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## DISCLAIMER

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. All COI Query Responses are compiled in line with the Common EU Guidelines (2008) and the EUAA Methodology (2023). This response is not and does not purport to be conclusive as to the merit of any particular claim to international protection. Please refer to all documents cited.

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## COI QUERY RESPONSE

### NIGERIA- HEALTHCARE

The *International Federation of Red Cross And Red Crescent Societies* stated: “The severe acute malnutrition crisis in northeast Nigeria has been exacerbated by ongoing conflict displacement, and limited access to essential services. Children are particularly vulnerable, facing heightened risks of morbidity and mortality. The healthcare system, already strained by high demand, is struggling to cope with the escalating needs, highlighting an urgent need for increased support and intervention to address the malnutrition emergency.”<sup>1</sup>

The *UK Home Office* referenced: “Pacific Prime, a global health insurance brokerage, stated in an entry on its website, dated 2023: 'Public hospitals in Nigeria are overcrowded and numerous infectious diseases develop and spread around due to a lack of hygiene. The mortality rate is high in public hospitals as Nigerians die from diseases, such as cholera, tetanus, and polio. Poor hospital management is mainly to blame, but poor funding overall means the system as a whole struggles to gain complete control of infections. 'With that said, it is also worth noting that the Nigerian government is taking steps to improve the health of its citizens by supplying vaccinations and implementing much needed public health initiatives... For those that can afford it, going to a private hospital or clinic is definitely better in terms of treatments and safety. 'Private healthcare services in Nigeria: '...[C]onditions in private hospitals are still below the standards of most Western hospitals. 'Although being able to treat common health problems, the lack of up-to-date equipment and facilities makes treating and diagnosing certain complex illnesses nearly impossible...’”<sup>2</sup>

It also stated: “...the ability of the system to provide free and good quality healthcare for the entire population has been fairly limited. Private healthcare is also available to extend treatment for the population but is only available to those that can afford the costs.”<sup>3</sup>

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<sup>1</sup> International Federation of Red Cross And Red Crescent Societies (18 July 2024) Nigeria: Severe Acute Malnutrition DREF Operation

<sup>2</sup> UK Home Office (19 July 2024) Country Policy and Information Note - Nigeria: Internal relocation (July 2024)

<sup>3</sup> Ibid, p.36

In May 2024 the *Safeguarding Health in Conflict Coalition (SHCC)* reported: “Most incidents of violence against or obstruction of health care were attributed to unidentified men with guns killing and kidnapping health workers. Two health facilities were looted of vital medical supplies and set ablaze in Borno.”<sup>4</sup>

The document also reported: “The health sector identified over five million people in need in the so-called BAY states (Borno, Adamawa, and Yobe) states in northeast Nigeria. Only 62% of health facilities in these states were fully functioning, with the remainder providing limited or no support due to an absence of staff and medical equipment, and insecurity. High incidence of tuberculosis and high rates of maternal and neonatal mortality remained key public health concerns.”<sup>5</sup>

The MEDCOI report by the *European Union Agency for Asylum* stated: “Nigeria operates a pluralistic healthcare system with healthcare provided jointly by the public and private sectors, as well as by modern and traditional systems.<sup>74</sup> The management of the national health system is decentralised into a three-tier arrangement with clear mandate to the federal, state and local governments.<sup>75</sup> Donors also play a key role in management and delivery of health services across the three levels of care;<sup>76</sup> of note is financial contribution, which equals 7.5 % of the total institutional sources of financing for health.”<sup>6</sup>

In March 2024 *Medecins Sans Frontieres (MSF)* reported: “Last year, MSF medical teams working in Kebbi, Sokoto, Zamfara, Katsina and Kano states treated 171,465 malnourished children as outpatients and admitted 32,104 children for life-threatening severe acute malnutrition – a 14 per cent rise on the previous year. In Katsina, our teams found high levels of acute malnutrition in 2023 with 17.4 per cent of the surveyed children suffering from acute malnutrition in Jibia local government area at the beginning of the lean season – not even when access to food is the most difficult. The high rate of admissions to inpatient facilities has been accompanied by alarming mortality rates. In one of our supported facilities in Zamfara state, it reached 23.1 per cent. Sadly, many children are dying within 48 hours after arriving in critical condition, too late to be saved due to the barriers in reaching healthcare. Overall, 854 children admitted to MSF facilities in the northwest died 24- to 48-hours after admission in 2023. When people fall sick, their families are forced to weigh up the risks of travelling to a health facility against staying put without medical care.”<sup>7</sup>

## References

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<sup>4</sup> Safeguarding Health in Conflict Coalition (SHCC) (22 May 2024) *Critical Condition: Violence Against Health Care in Conflict 2023* [Nigeria country fact sheet], p.4

<sup>5</sup> Ibid, p.5

<sup>6</sup> European Union Agency for Asylum (April 2022) *Medical Country of Origin Information Report*, p.25

<sup>7</sup> Medecins Sans Frontieres (MSF) (11 March 2024) *Neglected humanitarian crisis escalates in northwest Nigeria*

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United States Department of State

UNHCR

Refworld

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