



A PERPETUAL CULTURE OF EMERGENCY: A SCOPING REVIEW ON ACCESS TO SEXUAL AND REPRODUCTIVE (SRH) HEALTHCARE FOR REFUGEES IN CAMPS AND INFORMAL SETTLEMENTS IN THE WHO EUROPEAN REGION



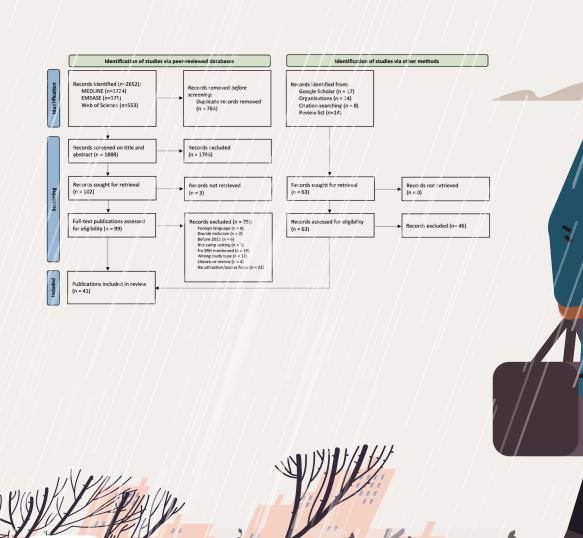
J. Sherally, M. le Mat, T. van den Akker, M. van den Muijsenbergh

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.

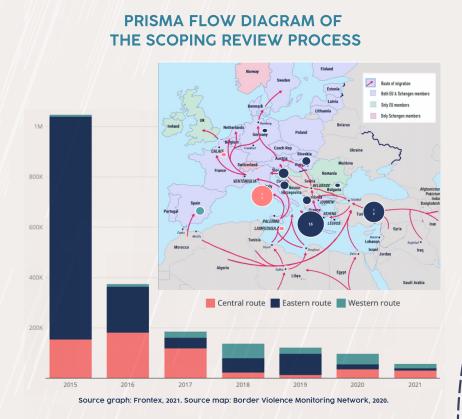
METHODS

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



Correspondence: j.sherally@kit.nl

RESULTS I





Restrictive legislation Recognition of

✓ Long-term presence

APPROCHABILITY

Lack of visibility

HEALTHCARE NEEDS





SRH SERVICES ipsum **FACILITATORS MENTIONED PER CATEGORY**



Technical and interpersonal Adequacy

orem ipsum HEALTHCARE UTILISATION

▼ Free healthcare

Gender specific care

Cost of medication

Cost of transport

Security

Ethical and political Availability of staf

medication

Availability of

✓ □ Legislation

AFFORDABILITY

AVAILABILITY AND ACCOMODATION

HEALTHCARE

Priority with travel

Social values

Social pressure

Conflicting prioritie

Knowledge about individual rights

♠ Knowledge about healthcare options

ABILITY TO SEEK

SEEKING

Lack of time

EALTHCARE

REACHING











Vulnerable groups

CONCLUSIO

- 1. Unmet family planning (FP) needs and inadequate use of **ante- and postnatal care** indicate poor access, but studies are limited to Turkey.
- 2. 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.
- **3. Poor leadership and coordination** result in ad-hoc services that are inadequately transitioning to comprehensive care.
- 4. Refugees in transit **prioritise reaching their final** destination over their immediate health needs.

Affor da bility

Ability to engage

Ability to pay

RESULTS II

TOTAL NUMBER OF BARRIERS AND

OF LEVESQUE'S FRAMEWORK

5. 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.

■ Barriers ■ Facilitators