T-THO BU (2024) 02

Committee of the Parties to the Council of Europe Convention against Trafficking in Human Organs (CETS No. 216)

(SANTIAGO DE COMPOSTELA COMMITTEE)

Questionnaire for the 1st thematic monitoring round:

Prevention and awareness mechanisms to counter trafficking in human organs (THO)[1]

As adopted by the Santiago de Compostela Committee on the 3rd December 2024

Replies should be addressed to the Santiago de Compostela Committee Secretariat (organtrafficking@coe.int)

by **30 May 2025**

[1] Theme adopted by the Committee at its plenary meeting on 26 October 2023.

NAME OF THE COUNTRY	Norway

Please specify which state bodies/authorities (and, at the discretion of the country, where relevant, civil society and external contributors) contributed to responding to this questionnaire.

- **Body/authority responsible for collecting the replies**:

- **State bodies/agencies (where relevant, civil society and external contributors) that contributed to responding to this questionnaire:**

Introduction

1. The Council of Europe Convention against Trafficking in Human Organs (the Convention) which entered into force on 1 March 2018, requires the criminalisation of offences set out in the Convention in Articles 4-8. It sets out that states, in Europe and beyond, shall adopt specific legislation to prevent and combat the trafficking in human organs by criminalising certain acts, protecting the rights of victims of the offences established under the Convention, and promoting national and international co-operation.

2. The Committee of the Parties to the Convention (also known as the "Santiago de Compostela Committee"), established to monitor whether Parties effectively implement the Convention (Rule 26 of the Committee's Rules of Procedure), decided that:

> *"3. The monitoring round shall be initiated by addressing a questionnaire on the implementation of the relevant provisions of the Convention with respect to the selected theme. The Parties shall respond to the questionnaire within the time limit set by the Santiago de Compostela Committee."*

3. As prevention and awareness is key to preventing and combating the trafficking in human organs the Santiago de Compostela Committee decided that the first monitoring round would focus on the "Prevention and awareness mechanisms to counter trafficking in human organs".[2]
4. On 3rd December 2024, the Santiago de Compostela Committee adopted this thematic questionnaire. Its purpose is to collect specific information on how Parties implement the Santiago de Compostela Convention with respect to the prevention and awareness mechanisms to counter trafficking in human organs. The replies to the questionnaire will be assessed against the related background information provided by the Parties when answering the "General Overview" questionnaire on the implementation of the

[2] Committee of the Parties of the Convention against Trafficking in Human Organs (Santiago de Compostela Committee), *List of decisions*, 4th Plenary Meeting (25-26 October 2023), T-THO (2023) LD2, paragraph 6.2.

Santiago de Compostela Convention (hereinafter "Country Profile Questionnaire" or "CPQ"), and any other relevant information from reliable sources.

5. It is recalled that, in accordance with Rule 27 of the Committee's Rules of Procedure:

> *"(…) 2. The secretariat shall address such questionnaires to the Parties through the member in the Santiago de Compostela Committee representing the Party to be monitored and who will act as "contact point".*
> *3. Parties shall coordinate with their respective domestic authorities to collect replies, which shall be submitted to the secretariat in one of the official languages of the Council of Europe within the time limit set by the Santiago de Compostela Committee. The replies to the questionnaires shall be detailed, as comprehensive as possible, answer all questions and contain all relevant reference texts. The replies shall be made public, unless a Party makes a reasoned request to the Santiago de Compostela Committee to keep its reply confidential.*
> *4. The Santiago de Compostela Committee may also receive information on the implementation of the Convention from non-governmental organisations and civil society involved in preventing and combating trafficking in human organs, in one of the official languages of the Council of Europe and within the time limit set by the Santiago de Compostela Committee. The secretariat transmits these comments to the Party or Parties concerned.*
> *5. The secretariat may request additional information if it appears that the replies are not exhaustive or are unclear. Where warranted, with the consent of the Party or Parties concerned and within the limits of budgetary appropriations, the Bureau may decide to mandate an on-site visit to the Party or Parties concerned to clarify the situation. The Bureau shall establish guidance as to the procedure governing the on-site visits pending any official guidelines agreed by the Santiago de Compostela Committee."*

PRELIMINARY REMARKS

6. The questions in this questionnaire are grouped around Article 21, paragraphs1 and 2 of the Santiago de Compostela Convention concerning issues of preventive actions, data collection and exchange of information, training to healthcare professionals and relevant officials, and promotion of awareness-raising campaigns addressed to the general public.

