Medical Solidarity International

Advocacy Report

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Executive Summary

This report presents findings from Medical Solidarity International´s (MSI) projects in Greece, Bulgaria and Bosnia & Herzegovina between 2025 and 2026, drawing on direct field observations, patient consultations and the experiences shared by people on the move. Although each country presents a distinct migration context, MSI continues to observe common structural failures that prevent displaced people from accessing their fundamental rights, including healthcare, safe accommodation, protection and meaningful opportunities for integration.

The implementation of the EU Pact on Migration and Asylum on 12 June 2026 marks a significant shift in European migration policy. The Pact introduces accelerated screening, asylum and return procedures under the legal concept of the ¨fiction of non–entry¨, raising concerns regarding de facto detention, reduced procedural safeguards and an increased risk of refoulement. While the Pact includes strengthened provisions for vulnerability and health assessments, questions remain as to whether these safeguards can be implemented effectively within the short screening timeframe and in facilities that are often isolated from independent monitoring.

Across all MSI project locations, restrictive migration policies continue to be compounded by inadequate national support systems. In Greece, recognised persons with refugee status or subsidiary protection status face homelessness after losing access to state accommodation, while legislative changes have contributed to an increasingly restrictive environment for humanitarian organisations.

In Bosnia & Herzegovina, continued reports of pushbacks, barriers to emergency healthcare and the externalisation of EU migration control continue to expose people to violence and protection risks. In Bulgaria, people living under Temporary Protection continue to face limited integration opportunities, financial hardship and discrimination in accessing healthcare and public services

Despite differences in national legislation and reception systems, similar patterns emerge across all three countries. MSI teams consistently document inadequate access to healthcare, poor living conditions, interruptions in treatment for chronic illnesses, insufficient sanitation and hygiene, discrimination, and significant barriers to housing and social protection. These conditions contribute directly to preventable medical conditions, including respiratory illnesses, dermatological infections, poorly managed chronic diseases and deteriorating mental health.

The findings presented throughout this report demonstrate that these challenges are not isolated incidents but reflect systemic shortcomings in the implementation of protection and reception frameworks across Europe. Without sustained investment in healthcare, reception conditions, integration measures and rights–based asylum procedures, many displaced people will continue to experience exclusion, instability and avoidable harm long after reaching Europe.

This report calls on European institutions and national authorities to ensure that migration governance is implemented in accordance with international human rights obligations, that access to healthcare and adequate living conditions is guaranteed regardless of migration status, and that humanitarian organisations are able to operate without unnecessary legal or administrative barriers. Addressing these structural deficiencies is essential to ensuring that protection systems uphold the dignity, safety and rights of people seeking refuge in Europe.

Introduction

Medical Solidarity International´s (MSI) current projects across Greece, Bulgaria, and Bosnia reveal common patterns despite differing national contexts.

Across all locations, we see recurring structural deficiencies, including the absence of safe and adequate humanitarian frameworks for people waiting asylum decisions or in transit, alongside insufficient long–term integration measures for people granted international protection. From the closure of reception centres, poor accommodation facilities and evictions to denied or delayed healthcare, this report identifies both distinct and overlapping instances of negligence from states across Europe.

The implementation of the new Migration Pact on June 12, 2026 will have significant implications for many, confining individuals to de–facto detention through accelerated asylum and return procedures. Meanwhile, growing anti–migration sentiment can be reflected by how state support mechanisms operate to deliver minimal standards of care, while in some cases, creating legislation criminalising humanitarian support, placing additional pressure on organisations seeking to fill in the gaps.

Drawing on field observations and the lived experiences people have shared with our teams, the following report demonstrates how restrictive migration policies and insufficient social support mechanisms promote further exclusion and instability for displaced people across Greece, Bulgaria and Bosnia & Herzegovina.

Europen Context

The EU Pact on Migration and Asylum

A significant development in the European migration context is the recent enactment of the new Migration Pact, substantially reforming the asylum process and introducing measures with potentially serious consequences for people on the move. Among its provisions is a new screening procedure designed to accelerate asylum and return processes, all conducted under the legal concept of the "fiction of non–entry" [1].

Under this framework, a person may be physically present within a country while not being legally recognised as having entered its territory. This increases the risk of refoulement and may further restrict access to rights and procedural safeguards [2].

The screening process introduces separate pathways depending on whether an individual qualifies for the regular asylum procedure or is channelled into an accelerated border procedure for applicants considered unlikely to receive international protection. Those who do not qualify may be placed directly into an intensified return procedure, with all stages taking place under the fiction of non–entry. Humanitarian organisations and legal experts have raised concerns that these measures may amount to automatic, de facto detention by restricting freedom of movement and increasing the risk of people being returned to places where their safety and rights are at risk [3].

The introduction of stronger safeguards for health and vulnerability assessments provides some indication that additional protections may be established. The Pact requires these assessments to be conducted by qualified professionals and guarantees access to emergency healthcare and treatment for illness. However, concerns remain regarding implementation. The screening procedure is limited to a maximum of seven days, raising doubts as to whether sufficient time is available to conduct comprehensive assessments of an individual's circumstances [4].

