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U.S. President's Emergency Plan for AIDS Relief

PEPFAR Voluntary Medical Male Circumcision (VMMC) Webinar

Monitoring, Reporting and Quality of Services

March 19, 2013



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Maternal and Child Health
Integrated Program





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Moderator:

Tigistu Adamu Ashengo: Team
Leader for HIV & TB
Maternal and Child Health Integrated
Program (MCHIP)

Presenters:

1. **Jason Reed:** Senior Technical Advisor for Office of the U.S. Global AIDS Coordinator, OGAC
2. **Anne Goldzier Thomas:** Director of Strategic Information, DoD HIV/AIDS Prevention Program, DHAPP
3. **Emmanuel Njehmeli:** Senior Biomedical Prevention Advisor Office of HIV/AIDS, USAID
4. **Naomi Bock,** Medical Officer Centers for Disease Control, CDC





Objectives

- To review PEPFAR's COP guidance & technical considerations related to VMMC program safety
- To discuss VMMC data quality
- To describe PEPFAR's VMMC indicators
- To describe VMMC continuous quality improvement
- To review VMMC external quality assessment





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U.S. President's Emergency Plan for AIDS Relief

PEPFAR's COP Guidance & Technical Considerations Related to Voluntary Medical Male Circumcision Program Safety

Jason Reed, MD, MPH

Sr. Technical Advisor for Male Circumcision Programming
Office of the U.S. Global AIDS Coordinator



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COP Guidance

Funding restrictions and requirements provided to PEPFAR country offices annually to direct COP preparations

October 2012 Version 2

<http://www.pepfar.gov/documents/organization/198960.pdf>





Technical Considerations

Annually updated set of instructions and recommendations provided to PEPFAR-supported implementing partners and country PEPFAR offices that guide the implementation of programs

October 2012 Version

<http://www.pepfar.gov/documents/organization/199147.pdf>





2013 COP Guidance

VMMC Funding Restrictions and Requirements

- PEPFAR funds may not be used to provide VMMCs that require sedation or general anesthesia. For more information, please see the VMMC Technical Considerations.
- PEPFAR-funded VMMC programs must have emergency equipment and supplies on site to manage the very unlikely life-threatening complications that may occur. Staff trained in the use of the emergency equipment and supplies must be on site at all times VMMC surgeries are being provided. For more information, please see the VMMC Technical Considerations.





2013 Technical Considerations

VMCC technical areas addressed:

- 1) Minimum package of services
- 2) Training requirements
- 3) Safety and quality of programs
- 4) Communications
- 5) HIV testing/counseling and linkages to care/treatment
- 6) Supply chain issues
- 7) Monitoring and reporting of indicators
- 8) Volunteerism
- 9) Circumcision methods/techniques that are/are not funded by PEPFAR
- 10) Annual operating plans
- 11) Two-pronged implementation assistance





2013 Technical Considerations

VMCC technical areas addressed :

- 1) Minimum package of services
- 2) Training requirements
- 3) ***Safety and quality of programs***
- 4) Communications
- 5) HIV testing/counseling and linkages to care/treatment
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Safety and quality of programs

- Mechanisms for QA, quality standards, and quality of care within the program, including plans for clinical complication management, must be in place. Countries are encouraged to follow the WHO Quality Assurance Guidance and Tools for facility self-assessments and to engage with the PEPFAR VMMC Technical Working Group to schedule and participate in routine External Quality Assurance assessments, sponsored by PEPFAR.





Safety and quality of programs

– Sedation

- PEPFAR-funded programs will not support circumcision provided under general anesthesia or sedation. If a client is not able to cooperate with the procedure under local anesthesia, then the VMMC should be deferred.

– Emergency Preparedness

- Programs must be prepared and able to handle medical emergencies, including life-threatening emergencies, with the appropriate medical equipment, supplies, and pharmaceuticals. Staff trained in their use must always be available when VMMC procedures are being conducted. The PEPFAR External Quality Assurance Toolkit includes a module on emergency preparedness that outlines these requirements for programs. All of the requirements must be met by VMMC sites/programs.





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Thank You!





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Voluntary Medical Male Circumcision Data Quality

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Dimensions of Data Quality

Accuracy/ Validity	Data measure what they are intended to measure - <i>Are fields in the form being filled out correctly?</i>
Reliability	Data measured and collected consistently (the same way with the same data collection instruments) over time - <i>Are standardized data collection forms being used?</i>
Completeness	Completely inclusive: an information system represents the complete list of eligible names and not a fraction of the list - <i>Are providers filling in all fields in the registers?</i> - <i>Are all VMMCs being reported in the registers?</i>
Precision	The data have sufficient detail (e.g., collected by age, sex, etc.)
Timeliness	Data are up-to-date (current), and information is available on time - <i>Are summary reports being generated and sent to the appropriate level following reporting deadlines?</i>
Integrity	The data are protected from deliberate bias or manipulation for personal or political reasons
Confidentiality	Clients are assured that their data will be maintained according to national/international standards for data



VMMC Workflow

Information is collected at each time point in the workflow, which provides programs with valuable data on program quality and to inform decision-making

- Demographic information
- VMMC client education/counseling
- HIV testing and counseling
- VMMC surgical consent
- Medical history
- Physical examination
- VMMC surgical procedure
- Post-operative/adverse event monitoring
- Referrals to care/treatment for HIV-positive individuals and STI tx





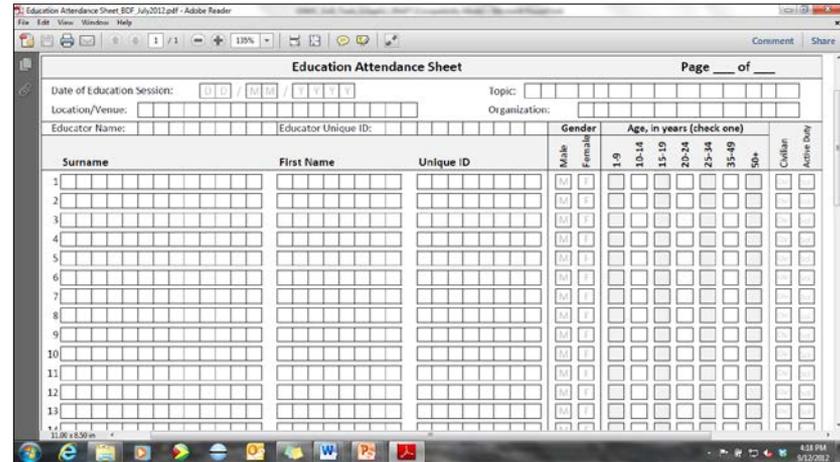
VMMC Monitoring and Reporting Guide

- Monitoring and Reporting System Overview
 - Health management information systems
- PEPFAR Indicators
- Target Setting
- Recording and Reporting VMMC Service Delivery Indicators
- Semi-Annual/Annual PEPFAR Reporting Requirements
- Quality Assurance
- Capacity Building for VMMC Reporting
- Data Collection at Each Stage of the VMMC Workflow
- Linkage of Facility-Based Systems
- Appendices: Indicator Reference Sheets and Data Collection Forms



