Table I. Characteristics of the studies addressing refugees' health issues and challenges

Study year/Country	Design	Objective	Key themes/findings
Alprem et al. (20) 2016 USA	Survey ($n=199$) medical residents in Internal Medicine & Pediatrics	Assess perceived knowledge, attitudes, & experience with immigrant & refugees	• Most (82%) enjoyed caring for immigrants/refugees • 65% planned to care for this population after residency • 54% were uncomfortable with their knowledge regarding immigrant/refugee health • Specific challenges included: language (98%), cultural barriers (92%), time constraints (72%), & limited knowledge of tropical medicine (69%) • 82% wanted more training in refugee/migrant health
Amara et al. (21) 2014 Germany	Narrative review	Determine prevalence & distribution of chronic NCDs amongst urban refugees living in developing countries; to report refugee access to healthcare for NCDs	• Prevalence varied by refugees' region or country of origin • Most common NCDs: hypertension, musculoskeletal disease, diabetes and chronic respiratory disease • Most urban refugees in developing countries have adequate access to primary healthcare services, however, access to secondary & tertiary healthcare remains problematic • Financial barrier identified as main reason not seeking healthcare
Burnett A (10) 2001 UK	Narrative review	Overview of health needs of asylum seekers and refugees	• Have different experiences & expectations of health & of healthcare • Symptoms of psychological distress are common, but do not necessarily signify psychiatric disorders • Many have difficulty expressing healthcare needs & problems accessing healthcare • Poverty & social exclusion have a negative impact • Trained interpreters or advocates, (rather than family members or friends), should be used wherever possible • Community organizations provide invaluable support & reduce the isolation experienced by refugees • Many issues, such as women's health and child health issues, often not acknowledged
Cheng et al. (32) 2015 Australia	Qualitative case study	Analyse factors influencing Afghan refugees' access to primary care	Persistent barriers included: • Language • Cultural differences • Difficulties with transport to health centres • Long wait times • Cost of care, limited government funding
Harris & Zwar (28) 2005 Australia	Narrative review	Outline range of problems in refugee patients in general practice & some approaches to dealing with them	Common symptoms reported: • Psychological symptoms relate to their experience of torture & trauma: intense anxiety, poor sleeping pattern, depression • Post-traumatic stress disorder: poor concentration, heightened arousal & loss of memory • Children often suffer prolonged psychological distress • These compounded by effects of detention, discrimination, lack of social support & unemployment • Physical sequelae of torture or trauma: mal-united fractures, osteomyelitis, epilepsy or deafness from head injuries, or non-specific musculoskeletal pain or weakness • Infectious & nutritional diseases • Chronic illnesses including hypertension, heart disease, diabetes peptic ulcer disease
Joshi et al. (30) 2013 Australia	Systematic review	Identify components of primary healthcare service delivery models for refugees effective in improving access, quality & coordination of care	• Access improved by multidisciplinary staff, use of interpreters & bilingual staff, no-cost or low-cost services, outreach services, free transport to & from appointments, longer clinic opening hours, patient advocacy, & use of gender-concordant providers • Provide services, which are affordable, appropriate & acceptable to target groups • Coordination between the different healthcare services & those responding to social needs of clients improved through case-management by specialist workers • Quality of care improved by training staff in cultural sensitivity & appropriate use of interpreters
Lamb & Smith (31) 2002 Australia	Narrative review	Describe problems that refugees face in accessing effective healthcare & health service response	Barriers to attendance: • Language • Lack of resource, interpreters • Financial constraints • Limited trust of health service • Lack of familiarity with available services • Gaps in health service provision • Inadequate reimbursement to healthcare professionals • Lack of specialized services, mainly in rural areas • Lack of model of care for special groups such as children, aged and second-generation refugees • Lack of standardization of eligibility for healthcare services due to different visa categories
Persson & Gunvor (40) 2013 Denmark	Explorative qualitative interview study	Explore tortured refugees' expectations of the multidisciplinary pain rehabilitation program offered at rehabilitation centre	• Refugees had different, mostly positive expectations of the pain rehabilitation program • Positive outcomes, such as improved health, improved coping ability and decreased pain, were expected • Positive general expectations of trust and hope in the rehabilitation professionals
Stade et al. 2015 (39) Denmark	Qualitative before-after study	Explore the compliance, acceptability and treatment satisfaction using group basic body awareness therapy (BBAT) in traumatized refugees	• High acceptability, compliance and satisfaction with BBAT • Reduction of somatic and psychiatric symptoms & improved QoL, level of functioning and quality of movement
Uribe Guajardo et al. (25) 2016 Australia	Retrospective observational study	Explore psychological distress in 2 samples of Iraqi refugees, those who recently arrived ($n=225$, average length of stay=0.55 months) & those with a longer period of resettlement ($n=225$, average length of stay=58.5 months)	• Both group have significantly higher psychological distress compared with the general Australian population • Significant difference between groups, indicating study participants with longer periods of resettlement experienced higher levels of psychological distress than recent arrivals • Provision of assistance programs beyond the initial arrival period are required

Table I *cont.*

Study year/Country	Design	Objective	Key themes/findings
Walsh NE & Walsh WS (33) 2003 Switzerland	Narrative review	Rehabilitation consequences of landmine injuries	Factor that impede adequate treatment: • Limited accessibility of medical centres & transport • Lack of protection for wounded people from travelling to disputed areas where hospitals are located • Lack of security • Politics & administration constraints result in hindrance of delivery of appropriate medical care • Poverty • Limited education & social structure • Financial constraints • Lack of interagency coordination

BBAT: basic body awareness therapy; n=total number; NCDs: non-communicable diseases; QoL: quality of life; UK: United Kingdom; USA: United States of America