While humanitarian organisations may provide counselling and support during the procedure, their presence is not mandatory and can be restricted. Furthermore, many screening facilities are located, or are planned to be located, in relatively isolated areas, reducing opportunities for independent monitoring.

Europen Context

Pushbacks and Externalisation

Beyond the implementation of the Migration Pact, which will require time before its full impact can be assessed, particularly as not all Member States are prepared to implement every aspect simultaneously [5], MSI continues to observe systemic issues across all project locations.

Pushbacks remain one of the most persistent examples of these practices, despite widespread condemnation by humanitarian organisations and consistent testimonies from people who have experienced them firsthand [6].

In 2025 alone, more than 80,000 people were reportedly pushed back along Europe's land and sea borders. While these practices are no longer hidden from public attention, many states continue to deny responsibility, while others publish interception statistics without explicitly acknowledging that they constitute pushbacks [7].

Structural Barriers to Protection

Alongside restrictive border practices, MSI continues to observe structural barriers that undermine protection before, during and after the asylum process. Insufficient reception conditions and limited access to social protection increase the risk of homelessness, exploitation and deteriorating health outcomes, particularly for people with additional vulnerabilities.

These shortcomings are reflected in recurring scabies outbreaks within accommodation centres, where inadequate hygiene facilities and poor sanitation significantly hinder effective prevention and treatment [8].

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Similarly, people accommodated within reception centres across MSI's areas of operation frequently experience difficulties accessing treatment for chronic illnesses, either because specialised healthcare is unavailable in rural regions or because medical staff are only present intermittently.

For many people who have already been granted international protection, the lack of housing assistance and financial support creates further barriers to rebuilding their lives. Although recognised refugees are often legally entitled to social services, access is frequently delayed or obstructed.

Europen Context

Returns and Readmission

Anti–migration sentiment further compounds these challenges through discrimination in healthcare, reduced access to public services and delays in receiving social support, making long–term integration increasingly difficult.

Returns and deportations continue to form a central element of EU migration policy, whether through transfers between Member States under the former Dublin system—now replaced by the Asylum and Migration Management Regulation (AMMR)—or through voluntary and forced returns to third countries.

More than 132,000 people were repatriated from the European Union in 2025, including both voluntary and forced returns [9]. However, the decision to request a voluntary return may be influenced by a range of factors and is often made under considerable pressure, particularly where individuals have no realistic prospects of remaining in their country of asylum.

In 2025, Greece received one of the highest numbers of requests for the transfer of individuals from other EU Member States under the Dublin system, alongside four other countries [10].

MSI teams have observed the significant consequences these transfers can have for individuals, including interruptions to medical treatment, delays in re–registering documentation, and loss of access to medication and specialist healthcare, particularly for people living with chronic illnesses or other vulnerabilities.

The actual number of completed transfers between Member States remains substantially lower than the number of requests submitted. In 2025, only 15% of requested transfers were ultimately carried out [11].

Bulgaria

Varna

Four years have passed since the European Union implemented Temporary Protection measures for people fleeing conflict from the war in Ukraine. From the end of 2025, 73,195 people were registered under Temporary Protection in the country (both for new registrants and re–registration), with 2,840 individuals housed within the state supported humanitarian aid program dedicated for those who have recently arrived or are especially vulnerable [12] [13].

This program entitles people, many of whom are seniors having lived in housing under the program for at least two years, to free accommodation in state or non–governmental accommodation such as in hotels along the Black Sea Coast, where MSI runs their healthcare services [14]. While this program focuses on providing long–term housing support for people under specific risk factors, including the elderly, financial restraints continue to remain a significant burden for many as additional provisions are not covered under this humanitarian initiative. Most of our elderly patients, who participated in 65% of MSI´s sessions in Varna, receive their pensions from Ukraine, which has one of the lowest disbursements in Europe at around 130€ a month even less for those on disability [15]. Furthermore, there are no state run financial aid programs for support in paying for basic necessities, including for covering costs of food, state health insurance for those under retirement age, and other medical or need–related expenses.

Conditions within these government sponsored accommodations are also at times and depending on the location deficient, lacking adequate facilities and enough living space for larger families. MSI has received reports from residents in certain hotels stating that they have been obligated to cover the cost for electricity and water, as well as to pay for their housing, contradicting the purpose of this program which assures state coverage. Moreover, these hotels are predominately located in tourist hot spots located outside of the city, which encourages certain hotels to force high payments off of temporary protection residents when the tourist season arrives. For those without outside support from family or friends, or for those who are unable to work, many are forced to continue relying on humanitarian actors to cover their basic needs including food, life–saving medication and transportation to outside services such as to their doctors, or to receive state provided social assistance.

Bulgaria

Varna

As such, much of the support provided by MSI in Varna are financial reimbursement for essential medication that could not be covered elsewhere, as well as transportation to someone´s general practitioner and other related medical needs.
Bulgaria has a history of following a strict ¨Zero–Integration Policy¨ affecting asylum seekers and Temporary Protection holders over the past twelve years, showing little to no policies aimed to help displaced people integrate in the country, thereby preventing individuals from fully being able to participate in Bulgarian society. This extends to many avenues, including a lack of social or subsidized housing support for those not covered under the Humanitarian Program, no state officiated Bulgarian language courses or provisions for skilled workers to enter their chosen profession, or even proper access to social services for those with medical conditions [16].

