

Crisis Info – MSF EU Migration activities May 2023



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INTRO

This migration update aims to draw attention to current context in the EU which is impacting the humanitarian situation on the ground for people migrating and seeking safety at European borders.

More than 8 years after the so-called migration crisis, MSF is today witnessing the dangerous expansion and institutionalisation of harmful practices and policies with the passing of new laws and policy proposals that will have an impact on human lives, well-being and restrict humanitarian assistance to those in need at European borders. As European States once again declare 'crisis' at Europe's borders, they continue to prioritise galvanizing greater institutional support for more containment, border walls and deportations rather than offer meaningful assistance and protection to those who continue having to risk their lives and wellbeing to access safety in Europe. We are seeing the very harmful policies and practices that we have been witnessing for years being institutionalised at European level. Today's crisis is one of institutionalisation of violence across the EU.

1. EU migration highlights - Key data

Migration Figures: Putting the figures in perspective

There is a lot of focus on number of migration arrivals in 2022 and 2023 have (so far) been marked by an increase in movement along the Central Mediterranean and Western Balkan routes relative to 2020 and 2021, when covid-19 related closures inhibited mobility along key migration routes. However, these numbers are nominal compared to the peak of arrivals in 2015 and 2016. Despite this the number of dead and missing, as well as number of push-backs along migration routes remain relatively high % of those attempting to seek safety.

****Key websites for updated figures:** <https://data.unhcr.org/en/situations/mediterranean/location/5179> ;
<https://missingmigrants.iom.int/region/mediterranean>

CENTRAL MEDITERRANEAN
<ul style="list-style-type: none">• Sea arrivals (Italy) : 2015 - 153,946 2022 – 105,131 ppl (51% more than 2021) 2023- 39.492 ppl > +300% comparing with same period in 2022 (9.892 ppl) (last update 20/04/2023) Countries of departure are Tunisia (54,2%), Libya (42,2%), Turkey (2,9%) and Algeria (0,5%)• Deaths at sea (last update- 07/05/2023) 2022- 1,417 ppl 2023- 938 ppl• Interceptions 2022- 24,684 ^[3] ppl intercepted and forcibly returned to Libya by the Libyan Coast Guard (LCG)
LIBYA
2022 : <ul style="list-style-type: none">• Migrants in the country: 650,000^[1]• Migrants in official detention centers (DCIM): 3,489 ^[2] (last update: December 2022)• Migrants in non-official centres (estimated): 2,000 to 5,000 ppl ¹
GREECE
<u>Sea</u> arrivals : <ul style="list-style-type: none">• 2022 - 12,758 ppl• 2023 - 3,811 ppl

¹ source :https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/DTM_Libya_R43_Migrant_Report.pdf

<p>Land arrivals :</p> <ul style="list-style-type: none"> • 2022 – 6,022 ppl • 2023- 641 ppl <p>Deaths at sea (Eastern Mediterranean)</p> <ul style="list-style-type: none"> • 2022 – 378 ppl • 2023 - 39 ppl (last update : 05/2023) <p><i>While arrivals in Greece in 2015 constituted the 75% of arrivals in Europe, in 2022 they constituted 5%. The number of arrivals during January and February 2023 has increased by 327% compared to the same period in 2022.</i></p>
NORTH BALKANS / BALKAN ROUTE
<ul style="list-style-type: none"> • Border crossings <p>2015 – 764,033 crossings</p> <p>2022 – 148,500 crossings of people through the Western Balkan route. This represents the 45% of all entries in the EU in 2022</p> <p>2023 - 14,858 crossings (January – March 2023)</p> <ul style="list-style-type: none"> • Interceptions and forced returns <p>2022- 158,296</p>
EU-Belarus border
Dead and missing: 57 since 2021
FRENCH-UK BORDER
<p>A significant increase in Channel crossings in 2022:</p> <ul style="list-style-type: none"> • Channel crossings on small boats: in 2022, more than 45,000 people crossed the English Channel to UK, compared with +28,500 people in 2021 (+58% in a year) • Attempts registered by the French authorities: in 2022, more than 50,000 people attempted the dangerous crossing by small boat compared to more than 35,000 people in 2021. • Recorded deaths: Since 2014, 209 people died attempting to cross the English Channel. In the last incident which took place in December 2022, 4 people drowned. In November 2021, 27 people lost their lives in another incident. <p><u>N.B.</u> The English Channel (the Dover Strait) is the world’s busiest shipping lane.</p>

Italy & Central Mediterranean: key dates- political and context development

Migration trends

In the first quarter of 2023, 39.492 people arrived in Italy by sea (as of 27/04), almost four times compared to the same period of 2022 (9.892). The overall increase in numbers is influenced by the large increase of departures from Tunisia (which now represent 58% of arrivals in Italy, versus 38% from Libya - a proportion that was very different last year with 51% arrivals from Libya and 31% from Tunisia). The demography of people leaving Tunisia is also changing, with many Sub-Saharan Africans leaving the country; as a result of the very poor economic situation, but also a crackdown on migrants and reported increase in racist attacks. Another important new trend recorded is the increase in the Eastern Mediterranean migration route, with 4,241 arrivals recorded in Calabria region alone since the beginning of 2023. Most of the migrant population taking this route comes from Syria, Afghanistan, Bangladesh, Iran and Iraq. The Western Balkan route is also used by people trying to reach Northern Europe, entering the EU and Italy via Bosnia and Croatia. In 2022, about 13,000 people were registered on this route in Italy according to Prefettura data (this figure is probably underestimated).

Lampedusa, a small island located halfway between mainland southern Italy and the Tunisian and Libyan

coasts, is the main gateway for many migrants crossing from northcentral Africa to Italy and Europe. This is why the island has been strongly affected by the rise in migrant arrivals. The reception center situated on the island is severely overcrowded and despite having a capacity of 400 people, in the last few months it has been often hosting thousands of people, up to 3000.

