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## INTERNATIONAL REPORTING

# Stakeholder report from the Norwegian National Human Rights Institution to UPR 4<sup>th</sup> review of Norway in 2024

The Norwegian National Human Rights Institution hereby submits its stakeholder report to the UN Human Rights Council to the 4th cycle of the Universal Periodic Review of Norway in November 2024.

The Norwegian National Human Rights Institution (hereinafter: NIM) was established in 2015 and was re-accredited with A-status by GANHRI, thus having been recognized as fully compliant with the UN Paris Principles.

We hereby take the opportunity to draw your attention to various issues which we recommend be addressed in the Council's deliberations with Norway.

We have included brief information on the various issues and, when applicable, we refer to the recommendations given to Norway in the 3rd UPR cycle in 2019 (cf. A/HRC/42/3/Add.1).

Being Norway's NHRI with A-status, we always invite independent national ombud institutions to contribute to our international reports if they prefer not to submit their own reports. This report has been prepared in consultation with, and with inputs from, the Equality and Anti-Discrimination Ombud in Norway.

Please feel free to contact us at [info@nhri.no](mailto:info@nhri.no) if you have any questions.

Yours sincerely

On behalf of the Norwegian Human Rights Institution

Adele Matheson Mestad

Director

Kristin Høgdahl

Senior Policy Advisor

This document is electronically approved and has no signature.

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## Framework

### **1. Ratification of individual complaints mechanisms, optional protocols to CRC, CRPD and ICESCR**

*(A/HRC/42/3/Add.1, Recommendations no. 140.3, 4, 6 and 21, Italy, Mozambique)*

In 2016 the Norwegian Parliament decided not to ratify optional protocols (OP) concerning individual complaints mechanisms for children, disabled persons and economic, social and cultural rights. A renewed effort in 2022 focusing only on OP CRC was again rejected by a parliamentary majority despite expert legal advice to the contrary. Since Norway is party to several international individual complaint mechanisms, this leaves some vulnerable groups without access to filing complaints with treaty bodies.

- Ratify OP CRC, OP CRPD and OP ICESCR.

### **2. Incorporate the CRPD in the Human Rights Act**

*(new)*

International human rights treaties that have been ratified by Norway are binding on the state authorities, but they do not have direct effect as Norwegian law unless they have been incorporated into the domestic legal system by an Act of Parliament. The Human Rights Act incorporates five human rights conventions: the ECHR, ICCPR, ICESCR, CEDAW and CRC. Under Article 3 of the Act, these conventions take precedence in the event of a conflict with other domestic legislation. The CERD has been incorporated into the Equality and Anti-Discrimination Act at the same level as domestic law, without precedence. The CRPD was ratified by Norway in 2013 but has not been incorporated into Norwegian law.

- Incorporate the CRPD into the Human Rights Act.

### **3. Follow-up of international recommendations**

*(Rec.no. 140.24, 25, 26, Haiti, Paraguay, Bahamas)*

Norway has not accepted UN recommendations to establish a national mechanism for international reporting and follow-up, as encouraged by the UN High Commissioner for Human Rights.<sup>i</sup> NIM has recommended that governmental responsibility regarding recommendations from UN bodies should be coordinated between ministries, enabling tracking and effective follow up. NIM has developed two tools in dialogue with government, civil society and the Equality and Anti-

Discrimination Ombud: the [Human Rights Tracker](#) to enhance transparency, and high-level Dialogue meetings to advocate for follow-up on key issues.

- Strengthen coordinated and transparent follow-up of recommendations from international human rights monitoring mechanisms.

#### **4. Access to justice – Effectiveness of the Equality and Anti-Discrimination Tribunal and children’s access to individual complaints**

*(Rec.no. 140.27, Republic of Moldova)*

The Anti-Discrimination Tribunal is intended to provide low-threshold access to justice but faces challenges with accessibility. The Ministry of Culture and Equality has announced a review of the Anti-Discrimination Tribunal’s efficiency and procedural barriers. Furthermore, children’s access to domestic remedies is insufficient. This is due to factors including procedural barriers, low awareness of complaint mechanisms and a lack of child-friendly remedies. The Norwegian Parliament has instructed the Government to ensure national complaint mechanisms for children and to consider better complaint mechanisms.