7. This thematic questionnaire does not seek to collect information on the general legislative and institutional framework established by Parties to implement the Convention. Article 21, paragraphs 1, and 2 are aimed at providing for transparency in domestic transplantation systems of human organs, equitable access to transplantation services for patients, and adequate collection, analysis and exchange of information related to the offences covered by this Convention in cooperation between relevant authorities. This article also aims at strengthening the training of healthcare professionals and relevant officials and at the promotion of awareness-raising campaigns addressed to the public. This questionnaire focuses more narrowly on practical measures taken to prevent and combat against trafficking in human organs and includes highlighting protocols to identify and report trafficking in human organs, training programmes aimed at preventing this activity, and raising awareness for patients and other groups.

8. Responses to this thematic questionnaire will be understood against the background information submitted by Parties in reply to the CPQ. Whenever warranted, Parties are invited to refer to such information. Where questions overlap between the CPQ, and

this questionnaire, the replies to the latter will be assessed by the Committee to prepare its implementation reports of the Convention concerning the monitoring theme.

9. If there are differences with the information provided in response to the CPQ and the 1st monitoring round, Parties are kindly requested to specify which State bodies/agencies and, where relevant, NGOs, contributed to responding to this questionnaire.

10. Parties are kindly requested to specify whether the measure in criminal law, administrative law, and/or whichever other measure is involved when responding to each question and each part of the question.

11. Parties are kindly requested to:

    a. answer the questions regarding central, regional and local levels, to the extent possible. Federal states may, with respect to their sovereign entities, answer the questions in a summarised way;
    b. provide the relevant text for the relevant provision (or a summary thereof), in English or French only, whenever questions/answers refer to legislation or other regulations.

Chapter V – Prevention measures

Article 21 – Measures at domestic level

1. Each Party shall take the necessary legislative and other measures to ensure:

    a. the existence of a transparent domestic system for the transplantation of human organs;

    b. equitable access to transplantation services for patients;

    c. adequate collection, analysis and exchange of information related to the offences covered by this Convention in co-operation between all relevant authorities.

2. With the aim of preventing and combatting trafficking in human organs, each Party shall take measures, as appropriate:

    a. to provide information or strengthen training for healthcare professionals and relevant officials in the prevention of and combat against trafficking in human organs;

    b. to promote awareness-raising campaigns addressed to the general public about the unlawfulness and dangers of trafficking in human organs.

Explanatory Report

Chapter V – Prevention measures

Article 21 – Measures at domestic level

125. The purpose of Article 21 is to prevent trafficking in human organs by obliging Parties to address some of its root causes. Hence Parties shall in accordance with paragraph 1 ensure the existence of a transparent domestic system for the transplantation organs; equitable access to transplantation services for patients, and finally, adequate collection, analysis and exchange of relevant information pertaining to trafficking in human organs between all relevant domestic authorities. Parties may wish to consider the provisions of Articles 3 – 8 of the Additional protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin, when reviewing their current transplantation systems in the light of this Article.

126. The issue of "transparency" is important, because it reduces the risk of illicitly removed organs being introduced into the legitimate domestic transplantation system. "Equitable access to transplantation services" means that Parties should ensure a "level playing field" in terms of the allocation of organs for all patients awaiting implantation. Ensuring a strong cooperation between the many different competent authorities involved in combatting trafficking in human organs is a prerequisite for achieving any measure of success. In this respect, the negotiators decided to put special emphasis on the collection, analysis and exchange of information between these authorities, thus enabling them to take timely action to prevent the crimes set out in the Convention.

