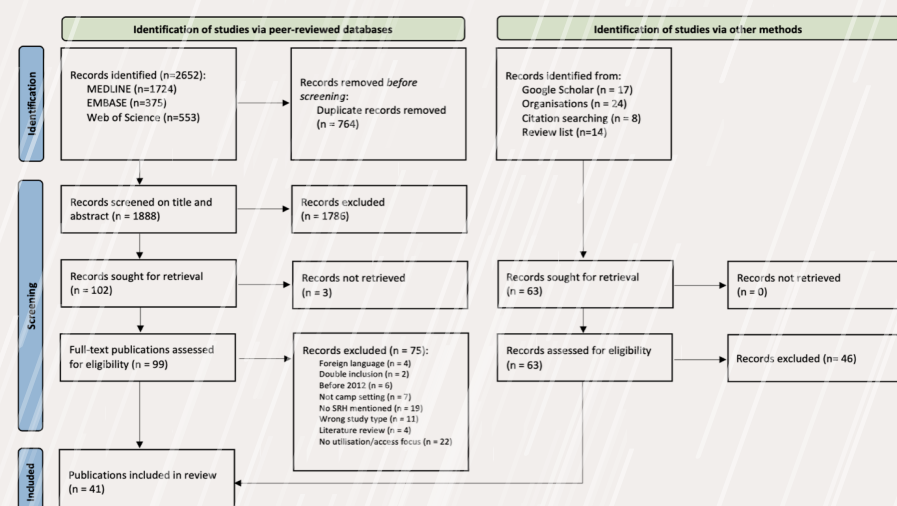


## INTRODUCTION

Reviews addressing access to sexual and reproductive health (SRH) services for refugees are either limited to low- and middle-income countries (LMICs) or focus on countries of destination. In order to strengthen SRH responses for refugees residing in formal camps and informal settlements in the WHO (World Health Organisation) European region, this scoping review summarizes the evidence on (the factors influencing) their access.