Moreover, several shipwrecks off the Italian coasts were registered in the last few months. Among the main factors there are the deterioration of living conditions for migrants in Tunisia, and the increasing use of unseaworthy and unsafe boats.

As reported by IOM, the number of people who died on the Central Mediterranean route in the 1st quarter of the year is the highest since 2017. In February at least 94 people died, including 35 children when a wooden fishing boat shipwrecked few hundred metres from Steccato di Cutro, Calabria, southern Italy. The boat had about 180 people, mostly from Afghanistan, Pakistan, Syria and Iran. At the beginning of May Italian government approved the so-called law decree "Decreto Cutro". The decree increases precariousness of status and risk of refoulement by deleting some aspects related to the so-called Special Protection (a national humanitarian status which can be granted for people who, whilst not qualifying for refugee or subsidiary protection status, cannot be returned to their country of origin) and introducing some changes regarding expulsion, appeals and recognition of international protection. These measures will reduce the scope of the Special Protection granted to foreigners, people will risk losing their residence permit, falling into irregularity and becoming more vulnerable.

Moreover, by early April, a state of emergency was declared in Italy in response to the high number of people arriving. The state of emergency, backed by initial funding of 5 million euros, will last six months and it seems that the total budget allocated will reach 20 million euros. The state of emergency will make it possible to derogate from some rules, speeding up the allocations and with the potential plan of opening one detention center for repatriation per region, to intensify [repatriations](#).^[1]

Meanwhile, the new Italian authorities cracked down on NGO SAR activities through the introduction of new legislation targeting SAR NGO's, and the practice of assigning distant ports (PoS) to disembark survivors. Among other rules, the Italian government requests civilian rescue ships to immediately head to port after each rescue, requiring them to ignore any other distress cases at sea, in contradiction with the maritime conventions stating the captain's obligation to render immediate assistance to people in distress. This part of the decree is compounded by the allocation of "distant ports" far north that require several additional days of navigation, with the intention of keeping rescue vessels out of the area where most distress cases occur for prolonged periods.

In February the Ancona coastguard notified MSF and Geo Barents of the 20-day detention and a fine of up to €10,000 for failing to provide the voyage data recorder to authorities on arrival at Ancona, a port city on Italy's Adriatic coast, on 17 February to disembark people rescued at sea. The detention of Geo Barents is a direct consequence of the enforcement of Italy's Decree Law 1/2023, and the latest example of the Italian government deploying its administrative powers to punish organisations involved in search and rescue activities and to obstruct civilian efforts to rescue people in distress at sea. The tightening of border screening procedures, the lack of resources for the timely management of cases of vulnerability and the shortcoming of the services provided in the reception centers, leaves many people arrived to Italy to fend for themselves while not receiving appropriate care and assistance. The creation of barriers for access to asylum applications and residence permit renewals is generating further discrimination, social marginality and inequalities. The loss of residence permits and the lack of programs to support social inclusion, especially within the reception system, push migrants to conditions of social exclusion, with little or no access to basic services, including health care.

Italian governments have been acting to trap migrants and refugees inside Libyan borders, supporting and financing the Libyan Coast Guard and criminalizing NGOs conducting search and rescue activities in the Central Mediterranean Sea. In November 2022, the government renewed the **Memorandum of Understanding (MoU) between Italy and Libya** for an additional three years.

North Balkans route: key dates- political and context development

The increase of border crossings along the Western Balkan route reignited crisis narratives, which led to the signing of a **trilateral Memorandum of Understanding between Austria, Hungary and Serbia**, with the aim of preventing migration through the West Balkan route. Key points of the MoU include financial and technical support by EU member states involved to increase border security at the Serbian-North-Macedonian border, increased readmissions to Serbia, and support to Serbia to increase deportation capacities.

In December 2022 the EU Commission issued its EU Action Plan on the Western Balkans, which foresees increased securitisation of borders, returns, increased FRONTEX involvement across the route, and full alignment of visa policies to the EU for all Western Balkans. In line with the increased securitization of the route, proposals have been advanced to build additional fencing at the Serbian-Hungarian border and at the Southern Serbian-North Macedonian border.

Along the route from Bulgaria to Serbia, people are pushed into extremely harsh conditions, especially during winter. The journey between eastern Bulgaria and Serbia takes 3-4 days of walking in the mountain forest trails, with no access to food, water or shelter, in temperatures often below zero. In February 2023, two people including a child, died due to the cold. The main morbidities are accidental traumatic injuries and skin diseases. During medical consultations MSF has documented 9 cases in which the traumatic injuries were the direct consequence of the violence by the Bulgarian forces, including the use of batons and branches to threaten and injure migrants and release dogs on them. Based on the information that patients shared, reports account for Bulgarian authorities using violence not only during pushbacks, but seemingly as a form of punishment for people who are already inside the country.

In **Serbia**, under EU member state and domestic pressure, authorities are now cracking down on migrants living outside of formal government-run camps, particularly in northern Serbia near the Hungarian border. Increased raids, forced relocations and forced encampment in camps located in southern Serbia have pushed more migrants into hiding, marking a turning point with previous tolerance and migrant visibility.

Greece key dates- political and context development

People reported to MSF that they were purposefully put in danger while embarking on the dangerous journey towards Greece. While reports of forced returns and collective expulsions have been mounting, humanitarian assistance for new arrivals has been seriously restricted. In fear of criminalisation, there is no independent actor to provide necessary aid to new arrivals. Despite these restrictions, arrivals by sea in Greece are up to 300% increase between January-March 2023 compared to the same period last year (2022). In the first two months of 2023, most asylum seekers came from Afghanistan, Pakistan, the Palestinian Territories, Syria and Egypt.