Bulgaria´s historic ties to Russia, and current pro–Russian leanings exemplified by the new leading party of the country [17], as well as the destabilised nature of the current political sphere of Bulgaria are only a small part of the broader context concerning an ever increasing anti–refugee sentiment [18]. However, the capitalisation of misinformation forwarding anti–immigration sentiment in Bulgaria and throughout Europe by targeting displaced people as a threat to the economical and social fabric of a region can be reflected by discrimination in both social and structural elements including healthcare and social services [19]. This can even be demonstrated by the treatment of Ukrainian patients by their General Practitioner, where discrimination in the healthcare system can prevent people from accessing appropriate care. Blended with the general isolation of hotels from one´s GP, the inaccessibility even for those with ongoing state insurance is prevalent, with some people having to travel up to an hour by public transportation to see their doctor. This is compounded with the limited available spots for patients available for GP´s working in rural areas such a where the hotels are located.

For patients who are bed–bound, having the supervision of one´s GP is even more unattainable. House visits are rarely implemented, with MSI having observed at least 5 occasions of individuals needing medical support but unable to leave their accommodation, resulting in no response from their GP. In one occasion, a disabled and bed–bound child never received a house visit from their primary care doctor. This goes against the legal right of home visits for individuals who pass certain conditions through the NHIF [20].

Barriers to healthcare and discrimination under Temporary Protection

Case Study 1

A 79–year–old man living with Parkinson's disease had been attempting for several months to obtain disability status in Bulgaria. As a resident of state–supported accommodation under the Humanitarian Programme, he was required to travel approximately one hour to reach both his General Practitioner and the disability assessment office.

Following repeated delays caused by missing documentation from his GP, the patient was asked to pay for documents that should have been provided free of charge under the National Health Insurance Fund (NHIF). After MSI supported him in filing a complaint, the GP verbally abused both the patient and his interpreter because of their Ukrainian nationality before terminating the doctor–patient relationship.

Key findings

- Limited healthcare access for elderly people living in remote accommodation.
- Administrative delays prevented timely access to disability support.
- Charges were requested for services covered by the NHIF.
- The patient experienced discrimination and refusal of care based on nationality.

Bosnia

Bihac

Bosnia remains a significant country of transit for people on the move passing through the so–called Western Balkan Route. Notably, the overall number of people transiting through Bosnia has decreased over the past couple of years, with the State Agency of Refugees observing a 44% decrease in the number ofregistrations of people upon arrival between 2024 and 2025 [21].

Official statements contribute the `success´ in curbing irregular migration throughout the Western Balkan Route as having been due to increased border regulations, anti–smuggling actions and cooperation between the EU and neighbouring non–EU countries while humanitarian actors are careful to examine decreasing official statistics without also considering the broader scope of people´s movements, including how strict migration policies are forcing people to attempt more dangerous routes, often through more invisible, structured trafficking networks [22][23].

In Bosnia´s case, the closure of two of their temporary reception centres dedicated for families and more vulnerable people starting in 2024 means there are only two remaining reception centres in the country, purportedly reducing access to registration, with the potential of increasing the use of informal accommodation resulting in further service gaps and risks of exploitation [24]. Building on years of collaboration between the EU and Bosnia, an agreement to deploy over 100 Frontex border agents to the country in November 2025 reflects a continuous trend in EU involvement in states outside of external EU borders in migration control [25].

Bosnia is one of several candidates in the Balkans on par to join the EU, and therefore is required to follow the conditions set forth for their potential ascension into the Union. This includes strict enforcement of the EU´s migration policies, reinforced by EU funding on the country´s border management and security, resulting in keeping Bosnia as the `buffer zone´ preventing people on the move from reaching the EU [26].

This includes re–admission agreements between the EU and Bosnia on receiving returns of individuals who have received a rejection or have overstayed within the EU to a non–EU country they may have transited through beforehand [27].

The newly initiated Migration Pact reinforces externalisation by implementing in the pact returns for people who do not pass the fast–tracked screening process. By adding a provisional agreement to the establishment of a list of safe third–countries, asylum applications can be denied if it was found that an applicant passed through a third–country the EU deems safe for seeking protection, which potentially could include Bosnia in the future [28].

Another proponent of the Pact is the directive that everyone without a valid visa will have to undergo screening procedures, which will be required of all who have crossed irregularly through an external EU border in order to determine what comes next for the individual under the guidelines [29].

Some theories highlight the potential for reduced instances of Pushbacks, a significant element of Croatia´s migration policy, due to the requirements of screening all irregular entries into the country. Inversely, and more realistically, concerns arise that screenings could in fact motivate pushbacks due to states avoiding the requirement to start screening procedures, or will have no effect on current pushback system.

Denied access to asylum following a pushback

Case Study 2

A man in his twenties described his experience of being pushed back from Croatia to Bosnia in late June 2026. After entering Croatia with a group of approximately 25 people, the group separated after three days. He and another individual were subsequently intercepted by Croatian border police.

