Written Submission by Médecins Sans Frontières (MSF) to the Special Rapporteur on the Human Rights of Migrants, Mr. Gehad Madi, for his report 'Externalization of Migration and the Impact on the Human Rights of Migrants'

June 2025

1. Introduction

- Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation. MSF provides medical humanitarian assistance in more than 70 countries around the world to people affected by conflict, epidemics, disasters, and exclusion from healthcare.
- As part of MSF's mandate to bear witness, we have shared MSF operational experience with the externalization of migration and its impact on the human rights and wellbeing of migrants in public reports[1] as well as at international, regional, and national levels.[2]
- MSF welcomes the call for input by the Special Rapporteur on the Human Rights of Migrants on externalization. This submission focuses on examples where MSF has witnessed and responded to the harms of different externalization models focused on deterrence, containment and dehumanisation. This includes outsourcing and offshoring asylum, border externalization to prevent onward migration from transit countries, including maritime and land interception and pullbacks, and safe third country agreements.

2. MSF operational experience with the externalization of migration and its impact on people in need

I. Outsourcing and offshoring of asylum and returns

Australian model on Nauru: Between 2017-18, MSF ran a mental health project on the island of Nauru in the Pacific Ocean, where Australia expelled and indefinitely detained asylum seekers and refugees who attempted to reach Australia via small boats.[3] MSF medical and mental health teams documented serious health consequences of this externalization policy, including a high prevalence of severe mental health morbidities amongst asylum seeker and refugee patients: 60 per cent presented with suicidal ideation and 30 per cent had attempted suicide.[4] MSF teams also witnessed a disturbing collapse of children's mental health. Children as young as nine years old were found to have self-harmed, have suicidal ideation, or attempted suicide. Family separation contributed to deteriorating mental health. Almost a quarter MSF's patients reported experiencing violence of some form on Nauru Island and 11 per cent encountered psychological

[1] Médecins Sans Frontières, February 2024: Death, despair and destitution: The human costs of the EU's migration policies; Médecins Sans Frontières, June 2022, Out of Libya: Opening safe pathways for migrants stuck in Libya; Médecins Sans Frontières, November 2023: "No one came to our rescue": The human costs of European migration policies in the Central Mediterranean; Médecins Sans Frontières, December 2023: You're going to die here" - Abuse in Abu Salim and Ain Zara detention centres.

[2] Médecins Sans Frontières was part of an expert hearing on the outsourcing of asylum procedures organized by the German Federal Ministry of the Interior and Home Affairs (BMI) in 2024. Over 20 expert reports were submitted. The final report was published in May 2025. It points to fundamental legal, practical, and humanitarian pitfalls.

[3] Note, this approach was also carried out on Manus Island (Papua New Guinea).

[4] Médecins Sans Frontières (MSF), Indefinite Despair, 2018.

and/or physical violence perpetrated by local authorities, including the immigration authorities and Australian Border Force.[5]

UK-Rwanda Deal: Drawing inspiration from the Australian model, the UK government developed the Migration and Economic Development Partnership Memorandum of Understanding (MoU) with Rwanda. This was later made a legally binding treaty through the Safety of Rwanda Act (2024), to legislate Rwanda as a safe country, and therefore forcibly expel people there.[6] MSF repeatedly condemned the UK government's plans to forcibly expel people seeking asylum to Rwanda, or anywhere else outside of the UK, on medical, ethical and humanitarian grounds.[7] Our concerns were based on existing medical evidence on the consequences of outsourcing asylum processes, concerns around access to appropriate and timely healthcare in Rwanda, risks of being forced to return to dangerous migration routes between Rwanda and the UK, and the mental health harms of this policy for people seeking asylum in the UK. MSF and Doctors of the World UK documented the mental health impact of the policy on people accommodated in Wethersfield mass containment site (UK) in 2024.[8] Here people seeking asylum, mainly from Afghanistan, Iran, Syria, Eritrea, Iraq, or Sudan were at risk of indefinite detention and removal to Rwanda, but in practice were trapped in legal limbo - prohibited from claiming asylum and with no imminent prospect of being removed from the UK.