Data Collection

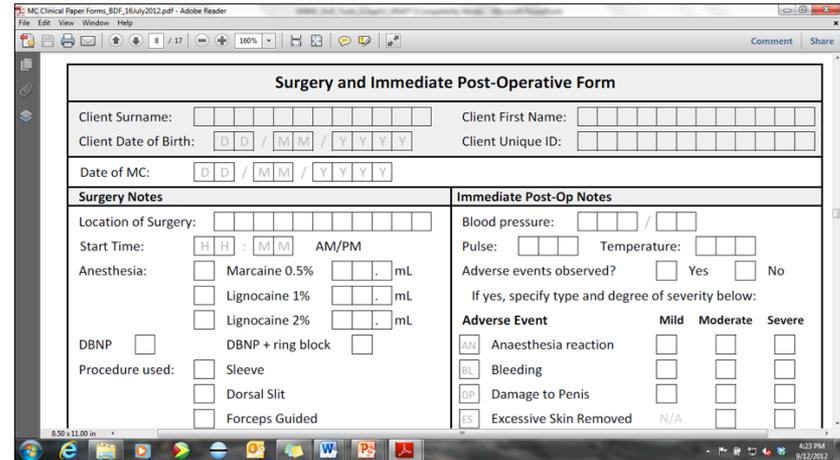
- Standardized indicators and tools facilitate data aggregation and reporting
- Data collection tools include:
 - Education/counseling attendance logs
 - Client record forms
 - Surgery day register
 - Follow-up register
 - Adverse event log/forms



Education Attendance Sheet Page ___ of ___

Date of Education Session: DD / MM / YYYY Topic: _____
 Location/Venue: _____ Organization: _____
 Educator Name: _____ Educator Unique ID: _____

	Surname	First Name	Unique ID	Gender		Age, in years (check one)							Civilian	Active Duty
				Male	Female	1-9	10-14	15-19	20-24	25-34	35-49	50+		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														



Surgery and Immediate Post-Operative Form

Client Surname: _____ Client First Name: _____
 Client Date of Birth: DD / MM / YYYY Client Unique ID: _____
 Date of MC: DD / MM / YYYY

Surgery Notes	Immediate Post-Op Notes
Location of Surgery: _____	Blood pressure: _____ / _____
Start Time: HH : MM AM/PM	Pulse: _____ Temperature: _____
Anesthesia: <input type="checkbox"/> Marcaine 0.5% _____ mL	Adverse events observed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lignocaine 1% _____ mL	If yes, specify type and degree of severity below:
<input type="checkbox"/> Lignocaine 2% _____ mL	Adverse Event Mild Moderate Severe
DBNP <input type="checkbox"/> DBNP + ring block <input type="checkbox"/>	AN Anaesthesia reaction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Procedure used: <input type="checkbox"/> Sleeve	BL Bleeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Dorsal Slit	DP Damage to Penis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Forceps Guided	ES Excessive Skin Removed N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Data Reporting

- Ensure that tools include periodic (monthly or quarterly) summary forms
- Establish reporting schedules that define the frequency of data aggregation and reporting up by facilities, district level, and provincial level offices
- Require and delineate the flow of information from facility level to national level
- Document referrals/linkages and outcomes for HIV+ and STI+ clients to care/treatment
- Use paper-based and/or electronic systems for data collection and reporting





Data Use

- Reviewing and sharing of data support decision-making on how to plan, revise, and improve programs
 - Ministries (MOH, MOD), districts, service sites
 - Target certain age groups; tailor age-specific communication strategies for VMMC
 - Forecast estimated number of VMMCs to be performed at static vs. outreach/mobile sites based on community demand, staffing plan, and program results from prior quarters
 - Monitor safe quality service provision (i.e., adverse event reporting)
 - Monitor success of linkages to other services
- Evaluation of resource allocations
 - Staff, commodities, VMMC service delivery site distribution
- Determine health system strengthening needs
 - Identify additional emergency response, post-exposure prophylaxis, VMMC, HTC, and related training needs based on staff input and assessment results





Data Quality Improvement

- Use standardized data collection/reporting forms
- Train individuals in M&E
- Conduct data quality assessments/EQAs
 - Involve all levels, Ministries, Implementing Partners, USG VMMC, site staff
- Identify data quality challenges in collecting specific indicator data and ways to address these challenges
- Consider electronic systems for data collection/reporting where feasible





Summary: VMIMC Data Quality

- PEPFAR Monitoring and Reporting Guide coming soon
- Sample data collection forms are available
- Data collection process and protocol must be made clear

Good data in = good data out!

Please contact us for further information!





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Thank You!





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PEPFAR's Voluntary Medical Male Circumcision Indicators – 2013 Update

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PEPFAR Indicators

Types of indicators: Two categories

- **Essential:** Those indicators that implementing partners are required to report to PEPFAR
- Essential/Reported: Data go to country PEPFAR office and then to OGAC
- Essential/Not Reported: Data go to country PEPFAR office
- **Recommended:** Those indicators that implementing partners are suggested (but not required) to report to PEPFAR

Reporting frequency: Twice yearly

- **SAPR:** Reported in April summarizing performance in the period Oct. 1 through March 31
- **APR:** Reported in Oct. summarizing performance in the period Oct. 1 through Sept. 30





VMMC Indicators – Essential

Essential VMMC Indicators (3)

- 1) Number of males circumcised, categorized by age of client (<1, 1–9, 10–14, 15–19, 20–24, 25–49, 50+)
- 2) Number of circumcised clients experiencing 1 or more moderate/severe adverse events, categorized by severity (moderate, severe)
- 3) Number of health care workers who completed in-service VMMC training





VMMC Indicators – Essential

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- 3) Number of health care workers who completed in-service VMMC training





Adverse Event(s) Indicator

Requires that implementing partners use AEs and definitions (in “NGI Reference Guide”)

- Anesthesia reaction
- Bleeding
- Infection
- Pain
- Wound disruption
- Sexual dysfunction/sensory changes
- Scarring/disfigurement
- Excess skin removal
- Injury to glans/shaft
- Swelling/hematoma
- Difficulty urinating
- Occupational exposure

- Updated definitions outlined in NGI Reference Guide Version 2, Feb 2013, including severity definitions (moderate and severe) <http://www.pepfar.gov/reports/guidance/index.htm>,
- <http://www.pepfar.gov/documents/organization/206097.pdf>





VMMC Indicators

Recommended VMMC Indicators (4)

- 1) Number of males circumcised, *categorized by HIV status of client and type of service delivery location*
- 2) Number of circumcised clients experiencing 1 or more moderate/severe adverse events, *categorized by timing of onset and specific AE*
- 3) Number of locations providing VMMC
- 4) Number of males who return for post-operative follow-up care within 14 days





Associated Indicators

- P8.1D: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
- P6.1D: Post-Exposure Prophylaxis
 - Number of persons provided with post-exposure prophylaxis (PEP)
 - By exposure type
- P11.1D: Number of individuals who received testing and counseling (T&C) services for HIV and received their test results





Client Death – Required Reporting

- 1) Implementing partner notifies in-country donor agency technical lead or agency Chief of Party
 - *No later than close of business same day as client death*
- 2) In-country technical lead notifies agency Chief of Party
 - *Within 24 hours of client death*
- 3) Chief of Party notifies PEPFAR Coordinator and Agency HQ technical lead
 - *Within 24 hours of client death*
- 4) PEPFAR Coordinator notifies other in-country agency Chiefs of Party, CSTL, OGAC MC TWG Co-chair
 - *Within 24 hours of client death*
- 5) OGAC MC TWG Co-chair notifies all MC TWG Co-chairs
 - *Within 24 hours of client death*





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Voluntary Medical Male Circumcision Continuous Quality Improvement of Services

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Sr. Biomedical Prevention Advisor

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Overview

- PEPFAR and MoH committed to provide safe and quality voluntary medical male circumcision service.
- PEPFAR is looking to guidelines from WHO and MoH to operationalize national quality standards for VMMC.
- The Continuous Quality Improvement process is using standardized national tools for measuring quality of service and progress.