- Conduct a review of the Anti-Discrimination Tribunal and follow-up to strengthen effective access and remedy in discrimination and harassment cases.
- Follow-up the parliamentary decision to secure effective access to justice and remedies for children.

### **Specific rights**

#### **5. Solitary confinement and out-of-cell time in prison**

*(Rec.no. 140.134, Sweden)*

The use of isolation in prison is a long-standing human rights issue, challenging inmates’ rights to a personal and private life. There is a risk that solitary confinement may constitute inhuman and degrading treatment. The Government has initiated a process to amend the Execution of Sentences Act. According to the consultation paper, the aim is to allow prisoners a daily minimum of eight hours outside of their cells. NIM has emphasised the importance of applying a rights-based approach and to ensure that inmates can receive an adequate level of human and social interaction.

- Revise current standards on isolation in prisons to ensure a daily minimum standard of eight hours outside the cell, and ensure solitary confinement is only used in exceptional cases when strictly necessary.

## **6. Prisoners with mental health problems**

*(Rec.no. 140.131, Germany)*

Incarcerated persons with serious mental health problems have inadequate access to health care, contributing to a high number of suicide attempts in Norwegian prisons, especially among women prisoners. While recognising that the State has introduced positive measures including strengthened funding for correctional services, several serious challenges remain. The authorities should ensure access to better healthcare, more social contact, prison conditions tailored to individual needs and more frequent examination of inmates' fitness for incarceration. NIM emphasises the importance of a holistic approach to the right to health, including through meaningful outside contact and activities to combat loneliness.

- Introduce systemic measures to strengthen the realisation of the right to health for prisoners with serious mental health problems, including examining whether they are fit for incarceration.
- Adopt a comprehensive plan to ensure meaningful outside contact and activities to combat loneliness among prisoners.

## **7. Women in prison**

*(new)*

Statistics and recent events have raised particular concern for women prisoners. While women made up approximately 5 percent of the prison population in 2023, they account for 80 percent of registered cases of self-harm and 65 percent of all suicide attempts in Norwegian prisons. In 2023, reports regarding Bredtveit Prison strengthened long-standing concerns over conditions for incarcerated women, which have previously been found to be less favourable than conditions for incarcerated men. A positive step is the allocation of funds for establishing a new specialised department for female prisoners with severe mental health problems.

- Secure sufficient health services for female prisoners and ensure that all suicides and attempted suicides are investigated by the Board of Correctional Services.

## **8. Violence against women – Police investigation, prosecution, access to support services**

*(Rec.no. 140.110, 128 and 104, Philippines, Australia, Colombia)*

Official reports indicate challenges in the quality of police investigation and prosecution of domestic violence and rape. There are weaknesses in terms of police investigation methods, training, obtaining evidence and the limited use of electronic ankle monitors within the framework of human rights. There is also limited access to shelters and other support services for victims of domestic and sexual violence in many parts of the country.

- Strengthen investigative capacity and training on domestic and sexual violence.
- Increase access to shelters and other support services for victims of violence.

## **9. Rape**

*(Rec.no. 140.123, 169 and 170, Finland, Zambia, Bahrain)*

A government appointed Committee stated in its White Paper (2024) that rape is under-communicated as a societal challenge and public health problem and not largely prioritised when it comes to the allocation of public resources in Norway. The Committee notes that one in five women report having been raped at least one time in their lives. Sixteen percent of girls between the ages of 16 and 19 say they have been a victim of rape. Few rapes are reported to the police, and of those that are reported, very few result in a conviction. Despite the fact that the Government describes rape and other forms of sexual violence as a priority in its policy, the authorities have not succeeded in preventing or combating rape in Norway.

- Implement the Committee's recommendations regarding a comprehensive and coordinated policy, preventive measures, support services, prosecution and research.

