachs-Gasse 5, 1 Stock, 8010 Graz
Phone: + 43 316 825 232
Type: Doctor

Country: Austria
City or County: Graz
Doctor/Clinic: Dr Helfried Winter
Address: Privatklinik Ragnitz, Berthold-Linderweg 15,
8047 Graz
Phone: + 43 316 596 2200 **Fax:** + 43 316 596 2205
Type: Radiologist

Country: Austria
City or County: Innsbruck

Doctor/Clinic: Dr Friedrich Bischinger
Address: Gabelsbergerstr. 41, 6020 Innsbruck
Phone: + 43 512 399 885 **Fax:** + 43 512 399 8859
Email: f.bischinger@tirol.com
Type: Radiologist

Country: Austria
City or County: Innsbruck
Doctor/Clinic: Dr Andreas Pfretschner
Address: Museumstrasse 24/1, 6020 Innsbruck
Phone: + 43 512 580 019
Type: Doctor

Country: Austria
City or County: Klagenfurt
Doctor/Clinic: Dr Imelda Rainer
Address: Burggasse 23/1, 9020 Klagenfurt
Phone: + 43 463 512 256 **Fax:** + 43 463 512 256
Type: Doctor

Country: Austria
City or County: Klagenfurt
Doctor/Clinic: Dr Wilfried Wertritschnig
Address: Facharzt fur Radiologie, Fleischmarkt 9/1,
9020 Klagenfurt
Phone: + 43 463 513 040
Type: Radiologist

Country: Austria
City or County: Linz
Doctor/Clinic: Dr B Povysil
Address: Childrens & Womens Hospital,
Krankenhausstr. 26, 4020 Linz
Phone: + 43 732 6923 26740 **Fax:** + 43 732 78 16 50
Type: Radiologist

Country: Austria
City or County: Salzburg
Doctor/Clinic: Dr Regine, Dr Stipicic
Address: Guggenmoosstrasse 41, 5020 Salzburg
Phone: + 43 662 433 391
Type: Doctor

Country: Austria
City or County: Salzburg
Doctor/Clinic: Dr Heribert Schurich
Address: Imbergstrasse 6, 5020 Salzburg
Phone: + 43 662 870 244 **Fax:** + 43 662 876 956
Type: Radiologist

Country: Austria
City or County: Traun

Doctor/Clinic: Dr Ulrike Haas
Address: Arztl. für Allgemeinmedizin, Linzerstrasse
12/2, A-4050 Traun
Phone: + 43 676 384 8739 **Fax:** + 43 722 980 074
Email: ulrike.haas@utanet.at
Type: Doctor

Country: Austria
City or County: Vienna
Doctor/Clinic: Dr Andreas Braunsteiner
Address: Wiedner Hauptstrasse 15, 1040 Vienna
Phone: + 43 1 505 26190
Type: Radiologist

Country: Botswana
City or County: Gaborone
Doctor/Clinic: Dr A E Lambat
Address: Plot 8905, Broadhurst, Extension 19,
Gaborone
Phone: + 267 395 3233 **Fax:** + 267 390 0243
Type: Doctor

Country: Brazil
City or County: Belo Horizonte
Doctor/Clinic: Dr Joao Mendes Alvares
Address: Centro Medico Baeta Vianna, Rua dos
Otoni, 927 Conj 302, Belo Horizonte - CEP 30.150-
321
Phone: + 55 31 3213 7172 **Email:**
joaomendes@uaivip.com.br
Type: Doctor

Country: Brazil
City or County: Belo Horizonte
Doctor/Clinic: Clinica Radiologica Javert Barros
Address: Rua Rio Grande do Norte, 63 - 2° Andar,
CEP 30.130-130
Phone: + 55 31 3224 2077 **Email:**
crjb@veloxmail.com.br
Type: Radiologists

Country: Brazil
City or County: Belo Horizonte
Doctor/Clinic: Dr Joaquim Romeu Cancado, Maria
da Gloria Barbosa Cancado & Dr Juliana Cancado
Address: Rua dos Otoni, 927 Conj 602, Belo
Horizonte, MG 30.150-270
Phone: + 55 31 3224 2335 **Fax:** +55 31 3273 4234
Email: mariadagloriabcancado@gmail.com
Type: Doctor

Country: Brazil

City or County: Brasilia
Doctor/Clinic: Dr Francisco Airton Borges de Oliveira
Address: Edificio.Centro Clinico Sul, SHLS 716,
Torre II - sala T-219, Cep: 70390-700
Phone: + 55 61 245 3133 **Email:**
airtonborges@terra.com.br
Type: Doctor