Italy – Albania protocol: Ratified by Law No. 14/2024, establishes detention facilities on Albanian soil under Italian jurisdiction. Although physically located in Albania, these centers remain under Italian control. This protocol, grounded in the logic of border externalization, introduces alarming measures: the normalization of forced transfers and systematic detention to a non-EU country and the narrowing of legal protections. Originally designed to apply to allegedly non-vulnerable asylum seekers from so-called safe countries picked up by the Italian Coast Guard and military ships in international waters, the protocol's scope shifted because of successive legal challenges. Since April 2025, individuals already subject to expulsion orders and previously detained in Italian facilities are forcibly transferred to detention centers in Albania. In partnership with a platform of Italian NGOs called TAI (Asylum and Immigration Platform), MSF took part in two monitoring missions in April and May 2025 conducted in Albania's Detention and Repatriation Centre (CPR) alongside Italian and European parliamentarians, which revealed serious medical and humanitarian concerns. These include: insufficient access to care and medication exacerbating chronic illnesses and mental health conditions, incidents of self-harm and medical emergencies handled inadequately with detained persons returned to the facility without proper clinical follow-up, no independent medical oversight or effective safeguards in place to protect health rights within the facility, degrading detention conditions with no access to communal spaces or recreational activities, exacerbating mental health conditions and pre-

[5] UN Human Rights Committee January 2025: Australia responsible for arbitrary detention of asylum seekers in offshore facilities.
[6] Médecins Sans Frontières April 2024: MSF UK statement on the passing of the Safety of Rwanda (Asylum and Immigration) bill.
[7] Médecins Sans Frontières, April 2023: Open letter from health professionals in the UK on the health consequences of the forced expulsion to Rwanda policy; Médecins Sans Frontières January 2024: The medical consequences of the Safety of Rwanda (Asylum and Immigration) Bill.
[8] Médecins Sans Frontières and Doctors of the World, May 2024: Like A Prison: "No Control, No Sleep" - Mental Health Crisis at Wethersfield Containment Site. Other reports also warn of a worsening mental health situation of the men in the camp, see Kamena Dorling and Maddie Harris, December 2023: Ghettoised and traumatised: the experiences of men held in quasi-detention in Wethersfield, Helen Bamber Foundation; Jesuit Refugee Service UK, March 2023: Napier Barracks: the inhumane reality. An in-depth report of the experiences of men held in quasi-detention at Napier Barracks.

existing vulnerabilities. [9] In addition, several detained persons reported having been apprehended on the street in Italy, detained, and transferred to Albania without prior notice or explanation of the reasons or their destination.

II. Safe Third Country Border Externalization

EU-Türkiye deal (2016): marked a turning point in European migration policy, leading to increased externalization of responsibility to third countries and a normalisation of structural violence at the EU's external borders.[10] In Greece, in 2021, Türkiye was designated by Ministerial decision as a 'safe third country' for individuals from Syria, Afghanistan, Pakistan, Bangladesh, and Somalia having passed through Türkiye, allowing for the immediate rejection of their asylum application without examining grounds for asylum. While the Greek Council of State recently ruled in favour of the annulment of the decision in March 2025,[11] Greek Authorities, on the same day, published a new joint ministerial decision like the one that had just been annulled.[12] The EU-Türkiye deal and application of the safe third country concept have resulted in a containment system that has left thousands of refugees and migrants stuck in remote facilities on the Greek islands in inhumane, sometimes detention-like conditions, and stripped of protection.[13] MSF has delivered emergency medical care on the Greek islands of Samos, Lesvos, Chios and Leros since 2015, treating physical and psychological conditions and responding to suffering caused by this containment and legal limbo. MSF clinical experience has shown that chronic stressors—including poor living conditions, protracted and complex asylum procedures, fear of deportation, and pervasive insecurity—directly undermine mental health and wellbeing. The harmful effects are compounded by the carceral design of the Closed Controlled Access Centres, whose remote locations, double barbed-wire fencing, one-way turnstiles, metal detectors, and constant surveillance create an oppressive and re-traumatising environment.[14]

The EU Pact on Migration and Asylum: further embeds logics of externalization within the EU's asylum and migration framework.[15] With a focus on expanded forms of inadmissibility based on the safe third country concept and lower legal safeguards, the Pact risks exposing people to containment in border procedures and stripping them of access to protection – with consequences that MSF has responded to already on the Greek islands. This will expose people to harm during the procedures and increase the risk of return to harm. The EU Commission's recently proposed reform of the safe third country concept, which attempts to further expand the scope of the concept and erode legal safeguards, marks another dangerous step in that direction.[16]

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[9] Isolation and uncertainty contribute to heightened risks of self-harm and psychological trauma, as documented during monitoring missions.

