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2.18. Persons with disabilities or severe medical issues, including mental health issues

Please note that this country guidance document has been replaced by a more recent one. The latest versions of country guidance documents are available at /country-guidance.

COMMON ANALYSIS
Last updated: February 2019

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

COI summary

[*Targeting,* 3.16; *Key socio-economic indicators,* 2.8]

The Nigerian healthcare system is organised into primary, secondary and tertiary healthcare levels and is also divided into a private and public health network. Public healthcare provision is a concurrent responsibility of the three tiers of government: the federal, states and local governments. The primary health care system is managed by the Local Government Areas (LGAs), the secondary health care system by the State ministries of health. The tertiary health care is provided by specialist and teaching hospitals. The LGA level is the least funded and organised level of government and therefore has not been able to properly finance and organise primary healthcare, creating a weak base for the healthcare system. Generally, relevant reports show shortage and uneven distribution of medical facilities and personnel across Nigeria, limited access to treatment because of structural deficiencies (including high medical cost), limited access to medication (over 60 % of the Nigerian population lack access to medication).

Persons with mental or physical disabilities often suffer from social stigma, exploitation, and discrimination. Medical care for persons with disabilities is scarce, particularly for those with mental health problems. Persons with mental or physical disabilities are often accused of

witchcraft, see also the profile Individuals accused of witchcraft or threatened in relation to ritual killings.

Risk analysis

The lack of personnel and adequate infrastructure to appropriately address the needs of people with (severe) medical issues would not meet the requirement that an actor of persecution or serious harm is identified in accordance with Article 6 QD, unless the third country national is intentionally deprived of health care.[22]

In the case of persons living with mental and physical disabilities, the individual assessment whether or not 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.

Not all persons with disabilities would face the level of risk required to establish well-founded fear of persecution. The individual assessment of whether or not there is a reasonable degree of likelihood for the applicant to face persecution should take into account risk-impacting circumstances, such as: nature and visibility of the mental or physical disability, perception by the family, etc.

Nexus to a reason for persecution

Available information indicates that the persecution of persons living with noticeable mental or physical disabilities may be for reasons of membership of a particular social group, defined by an innate characteristic (disability); and distinct identity in the context of Nigeria, because they are perceived as being different by the surrounding society (e.g. linked to Individuals accused of witchcraft or threatened in relation to ritual killings).

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[22] CJEU, *M'Bodj*, paras. 35-36. [back to text]

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