

Rapporto di ricerca COI Realizzato dall'Ufficio Immigrazione di ARCI nazionale

- aggiornato al 16 Dicembre 2022

CONTESTO		NOTE
Paese di origine	Niger	N/D
QUESITO COI		NOTE
Tematica	Salute	Salute mentale
Formulazione quesiti COI		
<ol style="list-style-type: none">1. Accesso ai servizi di salute mentale e neurologia in Niger in generale2. Accesso alla salute mentale per migranti/rifugiati3. Informazioni su stigmatizzazione dei migranti/rifugiati in Niger		
Nota metodologica		
<ol style="list-style-type: none">1. In considerazione dello specifico profilo tecnico dei quesiti, la ricerca è stata effettuata avvalendosi della collaborazione e del supporto tecnico della Associazione di supporto psicosociale "Approdi";2. Il presente elaborato presentato è stato sviluppato a partire dalle evidenze riscontrate negli articoli indicizzati nei principali database sanitari (tra cui pubmed; Medscape; e The Cochrane Library), motori di ricerca per articoli scientifici (tra cui oogglescholar e SciELO) e generali (Google). In seguito, le bibliografie degli articoli selezionati sono state esaminate per ricercare ulteriore materiale, come anche report nazionali o internazionali (es. ricerca su https://www.who.int/publications/) sui quesiti della ricerca. L'utilizzo di altre fonti di ricerca (tesi, o altri elaborati di ricerca), è stato specificatamente segnalato in nota;3. Il presente Ufficio e l'associazione Approdi restano a disposizione per confrontarsi relativamente alle fonti e ai contenuti citati, oltre che per eventuali approfondimenti rispetto ai quesiti posti		
Roma 18/12/2022		

ooo

Lista delle abbreviazioni:

IDPs: Internally displaced people

OMS: Organizzazione mondiale della sanità

IRC: International Rescue Committee

o

1. Accesso ai servizi di salute mentale e neurologia in Niger in generale

Per poter analizzare il livello di accesso alle cure di salute mentale delle persone migranti di ritorno in Niger, si reputa opportuno partire dalla analisi del generale livello di disponibilità di cure nel Paese. In questo senso, un recente report dell'OMS sottolinea come la disponibilità delle strutture sanitarie sia estremamente scarsa e inadeguata:

“Les infrastructures sanitaires publiques se composent de: 1057 centres de santé intégrés, 2466 case de santé, 7 centres hospitaliers régionaux, 7 centres de santé de la mère et de l’enfant et 4 hôpitaux ainsi qu’une maternité de référence nationale. Cette armature de base est complétée par un ensemble d’établissements parapublics (8 centres médico-sociaux, 48 pharmacies populaires, 32 infirmeries de garnison) et 387 privés (346 cabinets médicaux et salles de soins, 36 cliniques, 2 hôpitaux à but non lucratif, 2 Centres privés spécialisés en ophtalmologie et en traumatologie et un hôpital privé confessionnel), 120 pharmacies privées, 11 laboratoires, et 19 écoles privées de santé).”¹

Dati confermati anche da un recente studio che mette in luce la scarsità di medici e la necessità di ricorrere al supporto non specialistico:

“In Niger, people with epilepsy are mainly cared for by nonphysician health care workers, nonspecialist physicians, and non-neurologist physicians because, until May 2018, the country had only seven neurologists who worked in the hospitals of Niamey (capital of Niger). Nonphysician health care workers are mainly represented by nurse technicians in mental health who are trained in the management of epilepsy and psychiatric diseases.”²

E dall’ultimo rapporto sullo stato dei servizi di salute mentale in Niger:

Mental health workforce		
	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	3	0.01
Mental health nurses	55	0.24
Psychologists	38	0.16
Social workers	2	0.009
Other specialized mental health workers (e.g. Occupational Therapists)	0	0.00
Total mental health professionals	98	0.42