127. Paragraph 2, letter a, obliges Parties to take measures, as appropriate, with regard to providing information and strengthening training, e. g. on how to detect indications of trafficking in human organs, for healthcare professionals and relevant officials. According to letter b, Parties are furthermore obliged to promote, as appropriate, awareness-raising campaigns addressed to the general public on the unlawfulness and dangers of trafficking in human organs.

This section aims to collect information on internal protocols to identify trafficking in human organs for purposes of transplantation and other purposes, and other forms of illicit removal and illicit transplantation.

Question 1.

Which legislative, policy, strategic, and other measures have been taken to develop and implement protocols to facilitate the identification of trafficking in human organs and other forms of illicit removal and illicit transplantation[3]:

By those involved in the supply, procurement and transplantation programmes (both public and private agents

Medical system:

- National measures
  Norway has one national transplantation centre and a national waiting list for organs. Information about activities and waiting lists for organ donation is published in Norwegian language here: Statistikk - Stiftelsen Organdonasjon. There are additional national registries for patients with chronic organ failure, such as for instance kidney failure. Information about the national kidney register is available in Norwegian language here: Norsk nyreregister - Nasjonalt Servicemiljø for Medisinske kvalitetsregistre. In the national registries, suspected cases of organ trafficking are registered, and supplementary information provided for instance about the country the transplantation took place. These are patients that were on the Norwegian organ transplantation waiting list and came from abroad with a transplanted organ not considered legally transplanted (i.e. not living related donor abroad). The information is not publicly available.
- International measures
  The Norwegian member of the Terms of Reference - European Committee on Organ Transplantation (CD-P-TO) is from The National treatment service for organ transplantation at Oslo University Hospital. He is contributing on behalf of Norway in the European Directorate for the Quality of Medicines & HealthCare (EDQM) fight against unethical transplantation practises described in Highlights 2022 - EDQM annual report. As described in the report, they have The EDQM Network of National Focal Points on Travel for Transplantation (NETTA) promoting international exchange of information about patients who travelled abroad to receive an organ transplant. The aim of the work is to get more information about organ trafficking, identify possible transplant tourism hotspots and profile donors and recipients.

Legal system:

- The prohibition against human trafficking was introduced in 2003, following Norway's ratification of the UN Palermo Protocol. The provisions on human trafficking and aggravated human trafficking are found in the Norwegian Penal Code 2005 §§ 257 and 258, cf. § 257 first paragraph: “Any person who by violence, threats, taking advantage of a vulnerable situation or other improper conduct forces, exploits or deceives another person into/for […] *consenting to the removal of one of the person's internal organs*, shall be punished for human trafficking with imprisonment for a term not exceeding six years.”, cf. third paragraph “Any person who commits an act as specified in the first or second paragraph against a person who is under 18 years of

[3] “other forms of illicit removal and illicit transplantation” has the meaning provided by paragraph 20 of the Explanatory Report and by Article 4, paragraph 4, and Article 6 of the Convention.

age shall be subject to punishment regardless of whether the act involved violence, threats, taking advantage of a vulnerable situation or other improper conduct."

Information concerning human trafficking, including organ trafficking, (statistics, not case information) is reported to the Coordination Unit Against Human Trafficking (KOM). The KOM is administratively subordinate to the Police Directorate (POD) and has a separate mandate from the Ministry of Justice and Public Security (JD). (The unit shall not have an operational role in individual cases). So far, there are no registered convictions concerning human trafficking in human organs.

Question 2.

Specify legislative, policy, strategic, and other measures that have been taken to ensure transparency and fairness in the domestic system for the transplantation of organs:

a. Please state if there is an audit of the donation and transplants, and the transplantation system.

The donation and transplantation centres in Norway must be approved by the Norwegian Directorate of Health to be allowed to offer organ donation and/or transplant organs.

There is an additional Norwegian Board of Health Supervision auditing the transplantation centre and donation centres in Norway.

b. If so, is this an independent audit, whether internal or external to the organisation?