MSF is the only actor in Lesvos and Samos providing emergency medical assistance to people arriving on the Greek Islands of Samos and Lesbos by boat. Today, approximately 2,300 people live today in the 'closed-controlled access centres' (CCACs) Mavrovouni in Lesbos and in Samos, there are approximately 770 people in the CCACs.

On Lesbos, new arrivals are often held in a previous COVID19 quarantine facility site on the north of the island called Megala Therma for even more than 7 days at times, before being transferred to the CCAC. Despite the relaxation of COVID-19 measures of the government. The facility is in a very isolated location, making the access to the site considerably difficult for actors to ensure adequate response in case of a medical emergency. Currently, residents in the facility are in a detention-like condition, with limited mobility, restricted solely to the assigned living area. Registration of new arrivals is not conducted on site and people are not afforded adequate reception conditions in terms of shelter, access to healthcare and legal support. Special reception conditions are not granted to the most vulnerable.

Lesbos - Vastria: The new planned CCAC on Lesbos- Vastria - is isolated, at 33Km from the town of Mytilene, adding a significant barrier for services and underlining again the logic of segregation and de-facto detention that underpins these centres. There is an added risk of actors' reduction that are able to provide services on the site as the logistics and daily transportation to this remote location is prohibitive. Furthermore, it will limit the capacity of asylum seekers to access services outside the CCAC. With only three ambulances on Lesbos Island, the distances will likely make emergency referrals from the planned CCAC to Mytilene hospital challenging.

Greece has introduced the safe third country concept for almost all applicants arriving from Türkiye, foreseeing a rapid screening of the "admissibility" to the asylum procedures for people from Syria, Somalia, Bangladesh, Iraq, Iran, Afghanistan and Pakistan. People from these countries are often found to not be eligible of asylum in Greece and should be returned to Türkiye. As a result, most men, women and children seeking protection in Greece do not have access to asylum. When their applications are rejected, they are left in limbo, without access to medical care or assistance, at risk of detention, homelessness and destitution and are pushed into fleeing anew in search of safety.

In parallel, the Greek government intends to make the asylum procedures faster: as a result, people struggle to access a fair asylum process as procedural safeguards, including adequate support. People have a limited time between their arrival and the interview date and don't have sufficient time to get information about the process, understand the procedure and seek legal or medical assistance before their interviews. Furthermore, vulnerable people with less visible vulnerabilities or protection needs remain unidentified and are likely to obtain rejections and remain without support.

France

Political context

Since the "refugee crisis" of 2015, the French government has increasingly implemented dissuasive measures, such as refoulements at the French-Italian and French-Spanish borders, arbitrary detention, regular dismantling of informal settlements, harassment of migrants and humanitarian workers, and police violence. In August 2022, the Minister of the Interior, Gérald Darmanin, announced a new repressive law on immigration, scheduled for 2023. Among the proposals, an amendment which would further restrict access to health care for so-called irregular migrants. External factors, such as the policies implemented by the far-right government in Italy, as well as the pressure exerted by the British government on France to prevent crossings to the UK coupled with the UK's plan to send asylum seekers to Rwanda, highlight **increased tensions on the path of migrants at the borders of France and on its territory.**

Reducing access to health care for migrants

The French health system, already weakened by years of budget cuts, has been severely put under pressure

by the COVID-19 pandemic: chronic understaffing, difficulties in recruiting, exhausted health care teams, etc. In this context, access to the health system has become even more problematic for migrant populations in precarious situations: overcrowding of the permanence to access to health care, lack of access to interpreting services. These obstacles come on top of the already existing ones to obtain entitlement to state medical aid (AME), while this system, which is accused of being too costly and "attractive" for migrants, is the subject of recurrent attacks from the right-wing parties. These attacks also concern access to residence permits for care, for which the French Office for Immigration and Integration is increasing the number of negative opinions on the basis of information that is very often superficial and concludes that care is available in the countries of origin.

For age disputed unaccompanied children (UAC), refusal of access to hospital care in the name of the absence of a legal representative remains largely the norm, and obtaining treatment requires the active mobilization of associations and volunteers.

Situation at the French borders

At the French borders (FR-UK; FR-IT; FR-ES), minors (UAC- unaccompanied minors) are subject to illegal refoulement and expulsion. They also face physical violence and deprivation of liberty. There are also serious shortcomings in the provision of shelter and support. At the borders with Spain and Italy, associations active in these areas regularly report the almost systematic refoulement of migrants stopped by the French police, without respect for procedural guarantees. As for UAC, although they declare as minors, border authorities refuse to recognize them as such in violation of the respect for the presumption of minority, with the result of further reducing their access to rights and protection.

In 2022, the French and British governments continued to tighten their migration policies at their border. In April, the UK government announced its plan to outsource asylum: an agreement to relocate asylum seekers to Rwanda, which has been confirmed by successive governments and validated by the UK High Court. In November, France and the UK signed a new agreement to work together to stop migrants crossing the Channel to England in small boats, a source of major bilateral tension. Under the agreement, Britain will pay France €72.2 million in 2022-2023 so that Paris can increase by 40% the number of security forces patrolling its northern beaches. However, such measures have not impacted on the decrease in arrivals. On the contrary, in 2022, a record number of 45,756 migrants crossed the English Channel by small boat, a rise of more than 60% compared to the previous year.