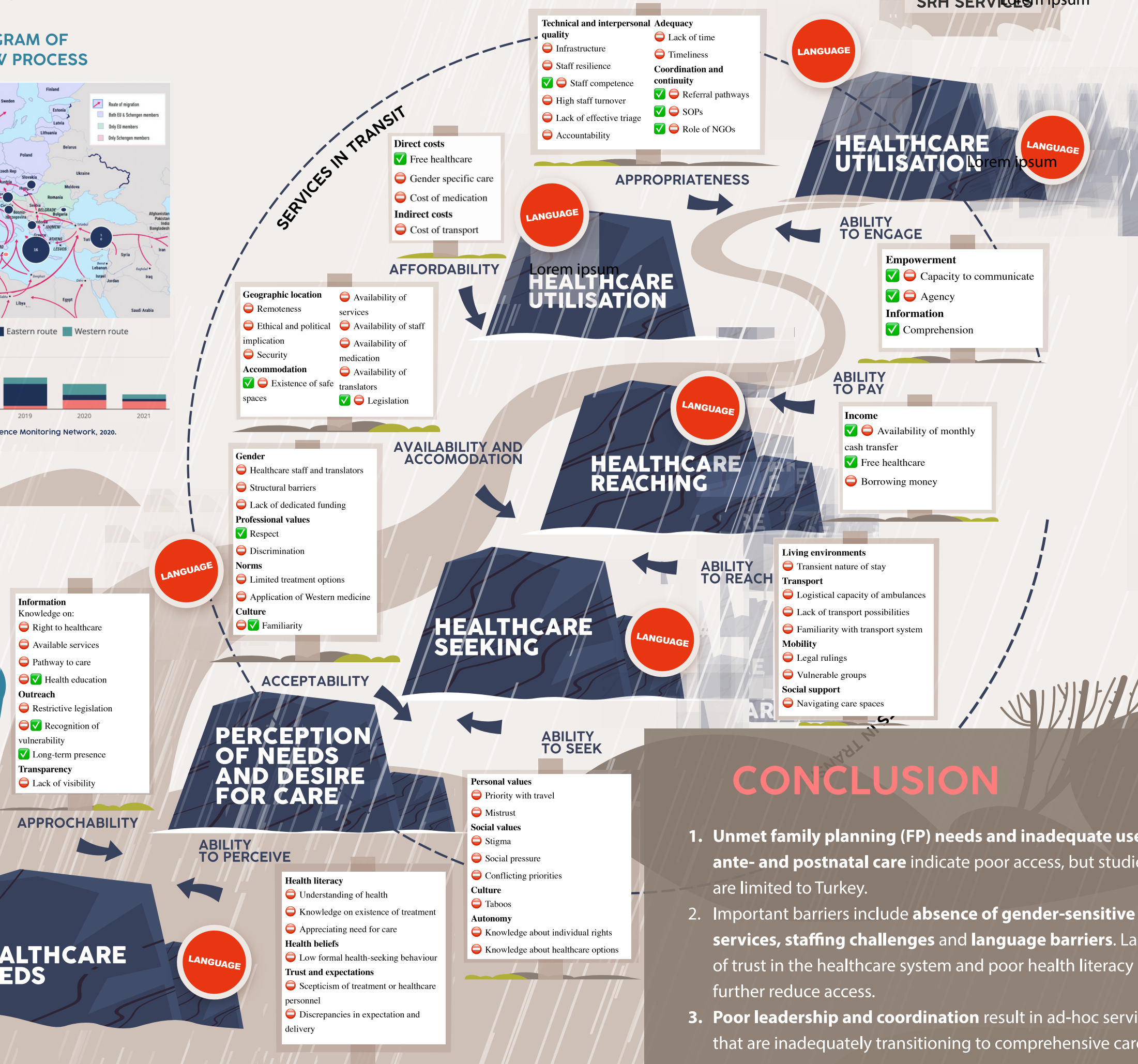
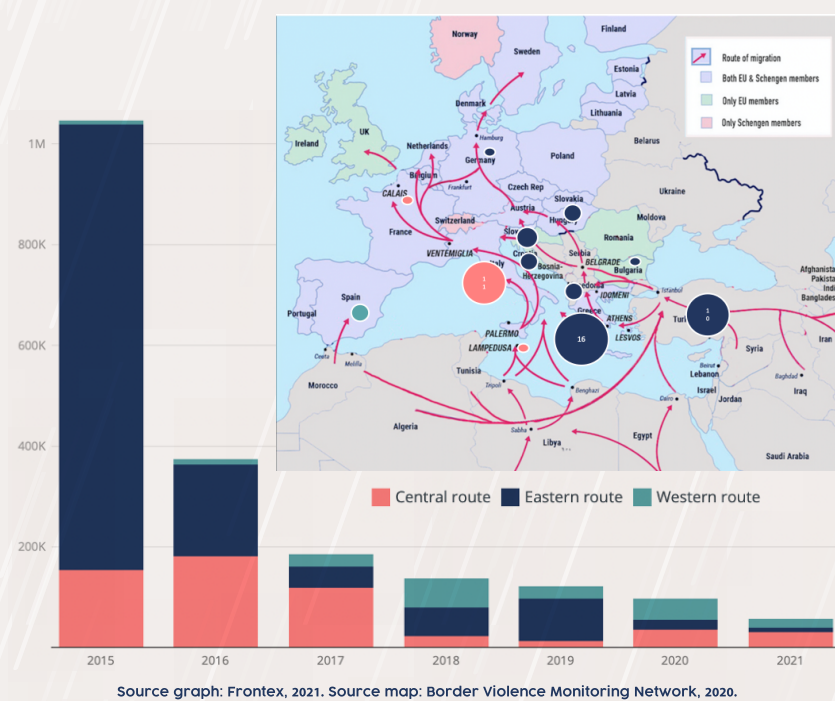
## METHODS