Both men clearly informed the officers of their intention to seek asylum in Croatia and requested to be taken to the reception centre in Zagreb to begin the asylum procedure. Instead, they were denied access to the asylum system. Although neither man reported physical violence during the interception, police officers confiscated their money, destroyed their mobile phones and transported them to the Bosnian border, where they were instructed to walk back into Bosnia & Herzegovina.

Key findings

- The individuals explicitly expressed their intention to apply for asylum, but were denied access to the asylum procedure.
- They were returned to Bosnia without being referred to a reception facility or having their protection claims examined.
- Personal belongings, including mobile phones and money, were confiscated or destroyed.
- The case demonstrates that reports of pushbacks continue following the implementation of the EU Pact on Migration and Asylum.

Bosnia

Bihac

MSI has seen an increase in the number of health requests over the past few months as more people are passing through at a more frequent pace. Since the start of the Migration Pact on June 12, 2026, MSI´s team in Bosnia consulted on injuries due to violence at the border with Croatia in close to 11% of all cases (between June 13, 2026 to July 6, 2026). Through observations from our team in Bihać, the strategies implemented by the Croatian police in terms of physical violence used remain systematic. This includes observations of injuries due to dog bites, with police dogs used by police as a form of intimidation and as a weapon against people. Furthermore, cases related to blunt force trauma from police officers using batons or other blunt objects remain constant.
On two separate occasions, the MSI team attempted to bring someone to the emergency room due complaints from injuries as a result of a violent pushback. One individual experiencing chest pain after the result of blunt force trauma was denied access to the hospital as he was not registered within the camp. Unfortunately, physical violence caused by pushbacks have also resulted in irreversible consequences as is the case for many who have passed due to injuries sustained at the border. In one instance, an individual within Lipa camp passed away after camp staff refused his request for an ambulance after trauma from a pushback [30].

This shows a constant lack of attention or urgency in providing immediate care for people on the move in Bihać by authorities responsible for providing efficient care. Unless someone is registered within Lipa TRC, a camp several kilometres away from town, it is near impossible to have access to the hospital to be seen by a medical professional, and furthermore, puts people at risk of having the police called on them.

Even for people within the camp, access to medical care can be slow and delayed, with one doctor present for a camp with the capacity of hosting over 1,000 people [31]. Aside from this, for those seeking immediate care in the circumstances the doctor is not present, it is upon the staff to call the doctor and, subsequently, call the ambulance if deemed necessary, removing the possibility for individuals to request an ambulance themselves to the camp.

Greece

Athens

Since the beginning of the year, the migration situation in Greece has become increasingly tense. Earlier this year, a new law was enacted that further criminalizes NGOs and their personnel by raising misdemeanor charges to felonies with harsher punishments for "facilitating irregular entry or stay" of individuals without official legal status or documentation [32].

To date, there continues to be a lack of clarity regarding the exact legal definition of "facilitating"—specifically, whether it encompasses any general assistance provided to undocumented individuals or if it strictly refers to providing accommodation [33]. Nevertheless, this legislation has prompted many organizations to exercise significant caution in their operations. Consequently, access to basic necessities, such as healthcare, has become even more severely restricted for undocumented people. While there have been no known indictments of NGOs or their staff under this new law thus far, it represents just one of several recent legislative measures in Greece aimed at impeding refugee assistance and creating a hostile environment for new arrivals.

Furthermore, MSI continues to speak with individuals who had been returned to Greece from places such as Germany and Switzerland by the Dublin Regulations. In many cases, these individuals had lived in those countries for several years, were highly proficient in the local language, and had successfully established their lives there.

Upon arriving in Athens, they frequently possess very few belongings and lack their official documents, which are typically confiscated prior to deportation. As a result, they are forced to navigate the bureaucratic challenge of retrieving their documents before they can even initiate the necessary Greek procedures to establish legal residency, seek employment, or find housing [34].
Consequently, many deported individuals are left destitute on the streets of Athens, with no viable prospects for shelter.

This situation exacerbates a third, escalating crisis that has become particularly pronounced during the summer months: the rising rate of homelessness among refugees in Athens [35].

Like many major metropolitan areas, Athens is currently facing a severe housing shortage. While individuals are still undergoing the asylum process, they have a legal right to state-provided accommodation and support. However, once they receive recognized refugee status, this state obligation ceases. Recognized refugees are required to vacate the camps within 30 days and are left entirely to their own devices.

The Closed Controlled Access Centre (CCAC) on Kos, for instance, has been particularly stringent in enforcing these regulations. This strict enforcement has resulted in a large number of individuals being relocated from Kos to Athens, where they are forced into street homelessness, as they are no longer entitled to camp placement and face insurmountable barriers to securing private housing. Among those affected are women, pregnant individuals, and young children who are left highly vulnerable and without prospects, with some tragically falling victim to assaults and sexual violence [36].

Compounding these issues is a widespread and continuous decrease in funding, which has forced numerous NGOs to cease their operations [37]. This systemic reduction in available support services only serves to worsen and prolong the profound hardship experienced by these vulnerable populations.

