



# Economic and Social Council

Distr.: General  
23 March 2022

Original: English  
English, French and Spanish only

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## Committee on Economic, Social and Cultural Rights

### **Information received from Norway on follow-up to the concluding observations on its sixth periodic report\***

[Date received: 4 March 2022]

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\* The present document is being issued without formal editing.



## **Follow-up information relating to paragraph 29 of the concluding observations (E/C.12/NOR/CO/6)**

### **Unaccompanied asylum-seeking children**

1. The UN Convention on the Rights of the Child (CRC) affirms the state's duty to provide asylum, protection and humanitarian aid to children seeking asylum. The CRC requires that the care provided must be professionally sound, although it is not specified what this entails. In regard to the principle of non-discrimination, the UN Committee on the Rights of the Child has stated that refugee children have a legal right to health services, care and education. In Norway, this applies to all unaccompanied minor asylum seekers under the age of 18. The fact that the youngest unaccompanied minor asylum seekers receive extra care does not discriminate against the older group, as long as all care is satisfactory and in accordance with the requirements under the CRC.

2. According to the CRC, states have a duty to ensure the care and protection necessary for the child's well-being, and the child has the right to a satisfactory standard of living. This does not imply an obligation to place the child in a child welfare institution equivalent to a care centre for unaccompanied minor asylum seekers under 15 years of age. The Norwegian position is that as long as all unaccompanied minor asylum seekers receive proper care, it is not a breach of the CRC that the youngest children receive specially adapted care. In cases where there is cause for concern, all children in Norway are covered under the Child Welfare Act, including unaccompanied asylum seekers over the age of 15 who live in reception centres. Most unaccompanied minor refugees settled in the municipalities will be encompassed by measures under the Child Welfare Act.

3. All unaccompanied asylum-seeking minors need a level of care and accommodation adapted to their special needs. However, younger children normally require a higher level of care than older children. Norway accordingly has an age-adjusted reception system. The reception facilities provided for unaccompanied minors over age 15 are specially designed to meet the needs of this age group. The Directorate of Immigration (UDI) works systematically to ensure that the care for unaccompanied children over age 15 is optimally managed in the reception centres for unaccompanied minors, and several measures have been put in place to mitigate the challenging situations that may arise in these centres. These measures include increased funding to increase the number of reception centre staff and enhance expertise in childcare, and earlier settlement in a municipality for unaccompanied minors whose residence permit is limited due to uncertain identity. Further, UDI has prioritised the processing of asylum cases involving unaccompanied minors in order to reduce their waiting time in reception centres. All unaccompanied minors, both under and over age 15, have a right to essential care from other public sectors. The reception centres have a duty to ensure that the minors living there receive services from other sectors, including health care and child welfare services.

4. Asylum seekers have full rights to health care, including mental health care, according to section 2 b of the regulations on the right to health and care services for persons without permanent residence in the realm, cf. section 2-16 of the National Insurance Act and section 2 of the regulations on social security coverage for asylum seekers and their family members.

## **Follow-up information relating to paragraph 29 of the concluding observations**

### **Older persons**

5. The Norwegian Government strives to provide security for older persons and to prevent violence and abuse. An ongoing effort is under way to define satisfactory living conditions and develop a health care system that addresses root causes, works preventively, keeps people healthier, helps keep the elderly active and provides security. The municipalities are responsible for providing health services, and the Government is working to strengthen the municipalities and ensure greater transparency in care services for the elderly, as well as to expand the responsibilities of, and enhance trust in, those who work most closely with this segment of the population. For example, in 2022, the Government will provide an additional

NOK 2.5 billion to the municipal sector. Specific efforts are also being implemented to increase knowledge and competence among health and care service workers in regard to preventing, identifying and averting violence, and in following up victims of violence and abuse. Among other things, this subject is being incorporated into health and social care education programmes, and guidelines and programmes that address the subject are being designed. Under the Health and Care Services Act, municipalities are under obligation to help to prevent, identify and avert violence and sexual assault in the performance of health and care services. The same applies to specialist health services and public dental health services. Furthermore, from 1 July 2019 the notification scheme to the Norwegian Board of Health Supervision was extended to apply to all companies that provide health and care services, and patients and relatives were given the right to notify the Norwegian Board of Health Supervision. Furthermore, the Norwegian Directorate of Health has been asked to assess the introduction of comprehensive measures based on the findings of its 2021 report on violence in nursing homes. The Government's political platform states that a new escalation plan on domestic violence and violence and abuse against children will be developed.