2. MSF migration projects in a nutshell

SEARCH AND RESCUE – CENTRAL MEDITERRANEAN
1 project 21 staffs <u>2023</u> : 1405 medical consultations offered and 1484 people rescued (last update – 6 May 2023)
NORTH BALKANS -SERBIA
2 projects 27 staffs <u>2022</u> : 7,403 outpatient consultations 225 people treated for intentional physical violence <u>2023 (January-March)</u> : 3,078 outpatients' consultations 15 people treated for physical violence
GREECE
3 projects 216 staffs <u>2022</u> : 16,848 outpatient consultations 8,359 individual mental health consultations 471 people treated for sexual violence 3,756 people assisted upon arrival by boat (<i>Emergency Medical Activities</i>) <u>2023 (Jan-March)</u> : 5,8231 outpatients' consultations 1,868 individual mental health people treated for

sexual violence 160
ITALY
3 projects 33 staffs <u>2022</u> : 2,878 outpatient consultation 1,174 individual mental health consultations 84 survivors of torture treated. <u>2023</u> (Jan-Mar): 492 outpatient consultations 178 mental health consultations
BELGIUM
1 project 38 staffs <u>2022</u> : 2,492 outpatients' consultations 1,178 mental health consultations provided in group sessions 39 people treated for sexual violence
FRANCE
3 projects 49 staff members <u>2022</u> : 3,381 outpatients' consultations, 2,015 individual mental health consultations, 110 unaccompanied minors sheltered <u>2023</u> (Jan-March): 528 outpatients' consultations, 335 individual mental health consultations
POLAND
2 projects 14 staff <u>2022</u> : 16 outpatients' consultations <u>2023</u> : (24 March – 24 April) Emergency medical interventions conducted for 73 individuals.

3. MSF Operations

Search and Rescue Operations

Central Mediterranean

Since 2015, MSF has been engaged in search and rescue activities in the Central Mediterranean, working on eight different SAR vessels (alone or in partnership with other NGOs) and rescuing more than 85,000 people. In May 2021, MSF started operating the Geo Barents, its latest SAR vessel and ever since has rescued 6,384 people (3,742 in 2022), recovered the bodies of 11 people and assisted in the delivery of a baby.

Border migration projects

North Balkans

Since 2014, MSF has worked in the northern Balkans addressing the needs of people transiting through migratory routes, often providing care to people living in squats, jungle camps and other precarious conditions. In the initial phase medical services were delivered where the context was showing a critical mass of migrants receiving no or limited assistance. From September 2015, MSF started working in 4 locations in Serbia mainly focusing on primary health, mental health, transit, shelter, mobility/transport/access to the most vulnerable. In January 2016 activities were reinitiated in Belgrade focusing on a mixed flow of migrant and stranded migrants.

March – April 2016 saw the closure of the Balkan Route & the EU-Turkey deal. Between November 2016 – January 2017 MSF denounced the unbearable living conditions of thousands left without shelter in Serbia at the peak of winter. In 2018, MSF began operations in Bosnia and Herzegovina, in Una Sana Kanton with a mobile clinic. MSF mainly treated health and mental health conditions linked to perilous and long migration journeys, poor living conditions and lack of access to hygiene, and violence at borders. In early 2020 the clinic in Belgrade closed and MSF focused on a more mobile approach targeted on caring for victims of

violence in the region. By the beginning of 2021 this new project was launched with a small mobile team in Serbia and a second team deployed to Una Sana Canton in Bosnia by June, providing first aid to SoVs pushed back after border crossing attempts. In August 2021 MSF stopped activities in Bosnia and focused on activities in Serbia up to date. By 2022, the establishment of two mobile clinics in North Serbia (Serbo-Hungarian border) and since 2023 mobile clinics in southern Serbo-Bulgarian border, was implemented in Serbia.

MSF is present in Serbia since 2014 providing medical care to migrants in transit through the Balkan route. Since then, we have documented and regularly denounced violent practices occurring at the borders. MSF currently provides medical care to people who do not have access to healthcare in this particular setting. We treat people in informal settings in the north Serbo-Hungarian border since 2021 and in the south Serbo-Bulgarian border since beginning of 2023.

MSF treats and documents cases of violence and allegations of pushbacks against the people who attempt to cross the border. Since January 2021, MSF has assessed and treated 498 patients for physical injuries, mostly on arms and legs, such as contusions, articular or skin lesions allegedly because of physical assaults perpetrated by border police and army, or due to the fence along the Hungarian-Serbian border. Due to the medical scope of our activity, the accounts of violence that we witness are not fully representative of the scale of the practice, as extensively documented by other civil society and actors in the region.

Greece

MSF has been providing medical and humanitarian assistance to asylum seekers, refugees and migrants in Greece since 1996. In 2015, MSF expanded its activities in Greece to meet the humanitarian needs of people on the move arriving in Greece. MSF set up emergency interventions on Lesbos, Samos, and Chios, as well as the Dodecanese Islands, Athens, and Idomeni providing medical and mental health care, shelter, water, and sanitation services and distribute relief items to refugees and migrants. Since 2016, MSF has remained on the Greek islands to provide medical consultations, social support and mental healthcare to migrants on Lesbos and Samos while since 2016, MSF operates a Day Care Centre in Athens.

Since August 2021 in Samos and since June 2022 in Lesbos, we provide emergency medical care to people who arrive on the islands by boat. Our support consists of medical and psychological first aid, including referrals to hospital by ambulance. MSF is the only actor providing emergency medical care to new arrivals. Both on Samos and on Lesbos islands, MSF operates clinics outside and inside the Closed Control Access Centres (CCACs) providing primary (including sexual and reproductive) healthcare services and mental health support to refugees and asylum seekers.

Libya

In Libya, MSF teams continued to provide assistance to migrants, refugees and asylum seekers trapped in a cycle of violence in the country, and at the same time we increased provision of specialised medical assistance for TB patients in the country.

By the end of 2022, there were more than [650,000](#) migrants in Libya. On the 1st of January 2023, IOM and UNHCR estimated that there were at least 3,287 people in detention centres under the authority of DCIM across Libya, with [2,475](#) (75 %) of them being detained in the five DCs of Tripoli.

