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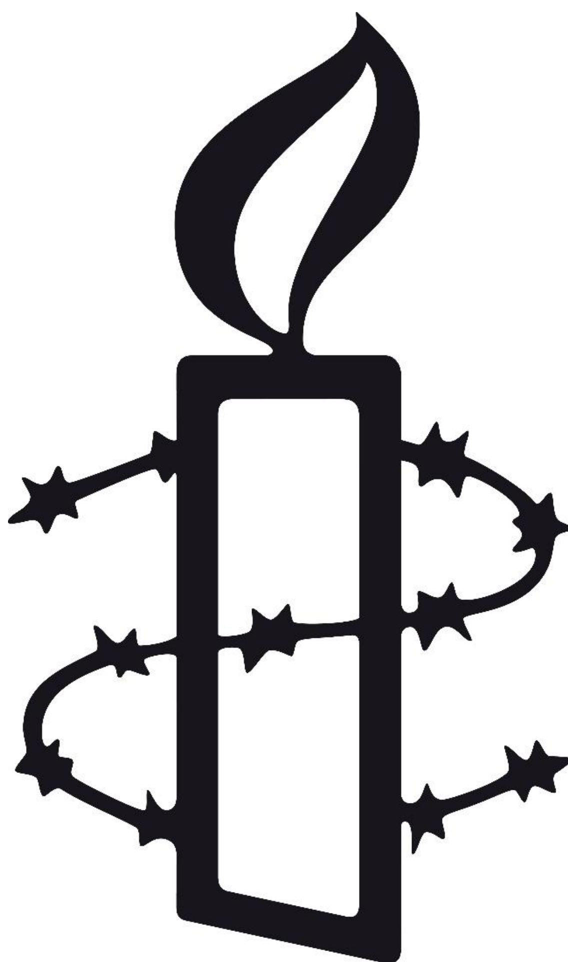

AMNESTY INTERNATIONAL

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This submission has been prepared in advance of the review of Iceland's sixth periodic report on the implementation of the International Covenant on Economic, Social and Cultural Rights (the Covenant) by the UN Committee on Economic, Social and Cultural Rights (the Committee) in September 2024.

1. INTRODUCTION

This submission has been prepared in advance of the review of Iceland's sixth periodic report on the implementation of the International Covenant on Economic, Social and Cultural Rights (the Covenant) by the UN Committee on Economic, Social and Cultural Rights (the Committee) in September 2024.
In particular, the submission provides information about access to health and mental health services for pre-trial detainees in solitary confinement as well as health and mental health services for asylum-seekers. It is not an exhaustive account of the Organization's concerns.

2. HEALTH SERVICES FOR PRE-TRIAL DETAINEES IN SOLITARY CONFINEMENT (ARTICLE 12)

International human rights law sets out exacting safeguards to guide what must only be exceptional use of solitary confinement in the pre-trial context. Further to this, the UN Special Rapporteur on Torture has called for an end to the use of solitary confinement in the pre-trial context.[1]

In line with the international prohibition on torture and other ill-treatment, solitary confinement should never be applied to people with pre-existing vulnerabilities – such as children, people with mental, physical or intellectual disabilities and some neurodiverse conditions - – due to the enhanced likelihood that it will cause harm. International standards prohibit the application of solitary confinement to anyone whose health or disability might be exacerbated by it. Solitary confinement for more than 15 days constitutes prolonged solitary confinement amounts to ill-treatment and should be prohibited.[2]

Further to international standards, Amnesty International considers that the vast majority, if not all, mental disabilities as well as some neurodiverse conditions will be exacerbated by solitary confinement.[3]

A significant body of evidence points to the serious and adverse health effects, both psychological and physiological, of the use of solitary confinement. Symptoms include insomnia, confusion, hallucinations and psychosis. It is understood that negative health effects may occur after only a few days and that pre-trial detainees have an increased rate of suicide and self-harm within the first two weeks of solitary confinement.[4] Generally, health risks rise with each additional day spent in such conditions. Individuals react differently to solitary confinement and their experiences cannot necessarily be predicted by the specific conditions, time and place or any pre-existing personal factors. Some individuals experience distinct symptoms, while others experience a "severe exacerbation or recurrence of pre-existing illness, or the appearance of an acute mental illness in individuals who had previously been free of any such illness."[5] Accordingly, the point at which the level of suffering amounts to torture or other ill-treatment will differ from individual to individual.

