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Human Rights Committee

Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning communication No. 3724/2020 *,**

Communication submitted by:	E.B. (represented by counsel Elin Edin)
Alleged victim:	The author
State Party:	Sweden
Date of communication:	20 February 2020 (initial submission)
Document references:	Decisions taken pursuant to rules 92 and 94 of the Committee's rules of procedure, transmitted to the State party on 19 March 2020 and 1 December 2022, respectively (not issued in document form)
Date of adoption of Views:	11 March 2026
Subject matter:	Deportation to Albania
Procedural issues:	Level of substantiation of claims
Substantive issues:	Torture, cruel, inhuman or degrading treatment or punishment
Articles of the Covenant:	6 and 7
Article of the Optional Protocol:	2

* Adopted by the Committee at its 145th session (2-19 March 2026).

** The following members of the Committee participated in the examination of the communication: Tania María Abdo Rocholl, Wafaa Ashraf Moharram Bassim, Rodrigo A. Carazo, Yvonne Donders, Laurence R. Helfer, Konstantin Korkelia, Dalia Leinarte, Bacre Waly Ndiaye, Hernan Quezada Cabrera, Akmal Kholmatovich Saidov, Ivan Šimonović, Changrok Soh, Tijana Šurlan, Koji Teraya, Hélène Tigroudja and Imeru Tamerat Yigezu.

1.1 The author of the communication is E.B., a national of Albania born on 19 April 2005. He claims that his removal to Albania would amount to a violation of his rights under articles 6 and 7 of the Covenant. The Optional Protocol entered into force for the State party on 23 March 1976. The author is represented by counsel.[1]

1.2 On 19 March 2020, pursuant to rule 94 of its rules of procedure, the Committee, acting through its Special Rapporteurs on new communications and interim measures, denied the author's request for interim measures to allow him and his mother to return to Sweden to continue his medical treatment.

1.3 On 1 December 2022, pursuant to rule 94 of its rules of procedure, the Committee, acting through its Special Rapporteurs on new communications and interim measures, requested the State Party to refrain from removing the author to Albania while his case was under consideration by the Committee.

1.4 On 8 May 2023, the Committee, acting through its Special Rapporteurs on new communications and interim measures, denied the State Party's request to discontinue the communication and decided to suspend the communication while the author's renewed asylum application was pending in the State Party. The suspension of the communication was lifted on 11 June 2024.

Facts as submitted by the author

2.1 The author notes that he has been diagnosed with shunted hydrocephalus, infantile autism, spastic dyspnoea of cerebral origin, tics, generalized epilepsy, sleep hyperactivity, delayed psychomotor development, and musculoskeletal contractions.

2.2 The author was diagnosed with hydrocephalus at eight months of age. He was treated at Tirana Hospital in Albania where he underwent surgery to place a shunt in his head to stop water draining into his brain. However, he states that the doctors in Albania refused to treat him further. His family was told that it would be a waste of time to seek medical treatment because of his bleak prognosis. He never learned to speak or walk. In addition, the muscles in his legs and wrists did not develop normally.

2.3 The author's mother decided to leave Albania to seek medical treatment for the author. After they arrived in Sweden in 2012, the author needed emergency surgery to correct the shunt in his head as it no longer functioned properly. If the surgery had not been conducted, he could have died. The doctors in Sweden replaced the old shunt with a new one. Following the surgery, the author began attending a school for students with disabilities in Sweden. He was provided with support staff and aids to assist him.

2.4 On 27 April 2012, the author's family applied for asylum in Sweden, which was rejected on 16 November 2012 by the Migration Agency. The decision was appealed to the Migration Court and Migration Court of Appeal which rejected the appeal on 29 August and 25 October 2013, respectively. The author and his family subsequently submitted four applications for residence permits or applications for impediment to enforcement pursuant to Chapter 12, Sections 18 and 19 of the Aliens Act, which were all rejected. The enforcement of the expulsion order was handed over to the Police authority, as a voluntary return was not deemed possible. The family's expulsion order was enforced on 13 January 2016, and they were deported to Albania.

