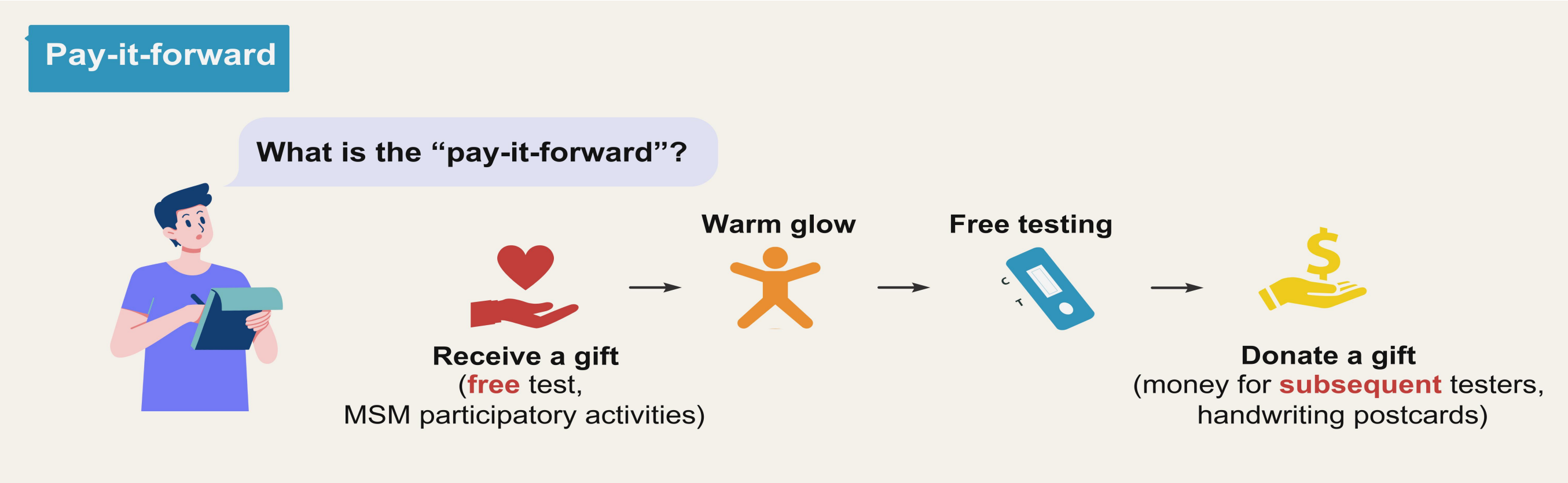


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- Background
- Sexual health services are closing or being restricted in many jurisdictions because of limited funds.
 - Pay-it-forward (PIF) interventions, where individuals receive a free healthcare service (test) accompanied by personalized messages 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 (CT/NG) testing among men compared to standard-of-care.



Overview of a pay-it-forward approach that combines financial and social incentives.

Results

Descriptives

A total of **1,082** men, with an average age of 36 years (SD=12.5), were recruited into the standard-of-care (n=342) and PIF arms (n=741) by May 22, 2024.

51.1% (n=553) had ever tested for HIV.

47.9% (n=519) of participants reported sex with other men.

