



Economic and Social Council

Distr.: General
3 March 2020

Original: English

Committee on Economic, Social and Cultural Rights Sixty-seventh session

Summary record (partial)* of the 11th meeting**

Held at the Palais Wilson, Geneva, on Monday, 24 February 2020, at 10 a.m.

Chair: Mr. Zerbini Ribeiro Leão

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* No summary record was prepared for the rest of the meeting.

** No summary record was issued for the 10th meeting.

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The meeting was called to order at 10 a.m.

Substantive issues arising from the implementation of the International Covenant on Economic, Social and Cultural Rights *(continued)*

Submissions by national human rights institutions and non-governmental organizations (continued)

1. **The Chair** invited representatives of non-governmental organizations to address the Committee.

Benin

2. **Mr. Gandaho** (Changement Social Bénin) said that during its first year of operations, the Benin Human Rights Commission had not been provided with suitable premises or the material and financial resources it required to do its work. While the State budget for 2020 contained a budget line for the Commission, there was no guarantee that payments would be forthcoming. The Government of Benin must ensure that the money was disbursed.

3. In the area of trade union rights, the amendments made to Act No. 2001-09 by Acts Nos. 2018-34 and 2018-01 had placed drastic restrictions on the right to strike and had removed that right altogether for judges. In the absence of the right to strike, a compensation mechanism should be established to ensure that the State and employees fulfilled their commitments.

4. In rural areas of the country, drinking water was often accessible only via handpumps that persons with certain physical disabilities were unable to operate. Everyone should have access to drinking water. Moreover, the water distribution network required better maintenance.

5. Farmers were uninformed about the negative effects of pesticides on health and continued to use them on their crops. The risk of contamination in food was therefore a concern. The authorities should raise awareness about the health risks associated with the use of pesticides.

6. In the area of health care, price lists were not made available in all national languages, leaving the system open to abuse. The percentage of pregnant women receiving antenatal care was significantly lower in rural areas owing to a lack of public awareness of the services available.

7. **Mr. Agounpké** (Franciscans Bénin and Franciscans International) said that, as set out in the Committee's general comment No. 21 on the right of everyone to take part in cultural life (E/C.12/GC/21), the State had an obligation to provide effective protection to persons affected by harmful practices, including children accused of practising witchcraft. It was regrettable that the State party's report (E/C.12/BEN/3) made no mention of such children.

8. The reform of the health-care system had led to the closure of a number of health centres. Many women, particularly in rural areas, lacked access to antenatal and postnatal care. Better access to antenatal care, paediatric services and sexual and reproductive health services would help to combat harmful cultural practices.

9. Children accused of witchcraft were often abandoned by their families and cared for in centres run by individuals or organizations without any funding from the State. New regulations due to be introduced for such centres would force those without the financial resources to adapt their premises to shut down. The Committee might wish to recommend that, before the regulations came into force, the Government should engage in discussions with centres caring for children accused of witchcraft, with a view to finding suitable solutions.

10. The Committee should request the authorities to provide it with details of their efforts to raise public awareness regarding beliefs about witchcraft and the rights protected by the Children's Code. It should also request data on the number of persons prosecuted for infanticide or ritual killings and the sentences imposed and on the number of children accused of witchcraft and their fate, as well as up-to-date information on access to health services,

particularly antenatal, postnatal and paediatric care and sexual and reproductive health services in rural areas.

11. **Mr. Fanou-Ako** (Enfants Solidaires d'Afrique et du Monde) said that labour-related trafficking of children was common in Benin. According to the results of the population and health survey for the period 2017–2018, one third of children aged between 5 and 17 years had spent time working. The proportion of children who worked varied between regions, from 55 per cent in the department of Alibori to 11 per cent in coastal areas, including Cotonou. Approximately 30 per cent of children who were attending school also worked.

12. The Government should take all necessary measures to support families and to ensure the equal distribution of available resources, with a view to upholding the rights of children. It should also raise public awareness of the national plan to combat child labour and mobilize sufficient resources for its implementation and should punish the perpetrators of child trafficking and persons who forced children into work, including the worst forms of child labour.

13. Efforts were needed to further promote and protect the right to adequate housing, particularly with respect to street children. The Government should take all necessary steps to provide housing for such children and to implement the provisions of the Children's Code governing the construction of centres for vulnerable children, including street children. Greater efforts were also needed to protect children from the dangers of mobile telephones, including exposure to criminal activities such as trafficking, pornography and scams.