Greece

Kos

Although overall arrivals to Greece have declined compared with previous years, the islands continue to receive direct sea arrivals from Türkiye, with Aegean Boat Report documenting frequent arrivals throughout 2026 [38]. The Greek Ministry of Migration and Asylum continues to record Kos as one of the main reception points in the Eastern Aegean, with arrivals fluctuating according to weather conditions, border enforcement and regional displacement dynamics [39].

The implementation of the EU Pact on Migration and Asylum on 12 June 2026 is expected to reinforce the use of accelerated border procedures, mandatory screening and enhanced registration for new arrivals on islands such as Kos [40]. The reforms place greater emphasis on rapid processing of asylum claims and returns, increasing pressure on frontline reception facilities while requiring timely identification of vulnerable individuals. Alongside these policy developments, MSI continues to observe significant concerns regarding protection outcomes on the island.

Following recognition of refugee status, many individuals are required to leave accommodation in the Closed Controlled Access Centre (CCAC) despite having limited access to affordable housing, employment opportunities or integration support. As a result, MSI has observed an increase in homelessness among refugees and recognised beneficiaries of international protection on Kos [41].
Many individuals remain on the island while attempting to secure seasonal employment and save sufficient funds to travel onward to mainland Greece or other destinations. During this period, people frequently rely on abandoned buildings, informal shelters or sleeping rough, increasing exposure to protection risks and deteriorating health conditions.

These circumstances particularly affect people with chronic illnesses, disabilities, survivors of torture or trauma, pregnant women and families with young children, for whom limited access to stable accommodation, hygiene facilities and continuity of healthcare further compounds existing vulnerabilities [42].
Human rights organisations such as Aegean Boat Report have also continued to document allegations of pushbacks and barriers to accessing asylum procedures in the Aegean, which Greek authorities consistently deny [43].

Severe mental health deterioration linked to reception conditions

Case Study 3

A 31–year–old man belonging to the LGBTQ+ community presented to MSI with acute suicidal ideation. The patient described experiencing prejudice, insecurity and social isolation within the camp environment, where he felt unable to access a safe space for vulnerable groups, including LGBTQ+ individuals.

He reported severe claustrophobia linked to the feeling of confinement within the camp and described prolonged uncertainty regarding his legal status as a significant factor contributing to his deteriorating mental health. Due to concerns regarding his safety within the camp environment, he became increasingly isolated from other residents, further intensifying feelings of loneliness and psychological distress.

Key findings

- Severe anxiety and depressive symptoms, including insomnia and loss of appetite.
- Acute suicidal ideation linked to prolonged uncertainty and restrictive living conditions.
- Lack of access to structured psychological and specialised mental health support.
- Isolation as a protective measure contributed to worsening mental health outcomes.

Greece

Kos

Within MSI's health space, patients have additionally reported receiving only one meal per day, limited access to hygiene items including soap, toothbrushes and toothpaste, and insufficient availability of washing facilities for clothing. Many individuals lack the financial means to pay for transportation to access external support services, including organisations providing essential clothing and hygiene supplies.

These conditions contribute to preventable health concerns, including poor dental health, dental abscesses, infected wounds and dermatological conditions aggravated by inadequate hygiene.

Across 630 health sessions conducted between 01.02.2026 and 28.02.2026, MSI health services repeatedly identified:

- High incidence of respiratory infections.
- Dental issues, including abscesses and cavities associated with sanitation limitations.
- Skin infections linked to hygiene restrictions.
- Poorly controlled chronic diseases, particularly diabetes.
- Elevated prevalence of anxiety, panic attacks and depression.

The recurrence and clustering of these conditions indicate structural determinants of ill health rather than isolated medical incidents.

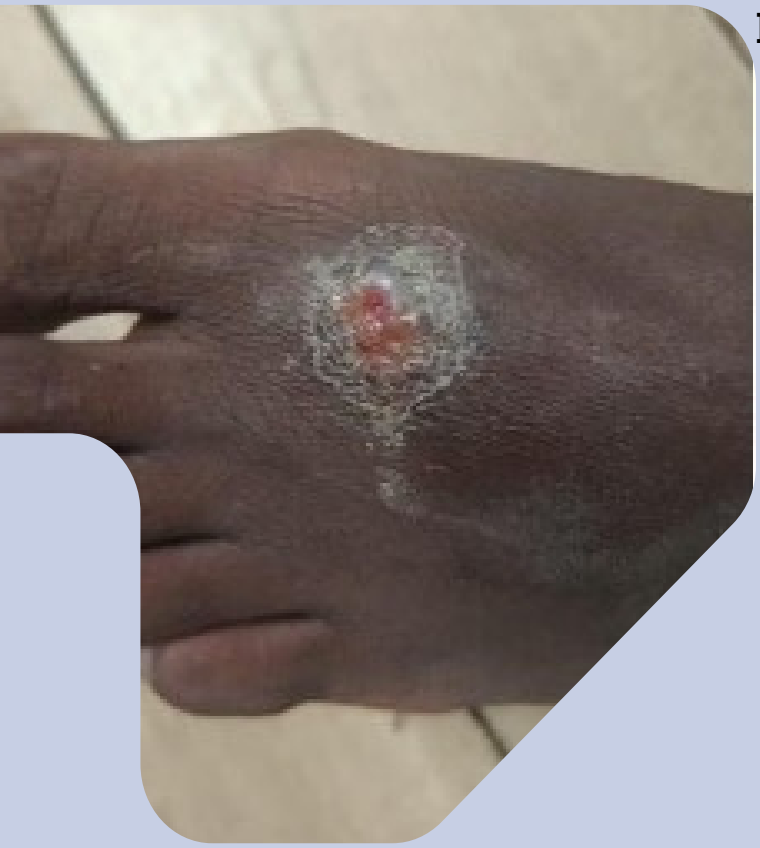
Recurrent scabies infections linked to inadequate hygiene infrastructure

