

COMPARISON OF TREATMENT OUTCOMES OF ADULT HIV-POSITIVE MIGRANTS IN AUSTRALIA AND CANADA: A SYSTEMATIC SYNTHESIS

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Background: Access to antiretroviral therapy (ART) in Canada is perceived to be easier for HIV-positive migrants, especially for temporary residents, compared to Australia. This systematic synthesis aimed to compare the treatment outcomes of adult migrants by country.

Methods: An overview of systematic reviews (SR) was initially undertaken to identify the issues of HIV prevention, care and treatment of migrant populations globally. Three SRs databases and 4 bibliographic databases were searched to identify SRs. Further, we undertook a review of primary studies describing outcomes (viral suppression, AIDS-defining illnesses, and/or AIDS-related deaths) for Australian and Canadian migrants. Databases were searched from 1996 to 5 January 2017. A narrative synthesis was undertaken.

Results: The searches for SRs produced 148 records. Eleven SRs were selected (2 weak, 7 moderate, 2 strong). The overview identified our comparison's uniqueness, how 'migrants' was used to describe temporary residents, and issues for synthesis.

The searches for primary studies produced 242 records. Seven studies were selected (3 Australian, 4 Canadian). Australian studies were identified as having a higher risk of bias. The following themes were identified: 1) migrants in both countries have similar treatment outcomes compared with non-migrants; 2) Sub-Saharan African immigrants are prone to developing AIDS-defining illnesses; and 3) "healthy migrants effect" might influence the treatment outcomes for migrants in Canada.

Conclusions: The differences in the publicly funded treatment between Australia and Canada did not appear to result in a difference in outcomes for migrants. The absence of difference may also be attributed to the risks of bias present in the Australian data. Future research could examine the time taken to initiate ART for temporary residents in Australia.

Disclosure of Interest Statement:

The authors have no conflict of interest to disclose.