



T-THO (2023) CPQ

GENERAL OVERVIEW QUESTIONNAIRE

COUNTRY PROFILE QUESTIONNAIRE NORWAY

COUNCIL OF EUROPE CONVENTION AGAINST TRAFFICKING IN HUMAN ORGANS

**As adopted by the Santiago de Compostela Committee
in Plenary meeting
on 25-26 October 2023**

Replies should be addressed to the Committee Secretariat
by **3rd May 2024**
(organtrafficking@coe.int)

The convention: <https://rm.coe.int/16806dca3a>

Document prepared by the Committee of the Parties' Secretariat

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I. INTRODUCTION

1. The Council of Europe Convention against Trafficking in Human Organs¹ (hereinafter “the Santiago de Compostela Convention” or “the Convention”), which entered into force in March 2018, requires criminalisation of illicit removal of human organs, the use of illicitly removed organs for purposes of implantation or other purposes than implantation, illicit solicitation, recruitment, offering and requesting of undue advantages and preparation, preservation, storage, transportation, transfer, receipt, import and export of illicitly removed human organs. The Convention provides a framework for national and international co-operation across the different sectors of the public administration, measures for coordination at national level, preventive measures at domestic and international level and protection of victims and witnesses. Furthermore, it foresees the establishment of a monitoring body to oversee the implementation of the Convention by the States Parties.
2. The Committee of the Parties to the Convention (also known as the “Santiago de Compostela Committee” or “the Committee of the Parties), established to monitor whether Parties effectively implement the Convention, decided that:

1. Following ratification and within six months from the entry into force of the Santiago de Compostela Convention in respect of the Party concerned, every Party to the Convention shall be required to reply to a questionnaire aimed at providing the Santiago de Compostela Committee with a general overview of the legislation practice, institutional framework and policies for the implementation of the Convention at the national, regional and local levels. Thereafter, the Parties should regularly inform the Santiago de Compostela Committee of any substantial changes to the situation described in their replies to the General Overview Questionnaire.

2. States having signed the Convention shall be invited to reply to the questionnaire referred to in paragraph 1 of this rule.

3. The secretariat shall compile the replies received and make them public on the Committee’s website².

3. 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 shall be detailed, as comprehensive as possible, answer all questions and contain all relevant

¹ Council of Europe Convention against Trafficking in Human Organs (CETS No. 216), Santiago de Compostela, 25/03/2015.

² Santiago de Compostela Committee’s Rules of Procedure, Rule 25.

reference texts. The replies shall be made public, unless a Party makes a reasoned request to the Santiago de Compostela Committee to keep a 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(ies) 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 in 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.

4. The purpose of this general questionnaire is to collect information to provide the Committee of the Parties with an overview of the situation, which will constitute the general framework within which it will assess replies by Parties to the thematic questionnaire for the first monitoring round (see Rule 25 of the Committee's Rules of Procedure).

II. PRELIMINARY REMARKS

5. The provisions of the Santiago de Compostela Convention have been grouped under different Sections in this questionnaire without necessarily following the structure of the Convention. This methodological choice in no way intends to prioritise the various provisions of the Convention: equal importance is attached to all rights and principles therein.
6. Parties will be invited to update their replies to this Country Profile Questionnaire when they will receive the next thematic monitoring questionnaire. Responses to a thematic questionnaire should therefore be interrelated and combined with the responses provided in the context of this questionnaire.
7. Parties are kindly requested to:
 - answer the questions with regard to central, regional and local levels to the extent possible. Federal states may, in respect of their sovereign entities, answer the questions in a summarised way;

III. GENERAL LEGAL FRAMEWORK AND ALIGNMENT OF THE CONVENTION

IV.

Preliminary remark

The responses concerning the legal measures are mainly based on unofficial translations of the Norwegian regulations and are provided for information purposes only.

Question 1: Non-discrimination

Is discrimination, on grounds such as the ones mentioned in the indicative list in **Article 3**, prohibited in the implementation of the Convention, in particular in the enjoyment of the rights guaranteed by it? If so, please specify.

Discrimination in Norway is prohibited according to the national [Act relating to equality and a prohibition against discrimination \(Equality and Anti-Discrimination Act\)\(lovdata.no\)](#).

The purpose of this Act is to promote equality and prevent discrimination based on gender, pregnancy, leave in connection with childbirth or adoption, care responsibilities, ethnicity, religion, belief, disability, sexual orientation, gender identity, gender expression, age or other significant characteristics of a person.

Question 2: Overview of the implementation

Please indicate (without entering into details):

- a. the main legislative or other measures to combat against the trafficking in human organs in accordance with the Convention;

Legislative measures

The Convention is implemented in Norwegian law by the Human Rights Act Section 2, the Transplantation Act, the Autopsy Act and the Norwegian Penal Code, see the English translation of the Penal Code here: [The Penal Code](#).