Both audits mentioned above are from external organisations (The Norwegian Directorate of Public Health is responsible for approving, and The Norwegian Board of Health Supervision is responsible for the audit) of the health trusts involved in organ donation- and transplantation.

c. Does the audit have as an aim the identification of weaknesses in systems that hinder or do not facilitate the detection and reporting of suspected offences contained in articles 4 to 8, and 9 in this Convention?

The approval from the Norwegian Directorate of Health does not include such an audit.

The auditing from the Norwegian Board of Health Supervision is performed on a regular basis. There are different focus areas under each supervision. The last supervision was performed in 2024, with a report available in Norwegian language here: Rapport - tilsyn med organdonasjon og organtransplantasjon 2024 | Helsetilsynet. As stated in the report, one of the areas looked upon was cooperation in the exchange of organs across national borders.

d. Please state the frequency of such audits

The Norwegian Directorate of Health approves the donation and transplantation centres. The approval may be withdrawn if the healthcare activity is not in accordance with the law and/or the terms of approval.

The Norwegian Board of Health Supervision audits the organ donation- and transplantation activities on a regular basis. There are no formal requirements for the content or frequency of audits but is has been done with intervals of approximately each three years. These audits cover all transplantation and donation activities in

Norway, but the focus areas of the audits may vary. As stated above, the audit may also include cooperation across borders.

e. Are the audits mandatory or voluntary?

Both audits mentioned above are mandatory.

Data Collection, Analysis, and Exchange of Information

This section concerns the effective collection, collation, and analysis of data, and exchange of information related to the offences covered by this Convention between all relevant authorities that support the identification and prevention of trafficking in human organs for purposes of transplantation and other purposes, and other forms of illicit removal and illicit transplantation.

Question 3.

a. Which legislative, policy or other measure mandates and supports the collection, collation, analysis of data and the exchange of information between authorities in order to enable them to take timely actions to prevent the crimes set out in this Convention?

Medical system:
Information concerning suspected cases of organ trafficking is reported to the national registries for chronic organ failure. This is described under point 1 above.

Legal system:
Information concerning human trafficking, including organ trafficking, (statistics, not case information) is reported to The Coordination Unit Against Human Trafficking (KOM). This is described under point 1 above. KOM collects the data from Lovdata and from stakeholders implementing measures against human trafficking.

b. Please indicate if there is a system in place to collect, collate and analyse data relating to offences covered by this Convention. When did this system begin to operate?

Medical system:
In the national registries for chronic organ failure, suspected cases of organ trafficking are registered, including supplementary information provided, for instance information about the country where the transplantation took place. These are patients that were on the Norwegian organ transplantation waiting list and came from abroad with a transplanted organ not considered legally transplanted (i.e. not living related donor abroad). The information is gathered in each registry and analysed by the owner of the registry. There are different starting dates for the diverse registries. Regarding organ trafficking, the most relevant registry is the kidney and liver registry, which has been operative for several decades.

Legal system:

There is a national collection of data on criminal cases related to human trafficking in Norway with data from 2003. A summary of data is provided in Norwegian language here: rettsavgjorelser-om-menneskehandel.pdf. So far, there are no registered convictions concerning human trafficking in human organs.

c. Which authority has the primary responsibility for the collection, collation and analysis of data specific to offences covered by this Convention?

Medical system:
It is the national registries for chronic organ failure, and the most relevant registry is the kidney registry. The national health authorities are not responsible for these registries, but the public Health Trusts.

Legal system:
There is a national collection, collation and analysis of data on criminal cases related to human trafficking in Norway in the Coordination Unit Against Human Trafficking (KOM). This unit is administratively subordinate to the Police Directorate (POD) and has a separate mandate from the Ministry of Justice and Public Security (JD).

d. Which authority is responsible for the preparation and dissemination of such reports?

Medical system:
Responsible for preparation and dissemination of such reports are the Norwegian public Health Trusts.

Legal system:
Responsible for the dissemination is the Coordination Unit Against Human Trafficking (KOM) administratively subordinate to the Police Directorate (POD). As mentioned above, KOM has a specific mandate from the Ministry of Justice and Public Security (JD).

e. Are reports shared with all relevant authorities? Please also include the frequency of such reporting.