MSF teams provided primary health care, mental health support, and sexual and reproductive health consultations in health facilities, inside detention centres and urban settings. The teams also offered protection services, aiming to identify vulnerable people and refer them for specialist care in hospitals and to other organisations in Tripoli who could meet their specific needs.

In those contexts, MSF continued to receive accounts of migrants subjected to multiple forms of violence

such as physical abuse and sexual and gender-based violence. In addition, migrants reported arbitrary arrests and detention in inhumane conditions, kidnapping, forced labour, human trafficking and family separation. In December 2021 and most of 2022, MSF provided first medical assistance to migrants, refugees and asylum seekers intercepted at sea and returned to Libya at disembarkation points, as well as providing general health check-ups (rapid examinations, care for burns, treatment for dehydration and hypothermia, and detection of TB). It provided emergency medical referrals for people needing secondary healthcare. The team also distributed essential relief goods and food items and conducted medical follow-ups at the destinations to which patients were transferred. However, the Libyan authorities suspended MSF's access in November 2022.

Italy

MSF has been working in Italy since 1998 assisting migrants, refugees and the most vulnerable and marginalised people with the aim of providing them medical, humanitarian, psychological and socio-healthcare assistance and addressing gaps in healthcare.

Project in Palermo

In Palermo, MSF is currently running a project for the rehabilitation of migrants' survivors of torture and intentional violence, in collaboration with local authorities. The project provides an interdisciplinary approach, offering medical, psychological, social and legal assistance to patients. At the end of March, there was an active cohort of 80 enrolled patients, along with a waiting list of 27 individuals. From June to December 2022, the project hosted a small group of migrants and asylum seekers evacuated from Libya through a humanitarian flight and who were already assisted by MSF in Libya (OCP) with the aim of providing them continuity of care.

Program "People on the Move" (Roccella Jonica + Ventimiglia + PFA interventions)

The project takes place at the Southern and Northern borders of the country. It has 3 components: a team in Roccella Jonica (Calabria region – Southern Italy), a team in Ventimiglia (Liguria region – Northwest Italy) and a flying team who provides psychological first aid to survivors of shipwrecks in case of need.

Since June 2022, in Roccella Jonica, we've been providing medical and psychological support at landings, with attention on identifying people with medical vulnerabilities who can be guaranteed continuity of care. Moreover, our teams occasionally give medical support in local reception facilities. Since the beginning of 2023, a total of 361 patients have been consulted in Roccella Jonica by MSF after disembarkation. Most of the patients came from Pakistan (35%), Egypt (28%), Afghanistan (17%) and Syria (11%). Among the 71 patients considered vulnerable, 38% were unaccompanied minors and 11% were victims of violence. A total of 2,733 participants were reached through group sessions organized for psychoeducational support and orientation to health services.

Since February 2023, an MSF mobile clinic is running activities in Ventimiglia and at the border with France, with the aim of providing medical care to migrant population and informing them about social and health services offered in the area (health promotion activities). Access to healthcare services has remained limited and often complicated due to the poor living conditions for people on the move. The lack of shelters on the territory, apart from a few places for women, children and families in a house managed by Caritas, forces migrants to live on the streets or in informal settlements. From mid-February to April, MSF has provided primary health care as well as sexual and reproductive health activities to people on the move in Ventimiglia, conducting over 200 visits and reaching 451 people, including several women and children with social and health orientation activities. So far, the MSF team, during border monitoring activities, witnessed 703 pushbacks (as of 20/04), violence and abusive treatment have been extensively reported including detention of migrant in the French territory before pushbacks in small containers in conditions that are not appropriate, and which do not meet minimum standards of hygiene or provide safe spaces for women and

children.

When needed, a flying team - usually composed by a team leader, a psychologist and intercultural mediators - provide psychological first aid (PFA) interventions to survivors of shipwrecks in the Mediterranean Sea in different landing areas throughout Sicily and Calabria. Since the beginning of 2023 our team has already provided 4 PFAs (2 in Lampedusa, 1 in Pozzallo, 1 in Crotona after Cutro shipwreck) with a total of 136 patients assisted. Mostly of the patients came from Afghanistan (35.3%), Pakistan (14%), Bangladesh (12.5%) and Ivory Coast(11.8%).

France

MSF first worked in France in 1987 providing access to care to marginalized populations, including migrants. Since then, activities have been running on and off until the 2015 so-called “migration crisis”, when MSF reopened its mission to provide support to migrants stuck in the Calais “Jungle”. In recent years, activities have been focused on age-disputed unaccompanied foreign minors, one of the most vulnerable groups of people on the move. Most of them arrive alone in France after a violent journey, lacking information on their legal rights to protection. They face inadequate reception facilities and a maze of administrative bureaucracy, systems that cast doubts on their claims and make it nearly impossible for them to benefit from their rights. For those who applied for child protection but are turned down, often for disputable reasons, any assistance is provided, and they become further excluded, falling in a legal limbo, making for them impossible to live in a dignified manner and to benefit from basic rights.

Since 2017, MSF has been running a **day centre in the suburbs of Paris**, where a multidisciplinary team provides medical and psychological support, cultural mediation and legal and social assistance to age-disputed unaccompanied minors. During its five years of activity, the centre has welcomed more than 3,000 unaccompanied children. Since October 2020, MSF runs two shelters of 10-beds each to accommodate the most vulnerable children. In April 2021, a new shelter accommodating unaccompanied girls was opened in cooperation with the association Utopia56.

In the suburbs of the capital, MSF continues to provide medical consultations, cultural mediation and social assistance through mobile clinics to people living in hazardous conditions, including migrants and unaccompanied minors.

In October 2020, MSF opened a new program providing accommodation in a **20-bed shelter and multidisciplinary support to unaccompanied minors in Marseille** in partnership with local civil society groups. The team also runs outreach activities in squats and offers logistical and financial support to local organizations working with people in vulnerable circumstances.