According to the [Transplantation Act](#) it is forbidden to remove, insert or use human organs, cells or tissues to obtain financial gain or undue advantage, as well as to demand, offer, accept or give such gain or advantage.

Anyone who intentionally or with significant negligence breaks the rules in the Transplantation Act Section 5, 6, 7, 10, 12, 13, 16, 17, 19 or 20, or in regulations based on them, is punished with fines or imprisonment of up to 2 years. The same applies to anyone who uses, buys, prepares, preserves, stores, transports, transfers, accepts, introduces or performs organ removal in violation of the rules in Section 5, 6, 7, 10, 12, 13, 16 or 20, cf. The Transplantation Act Section 23 a.

Serious violations of Section 5, 6, 7, 10, 12, 13 or 20 in the Transplantation Act, or of regulations that are based on these provisions, will be punished by imprisonment up to 6 years, cf. The Transplantation Act Section § 23 b.

In addition, there are requirements for approval of donor hospitals and transplant clinics. The approval requirement follows from regulation on human organs for transplantation Section 4 which states that donation and transplantation can only take place at establishments that have been approved by the Norwegian Directorate of Health. Insertion of organs by activities that have not been approved will be a breach of the regulations that can be punished according to Section 23 second paragraph of the Transplantation Act. Human organs can only be removed under the conditions and for the purposes determined by law. Any other use will be a breach of the Transplantation Act and will be punishable under Section 23 second paragraph of the Transplantation Act.

Section 257 of the Penal Code states that whoever, by violence, threats, abuse of a vulnerable situation or other inappropriate behaviour coerces, exploits or induces a person to consent to removal of one of the person's organs, is punishable by imprisonment for up to 6 years. According to Section 258 of the Penal Code, serious violations of Section 257 are punishable by imprisonment for up to 10 years.

Other measures

International cooperation

The Norwegian member of the 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 serves to shed light on this phenomenon, identify possible transplant tourism hotspots and profile donors and recipients. It also provides insight into the quality of transfer of care and its impact on post-transplant outcomes. By the end of 2022, it contained information on almost 800 patients.

Other national measures

The national agency Kripos ([The National Criminal Investigation Service \(politiet.no\)](#)) is the national contact point for the exchange of information on organ trafficking in Norway.

The Ministry of Justice and Public Security in Norway assesses continuously the need to implement information measures concerning prevention and combating organ trafficking in line with the requirements of the Convention.

Living kidney donors may be compensated for loss of income and expenses during the donation process. National guidelines for economical compensation are provided by the national donation and transplantation hospital, Oslo University Hospital.

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 \(nephro.no\)](https://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. whether your country has adopted a national strategy and/or Action Plan to combat against the trafficking in human organs. If so, please specify the main fields of action and the body/bodies responsible for its/their implementation;

As of now (April 2024) there is no national strategy or action plan to combat trafficking in human organs or to combat human trafficking in general. An action plan against human trafficking from 2016 has not been renewed. However, several of actions established in the now expired action plan are functioning. None of the actions were however specifically targeted at trafficking in human organs.

When it comes to bodies responsible for actions against human trafficking in general, the previous action plan established The Coordination Unit against Human Trafficking that is part of the National Police Directorate.

When it comes to bodies responsible for actions against human trafficking in general, an inter-ministerial working group is run by the Ministry of Justice and Public Security. This body is not a decision-making unit, but a place for mutual information sharing and agreeing on what actions to suggest to the political level. In addition, KOM (Coordinating Unit against Human Trafficking), placed at the National Police Directorate, is one of the measures implemented by the authorities to combat human trafficking, intended as a driving force in ensuring interagency cooperation and coordination. The unit is not a decision-making unit. The unit is run by two senior advisers.

KOM's mandate is to: improve coordination between the authorities and NGOs, assist anti-trafficking stakeholders by providing methods to detect and mobilize adequate support and protection for victims, and provide cross-disciplinary exchange of information and capacity building within the human trafficking field. KOM works on a strategic level and does not deal with individual cases of THB.

- c. If there has not been any adoption of a national strategy and/or Action Plan to combat against the trafficking in human organs, whether there is a strategy and /or Action Plan by a particular Ministry or State Agency that leads on this nationally.

There is no current national strategy as outlined in question 2b.

- d. Regarding compliance with the content of the Convention, does your country's domestic law comply with the concepts of:
- "trafficking in human organs" (Article 2)
 - "human organ" (Article 2)
 - "financial gain or comparable benefit" (Article 4)?

