**Head StART: shifting treatment to the community for people newly diagnosed with HIV in refugee settlements in Uganda**

Klabbers R, Muwonge T, Mugyeni A, Nsubuga R, Asaba G, Parrish C, Hood O, Mujugira A, Sharma M, Sveum E, Meitlis I, Mugambi M, Zikama F, Lewis S, Drain P, Oluma J, O’Laughlin K

Refugees newly diagnosed with HIV in refugee settlements in Uganda face unique barriers to care. Community antiretroviral therapy (ART) delivery has been shown to foster social support and reduces treatment barriers among people stable on ART >6 months. Outcomes have not been assess in people newly diagnosed with HIV. We aim to evaluate the effectiveness of expanding community ART delivery to clients newly diagnosed with HIV in ‘Head StART’, a cluster-randomized controlled trial.

Twelve health centers in refugee settlements in midwestern and southwestern Uganda were randomized to offer either community ART delivery (intervention) or standard facility-based care to people newly diagnosed with HIV. Exclusion criteria include pregnant/breastfeeding, known HIV-positive (>6 months), on ART >42 days, <18 years old, or medically ineligible to receive care in the community. We aim to enroll 1,360 participants per arm. We will extract routinely collected HIV care outcomes from clinic registers and compare the proportion of clients virally suppressed (HIV RNA <1,000 copies/ml) twelve months post-ART initiation between intervention (Int) and standard of care (SoC) sites. We will conduct in-depth interviews with participants and providers to assess Head StART implementation and the impact of contextual factors on study outcomes**.** We will conduct costing and time-in-motion observations to estimate the programmatic cost of implementing Head StART and estimate budget impact in a Markov model.

Since study initiation in January 2024, 187 people were diagnosed with HIV and screened for eligibility (Int: 90, 48%; SoC: 97, 52%), of whom 113 (60%) were eligible and enrolled (Int: 56, 62% SoC: 67, 69%). Reasons for ineligibility were pregnant/breastfeeding (46, 67%), known HIV-positive (14, 20%), on ART >42 days (12, 17%), <18 years old (9, 13%), and medically unable to receive community care (8, 12%). At intervention sites, 39 (85%) eligible individuals accepted community ART delivery; 3 (7%) participants declined participation; the reasons were stigma (1), proximity to the health center (1), and plan to transfer care (1).

If demonstrated effective, community ART delivery has the potential to enhance social support and decrease barriers to ART for refugees during the crucial time following a new HIV diagnosis when attrition from care is highest.