Numero di personale sanitario presente sul territorio³

Coerentemente, le fonti non governative definiscono il contesto della salute mentale come “critico”:

“...MSF is witnessing a mental health crisis. Our teams are treating an increasing number of patients for psychological disorders and trauma-related mental health needs during our emergency interventions after attacks, including among children. There is a huge demand for psychological care

- 1 Organization Mondiale de la Santé (OMS) (2018). OMS Stratégie de coopération: Un aperçu: Niger. Organization Mondiale de la Santé. Available at: <http://www.who.int/iris/handle/10665/136784bib>> (accessed on 16 December 2022)
- 2 Toudou-Daouda, M., & Ibrahim-Mamadou, A. K. (2021). Clinical and etiological profile of epilepsy at the regional hospital center of Tahoua (Niger): A 4-year retrospective study. *Brain and Behavior*, 11, e2301. <https://doi.org/10.1002/brb3.2301>
- 3 World Health Organization (2020) Mental Health Atlas 2020: Member state profile (Niger) available at: https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ner.pdf?sfvrsn=84542a11_5&download=true (accessed on 11 December 2022)

but not enough providers. Most of the countries in the region do not have trained psychologists, psychiatrists, or psychiatric nurses, so MSF has incorporated mental health care into our projects across Mali, Niger, Burkina Faso, Cameroon, and Nigeria....”⁴

A conferma, nel 2015, si noti come il Niger veniva posto tra gli ultimi Paesi al mondo relativamente come indice umanitario, con scarsissima disponibilità di cure psicologiche (oltre il 90 per cento di fabbisogno ineso):

“...Niger, in West Africa, ranks near the bottom of the Human Development Index, which is a combined measure of life expectancy, education levels and standard of living (United Nations Development Programme, 2009). Over 80% of the country is in the Sahara Desert, which presents unique challenges to healthcare provision. The treatment gap for severe mental disorders is estimated to be over 90%, partly because mental health services and senior professionals are located in central tertiary institutions – primarily at the University Hospital in Niamey, the country’s capital (Wang et al, 2007). In the last decade, initial efforts at decentralisation have been made, with 15 psychiatric nurses posted outside of the capital, mostly at regional or district hospitals. ...”⁵

In un quadro di coerenza attuale, in linea con una sostanziale assenza di strutture sanitarie specialistiche nel Paese:

Outpatient care (total facilities)		Outpatient care (visits per 100 000 population)	
Mental health outpatient facilities attached to a hospital	9	Number of visits made by service users in the last year in mental health outpatient facilities attached to a hospital	46.48
"Community-based / non-hospital" mental health outpatient facility	-	Number of visits made by service users in the last year in "Community-based / non-hospital" mental health outpatient facility	-
Other outpatient facility (e.g. Mental health day care or treatment facility)	-	Number of visits made by service users in the last year in other outpatient facility (e.g. Mental health day care or treatment facility)	-
Total number of outpatient facilities specifically for children and adolescents	-	Number of visits made by service users in the last year in outpatient facility specifically for children and adolescents	-
Inpatient care (total facilities)		Inpatient care (beds/admissions per 100 000 population)	
Mental hospitals	-	Mental hospital beds / annual admissions	- / -
Psychiatric units in general hospitals	9	General hospital psychiatric unit beds / annual admissions	0.86 / 46.48
Community residential facilities	3	Community residential beds / annual admissions	- / -
Inpatient facilities specifically for children and adolescents	-	Child and adolescent specific inpatient beds / annual admissions	- / -
Mental hospitals		Mental hospitals (length of stay)	
Total number of admissions	-	Inpatients staying less than 1 year	-
Admissions that are involuntary	-	Inpatients staying 1-5 years	-
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month)	25% or less	Inpatients staying more than 5 years	-
		Percentage of inpatients staying less than 1 year in the total number of inpatients	-
		Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions(e.g. cancer, diabetes or TB)	25% or less