Article 2: The scope of the Norwegian Transplantation Act is inter alia to prevent and fight against trafficking in human organs. The Act applies to all stages in the process of donation and transplantation of living human organs, cells and tissues to another human being. The Act also applies to organs that have been taken out in violation of the rules in Section. Section 5, 6, 7, 10, 12, 13, 16 or 20 and associated actions. The purpose and the scope of the Transplantation Act have been adjusted to ensure that all actions that are to be punishable under the Convention also become punishable under Norwegian law.

Article 4: According to articles 4 and 7 of the Convention, it is forbidden to receive financial gain or an equivalent benefit in return for human organs. In Norwegian law, this requirement is fulfilled in the Transplantation Act which states that it is forbidden to remove, insert or use human organs, cells or tissues to obtain financial gain or undue advantage, as well as to demand, offer, accept or give such gain or advantage. Complicity in such acts is punishable under the Transplantation Act, cf. Section 15 of the Penal Code. Furthermore, human organs can only be removed under the conditions and for the purposes determined by law. Other actions may be punished according to the Transplantation Act.

- e. Does your legal system provide the compensation for an organ donation (Article 4 para. 3)? If so, which concepts are legally included in the term "compensation"?

All actions intended to achieve financial gain as a result of the donation of organs, cells or tissue for transplantation are prohibited, cf. the Transplantation Act Section 20, cf. Section 23 a. The same applies to complicity. The purpose of the ban on commercial exploitation shall not affect services or actual costs in connection with the legal dissemination of biological material. All expenses and loss of income incurred by a donor as a result of the donation must however be compensated, cf. The Transplantation Act Section 18.

- f. Does your legal system provide for the possibility that persons without the capacity to decide may donate organs? If so, under what conditions, circumstances and requirements?

In general, removal of organs, cells and tissues from persons under the age of 18 and from adults who do not have the competence to consent can only take place in exceptional cases. Removals can never be carried out against the will of a donor who does not have the competence to consent.

Conditions

The conditions are stated in The Transplantation Act Section 5:

Removal of organs, cells and tissues can only take place if the procedure is not risky for the physical or mental health of the donor.

Further conditions:

The removal of organs, cells and tissues from persons between the ages of 12 and 18 can only take place in exceptional cases. In the assessment of whether there are exceptional cases, emphasis must, among other things, be placed on whether:

- a. transplantation is necessary to save the life of the recipient,
- b. there is another relevant donor,
- c. the donor has a strong connection to the recipient,
- d. whether the removal implies a major intervention,
- e. whether the removal in question only will be applied to renewable tissues, cf. Section 3 letter c, and if
- f. the donor is mature enough to understand the implications of the intervention.

Removals from children under the age of 12 and from adults who do not have the competence to consent can only take place if:

- a. it is a removal of renewable tissue,
- b. the donation is necessary to save the life of the recipient,
- c. there is not a donor with consent competence who shares enough of the most important tissue types (is tissue compatible), and
- d. the recipient is a sibling, child or parent, or in special cases otherwise closely related to the donor.

If the conditions mentioned above are fulfilled, who can consent?

For persons who have not reached the age of 18, the parents, or others with parental responsibility according to the Children's Act, have under these conditions the right to consent to the donation. Donation cannot take place if the parents are not in agreement.

A patient who has been deprived of legal capacity to act in the personal area must, to the greatest extent possible, consent to all forms of health care. The competence to consent may be waived in whole or in part if the patient, due to physical or mental disturbances, senile dementia or mental retardation, is obviously unable to understand what the consent includes. If so, the guardian can consent on behalf of the patient.

The Transplantation Act Section 7 has rules concerning who has the right to consent to a donation from a living donor. When the donor is under 18, the parents, or others with parental responsibility according to the Children's Act, must consent together with the child. Donation cannot take place if the parents disagree. In order for the consent to be valid, the donor and the person who has the competence to consent must have received appropriate information about the state of health of the donor and about the procedure.

Removal of organs from a deceased donor

Removal of organs from a deceased donor can take place if the deceased had given consent to donation or if there are no circumstances which indicate that the deceased would have objected to donation. Persons who have reached the age of 16 have the right to consent to organ, cell and tissue donation is being carried out after they have died. When the deceased has given consent, relatives cannot refuse a donation.

For persons who have not reached the age of 16, the parents, or others with parental responsibility according to the Children's Act, have the right to consent to donation after they have died. Donation cannot take place if the parents are not in agreement. If no one has parental responsibility, the guardian, or the deceased's next of kin if there is no appointed guardian, has the right to consent to donation.

Question 3: National co-operation and information exchange

- a. Please describe how co-operation and exchange of information is ensured between representatives of health authorities, law-enforcement (e.g. police) and other competent authorities in order to prevent and combat effectively the trafficking in human organs (**Article 21, para. 1 letter (c)**);

The national agency Kripas ([The National Criminal Investigation Service \(politiet.no\)](http://politiet.no)) is the national contact point for the exchange of information on organ trafficking.

