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

COMMON ANALYSIS
Last update: April 2022

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

COI summary

Under the former Afghan government, most healthcare was provided by NGOs due to lack of government funds. A very expensive healthcare private sector was also in place. Destructions and closures of healthcare facilities in several provinces as well as incidents of violence against medical personnel had been reported. Mental healthcare facilities were also often under-equipped and qualitative mental healthcare was scarce [Key socio-economic indicators 2020 , 2.6, 2.6.2, 2.6.3].

After the Taliban takeover there have been additional reports on a deteriorating situation with, inter alia, unpaid salaries to medical personnel, shortages in medicines and equipment as well as decreased access to healthcare among women. Furthermore, the lack of clear guidance on the rules in force has left many female health workers at home. An attack claimed by ISKP at a Kabul military hospital was recorded in November 2021. 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. According to the statement, cuts to the country’s largest health project, Sehatmandi, have left thousands of health

facilities without funding for medical supplies and salaries for health staff, with only 17 % of Sehatmandi health facilities being fully functional [Country Focus 2022, 1.2.1., 2.8. See also 2.6 Healthcare professionals and humanitarian workers, including individuals working for national and international NGOs].

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 [Key socio-economic indicators 2020, 2.6].

Risk analysis

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[17].

In the case of 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.

Not all individuals under this profile would face the level of risk required to establish well-founded fear of persecution. 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: nature and visibility of the mental or physical disability, negative 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 and distinct identity linked to their stigmatisation by the surrounding society.

[17] CJEU, M’Bodj, paras. 35-36. See also CJEU, MP v Secretary of State for the Home Department, C-353/16, judgment of 24 April 2018 (MP), paras. 57, 59.