Ten Years of the EU-Turkey Deal

A Decade of Containment and the Expansion of EU Migration Control Policies (2016-2026)

MEDECINS SANS FRONTIERES

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Introduction

Ten years after the EU-Turkey Statement of March 2016, the consequences of this policy remain visible across the Greek islands and beyond. Introduced during a period of increased arrivals along the Eastern Mediterranean route, the deal was presented as a pragmatic solution to reduce migration over Europe's borders.

In practice, however, the agreement fundamentally reshaped the European Union's approach to migration management. It introduced a model based on deterrence, containment, and the externalisation of responsibility for asylum, shifting protection obligations away from EU territory and restricting movement for people who manage to reach Europe.

For a decade, Médecins Sans Frontières (MSF) has systematically provided essential health care services, vaccinations, water and sanitation and complementary care to vulnerable groups of refugees, asylum seekers, and migrants arriving on the Greek islands. Through this work, MSF teams have repeatedly [1] documented the human consequences of containment policies, including among others deteriorating mental health, prolonged legal uncertainty, and inadequate living conditions.

Ten years on, the EU-Turkey deal has become more than a single agreement. It has served as a blueprint for broader EU externalisation policies, replicated through partnerships with countries beyond Europe's borders and reflected in the evolving European migration framework.

The EU-Turkey Deal: A Turning Point in EU Migration Policy

On 18 March 2016, the European Union and Turkey agreed on the EU-Turkey Statement to curb migration through the Eastern Mediterranean route.

The deal introduced several key measures:

- People arriving on the Greek islands would remain there while their asylum claims were processed
- Individuals whose applications were rejected could be returned to Turkey, which the EU designated as a "safe third country."
- For every Syrian returned to Turkey, one Syrian would be resettled regularly from Turkey to the EU
- The EU would provide financial support to Turkey to host refugees

[1] https://www.msf.org/one-year-after-eu-turkey-deal-migrants-and-asylum-seekers-are-paying-price-their-health , https://www.msf.org/eu-turkey-deal-continues-cycle-containment-and-despair-greece-refugees

- Greece would apply geographical restrictions, preventing asylum seekers from leaving the islands

The agreement aimed to reduce sea crossings by enabling rapid returns to Turkey. However, returns remained extremely limited, while the policy of geographical restriction left thousands of people trapped on the islands for extended periods. In fact, between April 2016 and February 2025, only 2,140 people were returned from the Greek islands to Turkey under the EU-Turkey Statement despite the deal's 1:1 logic (for every Syrian resettled, one person returned). No returns have taken place since March 2020 as Turkey has stopped accepting them[2].

Rather than resolving the challenges of migration management, the deal created a system of prolonged containment at Europe's borders, with significant medical and humanitarian consequences.

Ten Years of Containment on the Greek Islands

Since 2016, asylum seekers arriving in Greece have been required to remain on islands such as Lesbos, Samos, Chios, Kos, and Leros while their claims are processed. Over the past decade, MSF teams have repeatedly documented conditions that fall far short of humane standard of living and access to essential services for people seeking international protection, as required by EU legislation:

- Overcrowded camps and inadequate shelter
- Insufficient sanitation and unsafe living conditions
- Limited access to healthcare and specialised protection services
- Long and complex asylum procedures
- Severe deterioration in mental health

When the infamous Moria camp on Lesbos was destroyed by fire in 2020, thousands were left without shelter and forced into new temporary camps that replicated many of the previous facility's worst features. Efforts to replace Moria with new camps repeatedly resulted in structures that the EU and Greek authorities presented as improved reception facilities, but which MSF described as *prison-like*, with high fences, remote locations, and restricted movement that aggravate trauma and degrade dignity[3].

MSF mental health teams have documented alarming rates of psychological distress in these facilities. On Samos, for example, between April and August 2021, 64 % of new mental health patients reported suicidal thoughts, and 14 % were assessed to be at actual risk of attempting suicide, a direct reflection of prolonged uncertainty, confinement, and isolation.