2.5 In February 2016, the author and his family returned to Sweden where they stayed without legal residence status. On two occasions they applied for residence permits, but these applications were rejected. After their initial expulsion order became statute-barred, they applied for asylum again on 2 November 2017. The Migration Agency rejected the application on 27 July 2018, and the decision was upheld on appeal by the Migration Court, and Migration Court of Appeal on 31 October and 30 November 2018, respectively.

2.6 The author and his family subsequently submitted three applications to the Migration Agency for residence permits citing impediments to the enforcement of the

[1] The author was not initially represented by counsel and the communication was submitted on his behalf by his sister; he retained legal representation on 8 September 2022.

expulsion order. However, their applications were rejected by the migration authorities, and the expulsion order was enforced on 22 November 2019, and the author and his family were again removed to Albania. The author claims that throughout the domestic proceedings, the State Party authorities were provided with ample evidence from Albanian medical professionals that the necessary medical treatment and medications the author needed were not available in Albania, and he argues that despite him being qualified for protection under domestic legislation, his applications for protection were rejected.

Complaint

3. The author claims that the State party violated his rights under article 7 of the Covenant by deporting him to Albania twice, a country where he claims he cannot obtain adequate medical treatment, nor medication for his epilepsy. He further states that he has severe health problems and may therefore also be at risk of loss of life due to not receiving adequate medical care if removed to his country of origin, amounting to a violation of his right to life under article 6 of the Covenant.

State Party's observations on admissibility and the merits

4.1 On 19 November 2020, the State Party submitted its observations on the admissibility and merits of the communication. It submits that the complaint should be found inadmissible for failure to substantiate the claims for purposes of admissibility.

4.2 The State party provides information on the domestic proceedings. The author and his family first applied for asylum in Sweden in 2012, primarily based on the author's state of health. Their applications were rejected by final decision on 25 October 2013. The authors subsequently submitted four applications for residence permits or new examination pursuant to Chapter 12, Sections 18 and 19 of the Aliens Act, which were all rejected. The expulsion order was enforced on 13 January 2016.

4.3 On 6 February 2016, the author and his family returned to Sweden. They again applied for residence permits or new examination pursuant to Chapter 12, Sections 18 and 19 of the Aliens Act. These applications were rejected. After their expulsion order became statute-barred they applied for asylum again on 2 November 2017. Their applications were again rejected by the Migration Agency, the Migration Court and the Migration Court of Appeal on 27 July, 31 October and 30 November 2018, respectively. The author and his family again submitted three applications for residence permits or new examination pursuant to Chapter 12, Sections 18 and 19 of the Aliens Act, which were all rejected, and their expulsion order was once again enforced on 22 November 2019.

4.4 The State Party argues that in the present case there is no reason to conclude that the domestic rulings were inadequate or that the outcome of the domestic proceedings was in any way arbitrary or amounted to a denial of justice. It further submits that in the domestic decisions the migration authorities paid due regard to the principle of the best interests of the child and considered the consequences an expulsion order might have for the author's health.

4.5 The State Party notes the author's claim that his expulsion order violated his rights under article 7 of the Covenant due to his state of health. It refers to the Committee's jurisprudence in *Z. v. Australia*[2] in which the Committee concluded that an author's medical condition must be of an exceptional nature for it to trigger a State Party's non-refoulement obligations under article 7 of the Covenant. It further refers to the jurisprudence of the European Court of Human Rights in *Paposhvili v. Belgium* in which the Court found that "only very exceptional circumstances" may raise an issue under article 3 of the European Convention of Human Rights in a health context, and in which it stated that this category should be understood to refer to situation involving the removal of a seriously ill person when there are substantial grounds for believing that the person, although not at imminent risk of dying, would face a real risk, on account of the absence of appropriate treatment in the receiving country or the lack of access to such treatment, of