Case Study 4

MSI documented repeated cases of severe and recurrent scabies among residents of the Kos CCAC, highlighting how inadequate hygiene infrastructure and limited access to washing facilities prevent effective treatment and contribute to ongoing transmission.

A 19–year–old man presented with a three–month history of scabies, severe itching and fever. Examination revealed widespread lesions with secondary bacterial infection. Despite treatment, he returned with reinfection two weeks later, demonstrating the difficulty of interrupting transmission without adequate environmental measures.

A second patient developed infected scabies lesions despite previous treatment, resulting in two abscesses requiring surgical intervention at Kos Hospital.



Key findings

- Insufficient washing facilities prevent effective infection control measures.
- Recurrent cases indicate environmental causes rather than isolated illness.
- Inadequate hygiene infrastructure contributes to prolonged infection and preventable complications.

Greece

Leros

Historically, while islands such as Samos and Lesvos have remained at the forefront of public and media attention, Leros has frequently been overlooked, resulting in significant gaps in visibility and international support. This gap widened further following the closure of MSF´s operations on the island in November 2025 [44]. Recognising the continued need for healthcare provision, MSI initiated preparations to establish an operational presence and launched the Leros Project in April 2026.

The Leros Closed Controlled Access Centre (CCAC), operational since November 2021, has a maximum capacity of 2,150 individuals, including designated accommodation for 100 unaccompanied minors [45]. The facility includes a pre–removal detention centre, reportedly non–operational at present, as well as separate areas for highly vulnerable groups, including single women and single–parent families.

Since MSI began operations, the population within the Leros CCAC has fluctuated between 700 and 1,150 residents. The population is predominantly composed of adult men aged between 18 and 55, although women and children also represent a significant proportion. Current residents primarily originate from Bangladesh, Sudan, Egypt and Sierra Leone, alongside smaller communities of other nationalities.

Following an initial assessment period, MSI identified a continued and significant need for healthcare and support services on the island. After initial operational challenges, including several police stops, the working environment has stabilised, allowing MSI to continue operations and establish cooperation with local health authorities, including the local hospital.
The need for continued healthcare support on Leros is further highlighted by changing migration routes.

While individuals traditionally attempted to reach Greece through the Aegean Sea from Türkiye, increased surveillance by the Hellenic Coast Guard and Frontex, alongside continued allegations of pushbacks, have contributed to changing movement patterns [46].

Greece

Leros

Since 2025, an alternative maritime route from Libya to Crete has increasingly emerged [47]. This route is significantly longer and more dangerous, with limited humanitarian infrastructure available upon arrival. Individuals arriving through Crete may spend weeks or months without access to healthcare, legal assistance or other essential services before being transferred to locations including Kos, Athens or Leros.

By the time many arrive at the Leros CCAC, they are frequently in severely deteriorated physical and psychological condition.

MSI observations within the Leros CCAC indicate significant concerns regarding living conditions and public health. Patients have consistently reported inadequate food provision, including insufficient portion sizes, limited nutritional variety and meals lacking fresh produce. These conditions have contributed to gastrointestinal complaints, including severe constipation.
A further major concern identified by MSI is the prevalence of scabies among residents, particularly among individuals recently transferred from Crete.

The absence of adequate laundry and washing facilities significantly limits the effectiveness of treatment and infection–control measures. As a result, MSI interventions are often restricted to symptom management rather than preventing reinfection.

Untreated scabies also has wider consequences for wellbeing. Persistent itching contributes to sleep deprivation, increased stress levels and psychological distress, further affecting the already challenging living conditions within the CCAC.

Conclusion

MSI documents a persistent protection gap affecting displaced people across Europe.