The Coordination Unit Against Human Trafficking ([Koordineringsenheten mot menneskehandel \(KOM\) \(politiet.no\)](http://politiet.no)) is one of the measures in the authorities' work against primarily human trafficking but does also have a role in organ trafficking. The Unit is a driving force for interagency and interdisciplinary collaboration. The Unit shall be a tool for coordination between authorities and organisations and assist with methods for the identification and mobilization of assistance and protection for victims, contribute with interdisciplinary information exchange and contribute to competence development.

- b. Which legislative or other structured measures have been taken to set up or ensure:
- the existence of a transparent domestic system for the transplantation of human organs (**Article 21 para. 1 letter (a)**);
 - equitable access to transplantation services for patients (**Article 21 para. 1 Letter (b)**);

- adequate collection, analysis and exchange of information related to the offences covered by the Convention (**Article 21 para. 1 letter (c)**);

Legislative measures

The requirement in Article 21 which states that the states must have an open and transparent system as concerns the transplantation of organs, is fulfilled in the regulation on human organs for transplantation Section 4 which states that transplantation can only take place at establishments approved by the Norwegian Directorate of Health, and the Transplantation Act Section 16 which states that the allocation of organs for transplantation must be based on medical criteria.

Other structured measures

- **National donation and transplantation hospitals/services**
The present organisation of hospitals in Norway is that there are 28 approved donation hospitals, and only one approved transplantation hospital. This ensures that all transplantations are provided by only one hospital, and the system is transparent with equal access to transplantation for Norwegian citizens.
- **National donation waiting lists**
The present organisation in Norway with only one transplantation hospital, ensures that we have only one national organ waiting list with equal criteria for transplantation.
- **National donation and transplantation statistics**
The national transplantation hospital in Norway provides statistics for donation and transplantation activities that are publicly available.
- **National reports from donation and transplantation activities**
National reports from all organ donation and transplantation activities are published each year and publicly available from the transplantation hospital.
- **National approval of donation and transplantation hospitals**
The donation and transplantation hospitals in Norway is approved by the Norwegian Directorate of Public Health. This ensures quality of care and transparency for the public. Yearly reports from the hospitals are published on the directorate's website.

- c. Please indicate the healthcare professionals and relevant officials (including police, legal professionals) as well as civil society in the prevention of and combat against trafficking in human organs. Please indicate how healthcare professionals and relevant officials (including police, legal professionals) are trained for this purpose and how resources are secured for them (**Article 21, para. 2**);

Health personnel must carry out their work in accordance with the requirements in the [Health Personell Act](#) Section 4. The Health Personnel Act Chapter 11 has rules on reactions to violations of the Act's provisions. The authorisation, license or specialist approval may be suspended or restricted by The Norwegian Board of Health Supervision.

The Norwegian Board of Health Supervision can issue orders to health personnel to carry out measures to raise their competence. The order can be issued when health personnel intentionally or negligently violate duties under the Health Personnel Act or regulations issued pursuant to it. The order must be necessary to prevent health personnel from committing new offences.

The Coordination Unit Against Human Trafficking ([Koordineringsenheten mot menneskehandel \(KOM\) \(politiet.no\)](#)) is one of the measures in the authorities' work against human trafficking, included organ trafficking. The Unit is a driving force for interagency and interdisciplinary collaboration. The Unit shall be a tool for coordination between authorities and organisations and assist with methods for the identification and mobilization of assistance and protection for victims, contribute with interdisciplinary information exchange and contribute to competence development.

The Unit organizes national seminars which have an inter-departmental and multi-disciplinary focus and shine a spotlight on needs and tools for good interaction. The aim is to increase the various actors' knowledge of the phenomenon of human trafficking, how this type of crime affects the individual actors' core businesses and to increase knowledge of the various actors' roles and responsibilities.

- d. Please describe how campaigns about the unlawfulness and dangers of trafficking in human organs are promoted ((**Article 21, para. 2 letter (b)**));

There are no specific national campaigns concerning the unlawfulness and dangers of trafficking in human organs.

However, the Health Services have been trying to increase organ availability through use of living kidney donors and Controlled Donation after Circulatory Death (cDCD). Oslo University Hospital has published guidelines for use of living kidney donors ([Information to lining donors \(nephro.no\)](#)) and cDCD ([eHåndbok - Organdonasjon - avdødgiver - cDCD - Kontrollert donasjon etter sirkulatorisk død – Overordnet dokument for cDCD \(ous-hf.no\)](#)).

In the information sent 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 lining donors \(nephro.no\)](#).