[2] https://enlargement.ec.europa.eu/ninth-annual-report-facility-refugees-turkey_en
[3] https://www.msf.org/we-can-only-help-refugees-survive-new-camp-greek-island

These impacts have been consistently documented by MSF over many years and are not accidental side effects. Instead, they are symptomatic of deliberate policy choices that prioritise deterrence and containment over protection and humane reception.

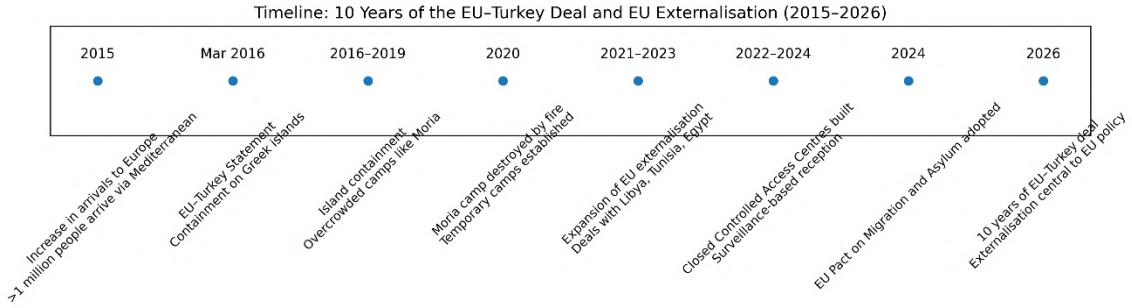
For many people seeking safety in Europe, the islands have thus become places of prolonged uncertainty, containment, and psychological harm rather than protection, a reality that reflects not only the failure of policy to address needs but the human cost of policies designed to deter and confine.

The Expansion of EU Migration Control Policies to external borders

While the EU-Turkey deal initially targeted the Eastern Mediterranean route, it quickly became a model for broader EU migration externalisation. Such policies through which the EU shifts migration control beyond its borders by cooperating with third countries to prevent people from reaching Europe.

Over the past decade, the EU has expanded partnerships with countries including Libya, Tunisia, Senegal, Mauritania, Morocco, Niger, Egypt, and Western Balkan states. These agreements often involve financial support, training, or security cooperation, but they also shift responsibility for refugee protection to countries with limited asylum systems, where serious human rights violations have repeatedly been documented.

European migration policy discussions have increasingly explored moving asylum processing outside EU territory. Initiatives include bilateral agreements such as the Italy-Albania arrangement, and debates influenced by external models like the Rwanda scheme proposed by the United Kingdom. While differing in form, these measures reflect a broader trend: the normalisation of policies that relocate migration control and asylum responsibilities beyond Europe. The EU-Turkey deal helped establish this precedent, and as a result, migrants and asylum seekers often find themselves trapped in transit countries facing detention, violence, exploitation, and limited access to protection.



The Health Consequences of Deterrence Policies

Policies designed to deter migration have clear and measurable impacts on people's health.

MSF medical and mental health teams working on the Greek islands over these 10 years have repeatedly documented the psychological and physical consequences of prolonged containment.

Ten years after the EU–Turkey deal, containment policies continue to have severe and predictable consequences on people's health on the Greek islands. In the Greek Closed Controlled Access Centres, thousands of asylum seekers, including many newly arrived people have been confined for prolonged periods in camps where access to healthcare is systematically insufficient. Restrictions on movement and irregular or denied access for humanitarian actors have repeatedly prevented people from seeking care outside the camp, despite increasing medical and psychological needs.

