

FINANCIAL INCENTIVES TO IMPROVE UPTAKE OF PARTNER TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS IN ZIMBABWE ANTENATAL CARE: A CLUSTER RANDOMISED TRIAL

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Background:

Partner treatment is an essential component of STI case management to prevent index case re-infection. This is particularly pertinent in pregnancy, where STIs are associated with adverse birth outcomes. However, partner treatment is often not completed, and alternative strategies to facilitate uptake are required. The aim of this study was to assess the impact of a financial incentive on uptake of partner treatment for STIs within antenatal care (ANC) in Zimbabwe.

Methods:

This trial (Pan African Clinical Trials Registry: PACTR202302702036850) was embedded within a prospective study evaluating point-of-care screening for STIs among pregnant women attending ANC in Harare, Zimbabwe. Clinic days were randomised 1:1 to be an incentive or non-incentive day. On incentive days, participants diagnosed with either a curable STI or symptoms of an STI (indexes) were treated and offered a partner notification (PN) slip that entitled their partners to \$3 (USD) in compensation if they attended for treatment. On non-incentive days, PN slips without an incentive were offered. The primary outcome measure was the proportion of indexes with at least one partner who attended for partner treatment within 28 days of the index diagnosis. Trial arms were compared using individual-level logistic regression, with robust standard errors to account for clustering.

Results:

294 individuals were issued at least one PN slip during the trial period. Partner treatment within 28 days of index diagnosis was 28.7% (39/136) and 26.6% (42/158) in the incentive and non-incentive arms, respectively (OR 1.11; 95% CI 0.66 – 1.86; $p = 0.69$). Median number of days from index diagnosis to partner treatment was 3 in both arms. No index case had more than one partner attend for treatment.

Conclusion:

There was no evidence that a relatively small financial incentive improved uptake or timeliness of partner treatment. Further research is needed to identify effective PN strategies.

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