Amnesty International set out its concerns about the use of solitary confinement in the context of pre-trial detention, in line with the Committee's questions and the State party's response, in its report "Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement published January 31, 2023.

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[1] UN Special Rapporteur on Torture, Report: Torture and other cruel, inhuman or degrading treatment or punishment, 5 August 2011 (UN Doc. A/66/268), paras 73 and 85.
[2] UN, Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 45(2).
[3] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/ , p.12.
[4] UN Special Rapporteur on Torture, 2008 Report: Torture and other cruel, inhuman or degrading treatment or punishment, 28 July 2008 (UN Doc. A/63/175), para. 82.
[5] Stuart Grassian, "Psychiatric Effects of Solitary Confinement", January 2006, Washington University Journal of Law and Policy, p. 333.

Amnesty International's report evidences that Iceland is vastly overusing solitary confinement in pre-trial detention, violating the prohibition of torture or other cruel, inhuman or degrading treatment or punishment, with grave consequences for the accused and for their right to a fair trial.

Rates of pre-trial solitary confinement remain too high and are taking a heavy toll on those individuals subjected to it. In 2023 58% of remand detainees were placed in solitary confinement for an average of 8.2 days . In the previous twelve years, 1091 individual got a court order for solitary confinement in pre-trial detention and 120 individuals were subjected to 'prolonged solitary confinement' for longer than 15 days, violating the international prohibition of torture and other cruel, inhuman or degrading treatment or punishment ('other ill-treatment').[6]

During the research for the report Amnesty International wrote to the Minister of Justice to obtain information about any processes that make it possible to identify the number of individuals in pre-trial solitary confinement with mental health conditions or who have an intellectual or psychosocial disability. In its response the Ministry explained that "no data was available concerning people with mental illnesses or disabilities", but that it "would look into it and try to amend, so data concerning people with mental illnesses or disabilities will in the future be gathered under these circumstances."[7]

In April 2022, the UN Committee against Torture raised a series of concerns about the legal framework for pre-trial solitary confinement in Iceland and how it is applied. It flagged particular concerns about its use for prolonged periods and for people with psychosocial disabilities and children. It also cast doubt on Iceland's account of the safeguards in place to ensure it is only used when necessary.[8]

The findings of the report show that, contrary to the international prohibition on torture and other ill-treatment, Iceland routinely applies solitary confinement for prolonged periods and even to people with pre-existing vulnerabilities, such as children and people with with health concerns, disabilities and with neurodiverse conditions that would be exacerbated by solitary confinement.[9]

Amnesty International documented that judges failed to adequately scrutinize police prosecutors' applications for solitary confinement and that the police and prosecutors failed to question assumptions about the need to impose such harsh restrictions on detainees. [10]

The report further identifies the government's weak justifications for applying solitary confinement measures for investigation purposes, and insufficient understanding of the harmful realities of solitary confinement. Through interviews with current and former detainees and many criminal defence lawyers, Amnesty International researchers documented the harsh and often uniform restrictions imposed on detainees and the inadequate measures in place to safeguard their health and mitigate the harmful effects of solitary confinement.[11]

Health screening, consideration of health or disability when imposing solitary confinement, unjustified restriction and failure to consider alternatives

International standards state that there must be prompt access to an independent medical professional from the moment of deprivation of liberty and a process in place that ensures individuals who are to be interviewed by an independent medical profession for this reason are physically and psychologically fit for that purpose.[12]

[6] Analysis by Amnesty International of data provided by the PPA on 27 January 2021, updated on 8 March 2022 and 8th of March 2024. Amnesty International was informed that this data may only relate to initial court orders and therefore may not capture the full extent of solitary confinement.
[7] Haukur Guðmundsson and Ragna Bjarnadóttir, Ministry of Justice (on behalf of the Minister of Justice) letter to Amnesty International, 13 April 2022, on file with Amnesty International.
[8] UN Committee against Torture (CAT), Concluding Observations on the Fourth Periodic Report of Iceland, 9 June 2022 (UN Doc. CAT/C/ISL/CO/4), paras 13–14.
[9] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.96. P.96
[10] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/ , p.64-65. P.64-65
[11] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.5
[12] 3 Principles on Effective Interviewing for Investigations and Information Gathering, May 2021, https://www.apt.ch/sites/default/files/ inline-files/apt_PoEI_EN_08.pdf paras 86–91.