Many people arrive after exposure to violence during their journeys or in their countries of origin and present acute and complex vulnerabilities. Pregnant women and survivors of sexual violence often require urgent sexual and reproductive healthcare, yet many receive no medical or psychological support for weeks or months after arrival. The absence of systematic health screening and individual vulnerability assessments also means that people with chronic conditions, such as diabetes, cardiovascular disease, epilepsy, or hypothyroidism remain undiagnosed or untreated, leading to deterioration of previously stable conditions due to prolonged interruptions in medication. Women from countries with high prevalence of female genital mutilation have presented with severe, untreated complications after being unable to access urgent care upon arrival. These recurring patterns underscore how containment policies, by design, delay or deny access to essential healthcare, with lasting consequences for people's physical and mental health.

Many patients report experiencing a range of symptoms associated with uncertainty and restricted movement, including depression and anxiety, post-traumatic stress disorder, sleep disorders, chronic stress, as well as suicidal thoughts and tendencies toward self-harm. For people who have already fled war, persecution, or violence, the experience of being trapped for months or years in inadequate conditions often exacerbates existing trauma.

In addition to mental health concerns, poor living conditions in reception centres have contributed to outbreaks of skin infections, respiratory illnesses, and gastrointestinal diseases, all linked to overcrowding and inadequate sanitation.

MSF teams have repeatedly warned that migration policies themselves can produce harm when they deliberately create conditions intended to deter people from arriving.

Dangerous Routes and the Human Cost of Deterrence

Despite increasingly restrictive policies, people continue to attempt dangerous journeys across the Mediterranean and Aegean Sea[4]. Shipwrecks and violent interceptions remain frequent, illustrating the risks people face when safe pathways to protection are unavailable. MSF teams on the Greek islands regularly provide emergency medical and psychological care to survivors arriving after dangerous sea crossings. These experiences demonstrate that deterrence measures do not

[4] https://www.msf.org/eu-leaders-continue-push-through-deadly-policies-migrants

stop people from seeking protection. Instead, they increase the dangers associated with migration journeys that risk their lives at sea.

Medical data and patient testimonies gathered by MSF point to a broader pattern of harm at Greece's sea borders[5], where people's lives are endangered not only by perilous crossings but also by violent practices, alleged pushbacks, and a lack of humanitarian assistance at landing points. MSF teams have repeatedly received accounts of individuals whose lives were put at risk by physical violence or interception at sea, contributing to severe physical and psychological suffering among newly arrived people. These accounts underscore that EU and national policies prioritising deterrence and restrictive border control are linked to ongoing life-threatening violence and inadequate protection for those seeking safety.

The New Pact on Migration and Asylum

The EU Pact on Migration and Asylum, expected to be fully implemented in 2026, reflects many of the policy trends that emerged following the EU-Turkey deal. The Pact introduces faster border procedures and expanded screening processes aimed at accelerating asylum decisions and returns. While presented as a reform of the European asylum system, these measures reinforce the same model of containment at the EU's external borders, with people held in border facilities while their claims are processed. In practice, these procedures further institutionalise detention at Europe's borders. The expansion of border procedures combined with closed facilities means that many people face longer periods of confinement, reinforcing a trend that has already been visible on the Greek islands over the past decade. At the same time, the EU continues to prioritise migration partnerships with third countries as part of its external dimension strategy. In Greece, several of these approaches have already been implemented in practice, with the country effectively serving as a testing ground for policies centred on containment and fast-track border procedures. Evidence from the past decade shows that such measures are harmful to people on the move and fail to ensure safety and protection.

Ten Years Later: What Needs to Change

A decade after the EU-Turkey deal, the humanitarian consequences of containment and deterrence-focused migration policies remain clear.

Ten years on, MSF's position remains essentially the same. The organisation continues to call on European and Greek authorities to shift away from policies that trap people on the Greek islands under prolonged or repeated detention instead of ensuring safe, dignified reception conditions, access to healthcare, and fair and efficient asylum procedures. MSF also urges a stop to migration externalisation that shifts Europe's protection responsibilities beyond its borders. Rather than solving migration challenges, decades of containment and deterrence have deepened human suffering and eroded the right to asylum, showing that a focus on preventing arrivals at all costs is both harmful and ineffective.

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[5] https://www.msf.org/plain-sight-migration-policies-greek-sea-borders