Numero di strutture sanitarie presenti sul territorio ⁶

4 MSF – Médecins Sans Frontières: Responding to neglected crises in the Sahel, 6 January 2021, available at: <https://www.ecoi.net/en/document/2043486.html> (accessed on 11 December 2022)

5 Cambridge research paper, 2015, Scaling up mental healthcare in the Republic of Niger: priorities for and barriers to service improvement, available at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/FE9577D2B319FDAED43E20B603D5739E/S205647400000763a.pdf/scaling_up_mental_healthcare_in_the_republic_of_niger_priorities_for_and_barriers_to_service_improvement.pdf (accessed on 16 December 2022)

6 World Health Organization (2020) Mental Health Atlas 2020: Member state profile (Niger) available at: https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ner.pdf?sfvrsn=84542a11_5&download=true (accessed on 11 December 2022)

Ciò Anche considerando, in generale, l'assenza di farmaci o comunque la loro accessibilità:

"...In theory, all of the psychotropic medications on the World Health Organization's Bamako Initiative list of essential generic drugs should be available in Niger, except amitriptyline and trifluoperazine. However, access to these drugs is extremely limited in reality. Phenobarbital, for example, should be available (for approximately US\$2 per month) but few pharmacies or IHCs consistently carried the drug. Seven respondents provided phenobarbital at their facilities, at times contingent on receiving free supplies from NGOs or UNICEF. Diazepam is widely available and is primarily used for convulsions associated with malaria, but is frequently overprescribed for non-specified behavioural problems. ."^{7 e 8}

L'assenza di una strutturata catena di trasporto e diffusione dei farmaci disponibili, inoltre, limita non solo la presa in carico, ma anche la eventuale prosecuzione della cura in considerazione delle barriere geografiche:

"...The absence of a structured drug delivery system hinders medication adherence. Most patients must go to the nearest IHC or hospital for medication, and transportation costs, usually with a carer, are unaffordable (typically US\$20 or more), largely due to the long distances. The average worker makes less than US\$1 a day and cannot leave the fields during planting season (June–August), which renders repeat prescriptions in particular economically and logistically unfeasible, and so many patients abandon treatment. A few nurses use their motorbikes to pick up medication for their patients, creating an ad hoc drug delivery system...."⁹

Quanto dedotto è poi confermato dagli ultimi dati sullo stato dei servizi di salute mentale in Niger, raccolti nel 2020 dall'OMS che mette in luce come, seppure sia presente un piano per la salute mentale, non si preveda l'allocazione di risorse umane o finanziarie per la sua implementazione e similmente non siano stati registrati finanziamenti statali per la salute mentale:

RESOURCES FOR MENTAL HEALTH

Mental health financing

The government's total expenditure on mental health as % of total government health expenditure

-

The government's total expenditure on mental hospitals as % of total government mental health expenditure

-

- 7 Cambridge research paper, 2015, Scaling up mental healthcare in the Republic of Niger: priorities for and barriers to service improvement, available at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/FE9577D2B319FDAED43E20B603D5739E/S2056474000000763a.pdf/scaling_up_mental_healthcare_in_the_republic_of_niger_priorities_for_and_barriers_to_service_improvement.pdf (accessed on 16 December 2022)
- 8 Similmente, nello stesso periodo: "...Poor supply of essential psychotropic medicines and poor health information management were also consistent findings. Decentralisation and provision of services at the primary-care level is probably the main priority. The five countries currently have pilot projects informed by mhGAP, either complete (Bénin), in progress (Niger) or due to commence (Burkina Faso, Côte d'Ivoire and Togo)...". Maiga DD, Eaton J. A survey of the mental healthcare systems in five Francophone countries in West Africa: Bénin, Burkina Faso, Côte d'Ivoire, Niger and Togo. *Int Psychiatry*. 2014 Aug 1;11(3):69-72. PMID: 31507768; PMCID: PMC6735152., available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735152/> (accessed on 16 December 2022)
- 9 Cambridge research paper, 2015, Scaling up mental healthcare in the Republic of Niger: priorities for and barriers to service improvement, available at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/FE9577D2B319FDAED43E20B603D5739E/S2056474000000763a.pdf/scaling_up_mental_healthcare_in_the_republic_of_niger_priorities_for_and_barriers_to_service_improvement.pdf (accessed on 16 December 2022)