[2] CCPR/C/111/D/2049/2011, para. 9.5.

being exposed to a serious, rapid and irreversible decline in his or her state of health resulting in intense suffering or to a significant reduction in life expectancy.[3]

4.6 The State Party notes that in the author's case the migration authorities examined whether the enforcement of the author's expulsion order would violate article 3 of the European Convention due to his cited medical condition and concluded that it would not. According to domestic decisions the author suffers from congenital hydrocephalus, and he underwent surgery to insert a shunt in January 2006 in Tirana, Albania. In 2013, he underwent a second shunt procedure in Sweden. He was assessed for habilitation of his disabilities during his time in Sweden and an operation in July to 2018 to check and regulate his shunt. He attended a special school in Sweden and received extensive assistance with his daily needs.

4.7 As regards the assessment in the domestic proceedings the migration authorities found that the situation in Albania could not be considered such that an individual health condition such as that suffered by the author could give rise to treatment constituting grounds for protection. In making that assessment, consideration was given to the fact that the author had received care in his country of origin and had also been able to return there without being subjected to treatment constituting grounds for protection. As evidence of the claim that care for hydrocephalus is not available in Albania, the author submitted four certificates during the domestic procedures allegedly issued by the Albanian Health Ministry, three of them by the Minister for Health. The certificates stated that the surgical procedures and follow-up care that the author needs could not be offered in Albania because the equipment required for inserting shunts was lacking. In its decision dated 27 July 2018, the Migration Agency questioned whether a Health Minister would issue certificates such as those submitted. Furthermore, it was noted that copies generally have lower probative value than original versions of certificates. It was also noted that the certificates did not contain any reason why the necessary care could not be offered in Albania. In this context, it was noted that the author had undergone a shunt procedure in the country of origin in 2006, and that he had thus received care for hydrocephalus in Albania. It was observed that there was no information indicating that access to such care had deteriorated since. The author was thus not considered to have shown that care had ceased to be available or had dramatically deteriorated in the country.

4.8 Furthermore, the Migration Agency made a Medical Country of Origin Information (MedCOI) enquiry during the domestic asylum procedure, and the response was observed to indicate that care was available in various institutions in Albania, including at the Mother Teresa Hospital in Tirana where neurosurgeons at the hospital confirmed that care for hydrocephalus was still carried out and that special schooling was available at the 'Handicapped Institute for Children', also in Tirana. The Migration Agency thus noted that there was no support in the relevant country of origin information for the claim that adequate care or habilitation was lacking in Albania for the type of medical care needed by the author.

4.9 In its decisions the migration authorities also took into account the author's adaptation to life in Sweden. In this respect it was noted that his father was residing in Albania, as were other relatives. It was found that it would not be contrary to his best interests to be with both of his parents, and family network, in his country of origin and that it would not damage his psychosocial development to return to Albania. The State Party submits that the author has thus failed to demonstrate that the migration authorities failed to take into account relevant facts or risk factors in their assessments and that he has not shown that the authorities' assessments were arbitrary or amounted to a manifest error or denial of justice.

Author's comments on the State Party's observations on admissibility and the merits

[3] European Court of Human Rights, *Paposhvili v. Belgium*, application No. 41738/10, 13 December 2016, para. 183.

5.1 On 14 October 2022, the author submitted his comments on the State Party's observations. He maintains that the communication is admissible, and he reiterates his claims as presented in his initial complaint.

5.2 The author informs that at the time of the submission of the complaint he had been deported to Albania, but that he has since returned to Sweden and is now facing a risk of being removed from the State Party again under the previously issued deportation order.