## **10. Violence against vulnerable groups**

*(Rec.no. 140.102, 203 and 208, Australia, Croatia, Ghana)*

Various reports indicate existing weaknesses in the prevention of and response to violence and sexual abuse against vulnerable groups such as children, Sámi people, older persons, persons with disabilities, LGBTI+ persons, persons with substance addiction and women with an immigrant background.

- Implement effective measures to ensure protection, prevention and redress to vulnerable groups exposed to violence and sexual abuse.

## **11. Hate speech and crimes, police statistics on vulnerable minorities and low-threshold reporting**

*(Rec.no. 140.28, 83 and 77, Canada, Sweden, Serbia)*

The police do not produce national statistics on the specific ethnic minorities that are subjected to hate speech and hate crime, such as the Sámi or Roma people. This makes it difficult to develop evidence-based measures and to monitor developments for these groups over time. The various complaint mechanisms and support services for reporting hate speech are also fragmented and can be difficult to navigate, which may contribute to underreporting among vulnerable minorities. Furthermore, inquiries to these services relating to hate speech are not collected in a single publication for statistical purposes.

- Ensure that all police districts produce disaggregated statistics on the specific ethnic minorities that are exposed to hate crimes.
- Develop a low-threshold online tool where people can report hate speech and be referred to the various complaint mechanisms and support services which are available.

## **12. Coercion in mental health care, medication and electroconvulsive treatment (ECT)**

*(Rec.no. 140.100, France)*

Reports indicate that the use of coercion in mental health care remains a problem. Reports on practice emphasise the need to strengthen both procedural safeguards in mental health care and increase focus on considering less intrusive measures and reduce the use of force. The use of non-consensual ECT and forced medication is of particular concern, *inter alia* because there is a lack of medical evidence of its efficiency, and because severe side-effects are well documented. In 2019, a legislative committee established to review the relevant regulations issued its proposal for a new law limiting the use of coercion in health care. The Government is working on legislative amendments in response to the report, but to date no new legislation has been introduced.

- Take steps to reduce the use of coercion in mental health care, to further strengthen legislation and refrain from any undue use of coercion.



### **13. Coercion in health care for older persons**

*(new)*

A nationwide inspection of healthcare facilities in 2023 conducted by the Norwegian Board of Health Supervision identified several violations of the law concerning the use of coercion towards vulnerable older persons. The report indicates that the use of coercion does not always comply with human rights requirements of proportionality, patient capacity to consent and documentation.

- Take measures to ensure that the use of coercion in healthcare settings towards older persons complies with human rights standards.

### **Groups**

### **14. Migrants right to emergency shelters**

*(new)*

The State has a duty to ensure emergency accommodation to persons who are wholly dependent on State support and in situations of serious deprivation or need incompatible with human dignity. Homeless migrants in Norway have a right to emergency accommodation in situations where there is a danger to life and health including in situations when outside temperatures are very low. The authorities must ensure the human rights of all persons who are in the State's territory regardless of residence status. Voluntary providers of emergency accommodation are concerned that there are not enough beds and government funding to meet the demand.

- Ensure sufficient emergency accommodation to safeguard life and health for the homeless

### **15. Sámi – disaggregated statistics to monitor human rights e.g. children**

*(Rec.no. 140.193, Barbados)*

As previously noted, Norway does not disaggregate official statistics by ethnicity or indigenous status, thus making it difficult to monitor the implementation of human rights for the Sámi people and other ethnic minorities over time. This is partly due to misinterpretation of data protection requirements among public authorities as well as scepticism towards data collection by the groups themselves. For example, there is no available data on the number of Sámi children in the child welfare system in Norway and whether their rights to Sámi language and culture are

adequately safeguarded in accordance with Articles 30 and 20(3) of the Convention on the Rights of the Child, as well as Section 1-8 of the Child Welfare Act. The Norwegian NHRI and several UN Treaty Bodies have expressed concern over Norway's approach to Sámi statistics.

- Include voluntary self-identification questions for Sámi people in administrative datasets and other statistical collections, while securing their effective participation, privacy and confidentiality at all stages of the process.