[10] Médecins Sans Frontières June 2016: MSF to no longer take funds from EU Member States and institutions.

[11] The Hellenic Council of State, Ανακοίνωση του Προέδρου του Σ.τ.Ε. σχετικά με το αποτέλεσμα της διάσκεψης επί υποθέσεων, οι οποίες συζητήθηκαν στην Ολομέλεια στις 7 Φεβρουαρίου 2025 και αφορούν τον χαρακτηρισμό της Τουρκίας ως ασφαλούς τρίτης χώρας, 2025.

[12] Hellenic Republic - Ministry of Migration & Asylum, Η Τουρκία παραμένει ασφαλής τρίτη χώρα για τους αιτούντες άσυλο, 2025.

[13] Médecins Sans Frontières (MSF), Constructing Crisis at Europe's Border, 2021

[14] This contradicts the guidance of the EU Agency for Fundamental Rights, which explicitly warns against detention-like conditions for asylum seekers. European Union Agency for Fundamental Rights, March 2021: Initial-reception facilities at external borders: fundamental rights issues to consider.

[15] Médecins Sans Frontières, February 2024: Death, despair and destitution: The human costs of the EU's migration policies.

[16] See European Commission, Proposal for the application of the 'safe third country' concept.

III. Interceptions – pushbacks and pullbacks

Central Mediterranean: In 2017, Italy signed a memorandum with Libya for cooperation on migration and the same year, a series of accords were also signed between Libya and the EU. In 2023, in turn, Italy and the EU signed similar agreements with Tunisia. After the establishment of the Libyan Search and Rescue Region (SRR) in 2018 and the Tunisian SRR in 2024, the Libyan and Tunisian coastguards receive a steady supply of EU and Member State money to intercept and forcibly return people who attempt to cross the sea in search of safety and protection in Europe.[17] Despite a decrease in the number of recorded departures from Libya, the number of interceptions increased by 21 per cent in 2024 compared with 2023, amounting to 21,762 people forcibly returned.[18] No official data has been reported regarding the interceptions carried out by the Tunisian Coast Guard in 2024, but in May 2024 the Tunisian National Guard declared to the media that 21,545 people had been intercepted in the period January-April alone.[19] Meanwhile, the Central Mediterranean remains one of the deadliest migration routes globally. According to available data, 24,467 men, women and children died or went missing on this stretch of the sea between 2014 and 2024, with 1,692 in 2024 alone.[20] Libyan Coast Guard (LCG) vessels persist in intimidating or directly threatening NGO vessels, putting in grave danger the lives of humanitarian staff and people in distress. Since January 2024 MSF has observed a new escalation of violence against SAR ships. During 2024, there were seven incidents in which LCG vessels donated by Italy assaulted NGO vessels, during ongoing rescue operations, with the use of firearms in two cases. Six of these cases subsequently resulted in the detention of the rescue vessels by the Italian authorities for allegedly failing to follow the LCG's instructions, including instances involving MSF's search and rescue ship, Geo Barents. In the context of the Central Mediterranean, the jurisdictional applicability of European domestic courts and human rights tribunals (e.g. ECtHR) over actions taking place extraterritorially, for instance in international waters, is one of the key legal challenges posed by externalization practices.