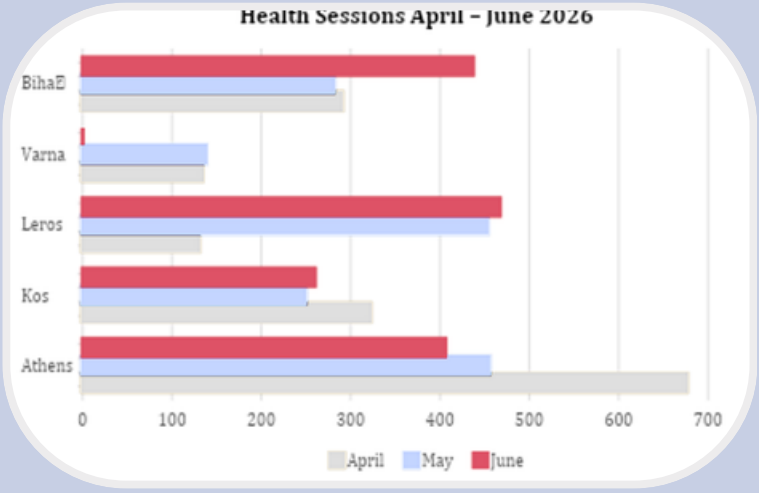
This report was produced using the information gathered and experiences documented by our teams on the field, who work diligently and consistently to meet the needs of people who, by design, are falling through the gaps of society. Appropriate data was then verified using governmental, intergovernmental and independent sources. The findings outlined in this report show only a glimpse into the issues people are forced to endure across Greece, Bulgaria and Bosnia & Herzegovina. Far from isolated challenges, this report exhibits the correlated experiences of people from all locations where we work, and the similar barriers to support systems that permeate throughout Europe.

Inadequate access to healthcare services, discrimination in accessing social services, and unsafe, unstable accommodation are just few examples of the inter–correlation of experiences across locations, reflecting a negligent failure on parts of states in response. services.

Insufficient access to water and sanitation facilities, proper nutrition and safe accommodation to name a few augments the likelihood of individuals contracting preventative medical conditions such as fungal infections, scabies and malnutrition.

The application of the new pact may only risk exacerbating these challenges while further isolating people from support

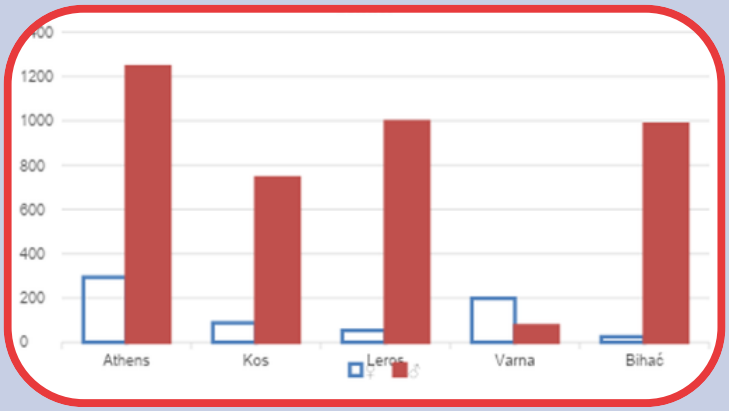
Statistics

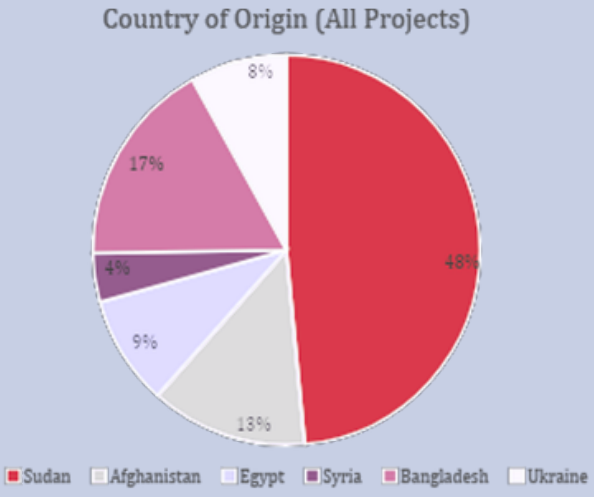


Across all projects, MSI held 4,698 health care sessions between the months of April 2026 – June 2026.

*Varna had periods of having no available volunteer to support with the project, resulting in taking available data from April and May 2026.

For most projects, the most common demographic was single adult men, predominately from Sudan (Athens, Kos, Bihać)and Bangladesh (Leros). Only Varna varied from other locations, with the primary demographic adult women from Ukraine. Children accounted for 9% of total number of sessions held throughout all locations.





Across MSI´s projects, patients came from a wide range of countries of origin, reflecting the diverse displacement contexts across Europe. The most commonly represented nationalities varied by location, including Sudanese patients in Athens, Kos and Bihać, Bangladeshi patients in Leros, and Ukrainian patients in Varna.

The data reflects only the individuals reached by MSI, yet the consistency of health concerns across locations highlights broader structural challenges in access to healthcare, living conditions and protection systems that continue to affect displaced communities across Europe.

