

Author/Date/Country	Aim/Research questions	Method	Sample	Results
Abdin, 2018 Lebanon	To understand antenatal care for woman while she is pregnant and circumstances of her pregnancy in the refugee setting context.	Semi-structured interviews	42 Syrian refugee women	1- Cost barriers for antenatal services. 2- Awareness, knowledge and how to access available antenatal services.
Winn, Hetherington and Tough, 2018 Calgary, AB, Canada	To understand the experiences of health care professionals caring for pregnant refugee women in Calgary, AB.	Semi-structured interviews	10 health care professionals	1- Barriers when caring for pregnant refugees (language barriers, difficulty navigating the health care system, and cultural barriers only wanting a female provider and differences in medical practices.) 2- No adequate health coverage and funding cuts for refugee women.
Henry, Beruf, and Fischer, 2019 Germany	1- How do conceptions about pregnancy, childbirth, and puerperium, premigration experiences, health literacy, and language skills influence refugee women's perceived needs and expectations of health care? 2- How do refugee women experience care during pregnancy, childbirth, and puerperium? 3- What strategies do refugee women develop to compensate for restricted access to health care?	A qualitative phenomenological design / semi-structured interviews	12 Arabic-speaking refugee who had lived in Syria	1- Lack of knowledge, health literacy and premigration experiences impact on the women's perceptions of health care needs. 2- Barriers in accessing health care (health literacy, poor language skills, lack of information, and missing translators). 3- Compensation mechanism for access barriers. 4- Health-care-related costs for pregnancy and its effect on the access to appropriate health care for pregnant refugees and mothers.
Guruge, Sidani, Illesinghe, Younes, Bukhari, Altenberg, Rashid and Fredericks, 2018 Greater Toronto Area (GTA), Canada	To explore the healthcare needs of newcomer's Syrian refugee women, their experiences in accessing and using health services, and the factors and conditions that shape whether and how they access and utilize health services in the Greater Toronto Area (GTA).	A community-based qualitative descriptive interpretive study/focus group	58 Syrian refugee women in the GTA	1- Health insurance and coverage as well as financial resources were major factors to access to health services. 2- Barriers to access and use of healthcare services (socio-cultural and, language and, limited public transportation, and lack of linguistically, culturally, and gender-appropriate health services.)
Erenöglu & Sözbir, 2019. Turkey	To evaluate the effect of health education given to Syrian refugee	A randomized controlled trial	60 Syrian women in Hatay/Turkey	1- Difficulty in accessing healthcare services and the barriers for access (fear of uncertainty, security

	Women in their own language on the awareness of breast and cervical cancer.			<p>concerns, language barriers, cultural differences, and financial problems.)</p> <p>2- Health education given to Syrian refugee women in their own language with respect to their cultural changes had good effect on attitude and motivation of seeking care for breast and cervical cancer.</p>
Doocy, Lyles, Robertson, Akhu-Zaheya, Oweis and Burnham, 2015. Jordan	To characterize the prevalence of non-communicable diseases and better understand issues related to care-seeking for non-communicable diseases among Syrian refugees in non-camp settings in Jordan.	A cross-sectional survey	1,550 Syrian refugees	<p>1- Challenges that encounter Syrian refugee include provision of appropriate secondary and tertiary services, continuity of care, access to medications, and costs.</p> <p>2- Syrian refugee with arthritis, with post-secondary and primary education had the lowest rates of care seeking compared to non educated refugee.</p> <p>3- Cost and funding limitations are the primary barriers to access health services.</p>
Doocy, Lyles, Akhu-Zaheya, Burton and Burnham, 2016. Jordan	To assess utilization and access of health services among Syrian refugees in non-camp settings in Jordan. As well as to characterize health seeking behaviors of Syrian refugee and issues related to accessing care.	A cross-sectional survey	1,500 Syrian refugees	<p>1- Care-seeking among adult refugee was sought medical care from public sector facilities.</p> <p>2- Cost was an important barrier to health service access for Syrian refugees in Jordan.</p>
Torun, Karaaslan, Sandıklı, Acar, Shurtleff, Dhrolia and Herek, 2018. Istanbul, Turkey	To assess the health needs of urban Syrian refugees' women living in Istanbul.	Mixed method approach	891 survey, and 31 semi-structured interviews with Syrian refugee women, 9 key informants and 2 focus group discussions were held with Turkish managers.	<p>1- Barriers to accessing health care (language barrier and a lack of knowledge of the Turkish health care system, and how to seek care for specific health issues.)</p> <p>2- Waiting time at hospitals and negative attitudes of health care staff</p> <p>3- Cost of antenatal care, medications and chronic diseases.</p>
Tappis, Lyles, Burton and Doocy, 2017 Lebanon and Jordan	To characterize health seeking behaviors and better understand issues related to accessing and utilization of maternal health services among Syrian refugees	Two cross-sectional survey of Syrian refugees in both Lebanon and Jordan.	100 for Lebanon household survey, and 112 for Jordan households	<p>1- Households in both countries reported out-of-pocket costs for essential maternal and newborn health services.</p> <p>2- Cost was a major factor in care-seeking decisions in</p>