## **16. Sámi – cultural rights, land use and the case of Fosen wind industry park**

*(Rec.no. 140.207 and 211, Philippines, Slovenia)*

In 2021, the Norwegian Supreme Court found that the construction of wind power plants on the Fosen Peninsula violated Sámi reindeer herders' right to enjoy their culture under ICCPR Article 27. After more than a year of demonstrations regarding the Government's failure to take effective and concrete steps to follow up the judgement, the Ministry of Petroleum and Energy apologised in March 2023 and two months later initiated a mediation process with the affected reindeer herders. This process eventually led to agreements between the reindeer herders and the wind power companies in December 2023 and March 2024. The handling of the Fosen judgment has to a large extent eroded the Sámi community's trust in the Government and the rule of law, and has raised concerns regarding the impact of the renewable energy transition for the Sámi people.

- Adopt measures to ensure that the Sámi people's rights are respected in the renewable energy transition, including an independent evaluation of the Government's handling of the Fosen case to prevent similar human rights violations in the future.

## **17. National minorities – Truth and reconciliation commissions follow-up, Sámi, Kven, Forest Finns**

*(new)*

In 2023, the Norwegian Truth and Reconciliation Commission delivered its final report, which is scheduled for parliamentary debate in 2024. The Commission found that historical assimilation policies have ongoing negative consequences for the Sámi people, the Kven people and the Forest Finns. Among other effects, past assimilation policies have resulted in a loss of language and culture, ignorance about these groups among the population in general, and has put pressure on

traditional industries. The Commission proposes a set of initiatives aimed at reconciliation.

- Follow-up the Commission's report with substantive and timely measures aimed to avoid future human rights violations, contribute to reconciliation, and ensure meaningful participation of the affected groups in the process.

## **18. Disability – guardianship and supported decision-making**

*(Rec.no. 140.214 and 213, Mexico, Peru)*

The CRPD requires that State Parties establish a system for supported decision-making for persons with disabilities requiring support in exercising their legal capacity. In 2023, the Government implemented legislative changes to the Guardianship Act which strengthened the main rule that guardianship is a voluntary measure to enable supported decision-making. However, there is a need for more comprehensive changes to the guardianship system in order to ensure better implementation of the CRPD. Norway has for example not yet introduced the term *supported decision-making* as a legal term in the relevant legislation.

- Establish a formalised system for supported decision-making for persons with disabilities that ensures the right to self-determination and personal autonomy in accordance with the CRPD.

## **19. Children – Child Welfare Services and reunification**

*(Rec.no. 140.186, 150 and 188, Greece, Brazil, Belarus)*

Judgements from the European Court of Human Rights against Norway reflect long-standing systemic challenges related to the application of the goal of reunification for children in custodial care. The judgements show that Norway has violated the ECHR with regard to family contact rights and other aspects of the reunification goal, but it may be noted that Norway has not been convicted for decisions on removal of children from their biological parents. NIM notes recent positive developments, including amendments to relevant laws and practices. These measures must be evaluated to ensure that decisions in child welfare cases are based on thorough assessments of each individual case, balancing the right to family life and the best interest of the child.

- Ensure that changes in laws and practice in the Child Welfare Services are systematically evaluated in order to ensure compliance with the human rights of both the parents and of the child.

## **20. Children – poverty**

*(Rec.no. 140.179, Sri Lanka)*

The share of children growing up in persistent low-income level households in Norway has seen a significant increase over the last decade, from 6.7 percent in 2003-2005 to 10.6 percent in 2020-2022. In 2023, the Government mandated Expert Group on Child Poverty delivered its report. The report contains several policy recommendations on measures to improve the quality and standard of life for these children and to counter inheritance of poverty, including in the field of education and strengthening the economic situation of low-income households.

- Strengthen efforts to combat child poverty, including follow-up of recommendations from the Expert Group on Child Poverty, ensuring a human rights-based approach.

## **21. Asylum-seeking children – differential care for those aged 15 to 18 years**

*(Noted Rec.no. 140.237 and 235, France, Cyprus)*

The Government's policy remains unchanged since Norway's last UPR-report. Unaccompanied asylum-seeking minors under the age of 15 are placed in special care centres managed by the Child Welfare Services. Those aged between 15 and 18 receive care in reception centres managed by the Directorate of Immigration. They receive a lower standard of care compared to other children in the same age-group that are under the care of the Child Welfare Services. NIM believes this is inconsistent with the Article 2 of the Convention on the Rights of the Child, read in conjunction with Article 22.