Country: Brazil
City or County: Fortaleza
Doctor/Clinic: Dr Dirk Schreen
Address: Rua Carlos Vasconcelos 977, Aldeota,
Fortaleza - Ceara 60.315-170
Phone: + 55 85 3261 2926 or + 55 85 3261 3264
Email: dirksch@uol.com.br
Type: Doctor

Country: Brazil
City or County: Fortaleza
Doctor/Clinic: Radiology Clinic
Address: Hospital Monte Klinikum, Rua Republica do
Libano, 747, 60.160-140
List of some Overseas New Zealand panel doctors

Phone: + 55 85 266 2825 **Email:**
radioclauditeixeira@hotmail.com
Type: Radiologist

Country: Brazil
City or County: Sao Paulo
Doctor/Clinic: Dr Ib Waldemar Andersen
Address: Rua Antonio de Macedo Soares, 1902,
Campo Belo, CEP 04607 - 003
Phone: + 55 11 5543 5086 or + 55 11 5092 6458
Email: ibandersen@uol.com.br
Type: Doctor

Country: Brazil
City or County: Sao Paulo
Doctor/Clinic: Radiology Clinic
Address: Laboratorio Delboni Auriemo e Lavoisier,
Avenida Angelica, 2229, Sao Paulo 01227 - 200
Phone: + 55 11 3047 4488 **Fax:** + 55 11 3017 8276
Hours: Mon - Fri: 6.30am - 6.30pm, Sat: 6.30am -
1.00pm
Type: Radiologist

Country: Brazil
City or County: Sao Paulo
Doctor/Clinic: Dr Leite
Address: Rua Sergipe, 441 - conj. 111A - 11. andar,
Higienopolis
Phone: (11)3661-9522 or 36630404 or 9905 0404
Email: joaojl.clin@uol.com.br
Type: Doctor

Country: Brazil
City or County: Sao Paulo
Doctor/Clinic: Dr Paulo Ricardo Furbetta
Address: Av. Brigadeiro Faria Lima, 1571 Conj. 2C,
Pinheiros 01.452 - 001
Phone: + 55 11 3031 1671 or + 55 11 3032 8886
Fax: + 55 11 3031 1671 or + 55 11 3032 8886 **Email:**
furbeta@uol.com.br
Type: Doctor

Country: Brazil
City or County: Sao Paulo
Doctor/Clinic: Dr Dankwart Schreen
Address: Centro Medico Manoel T. Hidal -
Consultorio 1206 B - 12 andar Av. Albert Einstein
627701, Bairro do Morumbi - SP, 05.691 - 900
Phone: + 55 11 3747 3206 or + 55 11 3747 3266
Fax: + 55 11 3747 3526 **Email:** dankwart@uol.com.br
Type: Doctor

Country: Brazil
City or County: Porto Alegre
Doctor/Clinic: Dr Antonio Pozzer
Address: Rua Santo Antonio, 277/203
Independencia, Porto Alegre - RS 91220-320
Phone: + 55 51 3311 7039 or + 55 51 3311 7757
Fax: + 55 51 3268 8780 **Email:**
aepozzer@terra.com.br
Type: Doctor

Country: Brazil
City or County: Porto Alegre
Doctor/Clinic: The Radiologist
Address: Clinica Radiologica - CROL, Rua Antenor
Lemos, 33, Menino Deus 90.850-100
Phone: + 55 51 3026 1500
Type: Radiologist

Countries, areas, and territories with a low incidence of tuberculosis (TB)

Andorra
Antigua and Barbuda
Australia
Austria
Barbados
Belgium
Bermuda
British Virgin Islands
Canada
Cayman Islands
Chile
Costa Rica
Cuba
Cyprus
Czech Republic
Denmark
Dominica
Finland
France
Germany
Greece
Grenada
Iceland
Ireland
Israel (including the Occupied
Palestinian Territory, and
including East Jerusalem)
Italy
Jamaica
Jordan
Lebanon
Libyan Arab Jamahiriya
Liechtenstein
Luxembourg
Malta
Monaco
Montserrat
Netherlands Antilles
Netherlands
New Zealand
Norway
Oman
Puerto Rico
Saint Kitts and Nevis
Saint Lucia
San Marino
Slovenia
Sweden
Switzerland
Trinidad and Tobago
Turks and Caicos Islands

United Arab Emirates
United Kingdom
United States of America
United States Virgin Islands
Vatican City

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