MoH and PEPFAR Commitment for Safety and Quality of VMMC Services

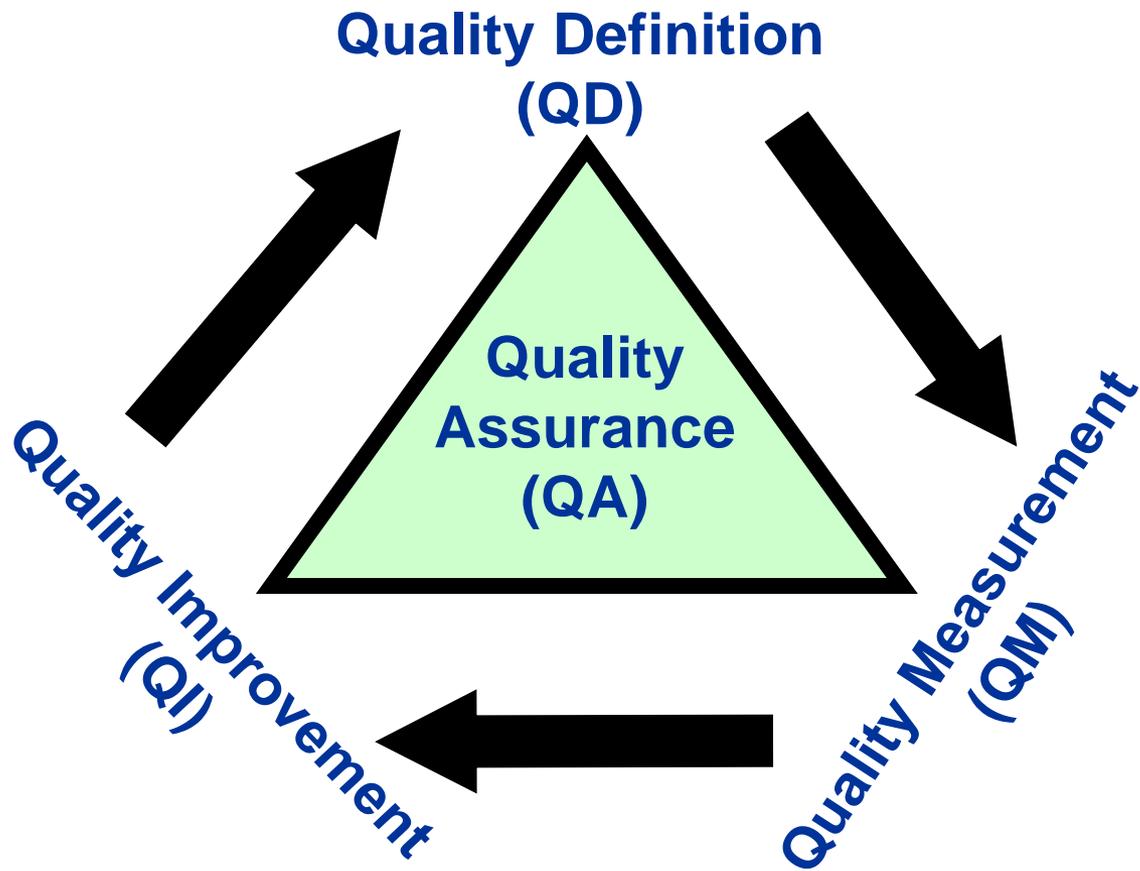
- Opportunities
 - Draft tools for self-assessment and external assessment tool kits developed by PEPFAR
 - PEPFAR COP Guidance and Technical Considerations
 - Technical assistance from PEPFAR Implementing Partners
 - Financial support from donors
- Challenges
 - Development of standardized national approach to measure VMMC service delivery quality
 - Health sector quality improvement framework and strategic plan need to include VMMC





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Operationalizing the National Quality Standards for Safe Male Circumcision





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Quality Improvement Using the Continuous Quality Improvement Approach

- CQI is an iterative, prevention-based quality improvement of integrating quality and management methods to bring about continuous improvement.
- It applies simple, problem-solving tools such as the Plan-Do-Study-Act (PDSA) tool whereby problems are identified; and improvement ideas are tested; and lessons learned to inform processes in delivering a health service and close the quality gap.
- Also used to improve compliance with policies, standards, guidelines and protocols.



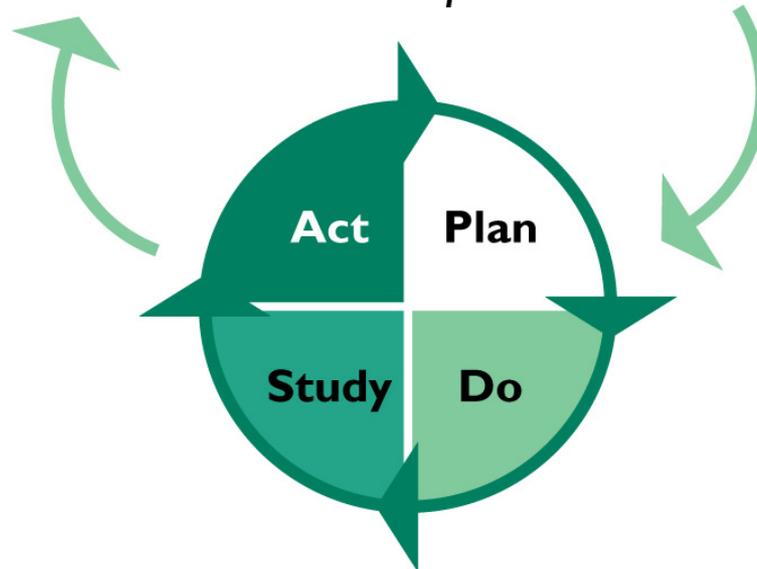
The Model for Improvement: Plan, Do, Study, Act Cycle

