

**Program/Project Purpose:** HIV and AIDS continue to be a major developmental challenge for Zambia, which has one of the highest HIV prevalence rates in the world. There is limited information and services available for key populations (KP) such as female sex workers (FSW), people who inject drugs (PWID) and men who have sex with men (MSM) due to the illegal status of these high-risk populations. It is recognized that stigma and discrimination increase the risk of HIV exposure or limit access to treatment services. Estimates suggest that KP may be HIV epidemic drivers in Zambia.

The goal of the partnership, which is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR), is to strengthen the capacity of Chreso Ministries in Zambia to conduct sensitivity trainings as a way to mitigate the impact of HIV on KP by increasing health care worker (HCW) awareness and understanding, reducing the stigma and discrimination experienced by KP, and improving access to crucial health and allied care and support services.

**Structure/Method/Design:** The University of South Carolina (USC) and Chreso Ministries, a faith-based, nonprofit, charitable NGO which provides HIV care to >40,000 individuals in Zambia, partnered to conduct a comprehensive needs assessment, develop and adapt a standardized sensitivity training package, administer baseline knowledge and attitude assessments and provide initial training sessions.

**Outcome & Evaluation:** Initial assessments found limited services available for KP, particularly MSM and PWID. HCW were unaware of needs of MSM and PWID populations, and few MSM and PWID were engaged in care. HCW scored poorly on baseline knowledge and attitude assessments. Two, one-day training sessions were conducted in Livingstone and Lusaka. Forty-one HCW participated. HCW leaders from Chreso Ministry came to USC for additional mentorship. The number of individuals from KP seeking care at Chreso Ministries has increased.

**Going Forward:** To further increase HCW capacity to provide care to KP moving forward, partners will engage members of KP groups in an advisory board to better inform service needs. In addition, partners will develop a train-the-trainer curriculum and handbook.

**Source of Funding:** American International Health Alliance Twinning Program.

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### **One Health Student Club Model: Preparing the Future Workforce to Address Infectious Disease Threats in Rwanda**

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**Program/Project Purpose:** Rapid and effective response to infectious disease threats requires multidisciplinary collaboration. Despite recognition of the human, animal, and environmental interface that underlies most infectious diseases and subsequent emerging pandemic threats, pre-service educational programs (e.g., veterinary sciences, public health, nursing, medicine) continue to be siloed

with rare opportunities to understand and experience the benefits of multidisciplinary collaboration. The purpose of the One Health Student Club Model is to provide students from varied disciplines with didactic and clinical experiential learning activities that benefit students and communities and address relevant zoonotic infectious disease threats.

**Structure/Method/Design:** The University of Rwanda One Health Student Club organized in 2012 and has over 900 members on four campuses around the country. Students have a leadership structure, and organize themselves with support from University faculty. A range of activities take place on campus, in communities, and at demonstration sites (ie, ideal geographic settings that include human, animal-livestock and wildlife, and environmental interactions conducive to zoonotic diseases) such as Akagera National Park. Examples of these activities are community outreach campaigns addressing infectious diseases, vaccination campaigns, and conducting community-partnered research on infectious diseases. Through community-based observations, interviews with community members and stakeholders, educational interventions (ie, radio shows, drama/sketches), and post-event student and faculty debriefing, the students realize significant growth in appreciating the importance of multidisciplinary efforts to address global infectious disease threats.

**Outcome & Evaluation:** The One Health Student Club Model has demonstrated anecdotal successes, with students expressing appreciation for gained insight, education, and hands-on community-based experience. Graduating students who have participated in club activities are beginning to work professionally across Rwanda in medicine, nursing, public health, veterinary medicine, environmental health sciences, and other fields. These students bring a depth of appreciation for multidisciplinary collaboration and multi-sectoral efforts that is unprecedented.

**Going Forward:** Multi-disciplinary clubs afford students learning opportunities not available in traditional discipline-specific curricula. Barriers to developing multidisciplinary undergraduate or graduate programs persist, which makes the extracurricular club model ideal for developing key competencies in our future workforce. Growth in One Health Student Clubs in numerous Central and East African countries, as well as many Southeast Asian countries, demonstrates belief in this model being critical to equipping students to eliminate infectious disease threats.

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### **Stigma among Women Living with HIV in Nepal: A Double Burden of Disease and Disparity**

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**Background:** Globally, women living with HIV feel the most burden of HIV stigma. They not only face stigma of having HIV, but also other multiple stigmas associated with gender disparities