- e. Is prohibited any advertisement of the need for, or availability of human organs, with a view to offering or seeking financial gain or comparable advantage? (**Article 21, para. 3**);

All actions intended to achieve financial gain as a result of the donation of organs, cells or tissue for transplantation are prohibited, cf. Transplantation Act Section 20, cf. Sections 23 a and 23 b. The same applies to complicity in someone receiving such gain. The provision also covers advertising of the need for organs or access to organs when this is done with the aim of offering or seeking to achieve financial gain. Such activities are therefore illegal in Norway.

Question 4: International cooperation

- a. Please indicate the national contact point responsible for the exchange of information pertaining to trafficking in human organs (**Article 22, letter (b)**).

Regarding legislation and criminal investigation:

The national agency Kripos (National Criminal Investigation Service) is the national contact point for the exchange of information on organ trafficking.

Contact information: Telephone + 47 23 20 80 00

Email: kripos@politiet.no

Address: Postboks 2094 Vika, 0125 Oslo

Regarding medical issues:

The Norwegian member of the European Committee on Organ Transplantation (CD-P-TO) is from The National treatment service for organ transplantation.

Contact information: Telephone + 47 23 07 00 00

Email: post@oslo-universitetssykehus.no

Address: Postboks 4950 Nydalen, 0424 OSLO

- b. Please, indicate the national authorities involved in the fight against organ trafficking and their contact details.

Regarding legislation and criminal investigation:

The national agency Kripos (National Criminal Investigation Service) is the national contact point for the exchange of information on organ trafficking.

Contact information: Telephone + 47 23 20 80 00

Email: kripos@politiet.no

Address: Postboks 2094 Vika, 0125 Oslo

Regarding medical issues:

The Norwegian Directorate of Health is competent authority on organ transplantation.

Contact information: Telephone +47 47 47 20 20

Email: postmottak@helsedir.no

Address: Postboks 220, Skøyen, 0213 Oslo

V. PROSECUTION OF PERPETRATORS OF TRAFFICKING IN HUMAN ORGANS

Question 5: Criminal Law offences

- a. Please indicate whether the intentional conducts in the box below are considered criminal offences in internal law.

Yes, they are.

- b. Do the offences in your internal laws require intentional conduct? If no, please provide information.

Intentional and grossly negligent violations of the Transplantation Act and its regulations and complicity in such violations can be punished with imprisonment. The provisions apply to all infringements of the Transplantation Act and associated regulations, but it will primarily be relevant for healthcare personnel. The penalty provisions apply to both organs, cells and tissues. Attempts to break the law and the regulations are not punishable.

Section 257 of the Penal Code states that whoever, by violence, threats, abuse of a vulnerable situation or other inappropriate behaviour coerces, exploits or induces a person to consent to removal of one of the person's organs, is punishable by imprisonment for up to 6 years. According to Section 258 of the Penal Code, serious violations of Section 257 are punishable by imprisonment for up to 10 years.

- c. Please highlight whether there are any other offences not included in the box below that involves trafficking in human organs in your country? Please provide their definitions and specify in which act these are included;

All relevant offences for this inquiry are accounted for in our response.

- d. According to the explanatory report para 29 it is left open for Parties to decide whether to apply Article 4, paragraph 1, Articles 5, 7 and 9 to the donor and/or the recipient. Please specify whether your internal law criminalize donors and/or the recipients for these criminal offences. Please explain the reasoning behind the regulation.

The Norwegian law does not criminalize donors and/or the recipients.

Article 4 – Illicit removal of human organs

1 Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the removal of human organs from living or deceased donors:

a where the removal is performed without the free, informed and specific consent of the living or deceased donor, or, in the case of the deceased donor, without the removal being authorised under its domestic law;

b where, in exchange for the removal of organs, the living donor, or a third party, has been offered or has received a financial gain or comparable advantage;

c where in exchange for the removal of organs from a deceased donor, a third party has been offered or has received a financial gain or comparable advantage.

(...)

Article 5 – Use of illicitly removed organs for purposes of implantation or other purposes than implantation

Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the use of illicitly removed organs, as described in Article 4, paragraph 1, for purposes of implantation or other purposes than implantation.

Article 7 – Illicit solicitation, recruitment, offering and requesting of undue advantages

1. Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the solicitation and recruitment of an organ donor or a recipient, where carried out for financial gain or comparable advantage for the person soliciting or recruiting, or for a third party.

2. Each Party shall take the necessary legislative and other measures to establish as a criminal offence, when committed intentionally, the promising, offering or giving by any person, directly or indirectly, of any undue advantage to healthcare professionals, its public officials or persons who direct or work for private sector entities, in any capacity, with a view to having a removal or implantation of a human organ performed or facilitated, where such removal or implantation takes place under the circumstances described in Article 4, paragraph 1, or Article 5 and where appropriate Article 4, paragraph 4 or Article 6.