In April 2023, MSF opened a new project in Calais to provide medical and mental health services to migrants stuck at the French-British border. Activities include mobile clinics on migrants’ camps and mental health consultations in the premises of a partner association, the Secours Catholique.

Belgium

MSF first worked in Belgium in 1987. Since 2017 MSF has worked with migrants and other vulnerable people in Belgium.

The situation for migrants and asylum seekers in Belgium reached crisis point in 2022, with more than 8,000 individuals, including young children, left on the street without any support. In view of the government’s failure to provide shelter to people seeking protection, and in order to address their increasingly unmet medical needs, MSF opened a temporary medical clinic in front of the Immigration Office registration centre in Brussels in October 2022. Here, our teams witnessed a considerable number of medical issues directly

linked with poor living conditions.

Through consultations, MSF identified the first cases of diphtheria among migrants in Belgium, a disease that can be directly linked to people's precarious living conditions, but which is easily preventable through vaccination. As a result, our teams decided to launch a vaccination campaign to

We continued, in collaboration with other NGOs, to run our humanitarian hub in Brussels, where we provide psychological consultations. Patients needing more specialised care are invited to make an appointment with psychologists in our mental health clinic, which is located next door.

In addition, MSF outreach teams assisted homeless people and migrants living in squats and shelters by providing medical consultations, health promotion and infection prevention and control activities.

Poland

MSF re-launched activities in Poland in March 2022 to support its intervention in Ukraine. In July 2022, MSF began responding to the medical needs of individuals displaced from Ukraine in Poland. MSF is supporting the Polish Ministry of Health, together with the WHO, to provide a new outpatient model of care for DR-TB in Poland. Within the scope of this project, our teams have been providing continuity of treatment for Ukrainian refugees with TB by linking them to medical facilities, as well as offering psychological and social support.

Due to the continued hardship faced by individuals crossing the Belarussian-Polish border, in November 2022 MSF [returned](#) to the Podlasie region near the border with Belarus. Individuals in need of protection and safety continue to cross the Belarussian-Polish border, where, out of fear of being pushed back, individuals are often forced into hiding in the forest for days – some for weeks – before receiving humanitarian and medical assistance. The MSF medical teams work in close cooperation with other organisations and civil society groups carries out multi-hour forest rescue interventions that aim to respond to the most urgent medical needs of refugees and migrants.

Since March 2023, MSF, together with civil society groups, has responded to an increased number of individuals with urgent medical needs at the Belarussian-Polish border. Between 24 March and 24 April 2023, the team provided assistance to at least 73 individuals within 24 groups in need of urgent humanitarian and medical assistance. Most groups reported having been hiding in the forest for over 24 hours, many with no access to food or water. The conditions in which people are forced into hiding after crossing the border into Poland have resulted in cases of severe dehydration, poisoning, exhaustion, and hypothermia. During this period, MSF treated at least 6 individuals for hypothermia and/or frostbite, while four individuals required urgent IV rehydration. At least 9 individuals have died in the forested area nearing the border in Polish territory since the beginning of the year, as reported by civil society groups.

Our medical team at the Belarussian-Polish border has also responded to a worrying number of injuries sustained as a result of trauma, linked to forms direct and/or indirect violence. Between 24 March and 24 April 2023, at least 16 individuals were treated for blunt injuries, sprains, cuts, and suspected fractures, some of which have required urgent hospitalisation. More than half of the groups seen reported injuries as a result of crossing the 5.5-meter, razor wire covered border wall. Further, patients in nine of the groups alleged having been physically assaulted and/or attacked by dogs. These attacks were reported to have been carried out by law enforcement authorities on either side of the Polish/Belarussian border.

Lithuania

MSF started offering medical and humanitarian support in Lithuania in September 2021, with the aim of providing offering medical and humanitarian support to migrants and asylum seekers crossing into the country from Belarus. Initially, our teams provided mental healthcare at nine border posts, where migrants and asylum seekers were detained in dire conditions. Since January 2022, MSF teams started to conduct basic medical and mental health consultations for people who had been transferred to Foreigners' Registration Centres (FRCs) in Kybartai and Medininkai. Activities inside those structures were suspended in May 2022, since the Lithuanian State Border Guard Service created an environment that would have compromised medical ethics and humanitarian principles, and ultimately, the quality of care. After that date, until the end of 2022, MSF teams offered remote psychological support to detained people who asked us for assistance and ran informal group sessions outside the FRCs.

Latvia

From July to December 2022, MSF assisted migrants and asylum seekers held in the Mucenieki and Daugavpils immigration detention centres in Latvia. In addition to psychological and psychosocial support, our teams provided hygiene kits, food, items such as books, board games and stationery, and some financial aid. However, since MSF teams were not granted unrestricted access to patients, it was difficult to deliver care that ensured medical confidentiality and compliance with medical ethics, and therefore activities closed in December.

4. Key Messages

Key Messages

Deepening of externalisation policies: the EU, through its Action Plans on the central [Mediterranean](#) and [Western Balkans](#), is attempting to deepen its reliance on thirds states while turning a blind eye to the violence this entails. Examples from Libya and Balkans (Serbia) relevant. Along the Balkan route, in Greece and the central Mediterranean, MSF has shared the testimonies and medical reports documenting how the externalization of border management coupled with deterrence policies have pushed people to take more dangerous routes, often trapping them into cycles of violence, abuse, and despair, preventing them from receiving the safety and protection they require.