14. Malaria remained the biggest cause of illness and death in Benin. Despite the existence of several plans and programmes designed to tackle the disease, only one hospital in each department provided malaria treatment free of charge for children under the age of 5 years. Furthermore, although caesareans were performed free of charge, follow-up care was costly. The Government should ensure the progressive elimination of all fees relating to caesareans and take measures to improve public health, with a particular focus on poor persons. In addition, the authorities should authorize a larger number of hospitals to provide malaria treatment at no cost to patients.

15. According to statistics compiled by the education authorities for the period 2016–2017, although the national primary school completion rate stood at 60 per cent, there were wide disparities between the regions, with the department of Alibori reaching just 28 per cent completion. Concerns relating to the primary education system included a lack of teachers and suitable classrooms and low-quality teaching. There were no mechanisms in place to enable children who had not completed compulsory primary education to enrol in the education system later on. The Government should establish alternative teaching models to ensure that all children had access to education.

16. **Mr. De Schutter** (Country Task Force) said that it would be helpful to hear an account of the results achieved by the child-friendly courts. While the State party's replies to the list of issues concerning its third periodic report (E/C.12/BEN/RQ/3) indicated that the activities of the two pilot courts had had a positive impact, the courts' exact role remained unclear.

17. **Ms. Crăciunean-Tatu** (Country Task Force) said that she would welcome an assessment of the implementation of Act No. 2017-05 of 29 August 2017, particularly with regard to the provisions relating to unlimited renewals of fixed-term contracts, the application of the Act to contracts that were already in effect when it entered into force and the non-reversibility of acquired rights. In the area of education, she would be interested to hear more details regarding alternative teaching models for children who had not completed compulsory primary education.

18. **Mr. Emuze** said that he wished to know whether the Government had a plan to counter human trafficking, especially in girls, and, if it did, what were its shortfalls.

19. Given the large number of children working on farms instead of attending school, it would be useful to know what efforts the Government of Benin had undertaken to encourage children to go to school, while allowing them, in rural areas, to help their parents with farm work in their free time.

20. With regard to malaria and the Government's provision of hospitals and drugs, he said he would like to know the amount allocated for the health budget and whether it was sufficient and enabled poor children to receive treatment.

21. In the area of universal primary education, information on what the Government had done to increase the number of children who had access to primary education and information on the percentage of the education budget that went into building new schools and training teachers should be provided.

22. **Mr. De Schutter**, noting that Benin had been at the forefront of innovative alternative approaches to agriculture, said that he would welcome an assessment by non-governmental organizations (NGOs) of the Government's support for small farmers and the farming community with a view to ensuring food security and soil sustainability.

23. **Mr. Fanou-Ako** (Enfants Solidaires d'Afrique et du Monde) said that the primary cause of child labour was poverty, as many parents could not afford their children's school expenses. Even if poor children were able to go to school, they were unable to concentrate because they were hungry. Often, their only options were to accompany their parents to work or to seek work outside their rural communities so as not to be a burden on their families. Unfortunately, some of these children became victims of human trafficking when they moved to urban areas. Some poor children resorted to crime in order to survive. Children over 12 years old could be sentenced to imprisonment and so were not be able to attend school if they were convicted of a crime.

24. The Government of Benin had established child-friendly courts with a view to addressing child labour and the involvement of children in crime. Although the courts, which were still at an experimental stage, were often touted as a success by the Government, there was no evidence of their impact. It was hoped that, at the very least, the courts would ensure that imprisoned children received three meals a day since, in most prisons, detainees received only two. On the other hand, the assurance of regular meals also was a cause of recidivism, as many children had nothing to eat outside prison. The State should take action to keep children out of prison and ensure that their parents could afford to send their children to school.

25. **Mr. Gandaho** (Changement Social Bénin) said that Act No. 2017-05 on labour conditions had not been harmonized with the Labour Code, which had created dissonance in the application of labour laws in general and resulted in a violation of the principle of non-reversibility of acquired rights. However, in 2017, the Constitutional Court of Benin had ruled that the law did not violate the Constitution.

26. The Government had sought to make Benin an attractive country for investors by encouraging privatization and relaxing its labour regulations, including limiting the right to strike to 10 days per year, removing limitations on the renewal of fixed-term contracts and limiting unemployment benefits to those who had worked for more than nine months. The current more liberal approach did not sufficiently protect human rights, and trade union freedoms, such as the ability to dialogue and negotiate, had been seriously curtailed.