3. Each Party shall take the necessary legislative and other measures to establish as a criminal offence, when committed intentionally, the request or receipt by healthcare professionals, its public officials or persons who direct or work for private sector entities, in any capacity, of any undue advantage with a view to performing or facilitating the performance of a removal or implantation of a human organ, where such removal or implantation takes place under the circumstances described in Article 4, paragraph 1 or Article 5 and where appropriate Article 4, paragraph 4 or Article 6.

Article 8 – Preparation, preservation, storage, transportation, transfer, receipt, import and export of illicitly removed human organs

Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally:

a) the preparation, preservation, and storage of illicitly removed human organs as described in Article 4, paragraph 1, and where appropriate Article 4, paragraph 4;

b) the transportation, transfer, receipt, import and export of illicitly removed human organs as described in Article 4, paragraph 1, and where appropriate Article 4, paragraph 4.

Article 9 – Aiding or abetting and attempt

1. Each Party shall take the necessary legislative and other measures to establish as criminal offences, when committed intentionally, aiding or abetting the commission of any of the criminal offences established in accordance with this Convention.

2. Each Party shall take the necessary legislative and other measures to establish as a criminal offence the intentional attempt to commit any of the criminal offences established in accordance with this Convention.

3. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, by a declaration addressed to the Secretary General of the Council of Europe, declare that it reserves the right not to apply, or to apply only in specific cases or conditions, paragraph 2 to offences established in accordance with Article 7 and Article 8.

Question 6: Jurisdiction

- a. With regard to the offences referred to in question 5, letters a, b and c, please indicate which jurisdiction rules apply. Please specify under which conditions, if required (**Article 10, Explanatory Report, paras. 64-75**).

Jurisdiction is established for actions that are punishable under the Convention, cf. Sections 4 to 6 of the Penal Code.

- b. According to your national legislation, is your country competent to investigate and prosecute suspected organ trafficking abroad? If yes, please specify in which cases.

Pursuant to the Penal Code Section 5 first paragraph no. 9, the Penal Code Section 257 and 258 on human trafficking also apply to actions carried out abroad by a Norwegian citizen, a person resident in Norway or on behalf of an enterprise registered in Norway. For the same group of persons, violations of criminal legislation, including penal provisions in the Transplantation Act, committed abroad may be punished in Norway if the act was also punishable in the country where the act was carried out, cf. Section 5 first paragraph no. 1.

Also for persons residing in Norway, violations of the criminal legislation committed abroad can be punished in Norway if the act was also punishable in the country where the act was carried out, but with the additional condition that the penalty must be imprisonment for more than 1 year, cf. Section 5 third paragraph, cf. Section 5 first paragraph no. 1 in The Penal Code.

Furthermore, violations of criminal law committed abroad by a foreigner with no connection to Norway can be punished in Norway if the act is directed at a Norwegian citizen or person resident in Norway and has a penalty of imprisonment for 6 years or more, cf. the Penal Code Section 5 fifth paragraph.

Question 7: Corporate liability

Does your system provide that a legal person may be held liable for an offence established in accordance with **Article 11**? Please specify under which conditions.

As stated above, it is forbidden to receive financial gain or an equivalent benefit in return for human organs, this implies for legal persons as well. In Norwegian law, this requirement is fulfilled in the Transplantation Act which states that it is forbidden to remove, insert or use human organs, cells or tissues to obtain financial gain or undue advantage, as well as to demand, offer, accept or give such gain or advantage. Complicity in such acts is punishable under the Transplantation Act, cf. Section 15 of the Penal Code. Furthermore, human organs can only be removed under the conditions and for the purposes determined by law. Other actions may be punished according to the Transplantation Act.

Anyone who intentionally or significantly negligently breaks the rules in the Transplantation Act Section 5, 6, 7, 10, 12, 13, 16, 17, 19 or 20, or regulations based on these provisions, is punished with fines or imprisonment. The same applies to anyone who uses, buys, prepares, preserves, stores, transports, transfers, accepts, introduces or performs organ removal in violation of the rules in Section 5, 6, 7, 10, 12, 13, 16 or 20.

When a penalty provision in the Penal Code or special legislation is violated by someone who has acted on behalf of an enterprise, the enterprise can be punished even if no individual has shown guilt or fulfilled the condition of saneness. By enterprise is meant different types of businesses: company, cooperative, association or other association, sole proprietorship, foundation, estate or public enterprise. The company can be punished in the form of fines. The enterprise can also be denied the right to carry out the business or prohibited from carrying out the business in certain forms and subject to confiscation. This follows from Section 27 of the Penal Code.

Question 8: Sanctions and measures

- a. Please indicate which sanctions internal law provides for the criminal offences established in accordance with the Convention with regard to both natural and legal persons. Please specify whether the sanctions are criminal, civil and/or administrative sanctions (**Article 12, Explanatory Report, paras. 83-87**);

See our response to question 2 letter a.