Model for Improvement

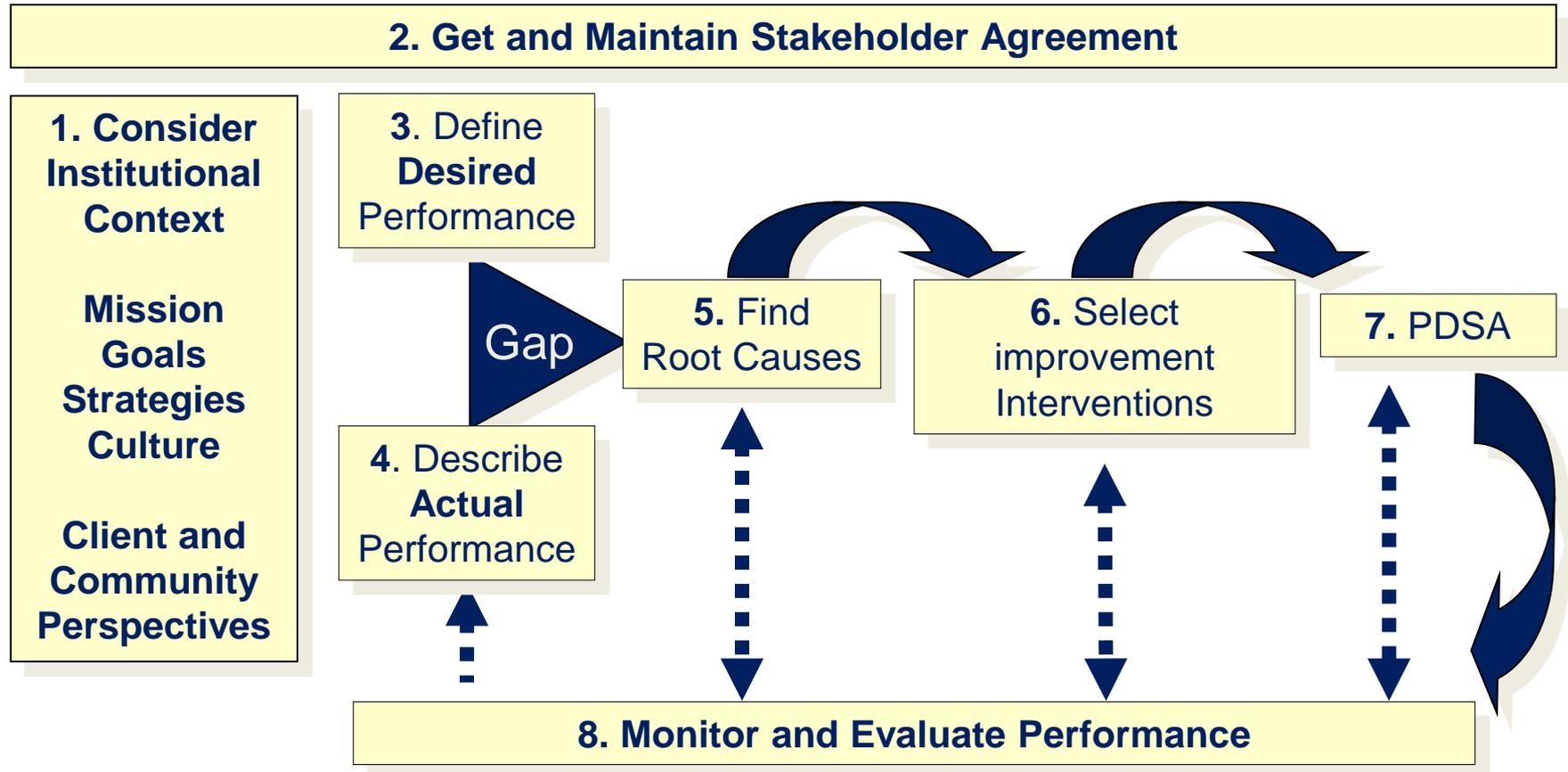
What are we trying to accomplish?

*How will we know that a change
is an improvement?*

*What changes can we make that
will result in improvement?*



The Improvement Cycle



The Improvement Cycle

2. Get and Maintain Stakeholder Agreement

3. Define
Desired
Performance

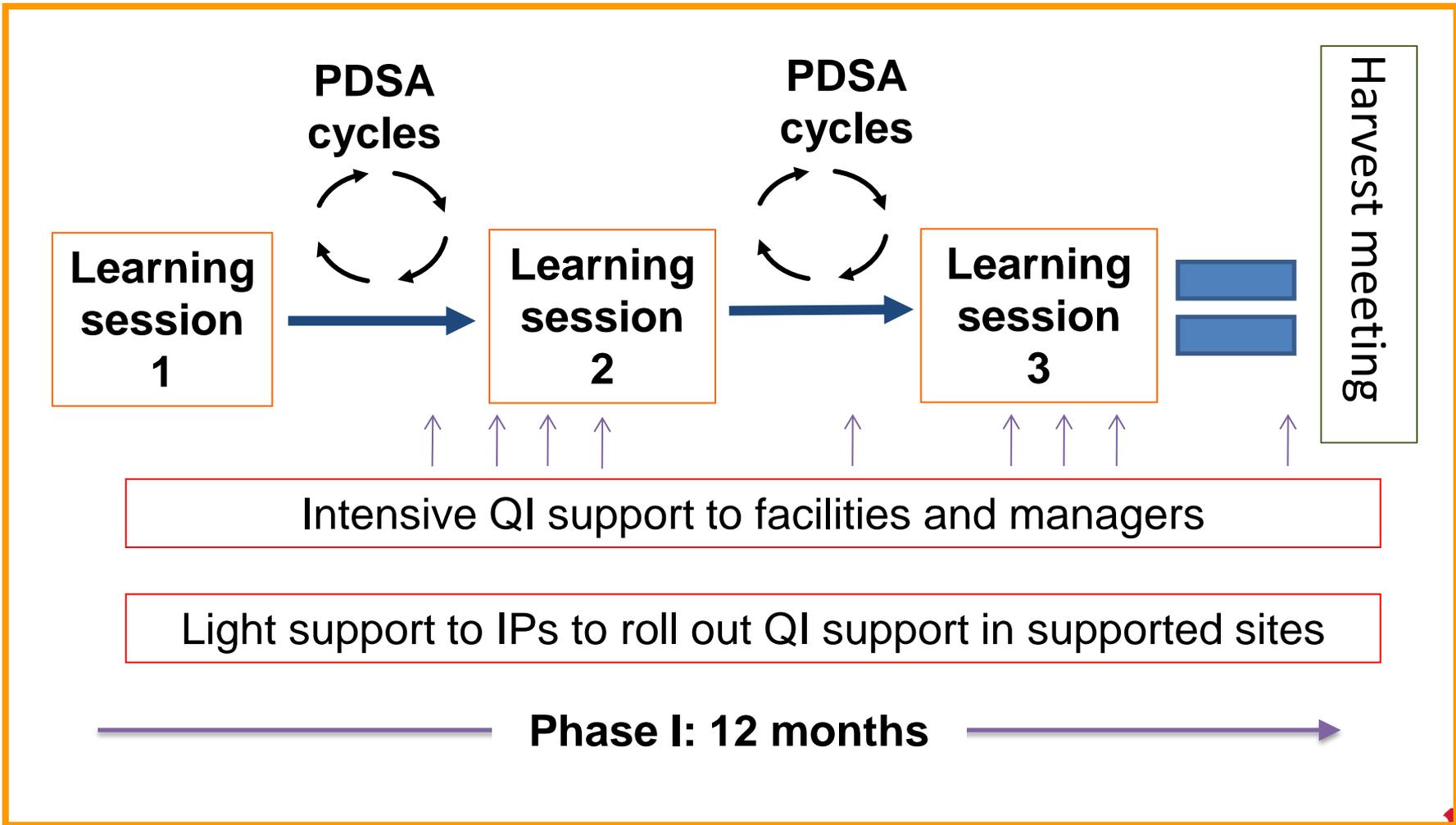
Gap

4. Describe
Actual
Performance



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VMMC CQI Approach: Sharing Lessons Learned