5.3 The author notes that he has been diagnosed with: infantile autism, grave mental developmental disorder, spastic diplegic cerebral palsy, hydrocephalus with shunt, contracture hip joint, knee joint, and elbow joint, tonic-clonic seizures, sensorineural hearing loss, and epilepsy. He states that his shunt is vital and that when he was deported to Albania, he was denied care at the only clinic in Tirana that treats this condition.

5.4 The author provides further information on his medical conditions. He notes that at eight months of age he underwent surgery in Albania to insert a shunt in the third brain ventricle due to hydrocephalus. After the operation, only one checkup was conducted, even though regular checkups are required for growing children, because over time the shunt becomes too short and stops functioning. The author was unable to walk or talk, and his mother stayed at home to care for him. There was no access to school, training or physiotherapy in Albania. At the age of two it was discovered that the author's testicles had not migrated down into the scrotum, but it was decided to wait before having surgery.

5.5 The author also provides further information on the medical procedures he underwent in the State Party. In the summer of 2012, the family went to Sweden and applied for asylum for the first time. In October 2012, an MRI was performed in Sweden which showed very pronounced hydrocephalus. Surgery to change the shunt was done in February 2013, whereby it was found that the old shunt had no adjustable valve. A new shunt with an adjustable valve was inserted, so that the pressure could be reduced. In May 2013, the author also underwent surgery for his hip, knee and ankle contractures. The author started to be able to move on his knees, supported by his hands, but this did not last long, and he was again unable to move on his own. In 2015, the author underwent surgery to bring the testicles down to the scrotum.

5.6 In 2016, the family was deported for the first time to Albania. After a week the author fell ill with fever, he vomited and also hit his head. When the family brought him to Mother Teresa hospital in Tirana, he was denied care as the staff stated that he was too ill. After three weeks in Albania, the family returned to Sweden in February 2016 as they had received no help in Albania, despite having tried. In 2018, he underwent surgery on his left foot due to a lump and on his right foot, due to heel foot. He also underwent a shunt revision as the shunt catheter to his abdomen was found to be dislodged just below the valve.

5.7 On 2 November 2017, the family again applied for asylum in the State Party. The application was rejected on 27 July 2018 by the Migration Agency which stated that the author could access medical care in Albania.

5.8 In November 2019, the author was removed for a second time to Albania after his applications for impediment to enforcement of his removal order were rejected. After the removal he lived in poor conditions for two years and did not have access to health care. He had no bed and lied on a mattress pad on the floor. He was fed, washed and diapered on the mattress, and was not able to get of the house as he cannot walk. He also could not use his wheelchair in the house because it was too cramped. During the first three months back in Albania he had several epileptic seizures but could not access medication for the seizures. During seizures he bites himself and his mother, punches his head and is in severe physical pain. He has subsequently been taking the required epilepsy medication Absenor, but he only gained access to said medication after it was sent to him by an NGO in Sweden, as he was not able to access the medication in Albania. It is difficult for his mother to care for him due to his weight of 130 kg and as his mother is getting older. The author further refers to a medical certificate issued on 22 September 2022 by the Republic of Albania health centre no 4, in which it is stated that after his return to Albania in 2019, the author did not receive any medical treatment or habilitation in Albania as the required medication was not available in the country.

5.9 The author argues that his renewed removal to Albania would put his life and health at serious risk due to his poor health condition and lack of adequate care in Albania. He refers to a medical certificate by a chief physician issued at the medical centre he has been treated at in Sweden, dated 27 July 2022, in which it is noted that in Albania he did not have access to the right medicine nor neurosurgery assessments or orthopaedic help, including operations. It was also noted in the certificate that the author needs such resources that were provided to him in the State Party, but not in Albania, for his health and, eventually, his survival. The author further refers to a medical certificate issued on 17 February 2022 by another medical doctor in Sweden in which it is noted that without adequate seizure medication and regular control of the shunt, the author would be at risk of dying. It is further noted in the certificate that the author has several chronic diagnoses for which there is no curative treatment and that if he does not receive continuous care, medications and regular checks of the shunt, his chances of survival will decrease.