Amnesty International's research shows that there is no routine health screening of detainees in police custody by healthcare professionals in Iceland, though the organisation has been informed of new processes for identifying and categorising risk in police custody by officers.[13] The Organization also found a worrying degree of confusion about whose responsibility it would be to raise health concerns. As a result, there is no routine consideration of any health issues or disabilities before a judge considers an application for solitary confinement. The Ministry of Justice informed Amnesty International that there is legislation allowing for a judge to issue an alternative measure of placing the suspect in a hospital (CCP, Article 100) and that this was a safeguard against the use of solitary confinement on people at particular risk of harm from it.[14] However, this sets a higher threshold than the prohibition in human rights standards on imposing solitary confinement in the case of prisoners with disabilities caused by physical, mental health or neurodiverse conditions that would be exacerbated by solitary confinement.[15]

Most judges do not appear to consider this their responsibility and do not raise questions that would clarify any health issues or disabilities before imposing solitary confinement and only one of the judges interviewed suggested that judges should play more of a role in this.[16] A senior health professional confirmed this view: "in general judges don't take into consideration the effects [of solitary confinement] on that person's mental health: there isn't adequate awareness."[17] The Ministry of Justice and most judges seemed to consider it to be the responsibility of defence lawyers to raise any issues relating to health or disability at the custody hearing. Lawyers told Amnesty International that it was difficult for them to identify such issues given the very limited information and time they have with their client prior to the hearing.

The end result of this confusion over responsibility is the absence of any effective process for ensuring that people whose health condition, disability or neurodiverse condition would be exacerbated by solitary confinement are not subjected to it.[18]

Data sent to Amnesty International by the Ministry of Justice shows that over a two-year period (10 October 2016–10 October 2018), 54.89% of applications by police prosecutors for remand custody included claims for solitary confinement. Judges went on to accept 98.77% of these requests.[19] Amnesty International's analysis of data from the Metropolitan Police suggests little has changed since 2018. In 2021, solitary confinement was granted by district court judges in all of the cases where the police requested it[20].[21]

Lawyers reported that they had come to expect judges to agree to police requests and gave many compelling accounts of situations where they had not been heard or thought decisions in favour of the police were a foregone conclusion. One lawyer, who has acted in many criminal defence cases, told Amnesty International that he had never seen a request rejected and only once had they seen a judge reduce the time period.[22] None of the judges interviewed referred to a process for exploring the possibility of granting a less restrictive measure when faced with a request for solitary confinement from a prosecutor. In none of the cases reviewed by Amnesty International did a judge reject solitary confinement outright in favour of granting remand or a non-custodial measure.

[13] Amnesty International, *"Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement, 31 January 2023,* https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.41 and Ministry of Justice, letter in response to Amnesty International, 26 January 2023, on file with Amnesty International.
[14] Ministry of Justice, letter in response to Amnesty International, 13 April 2022, on file with Amnesty International.
[15] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.42
[16] Interviews in person with judges, 25, 29 April 2022 and by voice call with judge, 6 April 2022.
[17] Interview with representatives of the prison mental health team, 25 April 2022.
[18] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.42.
[19] This was the only and most recent data that the Ministry of Justice was able to provide in response to Amnesty International's request for data on approved, rejected and appealed cases.
[20] Letter and data received from Metropolitan Police prosecution division on 7 June 22, on record with Amnesty International Iceland.
[21] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.36-37.
[22] Interview in person with lawyer, 26 April 2022.