Spingendo gli stessi residenti a ricorrere alla spesa personale (cd. “out of pocket payments”):

How the majority of persons with mental health conditions pay for mental health services

Persons pay mostly or entirely out of pocket for services

How the majority of persons with mental health conditions pay for psychotropic medicines

Persons pay mostly or entirely out of pocket for medicines

Modalità di pagamento delle cure nell’ambito della salute mentale ¹¹

...

2. Accesso alla salute mentale per migranti/rifugiati

Analizzando il tema dell’accesso ai servizi di salute mentale in Niger per i migranti (di transito, di ritorno, o IDPs), si può partire evidenziando come il Niger, a causa della sua posizione geografica, sia diventato negli anni uno dei principali *hub* di movimento delle rotte migratorie dirette verso il Mediterraneo¹²:

“...Niger is situated in a geopolitically sensitive area linking the Sahara Desert with the Sahel, and West with Central Africa. The country has become a major hub for mixed movements northwards to Libya, Algeria and the Mediterranean while at the same time witnessing an increasing number of people fleeing Libya or being deported from Algeria on Nigerien territory. In response to the complex humanitarian and security situation in Libya, Niger is increasingly turning into an alternative space for protection, including for the asylum-seekers and refugees who fail to reach Europe. UNHCR works with the Government in order to find solutions that enable refugees to live their lives in dignity and peace. They can include voluntary repatriation, resettlement and local integration ...”¹³

Lunga una delle rotte migratorie considerate tra quelle maggiormente esposte a violenze:

“...According to IRC’s experience working in mixed migration in West and North Africa since 2017 this includes: physical and sexual abuse (including from security forces and criminal gangs),

10 World Health Organization (2020) Mental Health Atlas 2020: Member state profile (Niger) available at: https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ner.pdf?sfvrsn=84542a11_5&download=true (accessed on 16 December 2022)

11 World Health Organization (2020) Mental Health Atlas 2020: Member state profile (Niger) available at: https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ner.pdf?sfvrsn=84542a11_5&download=true (accessed on 16 December 2022)

12 Per una analisi non-istituzionale del meccanismo nigerino si veda: “...*The creation of the ETM was integral to European attempts to keep refugees and migrants at bay in Libya. With European funding and support, the Libyan coast guard intercepted refugees and migrants and detained them. UNHCR had partial access to the detention centres but its refugee protection and resettlement procedures were constrained by the civil war and limitations imposed by the government. The central idea of the ETM was thus to ‘deterritorialise’ these procedures – that is, to move them to a third State – in order to provide immediate protection and to select asylum seekers before their physical arrival in Europe or North America. In this sense, Niger also played the role of a buffer state that allowed for a selection process before migrants arrived at Europe’s borders...*”, Forced Migration review, Extraterritorial asylum processing: the Libya-Niger Emergency Transit Mechanism, 2021, available at: <https://www.fmreview.org/externalisation/lambert> (accessed on 16 December 2022)

13 UNHCR, 2020, Refugees and asylum seekers in Agadez, available at: <https://reporting.unhcr.org/sites/default/files/UNHCR%20Niger%20-%20Mixed%20Movements%20Factsheet%20-%20Update%20September%202020.pdf> (accessed on 16 December 2022)

detention (in Libya), death (at sea and on land/desert), and forced returns (especially from Algeria to Niger). ...”¹⁴

Spingendo le organizzazioni internazionali, a partire da UNHCR, a predisporre piani di intervento nazionale che tengano pure in considerazione servizi di salute mentale:

