

# Refugees and asylum seekers in Europe need a rights-based approach to the issue of return: insights from the case of the Syrian displacement

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## INTRODUCTION

Migration and forced displacement are once again dominating political debates in the United States and Europe with widespread implications for the protection of forcibly displaced populations.<sup>1</sup> In 2024, a global shift towards stricter informal/irregular migration and asylum-seeker policies was evident as many countries introduced measures to limit entry or accelerate the return of asylum seekers and migrants. This closely mirrored antimigrant, populist narratives as nationalist and far-right political parties gained traction. For example, Finland, Poland, Iran and Türkiye reinforced their border defenses, while the US administration signalled plans to resume construction of a border wall with Mexico.<sup>2</sup> Several countries, including Algeria, Libya, Tunisia, Colombia, Panama, Iran and Pakistan, implemented large-scale expulsion and involuntary return programmes in 2024, which are expected to continue into 2025. Alarming, the public narrative for these policies and programmes conflated the legal and humanitarian obligations and mandates governing refugees, asylum seekers and migrants, enabling states to justify practices that fall short of their national and international responsibilities to protect the displaced.<sup>2,3</sup> Meanwhile, the European Union is prioritising the externalisation of asylum procedures and return policies as part of what has been described as ‘innovative solutions to irregular migration’.<sup>2</sup> The increasingly favoured externalisation strategies partially shift responsibility for legal and protection of asylum seekers to third countries despite concerns about human rights violations and negative health consequences. Notable examples include the UK’s controversial plan to offshore asylum seekers to Rwanda,

## SUMMARY BOX

- ⇒ European asylum policies have become increasingly restrictive, raising concerns about the protection of refugee rights, including access to healthcare and adherence to the principle of non-refoulement.
- ⇒ This commentary argues that the suspension of asylum applications for Syrians is premature, legally and ethically problematic, and poses serious health risks. It also emphasises the potential of engaging the Syrian diaspora in policy development and sustainable recovery.
- ⇒ Our commentary calls for European asylum policies to be grounded in context-specific safety assessments and developed through inclusive, coordinated approaches involving all relevant stakeholders.

Denmark’s similar strategies and Italy’s agreement with Albania.<sup>2</sup> Furthermore, the European Union’s partnerships with Tunisia and Egypt, which involve financial support for migration control, have been associated with incidents of violence and neglect towards migrants.<sup>2</sup>

## THE COMPOUNDING IMPACTS OF PREMATURE RETURN FOR REFUGEES AND ASYLUM SEEKERS

The fall of the Assad regime on 8 December 2024 reignited debates in Europe about the future of more than a million Syrian asylum seekers and refugees out of the total 6 million Syrian refugees.<sup>4,5</sup> Fifteen European Union member states, along with Switzerland and the United Kingdom, suspended asylum claims submitted by Syrians.<sup>6</sup> These decisions are premature given the ongoing uncertainty in Syria; such plans for ‘refoulement’ are inconsistent with international human rights law, refugee law and customary international law, and further detrimental to a population that has already experienced extreme suffering.<sup>7</sup> Proposing to return Syrians

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immediately after the fall of the regime disregards the contextual complexities and plurality of non-state actors and decades-long fragility in Syria. Furthermore, this disregards the five decades of Al-Assad regime's authoritarianism, war crimes, widespread human rights abuses and the systematic destruction of essential infrastructure across Syria. Syria remains unsafe. The regime's violent response to the 2011 peaceful uprisings—including indiscriminate bombings, forced displacement and the use of internationally prohibited chemical weapons—triggered one of the worst humanitarian crises since World War II. Widespread and documented use of torture, arbitrary detention and extrajudicial executions underscores the regime's brutality.<sup>8</sup> These atrocities have affected both the population inside Syria and those displaced abroad. Around 6 million Syrians reside as refugees, the majority (4.6 million) in neighbouring countries. Türkiye shelters 2.8 million Syrian refugees, while Lebanon hosts about 1.5 million (half of them unregistered) Syrian refugees, and Jordan hosts 564 000 Syrian refugees.<sup>4 5</sup> Since 2015, over one million Syrians have migrated to Europe, primarily settling in Germany, with smaller numbers in other European countries due to the increasingly difficult circumstances they faced in refugee hosting countries; these including restrictions on employment, movement and education.

