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COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Thirty-fourth session

SUMMARY RECORD OF THE 15th MEETING

Held at the Palais des Nations, Geneva,  
on Wednesday, 4 May 2005, at 10 a.m.

Chairperson: Mr. RIEDEL  
(Vice-Chairperson)

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In the absence of Ms. Bonoan Dandan, Mr. Riedel, Vice-Chairperson, took the Chair.

The meeting was called to order at 10.10 a.m.

CONSIDERATION OF REPORTS (continued)

(a) REPORTS SUBMITTED BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT (continued)

Fourth periodic report of Norway (continued) (E/C.12/4/Add.14;  
E/C.12/Q/NOR/2; HR/CESCR/NONE/2004/11; HRI/CORE/1/Add.6)

1. At the invitation of the Chairperson, Ms. Geving, Ms. Hubert, Mr. Østbøl, Ms. Unstad and Mr. Wille (Norway) took places at the Committee table.

2. Mr. WILLE (Norway) said that the Government had introduced a plan of action for recruiting immigrants in the public sector, and programmes to speed up their integration into society and the economy. With regard to the complaints received by the Gender Equality Ombudsperson, most of those from women had been in connection with maternity leave and pregnancy.

3. There were five universities and several regional colleges in Norway. It took about four years to obtain a doctorate degree. Under the Education Act, the right to primary and secondary education was applicable to any child who was an asylum-seeker and was likely to remain in Norway for more than three months. Any child who had resided in the country for more than three months had an obligation to attend school.

4. The Marriage Act had recently been amended to provide that marriage must be purely voluntary. Crisis centres had been set up to assist women forced into marriage or at risk of being forced into marriage.

5. After careful consideration, the Government had decided not to ratify International Labour Organization (ILO) Convention No. 117 concerning Basic Aims and Standards of Social Policy. Only 32 countries, most of which were developing countries, had ratified the Convention. A number of the articles of the Convention were not relevant to Norway and some contradicted its legislation.

6. ILO Convention No. 174 concerning the Prevention of Major Industrial Accidents had been ratified by only seven countries. The Government would have to adopt a number of new laws before it could ratify the Convention. For example, the Convention gave workers or their representatives the right to interrupt an activity if they believed that it could cause a major

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both of which related to strikes in private nursing homes. In 2004, compulsory arbitration had been enforced in three cases, all of which related to strikes in the offshore petroleum industry.

8. Permits for family reunification were mostly granted to close family members, including spouses or registered partners, cohabitants who had lived together for at least two years, and children under 18 years of age. Applicants must demonstrate that they had sufficient means to cover their living expenses in Norway. An application for reunification with family members in Norway must be submitted in the country of origin or in the country where the applicant had legally resided for the previous six months.

9. Ms. HUBERT (Norway) said that, according to a recent national survey, of the 3,500 women who had been questioned, every twelfth had been subjected to serious violence and every fourth had been in a relationship where physical or psychological violence had been used. The Government was taking a number of measures to combat domestic violence. For example, men who had committed or been the victims of violence received professional help.

10. In 2004, the police had registered about 100 cases of female victims of trafficking. In 2003, the Government had introduced a national plan of action for 2003-2005, containing a series of measures to prevent trafficking in human beings, protect victims of trafficking, find and prosecute traffickers and enhance knowledge and cooperation in that field. A number of measures had already been implemented. For example, ethical guidelines had been issued for government employees prohibiting them from purchasing or accepting sexual services. A code of conduct had been developed to prevent members of the armed forces engaged in peacekeeping operations from purchasing sexual services or engaging in any other activities which might weaken confidence in the impartiality of the armed forces. Access to social, health and rehabilitation services had been improved and a 24-hour helpline opened. Significant resources had been allocated to strengthening law enforcement both in Norway and in countries of origin. In 2003, Norway had ratified the United Nations Convention against Transnational Organized Crime and its three protocols. The Civil Penal Code contained a special provision on trafficking in human beings. A special programme on combating trafficking in women and children was being conducted in the police force. In 2004, a national police intelligence project had been launched to determine the extent of the phenomenon in the country. Three research projects on trafficking had been initiated which would form the basis for future activities in that field. A new plan of action on combating trafficking in human beings would be launched in June 2005. Finally, the Government was funding various projects in countries of origin, inter alia, to prevent vulnerable individuals from falling victim to trafficking.