	and provide insights into disparities in the continuum of care available To Syrians living in non-camp settings in both Lebanon and Jordan.			both locations.
Samari, 2017 Lebanon, Turkey, and Jordan	To explore the vulnerabilities of Syrian women and girls in Lebanon, Turkey, and Jordan, and how these countries approach Syrian refugee women's health care needs, accesses and utilization of health services in the selected countries.	Literature search, international policy and development reports on Syrian refugee women's health in Lebanon, Turkey, and Jordan	11 peer-reviewed articles and 18 national and intergovernmental reports were included.	1- Cost, distance and fear of mistreatment were the primary barriers for accessing health care in Lebanon. 2- Economic disparities, lack of services, and lack of access to reproductive health care were common barriers in Turkey. 3- Cost was a primary barrier for seeking care in Jordan.
Oda,Hynie,Tuck,Agic,Roche and McKenzie, 2019. Canada.	To assess healthcare access, and perceived physical and mental health status of both governments assisted GARs and privately sponsored PSRs Syrian refugees.	A cross-sectional study	A sample size of 386 (177 GARs and 209 PSRs) Syrian refugees	1- GARs reported lower perceived physical and mental health, as well as, higher unmet healthcare needs compared to PSRs. 2- PSRs were older with better education and socioeconomic background, better health with different levels of support for service navigation.
Lyles, Hanquart, Chlela, Woodman, Michael, Fouad, Sibai and Doocy, 2018. Lebanon	To characterize health-seeking behaviours and service access.	A survey of Syrian refugees and Lebanese host communities	1,376 refugee and 686 host community households	1- Access to health care and medication was worse among Syrian refugees as compared to the Lebanese host community. 2- Cost was the primary barrier to care in both groups.
El Arnaout1, Rutherford, Zreik, Nabulsi, Yassin, and Saleh, 2019. Iraq, Jordan, Lebanon, Turkey, and Syria.	To identify the primary health needs of displaced Syrians in Iraq, Jordan, Lebanon, Turkey, and Syria.	A systematic review	63 articles were included in the analysis.	1- Most common health problems for Syrian refugees were non-communicable diseases in Jordan, women's health in Lebanon and mental health in Turkey. 2- Barriers to accessing health services included (geographical barriers, lack of awareness about the availability of services and how to access to these services.)
Doğan, Dikeç, and Uygun, 2019. Turkey	To examine Syrian refugee adults' experiences with mental health services due to a mental complaint.	A qualitative phenomenological design. / semi-structured interviews and focus group	Individuals	1- Difficulties making appointments and obtaining medicine. 2- Personal rights, lack of information, language barrier, discrimination, and confidence versus anxiety were

				common barriers to seek health care.
Ay, Gonza'lez, and Delgado, 2016. Jordan	To identify the most needed health care services, accessibility of various health care services, and barriers to access as perceived by a group of Syrian refugees living in non-camp settings in Jordan and to compare accessibility among different groups.	A cross-sectional study	196 surveys	1- Preventive and primary health care were more accessible than advanced services.  2- Structural and financial barriers hindered access to health services.
Assi, Ozger-_Ilhan and Ilhan, 2019. Turkey	To determine the health needs and document the healthcare services available to Syrian refugees in Turkey.	Literature review	13 full text articles were included in the study.	1- Barriers for effective access to health services include language barriers, mobility of the refugees and some legal restrictions.  2- Mental health and rehabilitation services are inadequate and fragile because of the inadequate number of qualified practitioners.
El Arab and Sagbakken, 2018. Jordan	To explore the healthcare needs and access to healthcare services among Syrian refugees in Jordan. Furthermore, to identify possible ways of responding to such needs.	Literature review	9 articles were included in the study.	Financial and structural barriers were common factors to hinder access to health services.
McNatt, Freels, Chandler, Fawad, Qarmout, Al-Oraibi and Boothby, 2019. Jordan	To understand the depth and nuances of Syrian refugees' experiences accessing non-communicable diseases services in urban and semi-urban settings in Jordan.	A descriptive qualitative study	68 in-depth interviews with Syrian refugees	1- Health services are inadequate, expensive and fragmented.  2- Financial constraints and cost of services affect participants decisions to seeking care.
Al Qadire, Aljezawi, and Al-Shdayfat , 2019. Jordan	To explore the level of cancer knowledge and barriers to seeking care among Syrian refugees in Jordan.	A descriptive cross-sectional survey design	241 Syrian refugees	1- Cost of services and having no medical insurance was the most common barrier to seeking care among Syrian refugees in Jordan.  2- Refugees' awareness of available services and knowledge of disease symptoms and risk factors were another barrier to seeking care among Syrian refugees in Jordan.