- b. Which legislative or other measures have been taken to provide for the possibility of taking into account final sentences passed by another Party in relation to the offences established in accordance with the Convention? Please provide details and describe any good practice resulting from the taking of these measures (**Article 14, Explanatory Report, paras. 95-100**).

The requirements in Articles 13 and 14 of the Convention that, when determining criminal sanctions, emphasis must be placed on specified conditions, are met in

Chapter 14 of the Penal Code. The requirements for criminal procedure legislation in Articles 15-20 are met in the Criminal Procedure Act.

Question 9: Aggravating Circumstances

Please indicate which of the circumstances referred to in **Article 13**, in so far as they do not already form part of the constituent elements of the offence, may, in conformity with the relevant provisions of internal law, be taken into consideration in your legal system as aggravating circumstances in the determination of the sanctions in relation to the offences established in accordance with this Convention (**Explanatory Report, paras. 88-94**).

The requirements in Articles 13 and 14 of the Convention that, when determining criminal sanctions, emphasis must be placed on specified conditions, are met in Chapter 14 of the Penal Code. The requirements for criminal procedure legislation in Articles 15-20 are met in the Criminal Procedure Act.

Question 10: Investigations and criminal measures

- a. Which legislative or other measures have been taken to ensure that investigations or prosecutions of offences established in accordance with the Convention shall not be subordinate to a complaint and that the proceedings may continue even if the victim has withdrawn his or her statement? (**Article 15, Explanatory Report, para. 101**).

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- b. Please describe which circumstances or other measures have been taken to ensure effective criminal investigation and prosecution of offences established in accordance with the Convention (e.g. carrying out financial investigations, the use of covert operations, other special investigative techniques (**Article 16**)).

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

Question 11: Measures of protection for the victim

- a. Please describe the measures taken to (**Article 18**):
 - ensure that victims have access to information relevant to their case and which is necessary for the protection of their health;

- assist victims in their physical, psychological and social recovery;
- provide for the right of victims to compensation from the perpetrators.

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

In Norwegian law, these requirements are fulfilled by provisions in a number of laws; Section 242 of the Criminal Procedure Act, in that the victim and the legal aid must, on request, be given access to familiarize themselves with the case's documents, the Victims of Violence Compensation Act, which gives the person who has suffered personal injury as a result of a criminal act that violates life, health or freedom the right to compensation for victims of violence from the state, patient - and the User Rights Act, which gives the right to necessary health care, and Section 17 of the Social Services Act, which gives the right to information, advice and guidance that can contribute to solving or preventing social problems.

- b. Please describe the measures taken to inform victims of their rights, the services at their disposal, the follow-up given to their complaint, the charges, the state of the criminal proceedings, and their role as well as the outcome of their cases (**Article 19, para. 1, letter (a) and para. 2**).

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- c. Please also indicate which measures have been taken to enable the victim to be heard, to supply evidence and the means of having his/her views, needs and concerns presented, directly or through an intermediary, and considered (**Article 19, para. 1, letter (b)**);

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- d. What kind of support services are provided to victims so that their rights and interests are duly presented and taken into account? (**Article 19, para. 1, letter (c)**)

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- e. Please describe the measures taken to provide the safety of the victims, their families and witnesses from intimidation and retaliation (**Article 19, para. 1, letter (d)**);

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- f. Please specify under which conditions victims of the offences established according to the Convention have access to legal aid provided free of charge (**Article 19, para. 3**).

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- g. Which legislative or other measures have been taken to ensure that victims of an offence established in accordance with the Convention in the territory of a Party other than the one where they reside may make a complaint before the competent authorities of their state of residence? (**Article 19, para. 4, Explanatory Report, para. 120**).

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

- h. Please describe how your internal law allows for groups, foundations, associations or governmental or non-governmental organisations assisting and/or supporting victims to participate in legal proceedings (for example, as third parties) (**Article 19, para. 5**). Please specify under which conditions, if so required;

The rights for the victims follow by general Norwegian law, it has not been necessary to establish specific legal measures for this specific field.

The requirements for criminal procedure legislation in articles 15-20 are met in the Criminal Procedure Act.

VI. PREVENTION OF AND COMBAT AGAINST TRAFFICKING IN HUMAN ORGANS

Question 12: Ensure quality and safety requirements for the transplantation system

- a. Which legislative or other measures have been taken to establish the existence of a transparent domestic system for the transplantation of human organs? (**Article 21 para. 1 letter (a), Explanatory Report, para. 125-126**)

Regarding legislative measures please see our answer to question 3 letter b above.