References

[1] https://www.europarl.europa.eu/RegData/etudes/BRIE/2024/760347/EPRS_BRI(2024)760347_EN.pdf
[2] https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2024)760347
[3] https://www.hrw.org/news/2026/06/10/questions-and-answers-the-eu-pact-on-migration-and-asylum
[4] https://ecre.org/wp-content/uploads/2025/02/ECRE_Comments_Screening-Regulation.pdf
[5] https://www.reuters.com/world/eu-overhaul-toughen-migration-rules-takes-effect-though-doubts-remain-about-2026-06-12/

[6] https://helsinki.hu/wp-content/uploads/2026/02/Pushback-Report-2026.pdf
[7] https://www.police.hu/hu/hirek-es-informaciok/hatarinfo/illegalis-migracio-alakulasa
[8] https://www.researchgate.net/publication/375488303_Scabies_outbreak_management_in_refugeemigrant_camps_in_Europe_2014-2017_a_retrospective_qualitative_interview_study_of_healthcare_staff_experiences_and_perspectives

[9] https://www.eunews.it/en/2026/03/31/returns-of-migrants-from-the-eu-to-third-countries-have-risen-by-13-per-cent/
[10] https://2eu.brussels/en/news/eurostat-asylum-seeker-transfer-requests-between-eu-countries-fell-sharply-in-2025
[11] https://ec.europa.eu/eurostat/en/web/products-eurostat-news/w/ddn-20260703-1
[12] https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20251110-2
[13] https://ecre.org/aida-country-report-on-bulgaria-update-on-2025/
[14] https://data.unhcr.org/en/documents/details/117153
[15] https://visitukraine.today/blog/5006/how-much-do-pensioners-in-europe-and-ukraine-receive-from-the-highest-to-the-lowest-rates

[16] https://asylumineurope.org/reports/country/bulgaria/content-international-protection/2019-sixth-zero-integration-year/
[17] https://www.dw.com/en/bulgaria-pro-russia-rumen-radev-wins-election/a-76846189
[18] https://www.dunavmost.com/novini/varna-izliza-na-protest-sreshtu-nasilieto-ot-ukraintsi
[19] https://csd.eu/publications/publication/gendered-disinformation-challenges-for-ukrainian-refugees/
[20] https://helfen.bg/domashno-poseshtenie-ot-lichen-lekar/
[21] https://bih.iom.int/sites/g/files/tmzbdl1076/files/documents/2026-01/eng-bih-migrant-mobility-situation-report-1.pdf
[22] https://rm.coe.int/bosnia-ad-herzegovina-country-profile-som-2026/48802ad0fd
[23] https://ecre.org/balkan-route-ngo-warning-about-frontex-data-showing-major-fall-in-irregular-crossings-%e2%80%95-agreement-on-frontex-deployment-in-bosnia-and-herzegovina-%e2%80%95-agreement-on-border-control-co-oper/

[24] https://borderviolence.eu/uploads/document/file/523/BVMN_Thematic-Monthly-Report_March-2026.pdf
[25] https://www.frontex.europa.eu/media-centre/news/news-release/frontex-rolls-out-fully-fledged-operation-in-bosnia-and-herzegovina-X7ZqC6

[26] https://lawoffice.ba/migration-in-bosnia-and-herzegovina/
[27] https://www.consilium.europa.eu/en/policies/western-balkans-route/
[28] https://home-affairs.ec.europa.eu/news/commission-welcomes-political-agreement-first-eu-list-safe-countries-origin-and-new-rules-facilitate-2025-12-19_en
[29] https://ecre.org/wp-content/uploads/2025/02/ECRE_Comments_Screening-Regulation.pdf
[30] https://www.nonamekitchen.org/wp-content/uploads/2025/12/Press-Release-They-Refused-to-Call-an-Ambulance-December-2025-1.pdf
[31] https://bih.iom.int/sites/g/files/tmzbdl1076/files/documents/2026-07/sitrep-29-june-5-july-2026_0.pdf
[32] https://www.hrw.org/news/2026/02/26/greece-under-fire-for-law-targeting-aid-groups
[33] https://www.albis.news/perspectives/greece-makes-helping-illegal-ngo-aid-criminalized-2026
[34] https://usercontent.one/wp/legalcentrelesvos.org/wp-content/uploads/2025/02/20250221_Expert-Opinion_NoReturnToGreece.pdf
[35] https://www.collectiveaidngo.org/blog/2024/12/14/hidden-homelessness-people-on-the-move-faced-with-athens-harsh-reality
[36] https://poverty-action.org/protecting-against-exploitation-asylum-seekers-and-refugees-impact-information-provision-greece
[37] https://www.unicef.org/innocenti/stories/2026-global-outlook-new-era-ngos
[38] https://datastudio.google.com/reporting/1CiKR1_R7-1UbMHKhzZe_Ji_cvqF7xlfH/page/A5Q0
[39] https://migration.gov.gr/en/statistika/
[40] https://athens-times.com/greece-introduces-new-migration-doctrine-screening-detention-and-returns/
[41] https://glocalroots.org/en/the-homelessness-crisis-facing-refugees-in-kos/
[42] https://journals.sagepub.com/doi/10.1177/21568693251345117
[43] https://en.parapolitika.gr/politics/189992/greece-responds-to-bbc-migrant-pushback-allegations-at-evros-border/
[44] https://msfsouthasia.org/greece-conclusion-of-msf-activities-in-the-dodecanese/
[45] https://migration.gov.gr/en/ris/perifereiakes-monades/kyt-domes/k-y-t-leroy/
[46] https://legalcentrelesvos.org/2026/05/14/lesvos-situation-report-january-april-2026/
[47] https://www.frontex.europa.eu/what-we-do/monitoring-and-risk-analysis/migratory-routes/migratory-routes/