6. We know that healthy, nutritious food is essential to ensuring good health and quality of life.

7. The Norwegian Government is concerned about the provision of adequate nutrition for the elderly. This focus area will be included as part of a reform that will enable the elderly to live in their own homes for as long as possible, if they can and want to. The Government is following up the national strategy for healthy nutrition and nourishment for elderly people in institutions and home services, which was issued in 2021.

8. In order to strengthen competence and systematic efforts to promote good nutrition at the municipal level, the Government has initiated a grant scheme for a three-year programme to develop a model for use of clinical nutrition physiologists as a resource in the care services. The grant scheme will encourage the development of various models for use of clinical nutritionists in systematic efforts relating to food and nutrition. The programme will, among other things, encompass professional and quality development efforts, and will also focus on promoting interdisciplinary collaboration between kitchen staff and employees in the health and care services. This is to ensure food and nutrition follow-up that is in line with the users' own wishes and needs. We know that many municipalities have had good success in ensuring satisfactory nutrition, food and meals for the elderly. The Norwegian Government will support the municipalities in this work.

## **Follow-up information relating to paragraph 29 of the concluding observations**

### **Access to health-care services**

9. Everyone who resides in Norway has the right to immediate help and health care that is absolutely necessary and cannot wait without the risk of imminent death, permanent severe impairment, serious injury or severe pain.

10. Children and pregnant women without legal residence have largely the same right to health care as persons with permanent residence in Norway. This is, among other things, in line with the UN Convention on the Rights of the Child, which requires that the best interests of the child be a fundamental consideration in the design of the service offered.

11. People who are mentally unstable and pose an imminent and serious risk to their own or others' lives or health have the right to mental health care even when they are staying illegally in Norway.

12. Everyone who resides in Norway also has the right to abortion in line with the provisions of the Abortion Act and to infection control assistance in line with the provisions of the Infection Control Act.

13. We believe that Norway thereby fulfils the obligation to ensure that everyone, regardless of residence status, has access to basic health services.

14. The regulations are compiled and clarified in regulation 1255 of 16 December 2011 on the right to health and care services for persons without permanent residence in the realm. The patient can lodge a complaint to the Office of the County Governor if he or she believes that the provisions of the regulations have been violated.

15. With the introduction of the Regular GP scheme in 2001, the Storting agreed to the premise of legal residence in order to obtain rights in the GP scheme by linking the right to be on the GP's list to the rules in the Population Register Act. A main consideration behind the GP scheme is to ensure the continuity of the treatment relationship between patient and doctor. This consideration is less relevant for people staying in Norway illegally, because it is assumed that they will leave the country as soon as possible.

16. As mentioned, children who stay illegally in Norway have almost the same rights to health services as children who live in Norway, with the exception of the right to be on a GP patient list. However, if the child needs regular follow-up by the same doctor over time in order to receive proper health care, the municipality must provide this.

17. The municipality has a duty to ensure that the general practitioner service has the staffing capacity needed to treat all patients in the municipality at any given time. This also includes individuals who do not have the right to be on a GP patient list. It is up to the municipality to choose how it wishes to organise these services, for example by using the emergency primary health care or the municipal medical officer or by entering into special agreements with designated GPs.

18. We are familiar with the committee's statement of 13 March 2017 on states' obligations towards refugees and migrants in accordance with the UN Convention on Economic, Social and Cultural Rights. The different rules for persons with and without permanent residence in Norway are the result of objective discrimination based on the patient's connection to Norway. We believe we provide sound health services to people who do not have permanent residence in the realm and we are confident that the health services ensure that these individuals receive the services they are entitled to.

19. As part of the effort to deal with the COVID-19 pandemic, the Norwegian authorities have made both testing and vaccination available free of charge, regardless of residence status.

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