27. With regard to farming, cotton was grown for financial reasons, but did not contribute to sustainable human development owing to the negative impact of its cultivation on humans and the environment. Farmers were forced to reinvest all their earnings in the following season's crop-growing and the use of pesticides led to soil depletion and contaminated water and food supplies. Some reportedly beneficial pilot projects had been launched to address the problems, but they had had no impact on the country's agricultural system as a whole.

28. With regard to the right to health, while measures had been taken to make health services more widely available, there had been no coordinated approach to facilitate citizens' access to such services. Citizens needed more information about the services available and their costs, as well as about who was providing them and the way the health-care system was organized.

29. The Government had replaced its universal health insurance scheme with a comprehensive social programme for strengthening human capital that included access to health care and microcredit options for vulnerable persons. However, that programme was still in a pilot phase and did not have nationwide coverage. The beneficiaries of the

programme were not sufficiently informed about the services offered or about how to access them and, without public information campaigns, the project was pointless.

30. Persons living in extreme poverty had to have biometric cards in order to gain access to social services, but the programme involving the issuance of such cards was at the pilot stage and little information had been communicated about it. Hence, there were enormous discrepancies between the Government's claims and the reality on the ground.

31. **Mr. De Schutter** asked how families in extreme poverty had been affected by monetary transfers, both conditional and unconditional, and access to microcredit. He said it would be useful to learn what the threshold for poverty was and what was being done to ensure that persons in genuine need were not excluded from such programmes as a result of requirements to prove one's financial situation.

32. **Mr. Gandaho** (Changement Social Bénin) said that the identification of poor and extremely poor families in the 2017 census had been based on estimates and not objective assessments. The guidelines for the comprehensive social programme replacing the health insurance scheme were vague and, to date, no clear operational manual had been provided. The programme's intended beneficiaries were not sufficiently informed in local languages about their rights or about what type of care should be provided to them, based on their health, so they were not able to benefit from the programme.

33. **Mr. Fanou-Ako** (Enfants Solidaires d'Afrique et du Monde) said that people were not fully enjoying economic, social or cultural rights in Benin. Many new laws, including those suppressing the right to strike, impinged on the essence of the country's Constitution.

34. Regarding education initiatives, NGOs had proposed the development of an accelerated primary education programme to enable those children who would otherwise not go to school to receive an education.

35. The State's efforts to eliminate child trafficking had been limited and ineffective. Major programmes had been launched by civil society organizations, with the support of the European Union, but there had not been enough resources within the regular State budget to sustain them. Cooperation among all the communes was necessary to combat child trafficking meaningfully. The issue had been given consideration in 15 communes in Ouémé and Mono, but the State had not provided enough resources to effectively deal with it.

Norway

36. **Ms. Näsholm** (Church City Mission), speaking on behalf of a group of 10 Norwegian NGOs, said that the health centre for undocumented migrants in Oslo had helped more than 5,000 migrants from over 120 different countries to obtain health care. Some had travelled considerable distances to receive treatment and medicines that they could not otherwise afford. Some had not seen a doctor for several years despite having untreated disorders or chronic illnesses. Many were actually European Union citizens – most frequently Roma from Romania – but, because they did not have a European Health Insurance Card, they suffered the same discriminatory treatment as irregular migrants. It was thus clear that the Government had not taken adequate action “to ensure that irregular migrants have access to all the necessary health-care services”, as recommended by the Committee in its concluding observations on the fifth periodic report of Norway ([E/C.12/NOR/CO/5](#)).

37. Measures taken at the central level had in fact been largely retrogressive. Regulation No. 1255, introduced in 2011, had limited access to emergency and essential medical assistance, which had previously been available without restriction. Particularly disturbing was the fact that the restrictions applied to children as well as to adults, meaning that migrant children in an irregular situation could be denied the regular health checks that were so important to their development. When medical assistance was provided to irregular migrants, the lack of a financing mechanism meant that they were required to cover the full cost – a requirement that, because they did not have the right to work, they were in most cases unable to fulfil. As a result, essential treatment might be delayed or, in the worst-case scenario, not provided at all, since health service providers were not reimbursed for treatment given to irregular migrants who were unable to pay.

