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3.19. Persons living with disabilities and persons with severe medical issues

COMMON ANALYSIS
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This profile refers to people with disabilities, including mental disabilities, as well as those who have severe medical issues, including mental health issues.

For restrictions concerning women and girls' access to healthcare, see the sub-section a. Restrictions of rights and freedoms under the Taliban under the profile 3.15. Women and girls.

COI summary

Under the former government, most healthcare was provided by NGOs due to the lack of government funds. A very expensive healthcare private sector was also in place. Conflict-related security incidents however caused the destructions and closures of healthcare facilities in several provinces, as well as incidents of violence against medical personnel. Mental healthcare facilities were also often under-equipped and qualitative mental healthcare was scarce [KSEI 2020, 2.6., pp. 46-48; 2.6.2., pp. 49-52; 2.6.3., pp. 55-56]. After the Taliban takeover the already weak public health system was heavily impacted by the suspension in aid flows. The Director-General of World Health Organisation (WHO) described the Afghan health system as 'on the brink of collapse' and pointed out the cuts in donor support leading to reduced operations and health facilities shutting down. WHO warned that the lack of funding of the humanitarian assistance programme in 2023 will leave 8 million people without essential health assistance, 450 000 with little to no trauma care services, and 1.6 million people with mental health issues without access to consultations and psychosocial support [Country Focus 2023, 3.5., pp. 53-55; Country Focus 2022, 1.2.1., p. 21].

In Afghanistan, people with mental and physical disabilities are often stigmatised. Their condition is at times considered to have been 'related to God's will'. Mistreatment of those people by society and/or by their families has occurred. Women, displaced persons and returned migrants with mental health issues are particularly vulnerable. There is also lack of appropriate infrastructure and specialist care that covers the needs of people with disabilities. The existing structures were largely concentrated in a few urban centres [KSEI 2020, 2.6.6., p. 59].

Conclusions and guidance

Do the acts qualify as persecution under Article 9 QD?

The lack of personnel and adequate infrastructure to appropriately address the needs of individuals with (severe) medical issues fails to meet the requirement of Article 6 QD regarding the existence of an actor that inflicts persecution or serious harm, unless the individual is intentionally deprived of healthcare.

The actor requirement may be satisfied in specific cases of denial of healthcare, such as in the case of women denied access to healthcare due to not being accompanied by a mahram, not wearing a hijab, or not being allowed to be seen by a male healthcare professional. See the sub-section a. Restrictions of rights and freedoms under the Taliban under the profile 3.15. Women and girls.

For persons living with mental and physical disabilities, the individual assessment whether discrimination and mistreatment by society and/or by the family could amount to persecution should take into account the severity and/or repetitiveness of the acts or whether they occur as an accumulation of various measures.

What is the level of risk of persecution (well-founded fear)?

The individual assessment of whether there is a reasonable degree of likelihood for the applicant to face persecution should take into account risk-impacting circumstances, such as: gender, nature and visibility of the mental or physical disability, negative perception by the family, etc.

Are the reasons for persecution falling within Article 10 QD (nexus)?

With regard to women, see 3.15. Women and girls.

With regard to persons living with noticeable mental or physical disabilities, available information indicates that the persecution may be for reasons of membership of a particular social group, defined by an innate characteristic and distinct identity linked to their stigmatisation by the surrounding society.

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