Three lawyers informed Amnesty International about separate cases where people with intellectual disabilities they had represented had been put in solitary confinement.[23] A senior official providing healthcare services in prisons stated that they had seen cases where it was “evident that a person is incapacitated” and several interviewees with first-hand knowledge reported that suspects with severe mental health conditions, including paranoid schizophrenia and psychosis, had been placed in pre-trial solitary confinement.[24]

Access to healthcare at Holmsheidi prison

International law and standards require that Iceland provide the same standard of healthcare to those in prison as is available in the community. The Mandela Rules state that: “Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.”[25] They further require that every prison shall have a healthcare team that is adequately resourced to evaluate, promote and protect prisoners mental and physical health.[26]

While Icelandic law reflects the requirement that those in prison are provided with the same standard of healthcare as is available in the community, Amnesty International is concerned that current provision to those on remand in solitary confinement does not meet this standard.[27]

Since 1993, in every visit it has made to Iceland, the CPT has commented on the failure to provide systematic or prompt medical screening of newly arrived prisoners, a situation which it deems “unacceptable”, as well as the “extremely limited access to psychiatric care and psychological assistance” in prisons.[28] The CPT has made further criticism of the availability of healthcare for remand prisoners, stating that “establishments accommodating remand prisoners… should, in the CPT’s view, have a 24-hour healthcare staff availability.”

In light of these criticisms, the Ministry of Justice and Ministry of Health established a working group which led to the creation in 2020 of a new mental health team for prisons, which operates as a referral service. At the time that Amnesty International researchers visited Hólmsheiði, a representative from the primary healthcare service was visiting the prison on Mondays and Thursdays to screen newly arrived detainees. A detainee arriving on any other day would wait until the team’s next visit. The primary healthcare team have some training in mental health and Amnesty International researchers were told that they would call the mental health team if they had any particular concerns: the mental healthcare team are available in office hours on a Tuesday and a Thursday.[29]

The health staff interviewed by Amnesty International seemed acutely aware of the inadequacies of their own service. A representative of the prison mental healthcare team said they would like to be in a situation where any detainee put into solitary confinement sees a doctor first and said their practice has evolved to ensure they are notified every time someone is put in solitary confinement, with the caveat that: “it is hard to put into practice if you don’t have a doctor.”[30] There is also a multidisciplinary “treatment team” within the prison service who described their focus as on reducing risk factors and reoffending and enhancing public protection. The head of this team told Amnesty International that this team has no predefined role vis-a-vis detainees in pre-trial solitary confinement, but that they are notified of any arrivals and that, if there is no one from the health teams available, they will try to fill the gap by visiting on days when the

[23] Noting also research recently published in the Icelandic medical journal showing that the mental health team has diagnosed up to half of Iceland’s prisoners with ADHD in the last two years. Læknablaðið, “Um helmingur fanga með ADHD”, July 2022, https://www.laeknabladid.is/tolublod/2022/0708/nr/8081 (accessed 19 October 2022).
[24] Interview in person with the prison mental health team 25 April 2022 and interview with current/former detainee, May 2022.
[25] Nelson Mandela Rules, Rule 24.
[26] Nelson Mandela Rules, Rule 25.
[27] Nelson Mandela Rules, Rule 24. Also Icelandic legislation sets out that there should be equal access to “optimum health service”. Health Care Act 2007 no.40, Article 1.
[28] Council of Europe, Report to the Icelandic Government on the visit to Iceland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment [CPT], 28 January 2020, para. 35. The UN Committee against Torture also recommended that Iceland: “Continue strengthening its ongoing efforts to increase healthcare in prisons, including medical checks upon admission as well as psychiatric and psychological care, and ensure, in cooperation with public health services, the continuity of medical treatment in prison, particularly for drug and alcohol dependency and persons with disabilities.” UN Committee against Torture, Concluding Observations on Iceland 2022 (previously cited), para. 16 (c).
[29] Amnesty International, *Waking up to nothing” Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.58.
[30] Interview in person with representatives of the prison mental health team, 25 April 2022.

health service is unavailable. Researchers asked if that meant a member of the treatment team would take off their treatment or public protection “hat” and step into the role of a clinical psychologist and were told that it did and that psychologists from the treatment team are experienced and understand the effects of solitary confinement and so are able to do this.[31] Similarly, interviewees told researchers that they relied on informal processes to raise and address any health concerns including if they were concerned about the deteriorating mental or physical state of an individual detainee.[32]

While noting the efforts being made between the various teams involved in different aspects of healthcare to ensure regular visits to those spending more than a few days in solitary confinement, by their own admission these could not guarantee the daily visits that would be expected under international standards at the time that the report was published.[33] Furthermore, the different roles of the mental health and treatment teams appeared somewhat unclear and the informal arrangements to “fill gaps” could potentially undermine the important principle of providing healthcare with independence from the prison service.[34] The Prison and Probation Administration informed Amnesty International in December 2023 about a change in the work of the nurses at Hólmsheiði whereas they are now working in the prison every day instead of only a few days a week. [35]