38. The Committee should ask the Government of Norway why no action had been taken to improve access to health care for irregular migrants; why access to essential health services had been restricted as of 2011; how the Government justified the discrimination to which irregular migrants, including children, were thus subjected; and on what grounds it had decided to limit the health-care rights of European Union citizens. The State party should be urged to extend the right to all necessary health care, on an equal footing with others, to destitute European Union citizens without a European Health Insurance Card as well as to irregular migrants.

39. **Mr. Holt** (Norwegian Association of the Blind and Partially Sighted) said that he wished to highlight the inferior status of the Convention on the Rights of Persons with Disabilities under Norwegian law: because that Convention was excluded from the scope of the Norwegian Human Rights Act of 1999, which stated that United Nations treaties took precedence in the event of a conflict with national law, it ranked below other international instruments. Accordingly, the State party should be urged to include a reference to the Convention on the Rights of Persons with Disabilities into the Human Rights Act without delay. It should also be encouraged to ratify the optional protocols to the International Covenant on Economic, Social and Cultural Rights, to the Convention on the Rights of Persons with Disabilities and to the Convention on the Rights of the Child and to move from the current medical approach to disability to a human rights approach.

40. Focusing on the right to work, he said that there had been no increase in the labour market integration of persons with disabilities despite the liberating possibilities offered by universal design and new technologies. Instead, visually impaired persons, like others, had seen their labour rights deteriorate. Owing to the lack of standards for universal design in the workplace, many persons with disabilities were anxious about their future in employment: indeed, a recent survey had found that 29 per cent of blind and visually impaired persons had been forced out of their jobs because their impairments made it difficult for them to use certain technologies. The Committee should therefore reiterate its 2013 recommendation urging the State party to take more effective measures to achieve sustained and substantial progress in fighting long-term unemployment. It might also wish to reiterate the recommendations relating to work and employment made by the Committee on the Rights of Persons with Disabilities in its concluding observations on the initial report of Norway (CRPD/C/NOR/CO/1, paras. 41–42).

41. **Ms. Orefellen** (We Shall Overcome) said that forced psychiatric interventions including physical restraint, enforced drug administration and electroconvulsive therapy continued to be used in Norway even though the Committee and other United Nations mechanisms had urged the State party to end the use of coercion in the mental health system. Since 2013, the number of involuntary hospitalizations had remained high, at around 8,000 per year, and the use of physical restraints had increased. Recent amendments to the Mental Health Act had failed to bring its provisions into line with international human rights standards and the Act remained inherently discriminatory in that it authorized disability-based deprivation of liberty and intrusive medical practices. Her organization would therefore appreciate an update on what the Government was doing to comply with the Committee's 2013 recommendations regarding the human rights of persons with psychosocial disabilities.

42. **Ms. Skree** (We Shall Overcome), speaking as a survivor of forced psychiatric treatment, said that she wished to underscore the trauma, fear and irreparable damage to life, health and integrity that were the legacy of coercive interventions in mental health. Given that such interventions had been recognized as a form of torture and ill-treatment, recent suggestions in Norway that regulation was needed to provide a legal basis for non-consensual use of electroconvulsive therapy were a matter of deep concern: a total ban, not increased regulation with a view to reducing use, was required. The Committee might wish to request information about the measures that Norway planned to take to ensure that all mental health services were based on the free and informed consent of the persons concerned and to urge the Government to repeal all legal provisions that authorized non-consensual interventions.

43. **Ms. Suarez Franco** (FIAN Norway) said that, according to the latest government white paper on public health, every third resident of care facilities for older persons and every fourth person receiving care at home were undernourished or at risk of undernourishment. A lack of systematic follow-up, lack of social interaction and inadequate training in nutrition

for health professionals and care workers had been identified as the main challenges to be overcome in order to address that problem. With that in mind, the Committee might urge the State party to develop a national strategy for achieving adequate nutrition for older persons as soon as possible; to allocate a sufficient budget for implementation of that strategy; to conduct an assessment of the impact of recent reforms to the way in which care was coordinated, focusing in particular on the right to food and health; and to ensure that training for health workers included human rights education.