Medical system:
Information about organ trafficking in the medical reports from the national registries for chronic organ failure are not published. Aggregated data are shared with health authorities, i.e. The Norwegian Directorate of Health. This is usually performed annually during a contact meeting between the health authorities and The Health Trusts.

Legal system:
The annual reports of legal cases are publicly available at the website for the Coordination Unit Against Human Trafficking (KOM) (in Norwegian). The last report

from 2024 is available in Norwegian language here: rettsavgjorelser-om-menneskehandel.pdf.

f. Which authorities are involved in the exchange of information and reports?

In 2018, a national network was established to work against human trafficking in the health and care services in Norway. A mandate for this network was given in the Government's Action Plan against Human Trafficking. The network has representatives from the health and care services, including public administration, health broads, legal expertise, and universities.

The network has published its last report in 2024 with a summary of the work performed by the network in 2021-2023. A summary of recommendations is provided in Norwegian here: Oppsummering av nettverkets anbefalinger - Helsedirektoratet,

g. Do any relevant authorities not share data? If so, please specify the legal reason for not doing so.

Public data may be shared between the authorities, but not information excluded from public access cf. inter alia The General Data Protection Regulation (GDPR).

h. Do the measures and systems permit the exchange of information with relevant authorities in different countries (at both the national and international levels)? If so, please indicate whether there is a designation of a single contact point for this exchange.

Medical system:
The Norwegian member of the Terms of Reference - European Committee on Organ Transplantation (CD-P-TO) is from The National treatment service for organ transplantation at Oslo University Hospital. He is contributing on behalf of Norway in the European Directorate for the Quality of Medicines & HealthCare (EDQM) fight against unethical transplantation practises described in Highlights 2022 - EDQM annual report. As described in the report, they have The EDQM Network of National Focal Points on Travel for Transplantation (NETTA) promoting international exchange of information about patients who travelled abroad to receive an organ transplant. Public data may be shared between the authorities, but in general not information excluded from public access cf. inter alia The General Data Protection Regulation (GDPR).

Legal system:
The Norwegian government has developed comprehensive action plans and guidelines to combat human trafficking, which include provisions for international cooperation (cf. norwegian_plan_against_human_trafficking.pdf and Norway - United States Department of State). National Strategy against Human Trafficking 2025-2030, Nasjonal-strategi-mot-menneskehandel.pdf, was launched on May 28, 2025. A key component of this system is the Coordination Unit Against Human Trafficking (KOM), which plays a central role in coordinating efforts and information exchange.

KOM collaborates with various stakeholders, including international organizations, to ensure effective communication and cooperation.

Otherwise, as mentioned above, public data may be shared between the authorities, but in general not information excluded from public access cf. inter alia The General Data Protection Regulation (GDPR). But the duty to avert, for instance under Penal Code § 196, overrides any confidentiality obligation. Severe human trafficking is covered by this duty to avert.

Prevention and Training

This section aims to collect information on policies, strategies, plans and activities to prevent the trafficking in human organs for purposes of transplantation and other purposes, and other forms of illicit removal and transplantation. The questions concern all those whose responsibilities it is to procure and supply human organs for human transplantation and those whose responsibilities it is to prevent and combat the aforementioned activities.

Question 4

Which legislative, policy, strategic and other measures have been taken to provide training to prevent the trafficking in human organs for purposes of transplantation and other purposes, and other forms of illicit removal and illicit transplantation to:

a. those involved in all the stages included in the process of the procurement, supply, and transplantation programmes (both public and private agents)?

In general, there are several efforts to improve knowledge and cooperation among various stakeholders, including law enforcement, healthcare professionals, and NGOs. Regular training programs are conducted to educate relevant authorities and professionals about the risks and signs of human trafficking, in human organs, included in human organs. See also KOM's guide "Identification of Possible Victims of Human Trafficking" here.

The public health services in Norway are included in the process of the procurement, supply, and transplantation programmes. This is mainly medical doctors undergoing education to be formally approved as medical specialists.

b. Specialist doctors who monitor and treat recipients whose transplant has been performed in another country outside their usual place of residence?