“...Planned response [...] Accommodate and care for most vulnerable asylum-seekers, including unaccompanied and separated children (UASCs), SGBV survivors, persons with mental or physical disabilities, etc; ▪ Promote Mental Health and Psychosocial Support (MHPSS) to traumatized and vulnerable persons of concern, through continuing education, learning activities, psychological support, recreational and creative group sessions...”¹⁵

In questo senso, stante la generale carenza di servizi di salute mentale nel Paese, dalle fonti consultate sembrerebbe risultare come le attività di supporto medico rivolte ai migranti siano prevalentemente implementate dalle organizzazioni internazionali presenti nel territorio, ma non in misura universale, talora condizionata allo statuto legale o al progetto implementato. Secondo Sheega¹⁶, ad esempio, attività di salute mentale sarebbero disposte da COOPI ad Agadez:

“...In addition to these structures, there is also the NGO COOPI which provides medical assistance to migrants and the local population.

- Psychiatric support for migrants, returned migrants and the population of Arlit. Furthermore, the NGO COOPI organizes awareness sessions on mental health and speaking group.
- Psychosocial support for refugees and asylum seekers in Agadez...”¹⁷

Similmente risultano informazioni di attività di supporto psicologico/psichiatrico nella missione MSF ad Agadez¹⁸:

“...Our mental health teams have treated people suffering from anxiety, depression and post-traumatic stress disorder as a result of arbitrary detention and inhumane treatment, including torture and rape...”¹⁹

14 International Rescue Committee, Input to the OHCHR consultation for the Human Rights of Migrants report, 2020 February, 28, available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/GA76thSession/CSO/IRC.pdf> (accessed on 16 December 2022)

15 UNHCR, 2020, Refugees and asylum seekers in Agadez, available at: <https://reporting.unhcr.org/sites/default/files/UNHCR%20Niger%20-%20Mixed%20Movements%20Factsheet%20-%20Update%20September%202020.pdf> (accessed on 16 December 2022)

16 Nota metodologica: Sheega risulta essere una ONG operante a supporto della popolazione migrante in Niger, nessuna informazione trovata a proposito della stessa

17 Sheega, How to access medical care in Agadez when you are a migrant in Agadez?, available at: <https://www.sheega.info/hc/en-us/articles/4404640020375-How-to-access-medical-care-in-Agadez-when-you-are-a-migrant-in-Agadez-> (accessed on 16 December 2022)

18 Similmente, si vedano i progetti di Save The Children; “...*Since July 2020, an emergency education programme integrating child protection and mental health and psychosocial support has been launched in Niger, Burkina Faso and Mali...*” European Commission, 2022, Sahel: the importance of mental health for children in conflict, available at: https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/sahel-importance-mental-health-children-conflict_en (accessed on 16 December 2022)

19 MSF, 2019, Niger, “Imagine being dumped in the desert, in the middle of nowhere, with no food or water”, available at: <https://www.msf.org/ar/node/47324> (accessed on 16 December 2022)

Ciò detto, altre fonti confermano come, di fatto, all'interno degli stessi campi per i migranti bloccati in Niger siano si lamenta la mancanza di strutture adeguate e di servizi di assistenza mentale:

“...On 16 December, they left their camp 15 km from Agadez town and camped outside the UNHCR office to protest the bad living conditions saying that their situation is “deplorable and unfit for humans”. As they are now entering the second week, they told Sudan Tribune that they have no intention to regain their camp. They say that the tents, which are not adapted with climatic conditions in Africa, are designed to retain heat and highly inflammable. Also, they pointed to the lack of health care and medical treatment as some of them are traumatized and suffer from mental health issues...”²⁰

...