### WIDESPREAD INFRASTRUCTURE DAMAGE LEAVING LARGE PARTS OF SYRIA UNINHABITABLE

The deliberate destruction of civilian infrastructure, often termed domicile,<sup>9</sup> has left large parts of Syria uninhabitable. Millions face water and electricity shortages, widespread poverty, food insecurity and limited healthcare due to economic collapse exacerbated by sanctions.<sup>6 10</sup> In this fragile state, the Syrian interim government cannot guarantee basic human rights, let alone the safe return of refugees. Rebuilding Syria will be slow and fraught with challenges. More than five decades of exile for significant numbers of dissenters, including those who could form a credible government, have weakened the country's capacity to establish inclusive governance. Addressing minority rights and rebuilding trust will take time. Experts' warning of insecurity and retaliatory violence have indeed emerged, making the premise of Syria as a 'safe destination' fundamentally flawed.<sup>11</sup> Returning refugees under such conditions violates the principle of non-refoulement, which prohibits returning individuals to unsafe environments.<sup>12</sup>

### THE LEGAL AND ETHICAL IMPERATIVES FOR EUROPEAN GOVERNMENTS

European governments must move beyond antimigrant and antirefugees rhetoric that undermines refugees' dignity and rights. Calls for deportation and asylum claim freezes contravene international treaties, including the 1951 Refugee Convention, which obligates states to protect refugees from forced return to

unsafe conditions.<sup>12</sup> A critical issue is the flawed decision-making process, which encourages refugee returns without robust, context-sensitive assessments of safety. It is imperative to involve refugees, asylum seekers and diaspora organisations in shaping inclusive policies. For example, the Syrian American Medical Society (SAMS), a U.S.-based professional diaspora organisation, engages actively with policymakers, UN agencies and international civil society, demonstrating a tangible and impactful model of diaspora advocacy and engagement in policymaking.<sup>13</sup> A solidarity-centred and collective decision-making approach among home, destination and transient countries fosters trust and ensures repatriation strategies are humane, effective and aligned with international obligations. Some initiatives, such as the Regional Refugee and Resilience Plan for the Syria crisis, serve as examples of multistakeholder platforms that promote elements of collective decision-making between countries of origin, host countries and international actors.<sup>14</sup> However, such initiatives often fall short of fully inclusive governance that actively involves refugees themselves.<sup>15</sup>

The approach that Syria is safe for refugees to return contrasts with European foreign ministries' own travel advisories warning against travel to Syria, highlighting the inconsistency in policy. Recent reports of mass civilian killings in Syria's northwest coast highlight the ongoing dangers, with Amnesty International urging the government to protect civilians and hold perpetrators accountable. The failure to investigate and prevent such crimes reinforces impunity and underscores that Syria remains unsafe.<sup>16</sup> In southern Syria's Suwayda governorate, recent clashes between different armed groups have resulted in dozens of civilian deaths as well as kidnappings, property destruction and Israeli airstrikes, according to Office of the United Nations High Commissioner for Human Rights, which has expressed deep alarm and urged all parties to cease hostilities while ensuring safe passage for civilians.<sup>17</sup>

