

**Table 1 Review characteristics of included reviews (n = 12)**

Author, year	Aim	Population	No. of studies & type	Health outcome	Receiving regions	Origin regions
Beck, 2016 (29)	To integrate evidence on human trafficking in Ethiopia and identify gaps and recommendations for service delivery, research and training, and policy	People trafficked in, within or out of Ethiopia	39; quantitative, qualitative, literature reviews, dissertations, theses, government reports	STI SV	Europe MENA Sub-Saharan Africa	Sub-Saharan Africa
Blondell, 2015 (26)	To systematically review the literature on barriers and facilitators to HIV testing in migrants from low- and middle-income countries in high-income settings	Adult migrants from low and middle income countries	31; quantitative, qualitative	STI	Europe Northern America Oceania	Asia Latin America MENA Sub-Saharan Africa
Giorgi Rossi, 2017 (24)	To identify the factors influencing the accuracy of infectious disease monitoring in migrants in the EU/EEA	Migrants in the EU/EEA	27; quantitative, qualitative, guidelines, policy documents	STI	Europe Northern America Oceania	Asia Europe Latin America MENA Northern America Oceania Sub-Saharan Africa
Kalt, 2013 (32)	To describe evidence on violence exposures among adults seeking asylum in high-income host countries and on associated health problems	Asylum seekers	23; quantitative	SV	Asia Europe Northern America Oceania	Asia Europe Latin America MENA
Kentikelenis, 2015 (35)	To review the literature on the impact of economic crises on infectious disease risks in migrants in Europe, focusing principally on HIV, TB, hepatitis and other sexually transmitted infections	Foreign born migrants	40; quantitative, qualitative, reviews	STI	Europe	Asia Europe Latin America Oceania Sub-Saharan Africa
Keygnaert, 2014 (27)	To: 1) explore whether the current European policy frame on extra-EU migrants' SRH is consistent with a rights based approach, respecting the right to health for all, 2) assess if and how this frame creates obstacles for migrants in the EU to attain a good SRH, 3) examine the current migrant health field suggestions on how to overcome these obstacles, and 4) formulate SRH policy, practices and research recommendations in order to promote SRH in the EU holistically and in a migrant-inclusive manner	Extra-EU migrants	267; advocacy and legal references, academic articles, qualitative	STI UP	Europe (27 EU member states)	Not reported
Keygnaert, 2015 (30)	To examine how legal and policy frameworks at national, European and international levels condition the prevention of and response to sexual violence affecting vulnerable migrant communities living in the EU	Migrant communities living in the EU	267; legal and policy documents, academic references, qualitative	SV	Europe	Not specified
Malhotra, 2013 (31)	To systematically review the literature on health issues of female domestic workers to ascertain the problems studied, identify limitations, and suggest future research and policy implications	Female domestic workers	32; quantitative, qualitative	STI SV	Asia Europe MENA Northern America	Asia Europe Latin America MENA Sub-Saharan Africa

**Table 1 Review characteristics of included reviews (n = 12) (concluded)**

Author, year	Aim	Population	No. of studies & type	Health outcome	Receiving regions	Origin regions
Martinez, 2015 (34)	To assess and understand how immigration policies and laws may affect both access to health services and health outcomes among undocumented immigrants	Undocumented immigrants	40; quantitative, qualitative, policy analysis	STI	Europe Latin America MENA Northern America Oceania Sub-Saharan Africa	Not reported
Pavli, 2017 (25)	To review available data about health problems of migrants and refugees during their migration and in particular on arrival and during their early settlement in temporary camps	Migrants and refugees on arrival and during settlement at points of care	Not reported (49 counted by hand); quantitative, qualitative	STI UP	Europe	Asia Europe Latin America MENA Sub-Saharan Africa
Platt, 2013 (28)	To assess the evidence of differences in the risk of HIV, STI and health-related behaviours between migrant and non-migrant female sex workers	Migrant female sex workers	26; quantitative	STI	Asia Europe Latin America Oceania Sub-Saharan Africa	Asia Europe Latin America MENA Sub-Saharan Africa
Suphanchaimat, 2015 (33)	To systematically review the literature which has investigated the perceptions and practices of health care providers in managing care for migrants, as well as the challenges and barriers that health personnel faced	International migrants, including asylum seekers and refugees	37; qualitative	STI	Europe Latin America MENA Northern America Oceania Sub-Saharan Africa	Sub-Saharan Africa Not all reported

STI = sexually transmitted infection; SV = sexual violence; MENA = Middle East and North Africa; HIV = human immunodeficiency virus; EU = European Union; EEA = European Economic Area; TB = tuberculosis; SRH = sexual and reproductive health; UP = unintended pregnancy.

**Table 2 Summary of the upstream social and structural determinants of sexual and reproductive health and rights of migrants and refugees**

Determinant theme	Reference Nos.	Summary
1. Economic crises and hostile discourse on migration	27, 34, 35	Economic crises, impoverishment, austerity measures, anti-immigrant rhetoric, public opinion and policies puts migrants at risk of sexual ill health and limits access to care
2. Limited legal entitlements, rights and administrative barriers	24, 25, 26, 27, 30, 33	Lack of policies on migrant SRHR, restricted entitlements to SRH services, exclusion of undocumented migrants, narrow policy focus on reproductive health and specific populations, lack of policy focus on migrant populations vulnerable to sexual violence as well as burdensome administrative requirements are barriers to good SRHR
3. Inadequate resources and financial barriers	26, 27, 30, 33, 34	Limited financial and human resources in the health care sector, out-of-pocket expenses and transport and housing costs undermine the SRHR of migrants
4. Poor living and working conditions	26, 27, 28, 29, 31, 32	Frequent relocation, living in underserved areas, inaccessible location of health services, legal status of occupations, living in detention/reception centres, poor working conditions and poverty are associated with poor SRH in migrants
5. Cultural and linguistic barriers	24, 25, 26, 27, 29, 31, 33	Different languages, communication and cultural norms between health care providers, migrants and the community are barriers to adequate SRH diagnosis and treatment
6. Stigma and discrimination	26, 27, 29, 30, 32	Stigma and discrimination related to migration status, sex, gender, sexual orientation and pregnancy outside marriage negatively impact the SRHR of migrants

SRH = sexual and reproductive health; SRHR = sexual and reproductive health and rights.