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Measuring Actual Performance:

Areas Covered by the QA Self-Assessment Tool

- Management systems
- Supplies, equipment and environment
- Registration, group education and IEC
- Individual counseling and HIV testing
- Male circumcision surgical procedure
- Monitoring and evaluation
- Infection prevention



Desired Performance

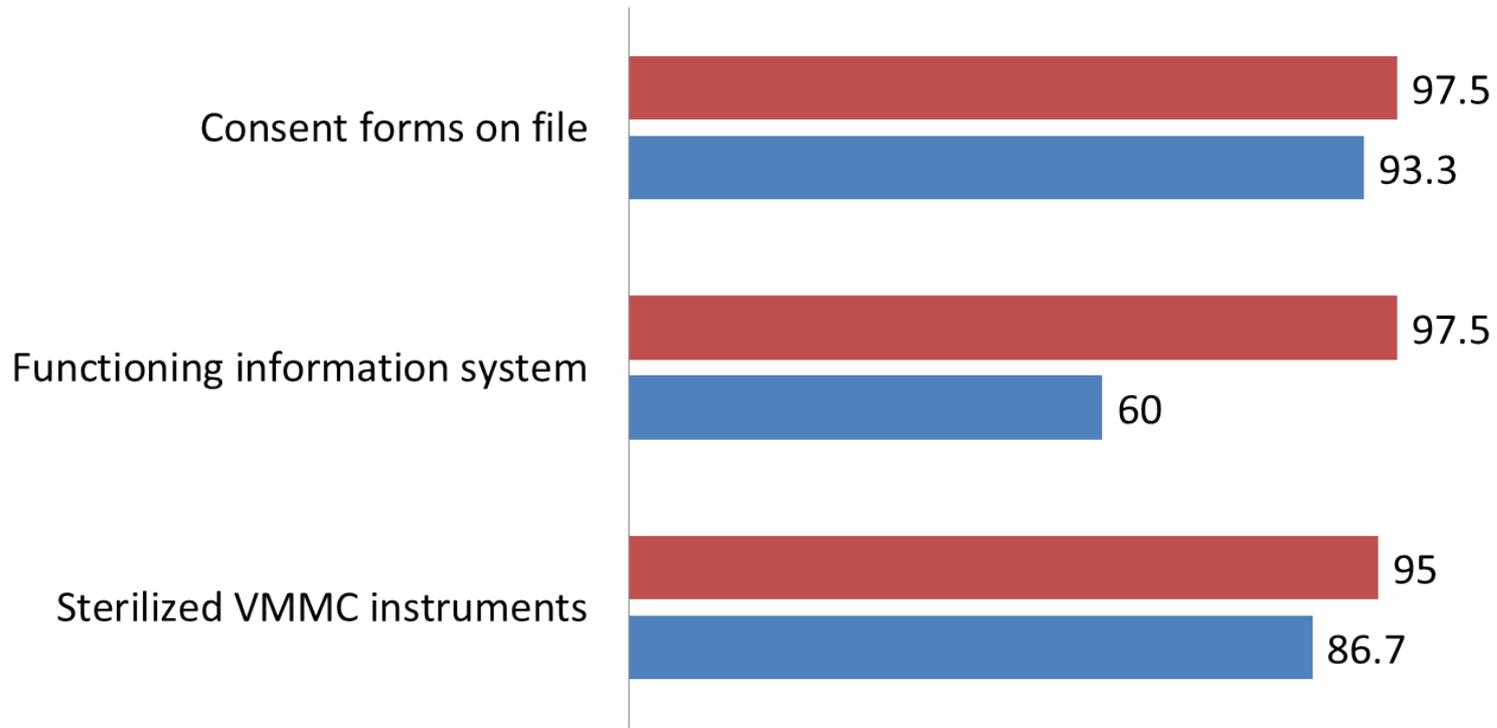
Standard	Indicator(s)/Means of Verification	Yes/ No/ NA	Comments
<p>Moderate and severe adverse events or complications are reviewed</p>	<p>1. Adverse events forms are available on site 2. Adverse events forms are being filled in, filed and stored for management review 3. Actions have been taken to prevent future events of this nature or determine if adverse events were handled properly 4. Follow-up is conducted as per recommendation 48 hours and 7 days post-circumcision</p>	<p>----- ----- ----- -----</p>	



Program A

Quality assessment variables – improvements in quality

■ 2012 (n=40) ■ 2011 (n=15)