Integration is a cornerstone of European refugee policies. Forcing refugees to abandon their progress contradicts this principle.<sup>18</sup> Well-integrated refugees contribute economically and socially to host countries.<sup>19</sup> Undermining integration harms both refugees and host communities. Syrian refugees are particularly vital to European labour markets, especially in healthcare. The German Hospital Association warned that rapid deportation of Syrian healthcare workers could exacerbate staffing shortages, harming service quality.<sup>20</sup> Instead of deportation, European policymakers should empower the Syrian diaspora to contribute to rebuilding efforts.<sup>21</sup> Diaspora-led organisations have shown remarkable resilience in supporting humanitarian initiatives in Syria and refugee-hosting countries.<sup>22 23</sup> Policies promoting circular migration, defined as the voluntary, temporary and repetitive movement of individuals across borders, typically between country of origin and host country for work or other reasons,<sup>24</sup> offer a pragmatic alternative, enabling Syrians to temporarily return to assess

conditions and contribute to rebuilding efforts while maintaining stability in host countries.<sup>24</sup> A circular migration approach could enable Syrians currently working in the German healthcare system, such as the estimated 10 000 Syrian healthcare professionals addressing workforce shortages,<sup>20 24</sup> to contribute to rebuilding health systems in Syria without jeopardising their stability and integration in Germany. Circular migration balances refugees' needs with the broader goal of stabilising Syria.

## HEALTH IMPLICATIONS OF FORCED RETURNS AND EXTERNALISATION POLICIES

The right to health must remain central to discussions on refugee protection and migration policies. Syria's fragile healthcare system and limited access to essential services jeopardise returnees' well-being. Premature returns threaten access to healthcare, and freezing asylum claims further harms refugees by blocking both healthcare access and employment, exacerbating vulnerabilities.<sup>25</sup> The uncertainty surrounding deportation contributes to severe mental health distress, including anxiety, depression and self-harm. Reports from other offshore detention centres, including Australia's Nauru facility, indicate increased occurrences of posttraumatic stress disorder (PTSD), psychological trauma and suicide. Likewise, individuals seeking asylum in the UK who face deportation experience serious psychological harm.<sup>26</sup> Bearing in mind that more than one million Syrians have faced (often arbitrary) detention in Syria's infamous prisons (including women and children) with the use of torture and gender-based violence widespread and many have faced extremely difficult journeys to safety, uncertainties around asylum claims and refuge can have even more profound impacts on mental health.<sup>27</sup>

In addition to mental health concerns, inadequate healthcare provision in host countries further endangers refugees. Many third-country agreements fail to guarantee healthcare access. Rwanda's refugee camps, for instance, struggle with limited access to sexual and reproductive healthcare, mental health services and basic hygiene infrastructure. LGBTQ+ individuals and other marginalised groups face heightened discrimination, including healthcare settings. Ensuring continued medical treatment postdeportation is critical. Deportation should be conditional on continuity of access to care, including medicines.<sup>26 28</sup> Shifting asylum responsibilities to lower-income countries already facing healthcare challenges exacerbates inequities. Instead of externalising asylum obligations, high-income countries must invest in rights-based policies that uphold refugees' health, including safe asylum pathways and comprehensive healthcare. Failure to do so will deepen health inequities, worsening the global refugee health crisis.

## CONCLUSION

European countries must ensure healthcare continuity for Syrian and other refugees and asylum seekers,

especially for those with chronic conditions, through collaboration with international health organisations. The externalisation policies proposed by many European governments will exacerbate health vulnerabilities for forcibly displaced people. As public health professionals and researchers, we emphasise the importance of safeguarding refugees' rights, ensuring healthcare continuity and fostering inclusive policies. At this pivotal moment, policymakers must uphold international legal standards and prioritise strategies that protect forcibly displaced populations worldwide. Repatriation must not come at the expense of safety, dignity and fundamental rights. The challenges facing Syrian refugees mirror those of other displaced populations, from Afghanis to Rohingya and Venezuelans, who face premature returns and restricted asylum access in different host countries. Instead of offloading responsibilities onto lower-income countries, high-income nations must ensure protection, integration and access to healthcare. Studies reported that recognising refugees' contributions, especially through inclusive hosting and service integration, can strengthen host communities and support postcrisis recovery, as seen in settings like Uganda<sup>29</sup> and in fragile health systems.<sup>30</sup> Rights-based policies that safeguard health and dignity must guide global responses to forced displacement. Government actions today will define the future of refugee protection and public health equity worldwide.

