# Offshoring the asylum process: a dangerous move for health

Despite widespread condemnation of the UK's asylum partnership arrangement with Rwanda, the Home Office appears to be going ahead with its plans to relocate to east Africa people who it deems to have arrived illegally and who are therefore not eligible for asylum in the UK. The policy, formed in response to increasing arrivals of migrants in small boats (28 500 arrived to the UK in 2021), has been hailed by Prime Minister Boris Johnson as the "morally right thing to do", and is designed to deter refugees from entering the country through "illegal, dangerous or unnecessary methods". Faith leaders, charities, civil servants, and members of parliament in the UK have denounced the plan as unethical, wrong, racist, and callous—sentiments echoed by the UN Refugee Agency (UNHCR), Human Rights Watch, and Amnesty International. The agreement is unfair and shameful. It might be illegal and is certainly immoral. It is also undoubtedly bad for health.

Offshoring the asylum process is not without precedent. Since 2001, successive Australian governments have supported a policy of mandatory detention of asylum seekers on Nauru and Manus Island, Papua New Guinea. Thousands of people, including children, have been held indefinitely in poor conditions, experiencing severe abuse, inhumane treatment, and medical neglect. One survey found that 90% of detainees met criteria for severe mental health conditions, while medical care was often substandard. An Israeli scheme, introduced in 2013, forced migrants (mostly Eritrean and Sudanese) to choose either to return to their country or relocate to Rwanda or Uganda; failing to depart either way led to imprisonment. Those opting for relocation were abused and exploited, and many fled through dangerous smuggling routes to Europe. Both the Australian and Israeli schemes failed.

Rwanda has said that it is committed to offer support "adequate to ensure the health, security and wellbeing" for relocated individuals from the UK, but the details could hardly be more vague. Migrants often have complex health-care needs, post-traumatic stress disorder and depression are often common, and many might need urgent care for untreated communicable diseases and poorly controlled chronic conditions. Rwanda already hosts nearly 150 000 refugees and asylum seekers, mostly women and children from Burundi and Democratic Republic of the Congo; 90% of refugees and asylum seekers live in camps run by UNHRC. For those transferred to Rwanda from the UK, it is unclear whether they will be supported under Rwanda's lauded universal health-care system—*Mutuelle de Santé*—built on equity-oriented and people-centred principles. If the UK's scheme is to go ahead, provision will need to be made for comprehensive health care for these people. It is not right for the UK to abrogate its duty of care, and to instead put the onus on a health system, albeit an effective one, that relies on international aid, especially given the culture of repression under the autocratic government of President Paul Kagame. Rwanda has an appalling human rights record with extrajudicial executions and severe curbs on press freedoms.

More generally, a position of hostility towards migrants is not good for health. Research shows that irregular migrants often avoid seeking health care for early symptoms because they fear the risk of deportation. The UK's policy will only intensify this fear, resulting in detrimental health outcomes when migration is instead best viewed as an opportunity for delivering health care. In fact, by not embracing immigration, the UK Government is missing an essential opportunity to strengthen its own health-care sector. In 2018, The UCL–*Lancet* Commission on Migration and Health argued that investment in migrant health pays off: healthy and thriving immigrants bring meaningful returns to societies and economies. Population forecasting has shown that net immigration will be necessary to support labour markets, economic growth, and social programmes in countries, like the UK, with low fertility rates. Immigrants have proven essential to the UK's health workforce.

The policy is not about refugee processing. It is nothing other than mass deportation. If it goes ahead, the UK Government will permanently damage the country's global health record. Denmark has recently legalised the outsourcing of the process of claiming asylum and there are reports that it too is considering an agreement with Rwanda, similar to the UK's. Relocation and resettlement policies should not be an option. Evidence, previous history, and common sense show that they do very little for immigration figures and only serve to increase human suffering. Not least, such practices are harmful to the health and wellbeing of both individuals and the countries that implement them. ■ *The Lancet*

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For more on the **UK–Rwanda asylum partnership** see https://www.gov.uk/government/publications/memorandum-of-understanding-mou-between-the-uk-and-rwanda/memorandum-of-understanding-between-the-government-of-the-united-kingdom-of-great-britain-and-northern-ireland-and-the-government-of-the-republic-of-r

For the **response from the UN Refugee Agency** see https://www.unhcr.org/uk/news/press/2022/4/62585e814/un-refugee-agency-opposes-uk-plan-export-asylum.html

For the **response from Human Rights Watch** see https://www.hrw.org/news/2022/04/14/uk-plan-ship-asylum-seekers-rwanda-cruelty-itself

For more on **conditions on Manus Island** see **Comment** *Lancet* 2017; **390:** 2535–36

For the **UCL–*Lancet* Commission on Migration and Health** see **Lancet Commissions** *Lancet* 2018; **392:** 2606–54

For the **forecasting analysis for the Global Burden of Disease Study** see **Articles** *Lancet* 2020; **396:** 1285–306