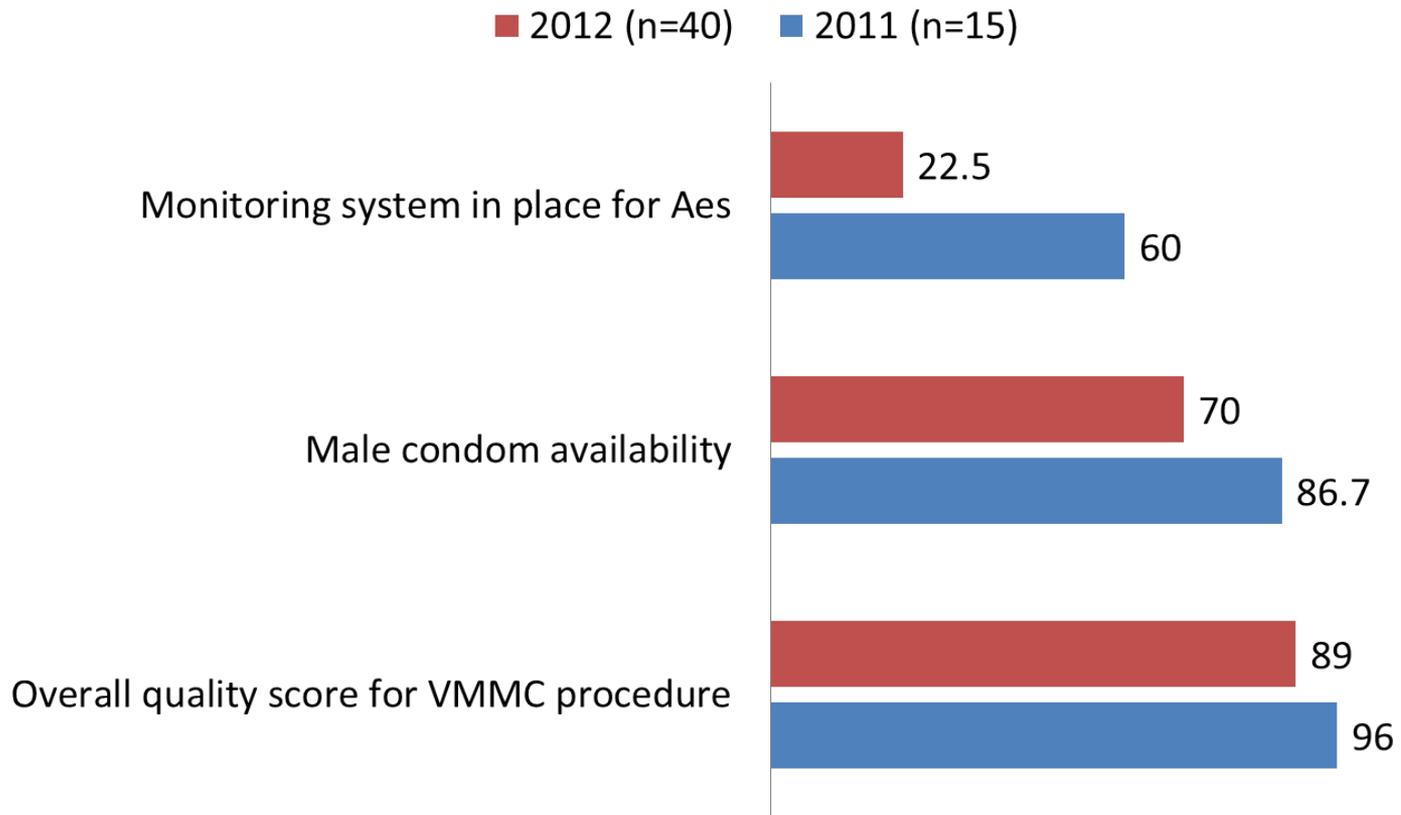




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Program A

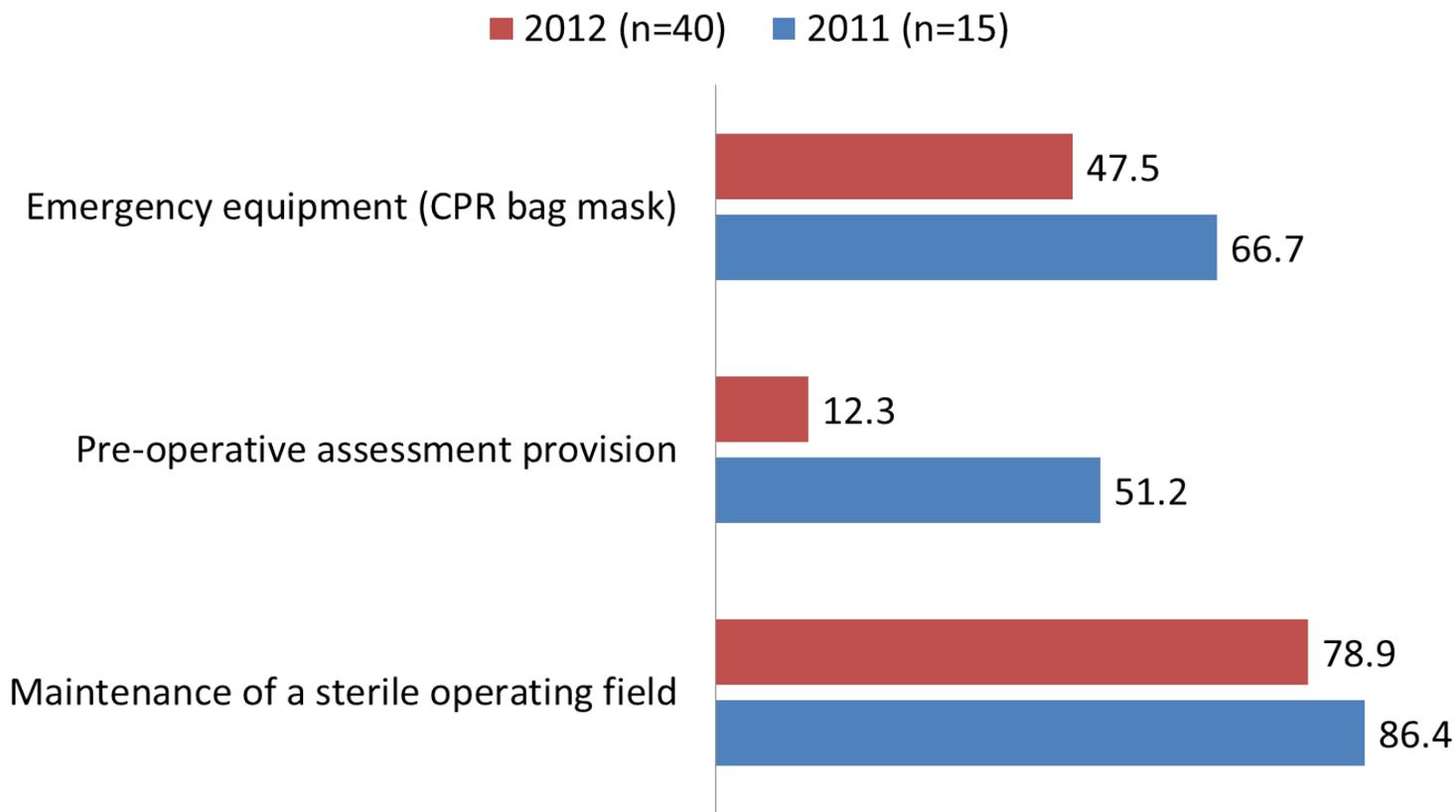
Quality assessment variables – decreases in quality





Program A

Quality assessment variables – decreases in quality





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Desired Performance – Actual Performance and Re-Assessment

Desired Performance



Actual Performance



3-Months Interventions Selected

Only 44% of all criteria met

Quality criteria developed in:

- Management systems
- Equipment, supplies
- Registration, group education
- Individual counseling
- Surgical procedure
- Monitoring of SMC
- Infection prevention

- Supplies standardized and distributed
- Monitoring tool printed distributed
- Providers oriented on AE reporting
- 48 hours client follow-up emphasized