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## REFERENCES

- 1 Carling J. The phrase ‘refugees and migrants’ undermines analysis, policy and protection. *Int Migr* 2023;61:399–403.
- 2 International Center for Migration Policy Development. ICMPD migration outlook 2025. 2025. Available: <https://www.icmpd.org/file/download/63373/file/ICMPD%2520Migration%2520Outlook%25202025.pdf>
- 3 Slente C. Op-ed: outsourcing asylum creates a dangerous precedent. The Parliament; 2025. Available: <https://www.thep>



- arliamentmagazine.eu/news/article/oped-asylum-exported-the-dangerous-precedent-of-externalisation [Accessed 1 Mar 2025].
- 4 United Nations High Commissioner for Refugees (UNHCR). Syria refugee crisis globally, in europe, and in cyprus. 2021. Available: <https://www.unhcr.org/cy/2021/03/18/syria-refugee-crisis-globally-in-europe-and-in-cyprus-meet-some-syrian-refugees-in-cyprus/> [Accessed 17 Mar 2021].
  - 5 United Nations High Commissioner for Refugees (UNHCR). Operational data portal. 2025. Available: <https://data.unhcr.org/en/situations/syria?id=122> [Accessed 3 Mar 2025].
  - 6 European Council on Refugees and Exiles. Syria: european reactions to the overthrow of the assad regime. 2024. Available: <https://ecre.org/syria-european-reactions-to-the-overthrow-of-the-assad-regime/> [Accessed 15 Dec 2015].
  - 7 Molnár T. The principle of non-refoulement under international law: Its inception and evolution in a nutshell. *Corvinus J Int Aff* 2017;1:51–61. Available: <https://journals.lib.uni-corvinus.hu/index.php/cojourn/article/view/23>
  - 8 Global Centre for the Responsibility to Protect. Statement on the developing situation in syria. 2024. Available: <https://www.globalr2p.org/publications/statement-on-the-developing-situation-in-syria/> [Accessed 15 Dec 2024].
  - 9 Humanitarian Library. Syrian cities damage atlas. 2019. Available: <https://www.humanitarianlibrary.org/resource/syrian-cities-damage-atlas> [Accessed 14 Dec 2024].
  - 10 Aljadeeah S, Ravinotto R, Ooms G. Sanctions and the right to health in post-Assad Syria. *The Lancet* 2025;405:119–20.
  - 11 Frelick B. The need to continue protecting syrian refugees resurging fighting in syria shows country unsafe for refugee returns. 2024. Available: <https://www.hrw.org/news/2024/12/06/need-continue-protecting-syrian-refugees> [Accessed 19 Jul 2025].
  - 12 United Nations High Commissioner for Refugees (UNHCR). Refugee convention, 1951. 2010. Available: <https://www.unhcr.org/media/convention-and-protocol-relating-status-refugees> [Accessed 14 Dec 2024].
  - 13 Syrian American Medical Society (SAMS). Why we advocate. 2017. Available: <https://www.sams-usa.net/our-advocacy/#:~:text=Our%20advocacy%20ensures%20that%20instances,the%20media%2C%20and%20the%20public> [Accessed 17 Jul 2025].
  - 14 UNHCR & UNDP. An introduction to the regional refugee and resilience plan (3RP). 3RP Syria Crisis, UNHCR; 2022. Available: [https://www.3rpsyriacrisis.org/wp-content/uploads/2022/06/brochure\\_upd\\_June2022.pdf](https://www.3rpsyriacrisis.org/wp-content/uploads/2022/06/brochure_upd_June2022.pdf) [Accessed 21 Jul 2025].
  - 15 Crisp J, Long K. Safe and Voluntary Refugee Repatriation: From Principle to Practice. *J Migr Hum Secur* 2016;4:141–7.
  - 16 Amnesty International. Syria: horrific killings of civilians on northwest coast must be investigated. 2025. Available: <https://www.amnesty.org/en/latest/news/2025/03/syria-horrific-killings-of-civilians-on-northwest-coast-must-be-investigated/> [Accessed 12 Mar 2025].