Lack of meaningful human contact, activity and mental stimulation

All of the former detainees interviewed for Amnesty International’s report highlighted the importance of human contact during their time in solitary confinement. Where they had positive interactions with prison staff, this had stayed clearly in their memories. But several also reported the lack of human contact and the lengths they had gone to try and seek this.[36]

Internationally, it is accepted that “the central harmful feature of solitary confinement is that it reduces meaningful social contact to a level of social and psychological stimulus that many will experience as insufficient to sustain health and well-being.”[37] The Mandela Rules introduced the concept of “meaningful human contact” as a factor distinguishing permissible and prohibited practice.[38]

Accounts shared with Amnesty International by former detainees, lawyers and prison staff suggest that, rather than understanding human contact as crucial to the well-being of detainees held in solitary confinement and an essential means of mitigating harm, there is an overreliance on detainees themselves to seek or initiate interaction.

Pre-trial detainees in solitary confinement spend 23 hours a day alone in their cells and up to one hour outside. They are given meals in their cell and are likely to have contact with two people including the staff member who is in charge of the solitary confinement wing that day. Amnesty International researchers were told that detainees could ask to see a doctor, priest or their lawyer and that no detainees in solitary confinement were allowed to make phone calls other than to their lawyer.[39]

At the time at which the report was published, Prison and Probation Administration representatives told Amnesty International that detainees in pre-trial solitary confinement have no access to work, education, a gym or a library but can read books that are brought to them from the library or watch a DVD player. The situation seems have improved slightly, and the Prison and Probation Administration wrote to Amnesty International that people in solitary confinement now have access to the prison gym when it is not in use by other prisoners and those in solitary confinement have access to the library and all the books there. They further mentioned that tablets are being launched where various activities can be obtained, such as meditation exercises, yoga exercises, various games etc and that Prison guards and the staff from the

[31] Interview in person with representatives of the PPA, 28 April 2022.
[32] Interviews in person with staff of the PPA, 25 and 28 April 2022.
[33] Council of Europe, 21st General Report, (previously cited), para. 63.
[34] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/ , p.60.. p.60
[35] Prison and Probation Administration, Letter to Amnesty International Iceland, 15 December 2023, on file with Amnesty International.
[36] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.28.. p.28
[37] The Istanbul statement on the use and effects of solitary confinement, 9 December 2007, p. 2.
[38] Sharon Shalev, “30 years of solitary confinement: What has changed and what still needs to happen”, 2022, Torture Journal, Vol.32 No.1–2, p. 155.
[39] Amnesty International, *Waking up to nothing" Harmful and unjustified use of pre-trial solitary confinement* (index: EUR 28/6373/2023), 31 January 2023, https://www.amnesty.org/en/documents/eur28/6373/2023/en/, p.24.. p.24

treatment team regularly attend to them to mitigate the harmful effects of solitary confinement as possible.[40]

In 2023 The Ministry of Justice stated that "it is working on a law proposal concerning amendments to the provisions on remand prison and solitary confinement in the Code of Criminal Procedure no. 88/2008. It is expected that an amendment legislation will be put forth to the Parliament before the end of 2023. During this work, the ministry will consider the concerns and recommendations set out in this report, in particular regarding persons under 18 years old and persons who are mentally sick."[41]

No such amendment legislation has been put forth to the Parliament to this date. Amnesty International been made aware of the ongoing work of a working group within the ministry whose purpose it is to make amendments in legislation related to pre-trial detention but it is still unknown what that entails.

Recommendations

Amnesty International's report contains an exhaustive list of recommendations to end Iceland's harmful reliance on solitary confinement and ensure consistency with international human rights law, which includes:

- Prioritize urgent action to ensure that solitary confinement is explicitly prohibited in circumstances where it would violate the prohibition on torture and other ill-treatment, namely:
    - on children;
    - on people with disabilities caused by physical, mental health or neurodiverse conditions that would be exacerbated by solitary confinement;
    - for any longer than 15 days (the international definition of prolonged solitary confinement);

- Urgently clarify current responsibilities for identifying and acting upon concerns about health, disability or neurodiversity through the court process and during the period of solitary confinement.