We have seen how externalised border controls like the [EU-Turkiye](#) deal, aggressive border enforcement in Greece as well as the measures which Italy, backed by the European Union, has in place with Libyan authorities to intercept migrant boats in the Central Mediterranean Sea, have only pushed individuals to take more perilous routes, as the recent ones from Turkey to Italy. Last year 15% of arrivals in Italy were from people directly traveling from Turkish coasts⁶, around 30 000 people, so avoiding Greek islands in order not to be pushed back to Türkiye, but exposing themselves to even more perilous sea journey, and to risk of shipwrecks, as it was the case of the one occurred in Cutro, Calabria, on February 26th. In Libya, it leads to people being forcefully returned to a country where according to the [latest UN report](#), there are crimes against humanity are committed against migrants, refugees and asylum-seekers, including acts of murder, enforced disappearance, torture, enslavement, sexual slavery and rape, in violation of the *non-refoulement* principle. The redoubling of efforts to externalize control through non-EU states, as currently proposed by the Commission, will not prevent tragedies such as shipwrecks at sea, nor will it stop people from attempting to seek safety, but it will make their journeys more dangerous and precarious.

Pushbacks and violence at the borders: European states continue to draw on narratives of crisis and migrants as a “threat” to justify actions that suspend their obligation towards people seeking safety at the borders. In the past years, we have seen how the crisis narratives and extraordinary measures such as the one mentioned above seized upon by various European member states, such as Greece, Poland, Hungary, and Lithuania have created a terrain rife for pushbacks and denial of access to territory. Such extraordinary measures have caused an escalation of violent and lethal tactics at both sea and lands borders, with the outcome being more violence and, in some cases, death for those seeking safety and protection. Several of our patients have reported experiences of traumatic interception and forced return, both on sea and on land, by security and border authorities on their previous attempts to reach Greece. With every newly constructed crisis, the EU and its member states not only decrease access to asylum and health but construct new walls with more surveillance and militarized borders. Rather than investing in proper protection, reception and solidarity mechanism, European leaders continue to endorse violence and pushbacks at borders. This is particularly the case also within the internal EU borders such as at the French-Italian border where systematic pushback, de facto detention, checks through racial profiling and a massive response from the French gendarmerie have been carried out against migrants arriving from Italy, with the deployment of surveillance patrols as well as the use of helicopters and drones to locate fugitives on the trail. At the same time, Italian police support their measures and honour bilateral agreements on cross-border cooperation. MSF's data collection indicates that pushbacks are routinely practiced. In the first three months of 2023, there have been 5,554 pushbacks recorded at the Ventimiglia border, averaging around 70 individuals pushed back per day. In this context, vulnerable individuals and groups are facing additional dangers and protection risks, while families and unaccompanied children often experience inhuman and degrading treatment when crossing the border.

Lack of safe pathways/ need of solutions that put human lives and protection first: For almost 10 years MSF has been calling for new policies enabling a common European approach to migration and the provision of accessible and adapted health services for individuals seeking protection in Europe. The solutions currently proposed do not provide an answer to the continued and preventable loss of lives at the borders of Europe, however. Solutions must include safe passage for those seeking safety in Europe, including urgent evacuations from places where protection is not possible such as Libya, family reunification, refugee resettlement and other complementary protection pathways, as well pathways for work and study. The situation all over Europe stands in stark contrast to Europe's comprehensive and swift response to people fleeing Ukraine since February 2022, which underline that migration is not a question of capacity but of political willingness. It shows that Europe has the capacity to welcome people with dignity and this standard should be applied to every person seeking refuge in Europe.

Specific contexts

North Balkans:

MSF has extensively denounced the violent practices perpetrated on migrant groups at the EU external borders since 2014. Recent EU attention on the Western Balkans signals more funding for security, a greater presence of FRONTEX, and increased returns and surveillance. In December 2022, FRONTEX moved its operations to the Serbian side of the border as part of the EU's project to further externalise migration management to neighbouring third countries.

Greece:

Containment policies: MSF teams have witnessed and documented the human cost of containment on the Greek islands. Over the past year, MSF has seen high levels of generalised mental health suffering amongst residents in Samos CCAC and demand for mental health support has been consistently high – MSF has conducted 1,347 consultations throughout 2022.

EU bodies, member states and Greek authorities should refrain from inflicting further harm on people seeking safety in Europe for political purposes. Our experience in the Greek closed centres of Samos (CCACs) shows that these structures only trap people in prison-like settings on the Greek islands. Our patients continue to report how the situation on the islands, fast-track asylum processes, fear of deportation and the precarious living conditions contribute to the deterioration of their health and mental health. All facilities on the Greek islands must have as their sole purpose the provision of urgent assistance and facilitation of relocation of newly arrived asylum seekers to safe reception structures across Europe. People need a safe, supportive and humane environment to register and process their asylum claim without risk of further re-traumatisation. Yet the aggressive security infrastructure in CCACs contributes to a deterioration in people's mental health and creates additional stressors.

Italy:

The actual policies and recent law regulations in Italy underlined a willingness of enforcing border controls for security reasons, increasing de facto detention and implementing measures to drain the reception system which has proven inadequate to answer to the current needs. The overload is exacerbated by excessively lengthy asylum procedures, the response remains insufficient and ill-adapted to the situation on the ground. Italy has demonstrated a lack of political will to manage arrivals beyond the emergency and to improve reception condition on its territory with asylum seekers often living in dire conditions. The problem is not the numbers of people arriving, but the lack of preparation for phenomena that are predictable and therefore manageable with specific instruments and accurate measures. Moreover, the closing of land borders and lack of options for safe and legal routes for people to reach the EU, is contributing to the accumulation of people in Italy. Chronic shortcomings in the reception system are showing their negative effects on migrants' health which MSF has documented over years. There is a growing concern about the lack of adequate services provided to vulnerable groups. MSF is calling on the Italian government to increase its reception capacity to be better prepared for the continuous arrivals of asylum seekers and allow for quick disembarkation of those rescued. MSF is advocating for a humanitarian approach at disembarkation, which prioritizes people's well-being over security concerns. This includes ensuring that services provided at first reception level are better adapted to the needs of vulnerable groups, ensuring adequate medical screenings, early detection of vulnerabilities and mental health needs.