This is mainly nephrologists who have to undergo a specialised educational system in order to be formally approved as specialists in nephrology. Norway offers specialized training programs for doctors in transplant medicine, ensuring they are equipped to handle complex cases, and collaborates with international medical institutions to stay updated on best practices and advancements in transplant care (Norway: Health System Summary, 2024). Otherwise, to our knowledge, there is no specific formal training in of illicit organ removal and transplantation.

c. Other immunology services that perform donor-recipient histocompatibility studies for human organ transplantation?

This is health and laboratory personal who has to undergo an educational system to be formally approved. To our knowledge, there is no formal training in of illicit organ removal and transplantation.

d. other logistical services, including transportation, for human organs for transplantation?

There is ordinary supervision of logistical services, including transportation. To our knowledge, there is no regular measures including formal training of involved personal regarding illicit organ removal and transplantation.

e. allied healthcare professionals and officials, law enforcement, customs/border surveillance services, and the regulatory authorities providing oversight of the human organ transplantation authority?

There is ordinary supervision of these national services. To our knowledge, there is no regular measures including formal training of involved personal regarding illicit organ removal and transplantation.

f. Specialised criminal investigation units/bodies in the investigation of offences covered by this Convention?

There is ordinary supervision of these national services. To our knowledge, there is no regular measures including formal training of involved personal regarding illicit organ removal and transplantation.

Norway has anyhow established specialized criminal investigation units/functions to address offences covered by the Council of Europe Convention against Trafficking in Human Organs.

These units/functions are part of the broader efforts to combat human trafficking and related crimes.

Question 5

Are there any oversight programmes to assess the frequency and effectiveness of the training provided? If so, are there revision programmes to ensure remedial actions for any deficiencies identified?

The donation centres in Norway make annual reports on their training program for health personnel involved in organ donation and -transplantation. The reports are delivered to the Norwegian Directorate of Public Health. So far, there has been reporting on training programs, but not specifically acting against organ trafficking.

Awareness Raising

This section concerns awareness-raising programmes aimed at identifying measures for educating the general public, and civil society, on the risks and unlawfulness of trafficking in human organs.

Question 6

Please elaborate on the strategies, policies and other measures that have been planned or implemented:

a. To educate the general public on risks associated with the trafficking in human organs.

   There are no such plans. There are about 500 persons in Norway on a waiting list for organs, and we focus on education to this targeted group, and not the general public.

   In the information sent from nephrologists to living kidney donors there is inserted information that organ trafficking is illegal in Norway. This information is provided by The Norwegian Society of Nephrology at their website Information to living donors (nephro.no).

   The National treatment service for organ transplantation in Norway is located at Oslo University hospital. The hospital has an imam who has been working with campaigns among Muslims promoting that "organ donation is a good deed" as described here: Sykehusimam: — Organdonasjon er en god gjerning | LNT.

b. To encourage civil society, including patients' associations, academia, publishers, media, online platforms, industry, and other relevant organisations, to engage in

   a. raising public awareness campaigns, and, or on the unlawfulness and dangers of trafficking in human organs for human transplantation.

      There are about 500 persons in Norway on a waiting list for organs. We have planned to target the campaign to this targeted group, and not the general public.

   b. the promotion of awareness-raising measures provided by public authorities

The Coordination Unit Against Human Trafficking (KOM) has published a guideline for identification of potential victims of human trafficking. It is published in Norwegian language and available here: veileder-for-identifisering-av-mulige-ofre-for-menneskehandel.pdf.

c. To raise awareness of media, including social media and e-commerce platforms, and other virtual sites that facilitate information linking potential donors and recipients of human organs for transplantation of the illegality of illicit solicitation, recruitment, offering and requesting of undue advantage, including the making of a financial gain or other comparable advantage.

   To our knowledge, there is no such initiatives in Norwegian language.

Question 7

Are there national oversight measures adopted to assess the effectiveness of awareness campaigns carried out by the institutions/organisations, whether public or private? If so, please specify.

To our knowledge, there are no such national oversight measures.