5.10 The author asserts that available country information indicates that vulnerable groups in Albania, such as children with disabilities, have limited access to medical care.[4] He argues that as his mother would be unable to care for him on her own, he would be at risk of institutionalization upon return to Albania. He further notes that during their asylum and residence applications the family submitted four certificates from the Ministry of Health in Albania to substantiate that treatment for hydrocephalus is not available in Albania. The certificates state that the surgical procedures and the subsequent care the author needs cannot be offered in Albania because the equipment needed for the shunt is not available. The Migration Agency questioned whether the Ministry of Health would issue such certificates and deemed them to be of low probative value. The author argues that it would however have been easy for the migration authorities to contact the Ministry of Health to have the documents verified. He argues that apart from an inadequate shunt operation in Albania in 2006, he did not have access to further care in Albania between 2006 and 2013 and was also denied care in 2019 after his removal to Albania. He additionally notes that he has lived in limbo almost his entire childhood. He has experienced deportations with difficult consequences for his health. From the age of eight to the present he has lived in an uncertain legal status, which he had no opportunity to influence.

Further submission by the author

6.1 On 10 July 2024, the author submitted further comments on the communication. He notes that the expulsion order against him became statute-barred once again on 30 November 2022, after which he submitted a new application for asylum. The application was rejected by the Migration Agency on 31 May 2023 and upheld on appeal by the Migration Court and the Migration Court of Appeal on 8 April and 4 June 2024, respectively, based largely on the same reasoning as the rejection of his previous applications.

6.2 The author notes that in the decision the migration authorities stated that his invoked grounds for asylum had previously been assessed by the Migration Agency and the Migration Court which had found that the author would have access to the medical care needed in Albania and that no new circumstances had come to light that would give the migration authorities reason to depart from this assessment. The author argues that the migration authorities in their assessments failed to address the events that took place in Albania after his deportation, and that they also failed to address the mental distress he suffered and his lack of capacity to fend for himself due to his physical and mental disabilities. He further notes that in their decisions the migration authorities stated that adequate health care would be available to him in Albania, despite the fact that the certificates he had submitted contradicted this conclusion and despite the fact that medicine had to be sent to him from Sweden after he was deported, in addition to the fact that he had on several occasions been denied medical care in Albania when trying to access such. He notes that in support of their conclusion, the migration authorities also made reference to the fact that there is a special education facility ‘The Handicapped Institute for Children’ in

[4] The author refers to UNICEF, ‘Child Notice Albania’, 23 July 2015.

Tirana according to information previously obtained through the MedCOI request. He argues that this reference demonstrates that the migration authorities simply repeated the reasoning from the previous decision without further inquiry, considering the fact that at the time of the most recent decisions he was no longer a minor.

6.3 The author states that in the decisions the migration authorities based their assessment on the fact that he would have access to the medical care needed on a MedCoi response, stating that as long as he is unable to refute with certainty that the care available according to the MedCoi response will de facto not be available or sufficient for him, it is considered that he will receive care. He notes that migration authorities acknowledged that his hydrocephalus condition is life-threatening but concluded that the medical certificates submitted by him did not support the finding that the model of shunt that was inserted in Sweden is the only one that would work for him. He argues that this finding is however incorrect, and that as stated in the medical certificates submitted by him, the shunt that was inserted in Albania was inadequate leading to a shunt replacement surgery in Sweden.

6.4 The author further notes that the medicine Clonidine that he is taking daily is not available in Albania. It is evident from FASS, which provides information on medications in Sweden, that Clonidine is not a replaceable drug. Although the medication may not be crucial for his physical survival it is important in order to reduce his mental suffering in the form of anxiety and self-harming behaviour. To stop taking the medication would result in more anxiety and stress which increases the risk of epileptic seizures. He argues that the State Party limits itself to note that he has not demonstrated that Clonidine is vital for him but fails to do its own inquiry into what consequences it would have for him to have to live without the medication. It is unreasonable to place, as the State Party authorities have done, the entire burden of proof on him given his lack of legal capacity.