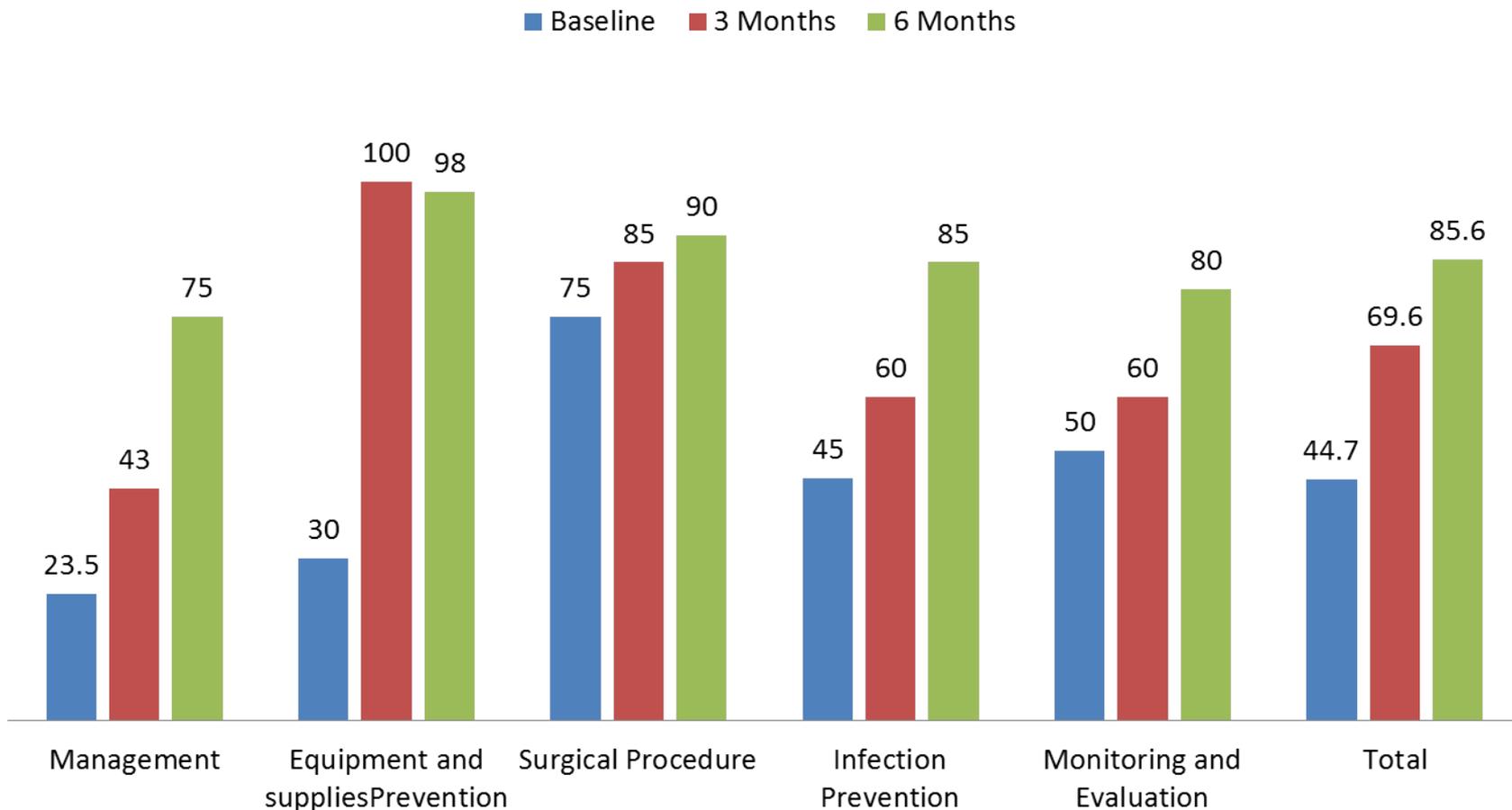


Re- assess after three months





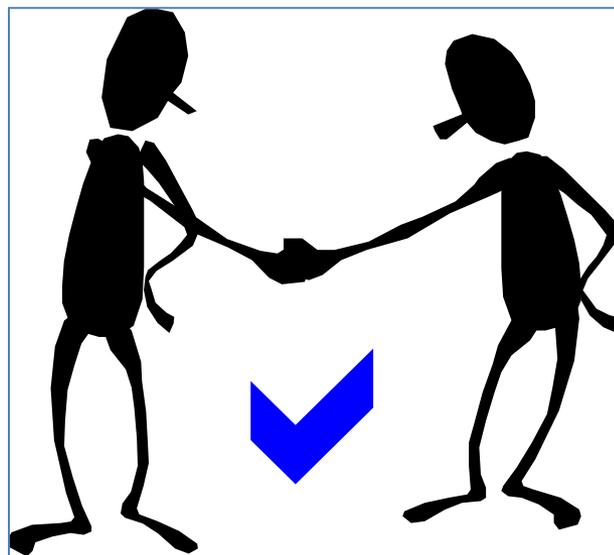
Using Standardized Tool for Measuring Quality and Progress: Third Assessment





Maintain Change and Continue Providing Safe and Quality VMMC

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Thank you



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U.S. President's Emergency Plan for AIDS Relief

Voluntary Medical Male Circumcision External Quality Assurance

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Medical Officer

Centers for Disease Control and Prevention
PEPFAR VMMC Technical Working Group Co-Chair



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Outline

- Why quality assurance (QA)
- Why external quality assurance (EQA)
- Program elements included in VMMC standards
- How assessments are conducted
- How findings are communicated
- Assessments performed to date





Why Quality Assurance (QA)?

- QA is the process of evaluating a program or system against known and accepted standards
 - Define quality
 - Provide basis for recognizing – and measuring – quality
 - Provide guidance for improving quality
- A quality VMMC program is one that is
 - Safe
 - Efficient and productive enough to achieve a public health impact
 - Provides a minimum package of services + VMMC procedure





Why External QA (EQA) for VMMC?

- Provides objective assessment to guide program improvements
- Motivates sites to align services with national and international standards
- Facilitates achievement of service targets
- Complements national QA self-assessment process
- Promotes public recognition and confidence in the services provided, both within and external to the country





Program Elements Included in PEPFAR VMMC Standards*

- SOPs, guidelines, policies
- Facilities, supplies, and equipment
- Clinical record keeping; monitoring and evaluation
- Minimum package of services and linkages
- Adequacy of staffing
- Surgery, including pre- and post-op care
- Communication to clients before and after MC
- Public health impact and efficiency

*Adapted from WHO Standards, 2008.





How Assessments Are Conducted

- In-country training of ~3 hours on checklists and tools (followed by learning by doing)
- 3 or 4 teams, each with experienced team lead and 2–3 other people
 - Composed of USG HQ agency staff, contractors, MOH and/or WHO representatives, and accompanied by in-country USG agency staff
- Assessments conducted over ~4 days; sites chosen for geographic and service delivery type diversity (lots of driving off the main roads)





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Tool B: Facilities, Supplies and Equipment

- B1. How many operating theaters does the site have **that are used for VMCC**: _____ Full-time _____ Part-time
- B2. How many operating tables are in each operating theater? _____
- B3. Does the operating theater have space to accommodate additional surgical tables? ___Yes ___No ___ Unsure

Does the site adequately provide the following?									
	Y	P	N	Notes		Y	P	N	Notes
B4. Waiting Room: ventilation, lighting, and space.					B9. OT Flooring: material is easy to clean and disinfect.				
B5. Sign-Posting: for other clinical services available on-site or on-campus.					B10. OT Surgical scrub space: Clean water and soap or hand gel, towels, space				
B6. Examination Room(s) ventilation, lighting, space & privacy.					B11. Recovery Area: Sphygmomanometer present for BP monitoring; space is private; sufficient lighting				
B7. HTC area/room private and quiet.					B12. General Facility Cleanliness: free of litter; clean floors, walls, doors, furniture; facilities in good order.				
B8. Operating Theater (OT): lighting, temperature control, and space					B13. Contaminated Waste Containers: sufficient in number, appropriately packaged (color, structure) (sharps containers, contaminated trash bags [red]; other trash bags)				