44. In a report issued in 2018, the Office of the United Nations High Commissioner for Human Rights had named 112 business enterprises that it believed were involved in specific activities related to Israeli settlements in the Occupied Palestinian Territory, and Norwegian media had reported that Norges Bank Investment Management had sizeable investments in 28 of those companies. Her organization had alerted the Committee to the Bank's activities in 2013, but it appeared that the Bank still did not conduct a human rights impact assessment prior to and during investments. A review of the guidelines for inclusion in or exclusion from the Government's global pension fund was under way and a report was due in June 2020: in the meantime, it was important that the Government recognized the extraterritorial obligations that it had assumed under the Covenant.

45. Norway was the world's third largest exporter of oil and gas and a significant contributor to rising carbon dioxide levels. The United Nations Special Rapporteur on human rights and the environment had called on the country to cease new oil and gas exploration activities and Norwegian civil society had brought a case against the State in a bid to halt new exploitation activities in the Arctic region. That case revealed the paradox in the country's position as a committed supporter of the Paris Agreement on climate change and, at the same time, a pioneer pushing new frontiers in exploration that showed no willingness to reduce those activities. Her organization requested the Committee to call on Norway to develop an overarching plan for achieving the Sustainable Development Goals and establish a mechanism for monitoring compliance with its obligations under the Covenant.

46. **Mr. Larsen** (Sami Parliament of Norway) said that the Government had failed to follow up on proposals for legislative amendments and other measures to safeguard indigenous people's rights to land and resources that the Sami Rights Commission had made in 2007. In the intervening period, new industries and infrastructures, including mining and wind power projects, had begun to encroach upon the resources essential to traditional Sami activities such as reindeer husbandry, seawater fishing and small-scale farming, placing not just Sami commercial activity, but also Sami culture and society, at risk. In addition to better legal protection for the Sami way of life, more generous funding was needed for projects that promoted Sami culture, including film, theatre and literature, as well as plans for a Sami art museum. The Norwegian economy was performing well, so there was no excuse for the current underfunding.

47. **Ms. Shin**, noting the request expressed by the Norwegian Association of the Blind and Partially Sighted for the introduction of universal design for information and communications technology in the workplace, she said it would be useful if the Association could specify what types of additional accommodation would be desirable and the approximate cost for employers. Regarding the forced hospitalization of psychosocial patients, Norwegian delegations had previously maintained before the Committee that just 13 per cent of cases involved forced hospitalization. If such cases involved patients who posed risks to their own safety or to others, it would be difficult for the Committee to call for the termination of all forced hospitalization. Noting the reference to "non-consensual" electroconvulsive therapy, she asked whether there had been cases in which patients had agreed to the use of such therapy.

48. Referring to the Sami people's appeal for the establishment of an art museum, she said that the United Nations Educational, Scientific and Cultural Organization (UNESCO) advocated for the preservation of cultural, intangible and documentary heritage, the latter of which was the focus of the UNESCO Memory of the World Programme. Documentary heritage included documents, artefacts and photographs; registration of such items with UNESCO often facilitated requests for State funding for their preservation.

49. **Ms. Saran**, noting with concern the issue of forced psychiatric treatment, said that she would like to know to what extent the legislation and practice in Norway differed from that in other European or Nordic countries. Did the NGOs have any information on the reasons that mental health issues might be more prevalent in Norway than elsewhere? It would be useful for the Committee to receive comparative statistics and figures demonstrating the lack of funding for Sami cultural initiatives.

50. **Mr. Uprimny**, noting that the Government of Norway had stated that it was taking all the necessary steps to meet its commitments under the Paris Agreement on climate change, said he would appreciate clarification regarding the position of FIAN Norway: did the NGO believe that the Government would not meet its commitments if it continued oil exploration, or was it arguing that the Government should actually go beyond its commitments to combat climate change?

51. **The Chair**, speaking as Country Rapporteur for Norway, said that it would be useful to hear why, in the view of the NGOs, the Government had not yet ratified the optional protocols to the International Covenant on Economic, Social and Cultural Rights, to the Convention on the Rights of Persons with Disabilities or to the Convention on the Rights of the Child. It would also be interesting to learn whether they considered that the ongoing oil exploration contributed to climate change in other countries.

52. **Mr. Holt** (Norwegian Association of the Blind and Partially Sighted) said that, in respect of the Government's failure to ratify a number of optional protocols, he surmised, from his discussions with government representatives, that the Government was somewhat wary of the international community's investigation into and assessment of the situation in Norway. Civil society, on the other hand, generally appreciated engagement with the international community and valued the insights and expertise that it provided.