11. Ms. GEVING (Norway) said that the Child Welfare Act was designed to ensure that children and young people living in conditions which were detrimental to their health and development received timely assistance. The child welfare services were responsible for providing assistance to children and parents in difficult situations. In most cases, assistance was provided in the child's home. However, in some cases, the child had to be placed in a foster home or a special institution. Only a county social welfare board could order the child to be separated from his or her parents against their volition. Free legal aid was provided upon request. Potential foster families had an opportunity to undergo special training before taking in a child.

12. In 1998, the Government had launched a project entitled “Deliberate educational choices” designed to help children make informed choices with regard to education and prevent them from being influenced by traditional gender roles when making those choices. However, the Government realized that the undertaking was a difficult one and would require time.

13. Ms. UNSTAD (Norway) said that the number of homeless people had decreased from 6,200 to 5,200 between 1997 and 2004. The State Housing Bank gave high priority to combating homelessness when allocating loans and grants to municipalities.

14. Unaccompanied minors and children who were asylum-seekers had the same rights to education as citizens. The Government had every intention of ensuring that those rights were fulfilled. Several measures had been taken to integrate unaccompanied minors into society.

15. She said that 28.6 per cent of immigrants 19 to 29 years of age were enrolled in higher education. Asylum-seekers did not have the right to higher education. In order to receive free language training, a person had to be at least 16 years of age and have a permanent residence permit valid for three months or more. Asylum-seekers, students, and people holding a European Economic Area (EEA)/European Free Trade Area (EFTA) permit were not entitled to free language training. The same applied to migrant workers and their families who had arrived in Norway after 1 January 2003.

16. Mr. ØSTBØL (Norway) said that in 2004, the law prohibiting female genital mutilation had been amended to include a provision according to which health personnel, teachers and other professionals coming in contact with children had an obligation to prevent female genital mutilation and, where necessary, report it to the police. Persons who failed to fulfil that obligation were sentenced to a fine and a prison term of up to one year.

17. Asylum-seekers in Norway had the same right to health care as other residents, including access to municipal health services and to specialized treatments, such as psychiatric care. The national programme for mental health was aimed at strengthening psychiatric care and developing services for children and young persons. The health authorities had issued guidelines on the provision of health-care services to refugees and asylum-seekers, and efforts were under way to improve the services provided to traumatized refugees. In providing psychiatric care to asylum-seekers, particular attention would be paid to children, who were among the most vulnerable groups.

18. The suicide rate among boys in Norway had followed an upward trend in the 1970s and 1980s, but had subsequently stabilized. In 2003, there had been 22 suicides per 100,000 inhabitants among boys aged 15 to 19. An action plan to combat suicide had been completed in 1999, and funds had been allocated to competence-building and training programmes for suicide prevention. As part of the action plan, national guidelines for suicide prevention had been drawn up, with suicide prevention efforts focusing on children and young people.

19. Although no exact figures were available, the Directorate of Health and Social Affairs had estimated that there were some 2,700 cases of anorexia and some 18,000 cases of bulimia in Norway. Approximately 10 per cent of persons with eating disorders were men. A coherent strategy to deal with eating disorders had been developed in 2000. It included the establishment of clinical units to deal with the estimated 600 persons who required specialized treatment.

20. The decision to place a patient under compulsory psychiatric care could be appealed by the patient and his or her closest relative before an independent judicial body, known as the supervisory commission. If a patient was not satisfied with the commission's decision, he or she could institute proceedings in court. Patients were examined every three months to assess their need for continued care. Compulsory care ended after one-year, but could be renewed by the commission on a year-to-year basis.

21. Norway supported efforts to provide effective and affordable medicines to developing countries, including generic drugs, because such medicines were vital to combating serious diseases such as HIV/AIDS, malaria and tuberculosis. Along with Canada, Norway had also implemented the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights. He was not able to provide statistics on the export of medicines from Norway to developing countries. The regular general practitioner scheme in Norway was available to the entire population, including rural populations in the northern part of Norway.

22. The aim of the policy to phase out traditional mental institutions was to create a more user-friendly service and to avoid long stays at psychiatric hospitals. It was felt that a decentralized service would provide a better opportunity to integrate psychiatric patients in society. The National Board of Health played an important role in that connection and, along with the Directorate of Health and Social Affairs, was following implementation of the policy closely. Efforts to improve official statistics on psychiatric health care would facilitate monitoring.

23. A survey conducted by the Norwegian Centre for Dementia Research had indicated that coercive measures were used widely in the treatment of persons with senile dementia. The safeguards available to such patients and others unable give their consent for treatment needed to be strengthened. To that end, the Government had proposed amendments to the Patients' Rights Act according to which patients who were unable to give their consent and who offered resistance would be given medical assistance only when strictly necessary to avoid severe damage to their health. One of the aims of the proposed amendments was to establish legislative regulations that were sufficiently clear and concise to prevent having to resort to coercion. The amendments established strict conditions for the use of coercion: the failure to offer medical assistance had, potentially, to lead to a severe degradation in health; medical assistance had to be considered strictly necessary; and the measures taken had to be proportionate to the need for medical assistance. Patients had the right to appeal a decision to use coercion.

