In support of virologic suppression, ART adherence among patients with index year between 2014 and 2016 and among cohort of patients with ≥2 years of follow-up.

| Study ID | RR (95% CI) | Weight |
|---------|-------------|--------|
| NCT |               |        |
| Choi et al. (2017) | 0.59 (0.65, 1.07) | 10.59 |
| Coker et al. (2015) | 0.89 (0.87, 1.12) | 4.31 |
| Serrano et al. (2018) | 0.97 (0.95, 1.03) | 4.64 |
| Taneja et al. (2017) | 1.26 (1.00, 1.58) | 3.28 |
| Kawasaki et al. (2013) | 1.04 (0.99, 1.08) | 4.32 |
| Jaffar et al. (2019) | 1.01 (0.96, 1.06) | 4.32 |
| Nachega et al. (2010) | 1.05 (0.91, 1.24) | 3.22 |
| Lester et al. (2015) | 1.14 (0.90, 1.49) | 4.4 |
| Subtotal (I² = 14.3%, p = 0.032) | 0.29 (0.09, 1.06) | 50.33 |

**Conclusion.** Optimal ART adherence is marginally higher in treatment supporter interventions compared with the standard of care. Patient-nominated supporters achieve similar rates of virologic suppression to facility-selected supporters, and could play a critical role in addressing disparities in health outcomes among PLWH.

**Disclosures.** All authors: No reported disclosures.

2513. The Effect of Treatment Supporter Interventions on ART Adherence in Eastern and Southern Africa: a systematic review and meta-analysis

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**Session:** 263. HIV: ART Resistance and Adherence
**Saturday, October 5, 2019: 12:15 PM**

**Background.** Access to ART has significantly reduced morbidity and mortality and improved quality of life in people living with HIV (PLWH). Treatment supporter interventions (TSIs) utilize patient or facility selected individuals to increase optimal ART adherence through home visits, peer support and medication management. This aim of this meta-analysis is to evaluate the effectiveness of TSIs in improving optimal ART adherence among PLWH in SSA using process- and outcome-oriented measures.

**Methods.** We searched PubMed, EMBASE, SCOPUS, Web of Science (WOS), Cochrane Library, and ClinicalTrials.gov for randomized controlled trials or cohort studies comparing treatment supporter interventions to the standard of care. Sixteen studies, 10 RCTs and 6 cohort studies, were selected for inclusion. Virologic suppression was reported in 14 studies with 12,457 individuals in TSIs and 23,592 receiving the standard of care. Optimal ART adherence was reported in 7 RCTs only (2,185 individuals in TSI and 1,345 receiving SOC). Optimal ART adherence was defined as ≥76% higher in TSIs compared with SOC (pooled RR 1.076, 95% CI 1.005–1.151, P = 0.035). Heterogeneity of these studies was high (I² = 91.1%). Virologic suppression was 5% higher in TSIs compared with the standard of care (pooled RR 1.05, 95% CI 1.019–1.081, P = 0.001). Meta-regression demonstrated that virologic suppression did not significantly vary by study type (b = −0.042, 95% CI −0.09–0.001, P = 0.057) and patient selection of the treatment supporter (b = 0.026, 95% CI −0.07–0.12, P = 0.554).

**Conclusion.** Optimal ART adherence is marginally higher in treatment supporter interventions compared with the standard of care. Patient-nominated supporters achieve similar rates of virologic suppression to facility-selected supporters, and could play a critical role in addressing disparities in health outcomes among PLWH.

**Disclosures.** No reported disclosures.