  - 17 United Nations High Commissioner for Human Rights (OHCHR). UN syria commission deeply alarmed by suwayda violence, urges de-escalation, civilian protection and respect for human rights. 2025. Available: <https://www.ohchr.org/en/press-releases/2025/07/un-syria-commission-deeply-alarmed-suwayda-violence-urges-de-escalation> [Accessed 21 Jul 2025].
  - 18 Abbata A, Rayes D, Omar M, et al. Overcoming obstacles along the pathway to integration for Syrian healthcare professionals in Germany. *BMJ Glob Health* 2019;4:e001534.
  - 19 Organisation for Economic Co-operation and Development (OECD). The contribution of refugees to host countries. OECD Policy Brief; 2021. Available: <https://www.oecd.org/migration/refugees-contribute-to-host-countries.pdf> [Accessed 19 Jul 2025].
  - 20 Alkousaa R, Martinez M. Their labour in demand, Germany's Syrians are in no rush to leave. 2024. Available: <https://www.reuters.com/world/europe/their-labour-demand-germanys-syrians-are-no-rush-leave-2024-12-13/> [Accessed 14 Dec 2024].
  - 21 Abbata A, Alkhalil M, Wihba K, et al. Syrian refugee and diaspora healthcare professionals: Case studies from the eastern mediterranean and European regions. *J Migr Health* 2025;11:100298.
  - 22 Syrian American Medical Society (SAMS). Annual report on humanitarian contributions. 2023. Available: <https://www.sams-usa.net/reports/sams-2023-annual-report/>
  - 23 The Syrian Society for Doctors and Pharmacists in Germany (SYGAAD). Available: <https://sygaad.org/> [Accessed 12 Dec 2024].
  - 24 Hugo G. What we know about circular migration and enhanced mobility. Migration Policy Institute; 2013. Available: <https://www.migrationpolicy.org/sites/default/files/publications/Circular-Migration.pdf> [Accessed 19 Jul 2025].
  - 25 Amnesty International UK. UK government has trapped people in an “asylum vortex,” causing multiple harms – new briefing. 2024. Available: <https://www.amnesty.org.uk/press-releases/uk-government-has-trapped-people-asylum-vortex-causing-multiple-harms-new-briefing> [Accessed 23 Jul 2025].
  - 26 James R, Osbrone R, Aljadeeah S. If global health equity is to stand a chance, the UK must cancel its plans to offshore asylum seekers to Rwanda. *BMJ Blogs*; 2022. Available: <https://blogs.bmj.com/bmjgh/2022/05/08/if-global-health-equity-is-to-stand-a-chance-the-uk-must-cancel-its-plans-to-offshore-asylum-seekers-to-rwanda/> [Accessed 1 Mar 2025].
  - 27 United Nations. The syrian government detention system as a tool of violent repression. 2024. Available: [https://iiim.un.org/wp-content/uploads/2024/12/IIIM\\_DetentionReport\\_Public.pdf](https://iiim.un.org/wp-content/uploads/2024/12/IIIM_DetentionReport_Public.pdf) [Accessed 17 Mar 2025].
  - 28 Aljadeeah S, Payedimarri AB, Kielmann K, et al. Access to medicines among asylum seekers, refugees and undocumented migrants across the migratory cycle in Europe: a scoping review. *BMJ Glob Health* 2024;9:e015790.
  - 29 Zhou YY, Grossman G, Ge S. Inclusive refugee-hosting can improve local development and prevent public backlash. *World Dev* 2023;166:106203.
  - 30 Bogale B, Scambler S, Mohd Khairuddin AN, et al. Health system strengthening in fragile and conflict-affected states: A review of systematic reviews. *PLoS ONE* 2024;19:e0305234.