3. Informazioni su stigmatizzazione dei migranti/rifugiati in Niger

Seppure il Niger sia sempre stato un paese caratterizzato da un atteggiamento abbastanza lasso rispetto alla migrazione, negli ultimi anni si è assistito a una formalizzazione delle politiche migratorie:

“Migration issues in Niger are largely managed with a *laissez-faire* approach. Indeed, migration is not considered to be a key issue for Niger. On a national level, a nationwide policy on migration has yet to be adopted. However, the State did establish a special inter-ministerial committee on migration policy development in 2007, and has since created the first draft of a policy document. Due to the instability in the region, as well as the growing danger and irregularity of migration, a holistic response to migration management on the part of the government is key to ensure Niger’s stability. [...] The cabinet of the Prime Minister is in charge of the political response to migration and cooperates closely with the Ministry of the Interior. The three ministries that most deal with issues relating to migration are the Ministry of the Interior, the Ministry of Foreign Affairs, and the Ministry of Justice. The Ministry of Justice hosts the national Commission and the National Agency for the Fight against Trafficking in Persons. Due to the implementation of the 2015 Law Against the Illicit Smuggling of Migrants, smuggling in persons has been added to their mandate. This law makes it illegal for non-Nigerien nationals to travel north of Agadez.”²¹

Lo sviluppo della legge contro il traffico delle persone migranti ha infatti determinato dei grandi cambiamenti nell’ambito della migrazione:

“In the wake of the passage of Law # 2015-36 on the Illicit Smuggling of Migrants, which shut down many of the previously legal businesses associated with migration, migration is increasingly marked by growing danger, human rights violations, and irregularity. Returnees noted traumatic experiences of kidnapping, assault and trafficking during their journeys.”²²

20 Reliefweb, Sudanese refugees in Niger protest against bad living conditions, 2019. <https://reliefweb.int/report/niger/sudanese-refugees-niger-protest-against-bad-living-conditions> (accessed on 16 December 2022)

21 Migrants and Refugees (2020) Migration profile of NIGER. <https://migrants-refugees.va/wp-content/uploads/2021/05/2020-CP-Niger.pdf> (accessed on 16 December 2022)

22 International Republican Institute (2020) MIGRATION AND GOVERNANCE IN NIGER: A CRITICAL JUNCTURE. https://www.iri.org/wp-content/uploads/2021/01/niger_migration.041320.pdf (accessed on 16 December 2022)

Inoltre, sono stati registrati degli eventi di stigmatizzazione a causa della percezione di potenziali estremisti tra i rifugiati (a causa della attività di reclutamento):

“...Abuse of Migrants and Refugees: There were reports that immigration and security service members demanded bribes from migrants. Refugees in the Diffa, Tillaberi, and Tahoua Regions were vulnerable to armed attacks. In the Diffa Region, Boko Haram and ISIS-WA continued unlawful recruitment of child soldiers among refugees. These refugees were stigmatized by some in host communities, who believed they might harbor (intentionally or unintentionally) violent extremists...”²³

In una prospettiva di genere, poi, vi sono più fonti che sottolineano come le donne migranti siano esposte a un maggiore grado di stigmatizzazione:

“In addition to regional variation in gender norms, women migrants face additional layers of stigma associated with migration”²⁴

Similmente:

“Social and gender norms can restrict women’s mobility and agency, especially in more patriarchal societies. A World Bank study in Niger finds that social norms dictate that a “good wife” does not leave the home and that “women do not migrate” (World Bank 2014, 55).²⁵

ooo

Bibliografia:

- Cambridge research paper, 2015, Scaling up mental healthcare in the Republic of Niger: priorities for and barriers to service improvement, available at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/FE9577D2B319FDAED43E20B603D5739E/S205647400000763a.pdf/scaling_up_mental_healthcare_in_the_republic_of_niger_priorities_for_and_barriers_to_service_improvement.pdf (accessed on 16 December 2022)
- European Commission, 2022, Sahel: the importance of mental health for children in conflict, available at: https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/sahel-importance-mental-health-children-conflict_en (accessed on 16 December 2022)
- Forced Migration review, Extraterritorial asylum processing: the Libya-Niger Emergency Transit Mechanism, 2021, available at: <https://www.fmreview.org/externalisation/lambert> (accessed on 16 December 2022)

