

PAY-IT-FORWARD GONORRHEA AND CHLAMYDIA TESTING AMONG MEN WHO HAVE SEX WITH MEN AND MALE STD PATIENTS IN CHINA: INTERIM FINDINGS FROM THE PIONEER PRAGMATIC, CLUSTER RANDOMIZED CONTROLLED TRIAL.

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Background:

Sexual health services are being restricted or closing in many jurisdictions because of limited funds. Pay-it-forward (PIF) interventions, where individuals receive a free healthcare service (test) accompanied by personalized messages and an opportunity to support others through donations, may increase STD test uptake and generate funds. We report interim results from a PIONEER trial in China, which evaluates PIF strategies that encourage gonorrhea/chlamydia testing among men compared to the standard-of-care.

Methods:

The PIONEER cluster RCT (NCT05723263) compares PIF implementation strategies for promoting dual gonorrhea/chlamydia(CT/NG) testing in 12 clusters (six MSM-led and six public STD clinics) in six cities in Guangdong Province, China. Men were recruited 2:1 into pay-it-forward compared to standard-of-care (self-pay). Men over 17 years old and not tested for CT/NG in the last six months who were seeking STD care services at an MSM-led or public STD clinic were recruited. The primary outcome was CT/NG testing. Sub-analyses focused on MSM vs. non-MSM, clinic type, and PrEP eligibility. The uptake between PIF and standard-of-care was compared using Chi-square and GEE analyses.

Results:

By December 18, 2023, 617 men, with an average age of 34±11.2 years, were recruited into the standard-of-care (177) and PIF arms (440). Overall, 63.9%(395) reported sex with other men, 72.6%(442) had ever tested for HIV, and 34.4%(212) were PrEP-eligible. About 71.3%(440) in the PIF arm and 3.4% (6) in the standard-of-care arm tested. 25.2%(111) of PIF participants donated 267 USD. Testing was significantly higher among PIF participants than control (difference:70.0%; 95%CI=63.60%~76.90%). Testing was also higher among MSM-led clinic participants than public STD clinic participants (difference:22.4%; 95%CI=0.19~0.26), PrEP eligible participants than non-eligible participants (proportional difference:8.9%; 95%CI=6.70~11.60) and more MSM than non-MSM participants (difference:24.3%; 95%CI=0.21~ 0.29) tested.

Conclusion:

The PIF intervention increased gonorrhea/chlamydia testing among men in diverse settings. Scaling up PIF could potentially promote and improve financial support for other STD services.

Disclosure of Interest Statement:

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