Further, the recent Cutro decree does not address in any way the real causes that have led to the death of thousands of people at sea in recent years. On the contrary, it provides for worsening conditions of the legal status of migrant population arriving in Italy, with the effect of increasing situations of irregularity and exclusion even of those who have already been in the country for some time.

Search and Rescue:

Deaths at sea: the humanitarian situation in the central Mediterranean remains deplorable. Shipwrecks continue to occur: 1,417 people were reported dead or missing in 2022 and already more than 522 in 2023, according to IOM. This represents an alarming mortality rate in the central Mediterranean, but the true number of fatalities is likely much higher.

Lack of state-led SAR system and criminalisation of SAR NGOs: For years MSF has called for a strengthening of the Search and Rescue (SAR) mechanism at sea. The dramatic lack of SAR capacity has contributed to the

highest rates of death at sea ever recorded in the Central Mediterranean in the last years. Since the start of 2023, 1053 people have lost their lives or have gone missing on Central and Eastern Mediterranean routes, turning it into the most lethal quarter since 2017⁷. MSF's presence in the central Mediterranean is a direct result of the gradual and shameful disengagement of European states. The existing externalisation policies (such as the Memorandum of Understanding between Italy and Libya) put in place by member states with the support of the EU, allow European States to evade their responsibilities in terms of human rights (such as the right of asylum) and enable violence and abuses linked to the migration management in Libya and other third countries. At the same time, criminalisation and obstruction of SAR NGOs capacity continues: the new Italian legislation, introduced in early 2023, targeting NGO SAR actors that lead to the subsequent detention of the MSF rescue ship is only the latest example of the Italian government deploying its administrative powers to obstruct civilian efforts to rescue people in distress at sea.

Interceptions and forced returns: European governments continue to outsource the management of migration to the Libyan government. In 2021, the EU and Italy increasingly supported the capacity of the Libyan coastguard to conduct interceptions through donations and repairs of patrol boats. The support started since 2016 with the training of Libyan Coast Guards as part of the EUNAVFOR MED Sophia operation. In 2022, approx. 23,600 people were intercepted by the Libyan coastguard and returned to detention centres in Libya. More than 3,900 people have already been intercepted and returned in 2023.

Key recommendations/MSF Calls

MAIN CALL:

- The EU and its Members States must immediately put an end to the widespread violence and impunity at EU borders, stop exporting violent border management to neighbours, and ensure safe passage for those in need of protection. MSF reiterates its call to the EU and its Member States to ensure that all arrivals to the EU have access to assistance, reception, and health care.

ABOUT SAR MECHANISM:

- MSF calls on the EU member states, and coastal states in particular, to fulfil their obligation to coordinate and conduct rescues at sea and establish a dedicated pro-active state-led European SAR mechanism.

ABOUT OUTSOURCING OF MIGRATION MANAGEMENT:

- **Libyan Coast Guard:** European States and institutions must immediately suspend their political and material support to the Libyan coastguard and cease supporting the system of forced returns to Libya. EU Member states must also urgently investigate any allegations of pushbacks or other unlawful returns. The EU-funded Libyan coastguard has proven on many occasions that their misconduct and lack of capacity in conducting and coordinating SAR operations endangers lives and leads to deaths.

ABOUT BORDER VIOLENCE

- **Balkans:** MSF has extensively denounced the violent practices perpetrated on migrant groups at the EU external borders since 2014. MSF calls on EU to increase scrutiny into EU border force activities at the external south-eastern borders of the EU as its teams treat patients for violence-related injuries. The increasing recurrence of such reports over the years suggests that violent practices are systemic and have become a worrying part of the enforcement of border control.
- **Greece:** Several of our patients have reported experiences of traumatic interception and forced return, both on sea and on land, by security and border authorities on their previous attempts to reach Greece. MSF medical teams have alerted on several occasions on the severe consequences of

both direct and indirect border violence and perilous route on the physical and psychological health of the people we assist.

The European Union and the Greek authorities must consider such concerning reports and allegations extensively documented by multiple actors, providing safer routes and adequate reception conditions for those seeking protection in Greece.

- **Italian-French Border:** MSF has extensively denounced the negative impact of the Italy's Northern borders progressive closure and the use of force by state authorities, which have exposed migrants in transit through Italy to adverse medical and humanitarian consequences. MSF is urging European member States and Institutions to prevent collective expulsions and condemn the use of violence during pushbacks at borders as it puts people's health at risk and exacerbates existing medical conditions and vulnerabilities. The 'bottleneck' created in Ventimiglia is causing unnecessary suffering among migrants attempting to continue their journeys. It is yet another instance of migration policies that privilege containment and continue to fail the vulnerable and the destitute.
- **Sea and Land Borders:** EU states have an obligation to ensure that people arriving at Europe's borders can apply for asylum, that their rights are upheld and respected. All people fleeing conflict or seeking safety should be treated humanely and their dignity respected, including through the provision of timely medical care.
- **Belarus/EU border:** MSF reiterates the need to end all violent practices, including pushbacks, that put the lives and wellbeing of refugees and migrants at risk. All individuals seeking safety and protection, regardless of nationality, must be granted safe access to territory and asylum procedures, while all individuals must be able to access needed medical and humanitarian assistance without fear of further violence and pushbacks

ABOUT OBSTRUCTION OF HUMANITARIAN ASSISTANCE

EU border practices documented in MSF projects along EU external borders significantly limits MSF's access to provide essential medical and mental healthcare to people on the move, further putting the lives of already vulnerable people at risk. EU governments must ensure access to affected populations and an enabling environment for NGOs to provide assistance based on people's needs.