January 2013

Tool B Page 2 of 4





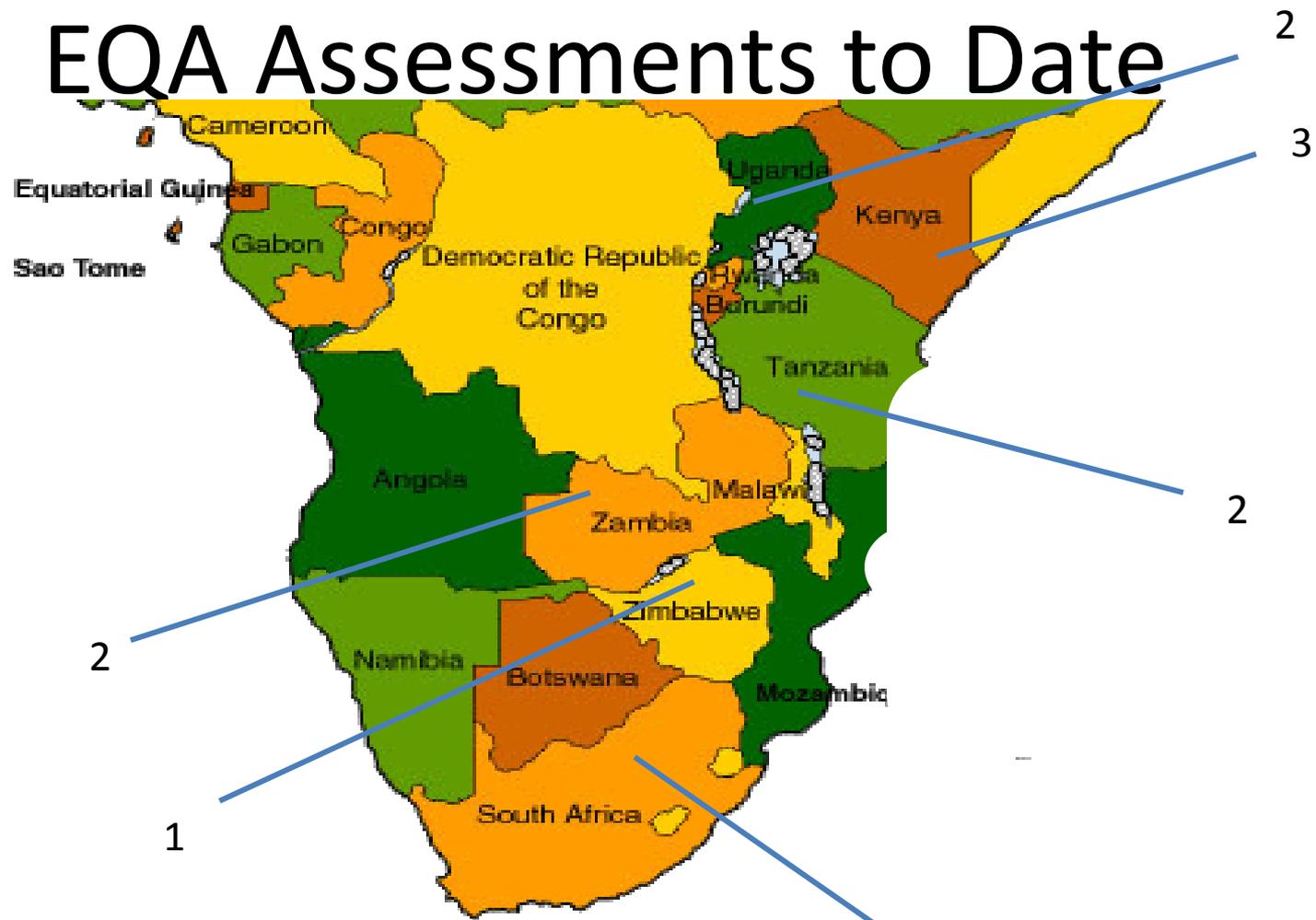
How Findings Are Communicated

- Teams regroup after site visits completed and identify overarching issues found in multiple sites
- Formal out-brief to MOH, in-country PEPFAR agencies, implementing partners before departing the country
- Site-specific reports prepared and provided to MOH, PEPFAR agencies, IPs, and service delivery sites within 6–8 weeks
- Depending on findings, repeat EQA scheduled for 2 months to 1 year
- All countries encouraged – in fact, required – to do ongoing self-assessments with PEPFAR CQI draft tools or national tools





EQA Assessments to Date



- 11 assessments in 6 countries
- 15–24 service delivery sites per EQA



Outcomes to Date

- Identification of systemic issues
 - Examples: Incorrect local anesthesia dosing, inconsistent consent procedures for minors, low uptake of HTC, duplicative and burdensome recording and reporting, inadequate recording and reporting
 - Readily addressed with re-training, job aids, clarification of national policies, supportive supervision, etc.
- Identification of best practices that can be shared across agencies, implementing partners, regions
- Overall program improvement evident at each follow-up assessment
- Positive response from MOHs for quality assurance process





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The EQA team looks forward to working with you and your program.

Thank you!

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PEPFAR VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) WEBINAR



Monitoring, Reporting and Quality of Services

HOW TO JOIN ONLINE WHEREVER YOU ARE

Click here to join as a participant. You will need to type in your JHED login ID and password, or name and room 1776 on the sign-in page.

This is the first of a series of PEPFAR VMMC webinars.

For more information, contact Emmanuel Njuehmeli at enjuehmeli@usaid.gov or Tigistu Adamu Ashengo via email at tadamu@jhpiego.net.

This series was funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development's (USAID's) Maternal and Child Health Integrated Program (MCHIP), under Cooperative Agreement #GHS-A-00-08-00002-000. The opinions herein are those of the authors and do not necessarily reflect the views of USAID.

WHAT

- This webinar will include discussion of:
- PEPFAR technical considerations and revised VMMC indicators
 - Data quality assessment and reporting
 - Continuous quality improvement
 - External quality assesment

WHEN

Tuesday, March 19, 2013
8:00-10:00 a.m. US EST

PRESENTERS

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Moderated by:

Tigistu Adamu Ashengo, MD, MPH
Team Leader for HIV & TB
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Acknowledgments

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- The following colleagues in countries have provide technical and logistic support:
 - Zebedee Mwandu in Kenya, Mary Glenshaw and William Jimbo in Botswana, Kenneth Khana and Mercy Mayobo in Uganda, Palesa Seithheko in Lesotho, Megan Peterson in Zimbabwe
- This activity has benefitted from great support from public affairs colleagues: Kate Glantz, Golrokh Fassihian, Molly Schmalzbach
- We would like to thanks the following organization for their support: AVAC, WHO, UNAIDS, BMGF
- The VMMC webinars are being implemented under the technical leadership of the PEPFAR VMMC Technical Working Group
 - Co-Chairs: Jason Reed, Emmanuel Njeuhmeli, Anne Thomas, Naomi Bock
 - Members: Catey Laube, Funmi Adesanya, Kim Ahanda, Adolfus Muyoti, Dianna Edgil, Delivette Castor, Michael Qualls, Dan Rutz, Jonathan Grund, Lori Broomhall, Stephanie Hess, Bruce Porter and Poran Pordell





For Additional Information

- Related to the webinars, please contact:
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 - Emmanuel Njeuhmeli at enjeuhmeli@usaid.gov
- Related to the content of this webinar, please contact:
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