- Provide unaccompanied asylum-seeking minors aged 15-18 a standard of care and protection equivalent to that offered to other children under the responsibility of the Child Welfare Services.

## **22. Asylum-seeking children – disappearances from reception centres**

*(Rec.no. 140.236, 146 and 240, Germany, Serbia, Uganda)*

As of December 2022, 432 unaccompanied minor asylum-seeking children had disappeared from reception centres since 2015 and were still missing. Some of these children could be victims of trafficking. Norway has over time received recommendations from UN Treaty Bodies to examine and investigate the causes of these disappearances. Guidelines have been issued to follow-up on missing

children. The Minister of Justice has announced that the Police Directorate and the Attorney General have commissioned the National Group for Investigation Management to update and further develop the current guidelines.

- Continue efforts to strengthen the protection of unaccompanied minor asylum-seekers, including the prevention and effective follow-up of disappearances.

### **23. Irregular migrants – access to necessary health services**

*(Rec.no. 140.217, Mexico)*

The Government's policy is unchanged since Norway's last UPR-report. According to Norwegian law, irregular migrants without permanent residence are only entitled to emergency healthcare that is "completely necessary and cannot be deferred". This is interpreted as medical conditions that are considered necessary to treat within a timeframe of three weeks. Since many irregular migrants, and others who cannot be returned to their country of origin, de facto remain in Norway for long periods of time, the three-week limitation period restricts their access to necessary healthcare for serious conditions with long-term consequences. As a general rule they are also required to pay for the healthcare received.

- Ensure that irregular migrants have access to necessary healthcare services, giving due consideration to their de facto long-term stay in Norway, their vulnerability and limited financial resources.

### **24. Persons with substance addiction – access to healthcare**

*(new)*

The life expectancy of people with simultaneous drug problems and mental disorders is 15 years shorter than the general population. This is partially due to the group receiving poorer somatic health care compared to the rest of the population. Healthcare services are particularly inadequate for children with drug problems. A recent report also indicates that people with substance use disorders face stigma and discrimination while accessing healthcare services.

- Strengthen healthcare services for people with substance addiction and take measures to prevent and combat discrimination against this group in accessing healthcare.

## **Cross-cutting issues**

### **25. Climate change, reduce emissions to safeguard human rights**

*(Rec.no. 140.94, Fiji)*

Many human rights, such as the right to life, health, privacy and property, are threatened as a consequence of climate change. Greenhouse gas emissions have caused widespread adverse impacts for human rights, which are projected to increase exponentially if global warming exceeds the critical 1.5°C threshold. Norway emits approximately 50 million tonnes of CO<sub>2</sub> within its borders every year, with a quarter of these emissions coming from the production of oil and gas. Norway has reduced its domestic emissions by 4.6% since 1990. Norway was central in the negotiations that led to the agreement at COP 28 in 2023 to “transition away from fossil fuels”. However, Norway has plans to expand, not phase out, oil and gas production and export. Every year, Norway exports oil and gas that is responsible for a further 500 million tonnes of CO<sub>2</sub> emissions.

- Implement deep, rapid and sustained reductions in line with the 1.5°C target, in both domestic and exported greenhouse gas emissions, in order to protect people from the worst effects of climate change and thus safeguard their human rights.

### **26. Municipalities, human rights implementation**

*(new)*

Under the Norwegian Constitution as well as international human rights instruments, municipalities have a responsibility to respect and secure human rights. Several challenges persist in implementing human rights at the municipal level, including relating to child welfare services, health and care services for older persons and freedom of speech for public employees. Surveys have found that municipal employees as well as local politicians often lack knowledge about human rights, which may increase the risk of violations.

- The State should implement more systematic training among municipal employees and managers on human rights and how they can be implemented locally.

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<sup>i</sup> Letter from the UN High Commissioner for Human Rights to Norway's Minister of Foreign Affairs, 28 November 2019.