24. Ms. BRAS GOMES said that she would be grateful for detailed information on the quality, not the quantity, of the development aid provided by Norway, with specific reference to Norway's role in the World Trade Organization and how the Government saw the role of Norwegian enterprises abroad.

25. It was unclear why such large numbers of children were being placed in foster care and how long they remained in that situation. She wished to know what steps were being taken to reunite those children with their families.

26. Language skills were essential to the integration of migrant workers. It was therefore difficult to understand why migrant workers in Norway were not entitled to free language instruction in Norwegian. Women migrant workers, in particular, were hindered by language

difficulties in terms of their access to the labour market. She asked whether local authorities would consider offering day-care services to immigrant women in order to allow them to follow language lessons after working hours.

27. Mr. KOLOSOV said that it was not clear what type of assistance was offered to women in cases of forced marriage. He wished to know the nature of the complaints submitted to the Gender Equality Ombudsperson by men, who accounted for 30 per cent of all complaints. He asked whether there were any plans to raise teachers' salaries, which were reportedly low. He would welcome additional information on the manner in which the term "homelessness" was defined in Norway.

28. Mr. SADI enquired whether the right to education in Norway was contingent upon a legal residence permit. He wondered whether the immigration policy regarding asylum-seekers and refugees was widely debated in Norway and, if so, whether that signalled that a new conservative approach would be taken on the issue. He wished to know the degree of success achieved by efforts to integrate newcomers.

29. Mr. PILLAY requested information on the number of squatters in Norway. Reports that a number of squatters had been evicted and transferred to mental institutions appeared to contravene the Committee's general comment No. 7 on adequate housing and forced evictions. He wished to know what steps were taken by the central Government to ensure that municipal authorities complied with international standards on forced evictions. The delegation should describe what persons made up the disadvantaged population in Norway. It was unclear why subsidized housing units were being privatized. Given that only 20 per cent of the housing stock was available for rent, he wondered what options were available to persons who could not afford to pay rent and were on a waiting list for subsidized housing.

30. Mr. ATANGANA said that he would be grateful for information concerning the conditions for the reimbursement of student loans.

31. Ms. BARAHONA RIERA wished to know whether the Government contemplated adopting an amendment to its legislation to prosecute Norwegian residents who engaged in the practice of female genital mutilation in their countries of origin. She asked what percentage of Norway's development aid was specifically aimed at programmes for women and children and whether there had been any changes in the level of such allocations. She was concerned about the persistence of cultural stereotypes in the public sector, and particularly in academia, where women's relatively more limited access perpetuated the thinking that certain careers, such as management positions or professorships, were reserved for men.

32. Ms. BRAS GOMES wished to know what measures existed to provide adult education to migrant workers who had not received adequate education in their country of origin and lacked the necessary skills to integrate into society.

33. Mr. RZEPLINSKI wished to know what policy the Government pursued with respect to asylum-seekers who wished to preserve their ethnic, religious and political identity. It would be interesting to learn how the Government dealt with cases of polygamy.

34. He requested clarification on whether there was legislation governing the compulsory placement of people in psychiatric institutions.
35. The CHAIRPERSON, speaking in his capacity as a member of the Committee, asked whether the Government had adopted a policy on primary health-care provision for illegal immigrants. It would also be useful to know what measures were being taken to reduce the long waiting lists for kindergarten places in urban areas.
36. Mr. WILLE (Norway) said that while three successive Governments had made efforts to provide sufficient kindergarten places, demand was still greater than supply.
37. The quality of development assistance was an important issue for the Government, which had involved its embassies in assessing the effects of such aid. It cooperated with other donors, and participated in the steering committees for United Nations programmes that developed policy on aid.
38. One explanation for the relatively high number of children in foster care was that the threshold for intervention by the childcare authorities in Nordic countries was lower than in other European countries. There was currently a case before the European Court of Human Rights that demonstrated that point.
39. Women who escaped forced marriages were given financial assistance, and if necessary, could change identity. The Government gave them money and practical help to set up a new life in a different part of the country.
40. Teachers' salary increases had been above the national average for several years. Given that house prices in large cities were higher than elsewhere, teachers living in cities had less disposable income than their colleagues in other parts of Norway, which could explain some complaints about salaries.
41. All children who had lived in Norway for three months had the right to primary and secondary education, regardless of whether they had a residence permit.
42. The immigration debate had become less confrontational as the number of asylum-seekers coming to Norway had decreased and applications had been handled more quickly.
43. The normal repayment period for student loans was 20 years. That period could easily be extended in the case of unemployment or ill health, and in other exceptional circumstances. The interest rate for those loans was lower than the market interest rate.
44. The Government was aware of the problem of people returning to their country of origin for the purpose of female genital mutilation. The authorities had launched awareness-raising campaigns on that issue, and had included measures to prevent the practice in Norway's development assistance programmes. Norwegian legislation prohibited female genital mutilation, and included an active obligation for health-care personnel to prevent the practice.
45. Norway did not force immigrants to assimilate into its society. They had the right to live in Norway all their lives without applying for Norwegian citizenship, if they so wished.