6.5 The author argues that in the domestic proceedings the State Party authorities thus failed to assess his case with due diligence and to attach due weight to the risk of irreparable harm, in the form of physical and mental suffering and even death, if he were to again be forcibly returned to Albania. He notes that even in Sweden he is at risk as he needs advanced care as well as habilitation. Even under the current circumstances, he is risking, among other things, blood clots, pulmonary embolism, skin infections, oedema formation, and increased muscle atrophy.

State Party's further submission

7.1 On 10 October 2024, the State Party submitted its further observations on the communication. It notes that after his expulsion order became statute-barred on 30 November 2022, the author applied anew for asylum on 16 February 2023, primarily on the same grounds as his previous application i.e., his state of health. In their assessment of the author's claimed grounds for international protection, the migration authorities noted that Albania is considered a safe country of origin. Moreover, and with respect to his cited grounds for asylum, the Migration Agency as well as the Migration Court concluded that no new circumstances had emerged concerning his access to medicine and care in Albania. According to available and updated country of origin information, relevant and adequate care was deemed accessible in the country. Consideration was also given to the prevailing situation in Albania and any potential or intersecting risks the author might face upon return. The Migration Court further noted that the author had relatives to support him in his country of origin. The Migration Agency also noted that, according to a MedCOI inquiry, special needs education is available in Tirana.

7.2 The State Party thus submits that the author's removal to Albania would not entail a violation of article 7 of the Covenant, given that care and other needs can be met in the country of origin.

Issues and proceedings before the Committee

Consideration of admissibility

8.1 Before considering any claims contained in a communication, the Committee must decide, in accordance with rule 97 of its rules of procedure, whether the communication is admissible under the Optional Protocol.

8.2 The Committee has ascertained, as required under article 5 (2) (a) of the Optional Protocol, that the same matter is not being examined under another procedure of international investigation or settlement.

8.3 The Committee notes the State Party's submission that communication should be found to be inadmissible for failure to substantiate the claims for purposes of admissibility. It notes the author's claim that if removed to Albania he would be at risk of irreparable harm, including a risk to his life due to his status of health. The Committee considers that the author has sufficiently substantiated these claims for the purposes of admissibility. Accordingly, the Committee declares the communication admissible under articles 6 and 7 of the Covenant and proceeds to its examination on the merits.

Consideration of the merits

9.1 The Committee has considered the communication in the light of all the information submitted to it by the parties, in accordance with article 5 (1) of the Optional Protocol.

9.2 The Committee notes the author's claims that the State Party violated his rights under articles 6 and 7 of the Covenant by deporting him to Albania twice, where he lacked access to adequate medical care, and that his rights under article 6 and 7 would again be violated for the same reason if he were to once again be removed to his country of origin. The Committee further notes the author's argument that in the domestic proceedings the State Party authorities failed to assess his case with due diligence and to attach due weight to the risk of irreparable harm in the form of physical and mental suffering, or even death, he would be at risk of if he were to again be forcibly returned to Albania. It notes the State Party's submission that there is no reason to conclude that the domestic rulings were inadequate or that the outcome of the domestic proceedings was in any way arbitrary or amounted to a denial of justice. It also notes the State Party's argument that the migration authorities conducted a MedCOI enquiry during the domestic asylum procedure, which confirmed that care for hydrocephalus was available at the Mother Teresa hospital in Tirana and that special schooling was also available in Tirana, and that there was thus no support in the relevant country of origin information for the claim that adequate care or habilitation was lacking in Albania for the type of medical care needed by the author.