53. The question of introducing universal design for information and communications technology had more to do with attitude than with accommodation. It was important to consider universal design as a resource for diversity and not as a problem in order to better integrate persons with disabilities in the labour market. Specifically, the problems were not related to hardware, but to software, which must be designed from the outset with universal design in mind in order to avoid the heavy cost of subsequent adaptation. Given the general scarcity of such software, it would be advisable to adopt legislation calling for universal design to be incorporated in the development of all software.

54. **Ms. Orefellen** (We Shall Overcome) said that the Mental Health Act specifically targeted persons with psychosocial disabilities with regard to forced psychiatric interventions. The criteria for detention and forced treatment were discriminatory. The Mental Health Act set out treatment criteria of which the two most often invoked were: a doctor's opinion that patients were in need of treatment; and that patients posed a danger to themselves or others. The second criterion must be delinked from a person's disability if a meaningful discussion was to be had about its legitimacy. It would be unimaginable in any legal provision to link a person's dangerousness to his or her religion or gender. How, then, could psychosocial disability be linked to an evaluation of danger to self or society? It was also necessary to separate danger to self from danger to others, as the two were very different in nature. Forced interventions under the pretext of protection against danger to self were extremely harmful. Danger to others was often invoked in a vague and problematic way, as part of a preventive approach to criminal justice.

55. Some patients did indeed consent to electroconvulsive therapy. Her organization objected to any electroconvulsive therapy that was done without free and informed consent. In the case of such therapy, the threshold for consent must be quite high. The very threat that the treatment could be administered without informed consent undermined any expression of consent, as patients lived in fear of the treatment under forced conditions. All electroconvulsive therapy practices must therefore be consensual.

56. **Ms. Skree** (We Shall Overcome) said that the application of the principle of necessity in the area of electroconvulsive therapy was somewhat unique to Norway. The recommendations made by the Committee in its concluding observations on the fifth report of Norway had proved very useful to her organization, allowing it to advocate for the use of medication-free alternative treatments throughout Norway. Everyone should have access to

psychiatric care without the fear of being drugged. The problems arose in implementation of the law, as the doctors who took decisions regarding the use of psychiatric drugs wielded a great deal of power over patients and sometimes imposed their opinions on treatment. According to estimates, medication had a positive effect on psychosocial patients only in one fifth or one sixth of cases. Her organization needed the Committee's help to ensure that patients were not unduly medicated.

57. Furthermore, the forced application of medication did not save lives and it necessarily involved a breach of trust. Many people had been traumatized, even to the point of suicide, as a result of such practices. The number of people who were subjected to coercion owing to their bipolar disorders or schizophrenia was already relatively high, and she believed the data submitted by the State party were not necessarily trustworthy.

58. **Mr. Larsen** (Sami Parliament in Norway) said that the need for funds to establish a Sami art museum was distinct from the need for funds to upgrade ordinary museums. The art museum would serve to preserve Sami contemporary artworks, of which there were about 1,300. Ordinary museums struggled to preserve artefacts and thus required upgrading. There had been no increases in subsidies for Sami institutions, including Sami museums, but Norwegian museums had received increased funding. The Sami people had entered into an agreement with the Norwegian Museum of Cultural Heritage in Oslo whereby some 2,000 Sami objects would be returned to them, but it was necessary to build facilities appropriate for their preservation. He was aware of the UNESCO register for documentary heritage; in fact, the Sami were considering registering a reindeer skin that had been signed by the Norwegian King at the opening of the Sami parliament in 1989.

59. **Mr. Innerdal** (Norwegian Association of the Blind and Partially Sighted) said that, in 2015, the Ministry of Foreign Affairs had commissioned a report to look into the consequences of ratification of the Optional Protocol to the Convention on the Rights of Persons with Disabilities. The author of the report had found that there were no good reasons to avoid ratification.

60. **Ms. Suárez-Franco** (FIAN Norway) said that, as long as Norway continued to initiate new oil exploration and extraction projects, it would be impossible for the country to meet its goals under the Paris Agreement on climate change. Under the Agreement, the country should, by 2030, reduce greenhouse gas emissions by at least 40 per cent, compared to levels in 1990. The increased production and export of oil by Norway was undermining the achievement of the goals under the Paris Agreement not only in Norway, but elsewhere as well, and it jeopardized food production worldwide.

The discussion covered in the summary record ended at 12.30 p.m.