- Introduce stronger safeguards to ensure that where solitary confinement is imposed, it is done in line with human rights standards, including the prohibition of torture and the rights to fair trial and non-discrimination, by:
    - Introducing a requirement to justify and evidence decisions based on individual circumstances, with accompanying criteria as needed;
    - Requiring active consideration of alternatives to solitary confinement and a clear proportionality test at the initial request and at every attempt to extend solitary confinement;
    - Where restrictions are deemed proportionate on an individual basis, ensuring they are individually tailored and go no further than strictly necessary;

- Develop and implement a plan for expanding the availability of general health and mental health provision in custody, in line with CPT recommendations. Amnesty International considers it essential that states take steps to minimize the harmful effects of solitary confinement on people in detention by ensuring they have access to adequate exercise and social and mental stimulation and that their health is regularly monitored. This should include:
    - Ensuring prompt access to a doctor for all detainees in police custody;
    - Ensuring daily health visits to all those in solitary confinement;
    - Clarifying the roles and responsibilities of the Treatment Team, Mental Health Team and General Health provision;
    - Conduct a thorough review of current policy and practice to ensure all restrictions imposed are the minimum necessary and strenuous efforts are made to mitigate the harmful effects of solitary confinement. This should include detailed attention to: dynamic risk assessment, staff-detainee interaction and access to the library, gym and other facilities.

[40] Prison and Probation Administration, Letter to Amnesty International Iceland, 15 December 2023, on file with Amnesty International.
[41] Committee against Torture, *Information received from Iceland on follow-up to the concluding observations on its fourth periodic report,* 31 May 2023, UN Doc. CAT/C/ISL/FCO/4, para. 2-4.

3. ACCESS TO HEALTH CARE FOR ASYLUM SEEKERS (ARTICLES 2 AND 12)

Amnesty International Iceland has repeatedly criticized proposed changes to the laws on foreigners in Iceland.[42] Last year, in March 2023, a change was made to the law's Article 33, as per which a non-citizen who has received a final rejection of their application for international protection can enjoy the rights in Article 33 until they have left the country, but only for a maximum of 30 days from the publication of the final decision. After that period, they cannot access those rights. The rights guaranteed in Article 33 are internationally guaranteed human rights and relate to access to food, housing and essential health services, as well as access to education for children of primary school age.

This limitation in access to economic and social rights is a risk to people's health, who may not be able to access necessary health care after the 30-day period. This is particularly egregious in a context when a final asylum decision may not be implemented for many months after it was published. The person awaiting repatriation does not enjoy access to social protection, nor do they have the right to work in Iceland unless strict conditions are met. As a result, those who remain in Iceland after 30 days would struggle to access several basic services, including healthcare and housing.

The changes to Article 33 allow for one exception: that the "rights of seriously ill and disabled persons with long-term support needs" cannot be terminated. Amnesty International Iceland has made comments on the Immigration Service's assessment of when applicants for international protection are considered to be "in a particularly vulnerable situation",[43] which may qualify them for this exception. It appears that very strict conditions are set for applicants to fall within this category.

Twenty-three non-governmental organizations in Iceland, including Amnesty International Iceland, issued a joint statement on the serious situation caused by the changes to article 33 of the laws on foreigners, [44] including the fact that asylum seekers whose applications had been refused had been dismissed from all services of public bodies. The organizations also expressed regret over the fact that repeated warnings regarding the consequences of new legal provisions were not taken into account and called on the authorities to ensure the safety of this group, their human rights and their access to necessary services.

Recommendations:

Amnesty International recommends that the government of Iceland:

- amend article 33 of the law on foreigners to ensure that all persons in Iceland are able to access an adequate standard of living

[42] Amnesty International, review to draft legislation, 11 November 2022, https://www.althingi.is/altext/erindi/153/153-461.pdf
Amnesty international, review to draft legislation, 31 May 2022, https://www.althingi.is/altext/erindi/152/152-3506.pdf
[43] Iceland, Law of Foreigners, 2016, https://www.althingi.is/lagas/nuna/2016080.html, Art. 3 (6)
[44] Amnesty International, "Ísland: Áríðandi yfirlýsing frá félagasamtökum á Íslandi vegna aðstæðna fólks á flótta", 18 August 2023 https://amnesty.is/frettir/16349-2

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