46. The European Convention on Human Rights had been incorporated into Norwegian legislation, and took precedence over domestic laws. That instrument covered all cases of deprivation of liberty. In the case of compulsory placement of a person in a psychiatric institution, a complainant had the right to appeal to a judge.

47. Ms. UNSTAD (Norway) said that, since many migrant workers who came to Norway were highly qualified, the Government tried to provide language training for those who could not otherwise afford it, such as refugees and those who had been granted residence permits on humanitarian grounds. A recent scheme had targeted women who had come to Norway in the 1970s but never learned the language, in order to increase their opportunities for a more active life.

48. All homeless people were offered shelter and food, and steps were taken to provide them with a permanent home. Municipal authorities had apartments for that purpose, and rented housing from private owners if necessary. Rent supplements for people who could not afford to pay their rent were available from the social services. Since most Norwegians owned their own homes, the demand for rented housing was low.

49. The Government's strategy for lifelong learning covered all people living in Norway, and therefore included migrant workers.

50. All immigrants living in Norway were free to preserve their religious and cultural identity. The Government provided grants to religious and cultural organizations precisely to promote the preservation of people's cultural identities. The Government's policy had proved successful in that there appeared to be no racial tension in Norway. It would, however, monitor integration by verifying immigrants' progress in school and in the labour market.

51. Ms. GEVING (Norway) said that the complaints received from men by the Gender Equality Ombudsperson concerned the custody of their children, their rights to paternity leave, the fact that men had to do military service, and the military's lack of flexibility in allowing men to spend time with their children while completing military service.

52. The Government was striving to introduce measures to encourage girls to take an interest in science subjects and in technology. Access to all higher education courses was equal for men and women.

53. Mr. ØSTBØL (Norway) said that all patients were entitled to emergency medical care, regardless of their legal status. While people who were not legally resident in Norway did not have the right to receive specialist health care, health-care practitioners could choose to treat them if there was capacity in the system. While in principle patients without legal residence should pay for their own primary health care, those who could not afford it would receive support from the social services. The Ministry of Health was in the process of examining the legal issues involved.

54. Mr. PILLAY asked why people were evicted from their homes, given that those who could not afford to pay the rent were given rent support from the State. It was unclear whether the Government was taking sufficient measures to ensure that municipal authorities provided enough homes with regulated rent for disadvantaged and marginalized people.



55. Mr. MARTYNOV asked why children without legal residence did not have the right to upper secondary education, particularly since vocational training was available at that level. Given that the Norwegian workforce was highly skilled, did that not constitute a significant disadvantage for those children?
56. Mr. KOLOSOV asked whether there was any legal definition of who had the right to declare themselves homeless. If no such definition existed, the notion of homelessness could become subjective and open to interpretation.
57. Mr. WILLE (Norway) said that while no such definition existed in law, homelessness did not necessarily mean that someone was living on the street. Rather, it meant that a person had no stable or decent home.
58. Children without legal residence had the right to primary and lower secondary education because those were the levels of education that were compulsory in Norway.
59. People who could not afford to pay their rent could get support from the State. Evictions could be the result of someone accepting State benefit on the understanding that they would use it to pay their rent, then failing to do so. Evictions were, however, a rare occurrence. The system of regulated rent had been introduced in the 1940s, when it was appropriate to the special circumstances of that time. It had been phased out gradually, since it had proved inappropriate in subsequent decades.
60. He thanked the members of the Committee for their well-researched questions and the fruitful dialogue they had maintained with the delegation.
61. The CHAIRPERSON said that Norway had an excellent human rights record and, in some cases, could be held up as an example of best practice to other developed countries.

The meeting rose at 12.10 p.m.