23 USDOS – US Department of State: 2021 Country Report on Human Rights Practices: Niger, 12 April 2022 <https://www.ecoi.net/en/document/2071173.html> (accessed on 11 December 2022)

24 International Republican Institute (2020) MIGRATION AND GOVERNANCE IN NIGER: A CRITICAL JUNCTURE. https://www.iri.org/wp-content/uploads/2021/01/niger_migration.041320.pdf (accessed on 16 December 2022)

25 World Bank. 2014. Republic of Niger: Gender, Agency and Economic Development in Niger. Washington, DC: World Bank. (accessed on 16 December 2022)

- International Republican Institute (2020) MIGRATION AND GOVERNANCE IN NIGER: A CRITICAL JUNCTURE. https://www.iri.org/wp-content/uploads/2021/01/niger_migration.041320.pdf (accessed on 16 December 2022)
- International Rescue Committee, Input to the OHCHR consultation for the Human Rights of Migrants report, 2020 February, 28, available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/GA76thSession/CSO/IRC.pdf> (accessed on 16 December 2022)
- Maiga DD, Eaton J. A survey of the mental healthcare systems in five Francophone countries in West Africa: Bénin, Burkina Faso, Côte d'Ivoire, Niger and Togo. *Int Psychiatry*. 2014 Aug 1;11(3):69-72. PMID: 31507768; PMCID: PMC6735152., available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735152/> (accessed on 16 December 2022)
- Migrants and Refugees (2020) Migration profile of NIGER. <https://migrants-refugees.va/wp-content/uploads/2021/05/2020-CP-Niger.pdf> (accessed on 16 December 2022)
- MSF – Médecins Sans Frontières: Responding to neglected crises in the Sahel, 6 January 2021, available at: <https://www.ecoi.net/en/document/2043486.html> (accessed on 11 December 2022)
- MSF, 2019, Niger, “Imagine being dumped in the desert, in the middle of nowhere, with no food or water”, available at: <https://www.msf.org/ar/node/47324> (accessed on 16 December 2022)
- Organization Mondiale de la Santé (OMS) (2018). OMS Stratégie de coopération: Un aperçu: Niger. Organization Mondiale de la Santé. Available at: <http://www.who.int/iris/handle/10665/136784bib> (accessed on 16 December 2022)
- Reliefweb, Sudanese refugees in Niger protest against bad living conditions, 2019. <https://reliefweb.int/report/niger/sudanese-refugees-niger-protest-against-bad-living-conditions> (accessed on 16 December 2022)
- Sheega, How to access medical care in Agadez when you are a migrant in Agadez?, available at: <https://www.sheega.info/hc/en-us/articles/4404640020375-How-to-access-medical-care-in-Agadez-when-you-are-a-migrant-in-Agadez-> (accessed on 16 December 2022)
- Toudou-Daouda, M., & Ibrahim-Mamadou, A. K. (2021). Clinical and etiological profile of epilepsy at the regional hospital center of Tahoua (Niger): A 4-year retrospective study. *Brain and Behavior*, 11, e2301. <https://doi.org/10.1002/brb3.2301>
- UNHCR, 2020, Refugees and asylum seekers in Agadez, available at: <https://reporting.unhcr.org/sites/default/files/UNHCR%20Niger%20-%20Mixed%20Movements%20Factsheet%20-%20Update%20September%202020.pdf> (accessed on 16 December 2022)

- USDOS – US Department of State: 2021 Country Report on Human Rights Practices: Niger, 12 April 2022
<https://www.ecoi.net/en/document/2071173.html> (accessed on 11 December 2022)
- World Bank. 2014. Republic of Niger: Gender, Agency and Economic Development in Niger. Washington, DC: World Bank. (accessed on 16 December 2022)
- World Health Organization (2020) Mental Health Atlas 2020: Member state profile (Niger) available at: https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ner.pdf?sfvrsn=84542a11_5&download=true (accessed on 16 December 2022)