Other measures are that Norway has one National treatment service for organ transplantation: [Nasjonal behandlingstjeneste for organtransplantasjon - Oslo universitetssykehus HF \(oslo-universitetssykehus.no\)](https://www.oslo-universitetssykehus.no). The treatment service offers organ transplantation in case of failure of vital organs such as kidney, heart, lung, liver, pancreas/islet cells. The service also includes the insertion of an artificial heart pump (LVAD) in severe heart failure. Annual reports from this treatment service is available at [Nasjonal behandlingstjeneste for organtransplantasjon - 2022 - Forskningsprosjekter \(ihelse.net\)](https://www.ihelse.net). Annual reports on transplantation activity are published in Norwegian language from the [Norwegian Renal Registry \(helsedata.no\)](https://www.helsedata.no).

The National treatment service for organ transplantation also works with quality and safety measures, including to have national criteria for organ transplantation and national waiting lists for organs. In addition, long term results of donors and recipients are followed, such as survival rates, organ functions and quality of life.

Norway is also part of Scandiatransplant for the countries Denmark, Finland, Iceland, Norway, Sweden and Estonia: [Welcome to Scandiatransplant — Site](https://www.scandiatransplant.org). The website publishes annual report on organ transplantation in the member countries including waiting list data, the last published report is available here with Norwegian data: [AnnualScandiatransplantdatareport_2023.pdf](https://www.scandiatransplant.org/AnnualScandiatransplantdatareport_2023.pdf).

- b. Which legislative or other measures have been taken to ensure equitable access to transplantation services for patients? (**Article 21 para. 1 letter (b)**)

Legislative measures:

It is stated in the Transplantation Act that allocation of organs, cells and tissues for transplantation must be based on medical criteria. Transplantation treatment is in general a treatment that fulfils the conditions for a patient to have a right to health care from the specialist health service, cf. the Patient and User Rights Act Section 2-1 b. Appropriate health care in this context is to find the recipient who is best suited to receive the organs that become available at any time.

Other measures:

The National treatment service for organ transplantation has national criteria for organ transplantation and national waiting lists for organs. There are also national Norwegian guidelines for living kidney donors and Controlled Donation after Circulatory Death (cDCD) as described under question 3 letter c above.

- c. Which legislative or other measures have been taken to ensure adequate collection, analysis and exchange of information related to the offences covered by the Convention in co-operation between all relevant authorities? (**Article 21 para. 1 letter (c)**)

The national agency Kripos ([The National Criminal Investigation Service \(politiet.no\)](https://www.politiet.no)) has the task to be the national contact point for the exchange of information on organ trafficking.

- d. Which legislative or other measures have been taken to ensure the prohibition of the advertising of the need for, or availability of human organs? (**Article 21 para.3**)

See our reply to question 3 letter e above.

- e. Which measures have been taken to provide (**Article 21 para. 2 letter a, Explanatory Report, para. 127**):

- information for healthcare professionals and relevant officials (including police, legal professionals in the prevention of and combat against trafficking in human organs?

The problem with organ trafficking has been discussed among Norwegian nephrologists' members of the [Norsk Nyremedisinsk Forening - The Norwegian Society of Nephrology](#). One presentation of the issue is available here: [Organhandel \(nephro.no\)](#).

- information for civil society in the prevention of and combat against trafficking in human organs?

In the information sent 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 \(nephro.no\)](#).

- f. Which policies or strategies have been implemented to promote or conduct awareness-raising campaigns targeted at the general public where the focus is directed especially towards the risks and realities of the unlawfulness and dangers of trafficking in human organs?

- Please describe the material used for the campaign/programme and its dissemination.

There are no such strategies/campaigns/programmes of which we are aware.

If possible, please provide an assessment of the impact of the campaign/programme. If there are currently plans for launching a (new) campaign or programme, please provide details (**Article 21, para. 2 letter b**);

There are no plans for strategies/campaigns/programmes of which we are aware.

VII. INFORMATION

Please specify which state body/agency was responsible for collecting the replies to this questionnaire and which state bodies/agencies (and, at the discretion of the country, where relevant, civil society and external contributors) contributed to responding to this questionnaire.

➤ **Body/agency responsible for collecting the replies:**

The Norwegian Directorate of Public Health has been collecting the replies.

- Sigrid Beitland has answered medical issues: Sigrid.Beitland@helsedir.no
- Eva Elander Solli has answered legal issues: Eva.Elander.Solli@helsedir.no

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

The following bodies contributed to the replies to this questionnaire:

From the Norwegian Directorate of Public Health, issues about human trafficking in health care services:

- Kadri Tammur: Kadri.Tammur@helsedir.no

From the Coordination Unit against Human Trafficking that is part of the Directorate of the Police, issues about human trafficking in police:

- Ingrid Weider Lothe: Ingrid.Weider.Lothe@politiet.no

From the national transplantation service at Oslo University Hospital, medical issues from the hospital services:

- Morten Hagness: mhagness@ous-hf.no