9.3 The Committee recalls its general comment No. 31 (2004) on the nature of the general legal obligation imposed on States parties to the Covenant, in which it referred to the obligation of States parties not to extradite, deport, expel or otherwise remove a person from their territory when there were substantial grounds for believing that there was a real risk of irreparable harm such as that contemplated by articles 6 and 7 of the Covenant, in the country to which removal is to be effected (para. 12). The Committee has also indicated that the risk must be personal[5] and that there is a high threshold for providing substantial grounds to establish that a real risk of irreparable harm exists.[6] All relevant facts and circumstances must be considered, including the general human rights situation in the author's country of origin.[7] The Committee recalls that it is generally for the organs of States Parties to examine the facts and evidence of the case in question in order to determine whether such a risk exists,[8] unless it can be established that the assessment was clearly arbitrary or amounted to a manifest error or denial of justice.[9]

[5] For example, *K v. Denmark* (CCPR/C/114/D/2393/2014), para. 7.3; *P.T. v. Denmark* (CCPR/C/113/D/2272/2013), para. 7.2; *X v. Denmark* (CCPR/C/110/D/2007/2010), para. 9.2; *Q.A. v Sweden* (CCPR/C/127/D/3070/2017), para. 9.3; *A.E. v Sweden* (CCPR/C/128/D/3300/2019), para 9.3.

[6] For example, *X v. Denmark*, para. 9.2; *Q.A. v. Sweden*, para. 9.3; *A.E. v. Sweden*, para 9.3.

[7] Ibid.

[8] For example, *Pillai et al. v. Canada* (CCPR/C/101/D/1763/2008), para. 11.4; and *Z.H. v. Australia* (CCPR/C/107/D/1957/2010), para. 9.3.

[9] For example, *K v. Denmark*, para. 7.4; *Y.A.A. and F.H.M. v. Denmark* (CCPR/C/119/D/2681/2015) para. 7.3; *Rezaifar v.* Denmark (CCPR/C/119/D/2512/2014), para. 9.3; *Q.A. v. Sweden*, para. 9.3; *A.E. v. Sweden*, para 9.3.

9.4 The Committee further recalls its jurisprudence that States Parties should give sufficient weight to the real and personal risk that a person might face if deported, and that it is incumbent upon the State Party to undertake an individualized assessment of the risk that the person would face if removed, including access to adequate medical care.[10] In this connection the Committee recalls that persons with disabilities, including psychosocial or intellectual disabilities, are entitled to specific measures of protection so as to ensure their effective enjoyment of the right to life on an equal basis with others.[11] The Committee further notes that during the majority of the domestic proceedings the author was a child. It recalls that the principle that the child's best interests shall be a primary consideration in all decisions affecting the child forms an integral part of every child's right to measures of protection.[12]

9.5 In the present case the Committee notes that it is undisputed that the author has been diagnosed with complex health conditions, including autism, grave mental developmental disorder, spastic diplegic cerebral palsy, hydrocephalus, and epilepsy. It further notes that it is undisputed, and supported by medical certificates, that the shunt is vital and that without regular neurosurgical follow-up care, the author would be at risk of dying should there be a need for further adjustments or replacements of the shunt. The Committee also notes that is also undisputed, and supported by medical certificates, that the author is in need of regular medication to treat other health conditions, including epilepsy, which if unmedicated will lead to seizures.