GRAPH SHOWING NUMBER OF MIGRANTS ENTERING EUROPE FROM 2015 – 2021 THROUGH THE THREE MOST COMMON MIGRATION ROUTES COMPARED TO MAP ILLUSTRATING THE NUMBER OF STUDIES REVIEWED BY COUNTRY



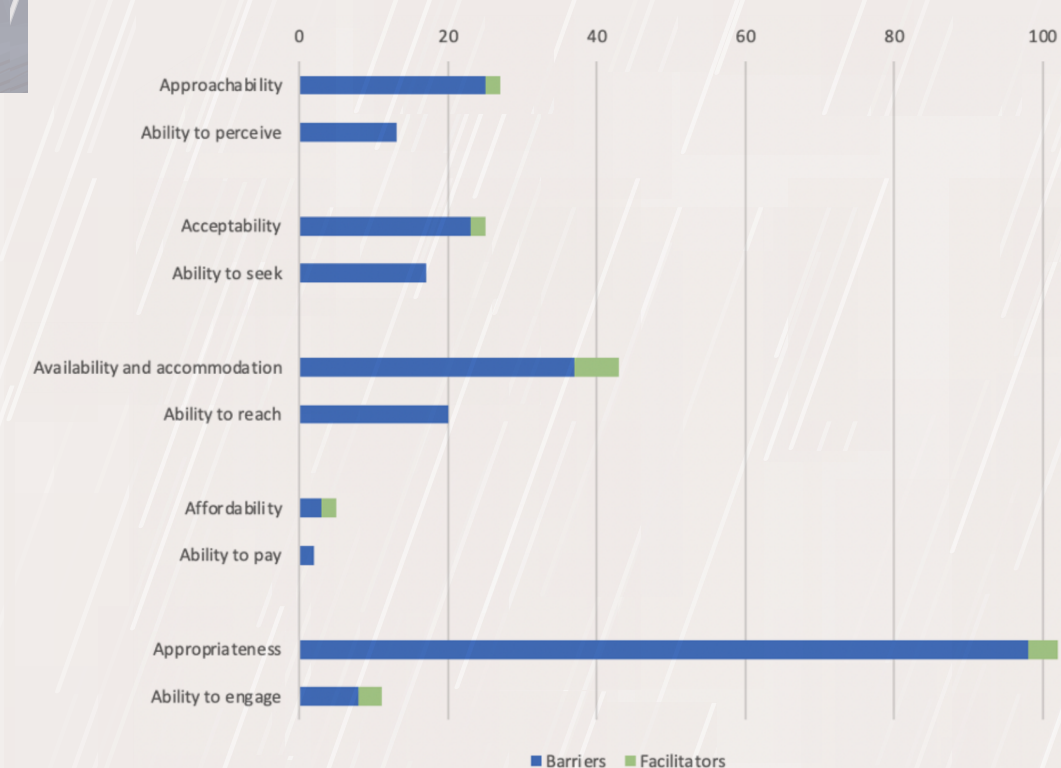
## RESULTS I

PRISMA FLOW DIAGRAM OF THE SCOPING REVIEW PROCESS



## RESULTS II

TOTAL NUMBER OF BARRIERS AND FACILITATORS MENTIONED PER CATEGORY OF LEVESQUE'S FRAMEWORK



## CONCLUSION

- Unmet family planning (FP) needs and inadequate use of ante- and postnatal care indicate poor access, but studies are limited to Turkey.
- Important barriers include absence of gender-sensitive services, staffing challenges and language barriers. Lack of trust in the healthcare system and poor health literacy further reduce access.
- Poor leadership and coordination result in ad-hoc services that are inadequately transitioning to comprehensive care.
- Refugees in transit prioritise reaching their final destination over their immediate health needs.
- The SRH landscape for refugees in the WHO European region is characterised by a fragmented system of emergency services provided to a population who prioritise reaching their country of destination.