Eastern Mediterranean: With migratory movements since 2023 partially redirected from Libya to Greece, particularly to Crete, Greece has recently launched bilateral discussions with Libya to contain migration flows. This is in addition to accounts of violence at Greece's borders that have proliferated in recent years, while medical and humanitarian assistance for people crossing into Greece by land and sea is limited or absent, and independent scrutiny of border management practices is non-existent. Drawing on operational medical data, patient accounts, and observations of MSF staff gathered between August 2021 and July 2023, the MSF report 'In plain sight", builds on accounts of violence and pushbacks at Greece's borders, and highlights the physical and psychological suffering, as well as the life-threatening risks, endured by those seeking protection in Greece.[21]

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[17] EU, Support to Integrated border and migration management in Libya - Second phase. See also EU, Memorandum of Understanding on a strategic and global partnership between the European Union and Tunisia.
[18] International Organization for Migration, IOM Libya.
[19] InfoMigrants, Tunisie: plus de 20 000 migrants interceptés en mer pendant les quatre premiers mois de l'année, 13 May 2024.
[20] International Organization for Migration, Missing Migrants Project.
[21] Médecins Sans Frontières (MSF), In plain sight: the human cost of migration policies and violent practices at Greek sea borders, 2025; See also recent European Court of Human Rights rulings in the recent cases of A.R.E. v. Greece and G.R.J. v. Greece.

Serbia: Since 2023, within the context of increased EU scrutiny and EU Member State efforts to curtail migration on the so-called 'Western Balkan route', MSF has observed an increase in violence, pullbacks and pushbacks at Serbia's borders. Serbia's heavy security-focused approach, supported by EU funding, and characterised by coercive practices, violence and restrictions to humanitarian assistance – has had profound impacts on the safety and wellbeing of refugees and migrants across the country. From October 2023 onwards, Serbian police efforts have focused on rounding up refugees and migrants from northern Serbia, near the Hungarian border, and forcibly relocating them away from the Hungarian border towards the south of the country, as far as possible from the prior usual exit points towards the EU. Authorities, in parallel, have progressively cleared official reception facilities in northern Serbia and transferred refugees and migrants to government-run centres further south. Accounts received by MSF teams on the ground during this period point to the use of disproportionate violence and force during these actions. Further, accounts from MSF patients suggest that arbitrary returns and pushbacks, particularly from Serbia's south and south-eastern borders, have become increasingly normalised. With increasing frequency during the summer of 2024, MSF patients described a clear pattern of abuse, including people being rounded up by the police, beaten with batons or kicked, stripped, and abandoned, often naked, in the border area where they are forced to cross.[22] MSF has encountered patients in need in the forest area near the Serbian Bulgarian border who were too afraid to go to seek care out of fear of being pushed back again. Despite an overall decreasing number of refugees and migrants transiting through Serbia, in 2024 MSF in southern Serbia treated an alarming 28 individuals for violence-related injuries, mainly because of blunt violence, beatings and kicks, to which they had reportedly been exposed in the border area.

3. Overarching Findings

MSF has consistently documented the serious threats that externalization policies pose to the rights, health, and dignity of people on the move. Evidence from MSF operations in multiple regions demonstrates that policies involving closed or offshore detention centres, forced transfers, and funding arrangements designed to contain people in transit countries contribute to a systematic pattern of harm. Individuals are detained, obstructed from accessing asylum procedures, and transferred to environments where adequate healthcare, protection, and legal guarantees are lacking. These policies seek to displace responsibility while entrenching suffering leading to acute mental health deterioration. Moreover, the absence of transparency, independent oversight, and access to legal remedies further compounds the risks and violations experienced by people on the move.

4. Recommendations

MSF calls on states and the international community to:

[22] Accounts of MSF patients are consistent with growing civil society and news reports on pushbacks from Serbia's southern borders, including one documented on video in February 2024: https://www.theguardian.com/global-development/2024/feb/22/videos-show-migrants-stripped-of-clothing-in-freezing-temperatures-at-serbian-border.

- **Uphold international law**, ensuring safe access to territory, asylum procedures and protection, and reject outsourcing and externalization models that undermine people's wellbeing and dignity.
- **Expand safe pathways** for refugees and migrants, including resettlement, humanitarian visas, and family reunification.
- **Ensure independent medical and humanitarian access, as well as independent monitoring** to all sites where refugees and migrants are contained, detained, or transferred.