9.6 The Committee notes the State Party's argument that during the domestic proceedings the migration authorities conducted a MedCOI enquiry, which confirmed that care for hydrocephalus was available at the Mother Teresa hospital in Tirana. It however notes the author's information that the shunt operation he underwent in Albania in 2006 was inadequate as the shunt had no adjustable valve and as no follow-up care was provided, even though regular checkups are essential. The Committee notes his claim that when the family was deported for the first time to Albania in 2016, he was denied care at the Mother Teresa hospital when he fell ill, as his needs were deemed to be too complex. It additionally notes his information that when deported to Albania for a second time in 2019, he was again denied access to medical care in the period he spent there and had to have medication sent to him through an NGO in Sweden, as he was unable to access the required epilepsy medication in Albania. The Committee further notes that during the domestic proceedings the author submitted two medical certificates from his treating physicians in Sweden (see para. 5.9), a medical certificate issued by a health centre in Albania (see para. 5.8) and four certificates from the Ministry of Health in Albania to substantiate that adequate treatment for hydrocephalus was not available in Albania (see para. 5.10). The Committee especially notes that as per the medical certificates submitted by the author, he has several chronic diagnoses for which there is no curative treatment and which state that if he does not receive continuous care, medications and regular checks of the shunt, his chances of survival will decrease. The Committee further notes the author's argument that the migration authorities failed to assess all the claims raised by him, and solely based their finding that medical care would be available to him in Albania on the MedCoi inquiry, while dismissing the certificates submitted by him, and while not taking note of his described experiences of being unable to access medical care after his removal to Albania first in 2016, and then in 2019. In this connection the Committee specifically notes the author's argument that the four certificates he submitted from the Ministry of Health in Albania to substantiate that treatment for hydrocephalus was not available in Albania were dismissed by the migration authorities as being of low probative value, without the migration authorities making any attempt to have said documents verified.

[10] *Abdilafir Abubakar Ali and Mayul Ali Mohamad v. Denmark* (CCPR/C/116/D/2409/2014), para. 7.8; see also *N.L. v. Sweden* (CRPD/C/23/D/60/2019), para 7.4; *Harun v. Switzerland* (CAT/C/65/D/758/2016), paras. 9.6 and 9.9; and European Court of Human Rights, *Paposhvili v. Belgium*, Application No. 41738/10, judgment, 13 December 2016, para. 183.

[11] General comment no. 36 (2019) on the right to life, para. 24.

[12] *Bakhtiyari et al. v. Australia* (CCPR/C/79/D/1069/2002), para. 9.7 and *M.E. v. Greece* (CCPR/C/143/D/3597/2019), para. 10.3. See also, CRC General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, paras. 1 and 13.

9.7 Taking the above considerations into account, the Committee concludes that the State Party migration authorities failed to adequately assess the claims raised by the author by not verifying the certificates submitted by him in the course of the domestic proceedings, and by failing to adequately take into account the author's claims that upon his removal to Albania in 2016 and 2019 he had been denied essential medical care and had also had to rely on epilepsy medication being sent him by an NGO in Sweden, as he was unable to access the medication required in Albania. The Committee thus concludes that the failure to verify that the author would in fact have access to essential medication and medical care in Albania prior to his removal to Albania in 2016 and 2019, amounted to a violation of his rights under articles 6 and 7 of the Covenant, and that for the same reason his renewed removal decision of 4 June 2024, if implemented, would violate his rights under articles 6 and 7 of the Covenant.

10. The Committee, acting under article 5 (4) of the Optional Protocol, is of the view that the facts before it disclose a violation of the author's rights under articles 6 and 7 of the Covenant.

11. Pursuant to article 2 (3) (a) of the Covenant, the State Party is under an obligation to provide the author with an effective remedy. This requires it to make full reparation to individuals whose Covenant rights have been violated. Accordingly, the State Party is obligated to review the author's applications for asylum or residence permits, taking into account the State Party's obligations under the Covenant and the Committee's findings in the present Views, and to provide the author with adequate compensation. The State Party is also under an obligation to take all steps necessary to prevent similar violations from occurring in the future.

12. Bearing in mind that, by becoming a party to the Optional Protocol, the State Party has recognized the competence of the Committee to determine whether there has been a violation of the Covenant and that, pursuant to article 2 of the Covenant, the State Party has undertaken to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the Covenant and to provide an effective and enforceable remedy when it has been determined that a violation has occurred, the Committee wishes to receive from the State Party, within 180 days, information about the measures taken to give effect to the Committee's Views. The State Party is also requested to publish the present Views and to have them widely disseminated in the official language of the State party.