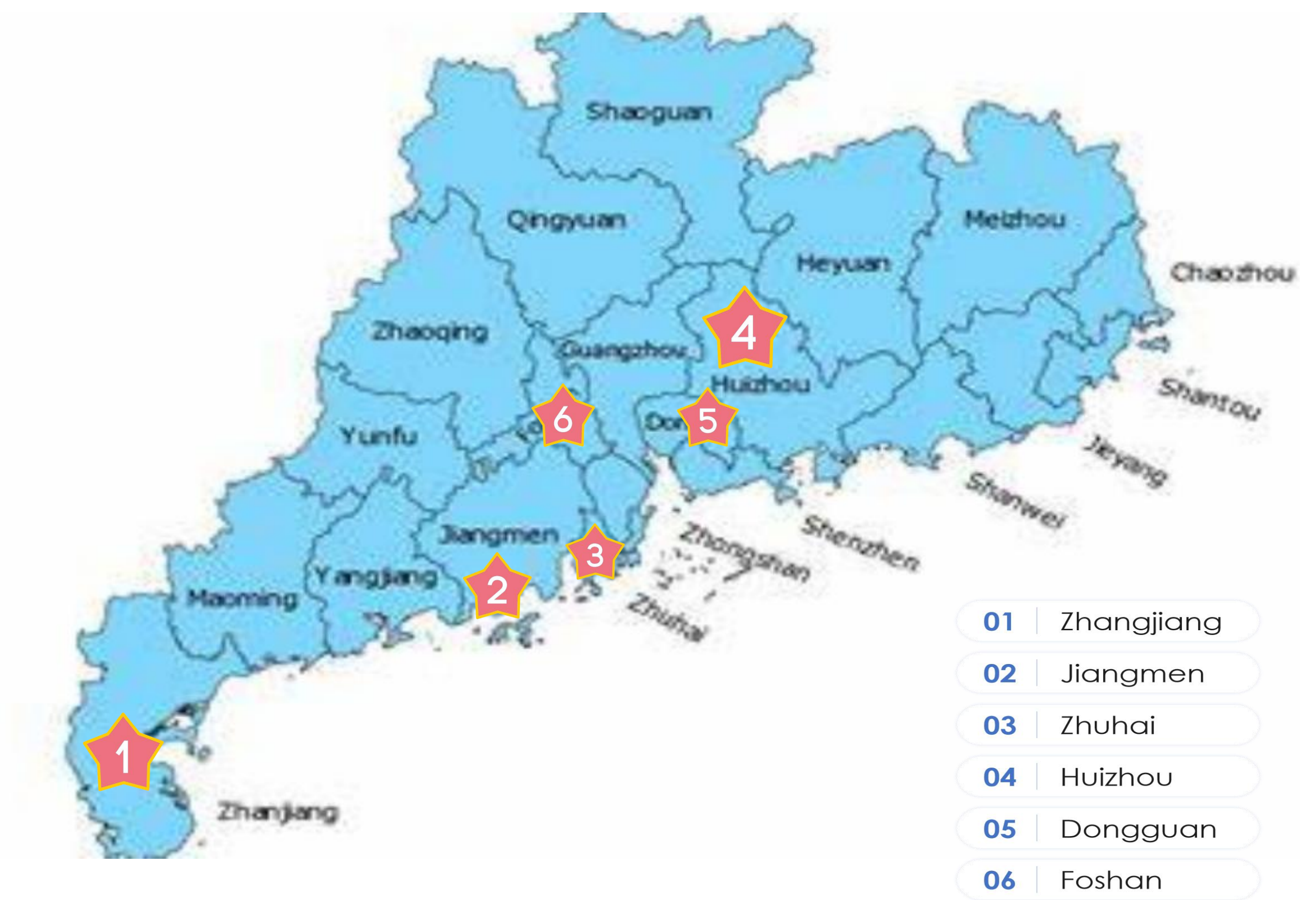
29.0% (n=317) were PrEP-eligible.

19.7% (n=146) of PIF participants donated **549USD**.

- Methods
- The PIONEER study (**NCT05723263**) is a cluster RCT comparing PIF implementation strategies for promoting dual 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 (PIF) compared to standard-of-care (self-pay).
 - Eligibility:** Men ≥18 years old and not tested for CT/NG in the last 12 months seeking STD care services at an MSM-led or public STD clinic.

Table 1. Outcomes and Data Analysis

Primary	Gonorrhea/ chlamydia dual testing
Pre-specified subanalyses	1. MSM versus non-MSM 2. CBO versus Public STD clinic 3. PrEP-eligible versus Ineligible
Statistical analysis	Descriptive analysis, Chi-square test, and GEE analysis
NB: PrEP eligibility defined based on reported sex with other men, ≥ 2 sexual partners in the past six months, and engagement in condomless sex.	



Map of Guangdong province showing the six (6) study cities in no ranking order.

Main interim results

Overall

Gonorrhea/chlamydia testing uptake was 97.0%(n=719) in the PIF arm and 3.2% (11/342) in the standard-of-care arm (proportional difference: 93.8%; 95% C.I = 0.92~0.96).

Clinic type

Higher test uptake among public STD clinic (68.6%, n=400) than MSM-led clinic (66%, n=330) participants (proportional difference: 2.6%; 95%CI= -0.03~0.08).

Sexual orientation

More MSM (68%, n=353) than non-MSM (66.8%, n=377) participants (proportional difference: 2.2%; 95%CI=0.02~0.03) tested for CT/NG.

PrEP eligibility

More PrEP eligible (72.2%, n=229) than ineligible (65.1%, n=467) participants dual tested for CT/NG (proportional difference: 7.1%; 95%CI= 0.01~0.13).

Acknowledgments

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Conclusion

- The PIF intervention increased gonorrhea/ chlamydia testing among men in diverse settings.
- Hence, scaling up PIF could potentially promote other STD services uptake and improve financial support for differentiated HIV prevention services.