Interview with an Advocate: Fearless leader of Uganda's Voluntary Medical Male Circumcision (VMMC) Program speaks of momentum, motivation and maintaining success

Uganda has made tremendous progress in its VMMC (also known as Safe Male Circumcision or SMC in Uganda) scale-up over the past two years, with over 1.7 million men were circumcised in 2013 and 2014 alone. A cumulative total of 2.1 million circumcisions have been done in Uganda since 2008 according to WHO'S recent Progress Brief. As Coordinator of the National Safe Male Circumcision, Dr. Barbara Nanteza has led the Uganda program during this critical period of scale-up. Dr. Nanteza talked to the coordinators of the VMMC Truth-tellers Initiative about leadership, collaboration with the Ministry of Health and implementing partners, the unmet need for sustainable funding, best practices and loving her work.

Truth-tellers (TT): What is your role as the head of the National Safe Male Circumcision (SMC) program in Uganda?

Dr. Barbara Nanteza (BN): My roles are really many and broad. I'm responsible for management of the program – in other words providing coordination, leadership, and ensuring that the program has the infrastructure, logistics and supplies to keep it running smoothly. I'm also responsible for maintaining standards of the program on a range of issues including policy, capacity building, training, supervision and quality improvement. As head of the program, I also mobilize resources and lead its strategic planning.

TT: What was the program's biggest challenge when you took over in 2012, and what's the biggest challenge today?

BN: Much as Uganda spearheaded the clinical trials in 2005, the country didn't take on safe male circumcision immediately. It wasn't until 2010 that some SMC work started. The US President's Emergency Plan for AIDS Relief (PEPFAR) had already started funding the program directly through the implementing partners (IPs), but the entire management system was down. It took a lot of courage and effort to streamline both management and

maintaining the standards given that IPs had been given a lot of money by PEPFAR. It's rather ironic that our biggest challenge today is funding. Unfortunately, the funding challenges are coming at the back of three years of our biggest scale-up. Demand for SMC services is very high at the moment. Last year our target was one million circumcised, but we had funding for 750,000. We ended the year with 878,109 males circumcised. Our target for 2015 is still one million, but I have funding for only 330,000 procedures. That's a huge funding gap, which without a doubt, will slow down the program.

TT: Some issues came up around tetanus and SMC in Uganda last year; can you tell me about them? [Editor's note: In 2014, nine cases of tetanus were reported across multiple country national VMMC programs—six resulted in death. Consequently, WHO and partners assessed tetanus risk associated with VMMC and different circumcision methods. To minimize tetanus risk, WHO now advises a dual approach of clean care (emphasis on clean wound care and standard surgical protocols for sterility) and tetanus vaccine interventions. For more information go to WHO Informal Consultation on Tetanus and VMMC.

BN: In 2014, we faced another unforeseen challenge – tetanus. There were reported cases of tetanus among five males [in Uganda] who had undergone circumcision [with either surgical or device methods]. The reality is that the SMC program helped Uganda realize that as a country we have high background tetanus. The SMC program should be strengthened to help save many Ugandans from this immunizable disease. Through the SMC program we can reach many Ugandans, both men and women. If funds are available, we can make the SMC program become proud of vaccinating Ugandans against tetanus, which has a mortality of more than 56 percent.

TT: The program has made tremendous progress since you took over—from about 80,000 circumcisions in 2011 to a cumulative total of 2.1 million by 2014—about 80 per cent of which were accomplished in 2013–14. What are your plans to maintain this pace of scale-up or even surpass it?

BN: I attribute the achievements to hard work and focus. A few individuals and institutions stand out – including those at PEPFAR, the Ministry of Health (MoH), the AIDS Control Program, the National SMC task force, the implementing partners and many others.

The plan to maintain this scale-up is very simple—we need stable funding. We have proven that we have the desire and ability to get the results. We can even surpass the targets if every stakeholder can play their role.

TT: How did your approach change from when you first took over the program?

BN: Management has been very instrumental to this. I made sure that all IPs operated under MoH guidance. This was very difficult in the beginning but with time most IPs have realized that they offer services to Ugandans and it's MoH that is answerable to their health.

My approach is straight and candid. I never want anyone to use me as an excuse for his/her failure. I focus on the ultimate goal of averting HIV infections through the SMC program.

TT: If another program manager in another country wanted to achieve what you're achieving in Uganda, what would you advise he/she to do?

BN: I have always wanted to share Uganda's best practices but have never had an opportunity. Though I can talk till the cows come home, I'll give a few pieces of advice:

- Love your work: We should love our work even in the absence of money. Since childhood I have liked to make a difference in another person's life so when I was given this job (initially I started as a volunteer) I was very happy. Today, my accomplishments speak volumes. I know my daughter will be happy to know that I did something for my country when the opportunity came.

- Be in control: MoH leadership is key. Through my years at the MoH, it has been tough simply because it's the IPs with the money. This puts

MoH officers in a very tricky situation. But when you know your role, everything else doesn't count. I have been able to tell IPs to follow MoH even though they have lots of money. Those who didn't follow can tell you that I have had to communicate to them in a way many have not liked, but in the end, I'm sure the IPs are also enjoying our success.

- Data: All mangers should ensure that they have and control data for their programs. That way they are able to analyze and make informed decisions to improve their programs.

- Research: Nothing beats scientific evidence. I really like to do research or implementation science. This improves programs and helps formulate better policies.

- Results dissemination: I always want to share what I do with others such that we can learn from each other. This can be through meetings, workshops, and conferences, though as MoH we always have limited resources to do all this.

TT: You're a vocal advocate for the program yourself, what's your message to your own government? And funders? And other advocates like you?

BN: First, I would like to thank the government for the support and guidance they offer to the program though I am requesting that they allocate more funds to the SMC program since it's an important piece of combination prevention.

To the funders – if they want value for their money, I can assure them that Uganda is currently the country that can give the much-needed results in a very short time. My only caution though would be for them to respect the MoH, and let the MoH take leadership.

To my fellow advocates – they should keep the fire burning. Despite the challenges we face, no condition is permanent and all good things are worth fighting for. Every infection is worth our sweat!