Methods A rapid syphilis test (RST) was introduced into STD services among patients attending STD clinics and existing outreach services to female sex workers (FSW) in Liuzhou and Jiangmen, China to test the feasibility of same-day test and treatment (STAT) and same-day test and referral (STAR) strategies. The STAT and STAR rates were evaluated regarding the different STD providers and outreach teams, respectively.

Results Of 7283 patients from 8 STD clinics in Liuzhou—one public health clinic, one private reproductive health clinic and one general hospital clinic who were screened with a non-treponemal test, TRUST, and RST for syphilis, 291 (4.0%) had active syphilis, but only 69.8% of infected cases accepted the STAT. The acceptance rate was different between clinics, with 54.2% in public health clinic, 71.8% in reproductive health clinic and 100.0% in general hospital clinic. During the outreach services provided by the CDC intervention team (CIT), STD clinic team (SCT) and reproductive health clinic team (RCT), 75% of FSWs accepted to be tested with RST in sex work venues. Of 2780 FSWs screened with RST, 199 (7.2%) were positive and were referred to designated clinics for further testing and treatment. However, success in referring RST positive FSWs to designated clinics were significantly different between outreach teams. RCT had the highest referral rate (85.7%) followed by SCT (70.6%) and CIT (26.7%). Focus groups discussions among providers and high-risk populations regarding the introduction of RST indicated that social and cultural contexts were related to the successful introduction of RST. Trust of the target population in the clinics and outreach team was related to the successful acceptability of STAT and STAR. Acceptance rate was different between clinics, with 54.2% in general hospital clinic who were screened with a non-treponemal test, confidentiality of syphilis status, social stigma, medical cost at the designated clinics for further test and treatment, and time spent for clinic visit were the main concerns of FSWs, especially in the referral advice.

Conclusions Feasibility in introduction of STAT and STAR among high-risk groups is encouraging but the barriers still exist. Social and cultural contexts are important and should be considered when RST is introduced as one of strategies for prevention and control of syphilis in China.

S3.1 CHALLENGES AND KEY ISSUES IN EVALUATION OF PUBLIC HEALTH INTERVENTIONS

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Interest in evaluating the impact of large-scale public health interventions has been increasing globally over the past few years to inform effective use of public resources. Consequently some high-profile evaluations of complex public health interventions to improve population health in low- and middle-income countries have been reported recently. This increased, and desirable, focus on evaluations has helped bring attention to some major challenges that are encountered when attempting to assess the impact of large-scale public health interventions. These include the process of planning or commissioning of the evaluation, the design and analytical approaches that are both robust and feasible, and the interpretation and dissemination of findings. Examples will be used to illustrate these challenges. The key issues that need to be dealt with for improving evaluations of large-scale and complex public health interventions in low- and middle-income countries and better utilisation of the findings will be discussed.

S3.2 THE ROLE OF COMMUNITY BASED RANDOMISED TRIALS IN THE EVALUATION OF PUBLIC HEALTH INTERVENTIONS

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In this talk I discuss methodological issues that arise in trials in which intact communities are allocated to each of several intervention groups. The issues discussed include the choice between a randomised and non-randomised design, the need to avoid selection bias when community members are sub-sampled, and the challenges involved in maintaining study power. Ethical issues unique to community intervention trials are also discussed.