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# COVID19 A PLANNED PANDEMIC AND A CRIME AGAINST HUMANITY



IN THE NAME OF THE FALLEN BROTHERS  
HONOR IS FINALLY RESTORED

15. MARS 2021

## Contents

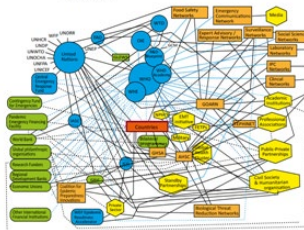
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## Contents

There is a lot that can indicate long-term planning. But it will be almost impossible to make the entire timeline of a document visible. This [CEPI-Business-preliminary plan from 2016](#) discusses an economic strategy for future pandemics where the Sar-cov virus is also on the list, which we find very worrying. Seen in the light of day, it is grim reading. In 2016 several countries purchased Covid19 test kits in large quantities show a plan behind this. Purchase of PCR test equipment referred to later in the document. Each of those involved in the financial strategy from 2016 also holds office in another organization. In particular, we would like to mention that one of those involved in the economic strategy plan is creating a global passport portal.

Seen in the light of the introduction of vaccine passports, we also see the global population's under communication and involvement. If this is the future the people involved have planned, the opening will be without the public's informed consent. We would argue that the world population is led behind the dark. It will be very intrusive for the individual. Where are the UN and human rights? (Updated [CEPI Business Plan 2019-2022](#)). This panel is also involved in premise suppliers in vaccine passports on a global level. [Global vaccine pass](#), [TED X](#), [The new normal](#) We see politicians on a national level promoting the word region. Do we see a future pass for the border crossing at a regional level within countries? It will be in addition to the entry permit to the mall, movie theater, [grocery store](#), and a [fitness center](#), to name a few.

**FIGURE 13** Global architecture of health emergency preparedness and response before COVID-19



Here, Denmark's Prime Minister Kristensen is visiting a [fitness center](#) in Israel to look at the vaccine passport solution on 4 March 2020.

Here is the global architecture of communication and network lines.

The [GPRB Organ](#) presented the basic ideas behind the [introduction of global health](#) – cooperation.

The global pandemic appears as a planned action without documented legitimacy. The numbers speak their language. Changing code registration that covers normals such as annual flu and deaths during a covid19 is a narrative. This has been [implemented globally](#) and nationally in Norway, which we will show here in this document. This project, a financing instrument, has a duration from 2 April.2020 to 31 March 2025.

We strongly recommended going through this [website](#) before proceeding with the report. The information contained here is 100% fact-checked.

## 1 Introduction

As it has emerged from doctor Scott Jensen's, the doctors had the death certificate changed, as explained in this video.

- Video nr 1: The [numbers](#) do not match
- Video nr 2; Doctor demands/audit of covid [deaths](#)

That is: From the registered infection on day one up to and including day 30, "Covid associated" is entered on the death certificate, regardless of whether it is Covid or something else that is the cause of death. On FHI's pages, it is contradictory that in the event of another known cause of death, Covid falls away, but it will still be carried out based on a positive test.

The [FHI's](#) pages also show that not all tests are laboratory tests confirmed.

Regards on a global scale. Here is how FHI informs about the notification and [notification lines](#).

FHI considers influenza and other colds that fall under the newly created covid code as a diagnosis but does not differentiate the figures below the code. See doctor Scott Jensen's in conversation with [Tall Knekkeren](#), who has made the reporting solution that is used. Here it is shown in this video that the flu was "eradicated globally.

Watch film how the numbers are reported in the system.

- The numbers aren't adding up - [this will shock you](#)
- Part 1: Tribute to [Dr. Scott Jensens](#)
- Part 2: Tribute to [Dr. Scott Jensens](#)

Every awaking person understands that this is not a reality. The introduction of a covid code phasing out of the flu code that we refer to her shows at the national level how this could happen. By changing the code registration both at the diagnosis level and in the event of death registration, we place significant doubt that this has been done with other purposes.

The virus has not been isolated. We have yet found information that the virus has been isolated.

We believe that the intention is to create a "legitimacy" for the "alleged" pandemic. The numbers tell their own language. Without dignity, Norwegian authorities take part in such a narrative towards the Norwegian population and are involved in global influence.

Please note this information has been spread nationally, and everyone who contributes to this deception risks being prosecuted for a severe crime in the worst-case genocide.

## 2. PCR Tests

The PCR test they are currently running in the UK is confirmed [not reliable due to too many CT](#) (cycles) each comes to the test results, which give test numbers. The PCR test has been peer-reviewed and found utterly unreliable, as shown above. Read more [about it here](#).

**Note: IT IS IMPORTANT to read through and understand what is really in the text below.**

The word alleged / allegedly has several synonyms. Thinking, claiming, and supposedly the readers are free to interpret how this is meant.

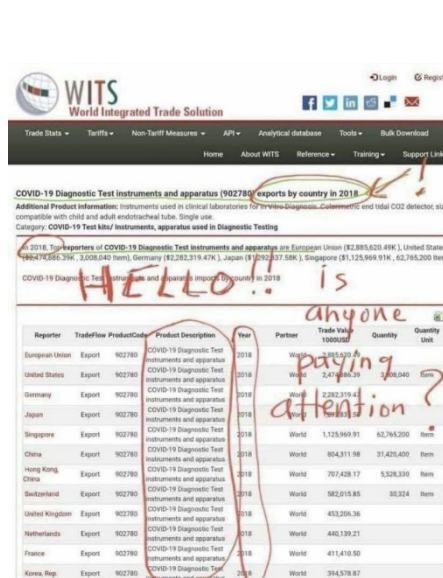
• describe the isolation of [the \[alleged\] genetic variant of the \[alleged\] virus that \[allegedly\] causes \[the alleged disease referred to as\] COVID-19 \[allegedly\] identified in the United Kingdom](#), directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; fetal bovine serum).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation" refers instead to:

source of genetic material, because in order to cultivate a virus as a DNA or RNA virus can never be cultivated on its own.

- "1500 PCR tests were sequenced and found to be influenza A and B, [NOT sars-cov2](#)."The virus has not been isolated, but we have not yet found information that the virus has not been isolated.
- In Denmark, they have started testing at [school](#) twice a week.
- Positive PCR Test. Is It Positive? [Watch the movie](#)
- COVID-19 Management With Dr. Paul Marik - Author Of MATH + [Protocol](#)
- UK Government Finally Admits PCR Test Generates [False](#) Positives.
- Dr. Reiner Fuellmich PCR [Lawsuit Update](#) - March 2021

In 2017, Norway purchased large quantities of PCR test equipment, marked as covid19 test kit. This page has been edited four times and marked as PCR Medical test KIT. Buying the test material three years before the outbreak should be a warning.



<https://wits.worldbank.org/.../WLD/nomen/h5/product/902780>

The headline does not raise any suspicions at the moment.

Let's copy in the link to the internet archive that stores online history: archive.org

Several corrections will appear in September 2020.

On 07.09.2020, 4 corrections were made.

The 06.09.20, 1 correction. The 05.09.20, 2 revisions, and the 04.09.20, 1 edit.

Until 07.09.2020, the headline was: COVID-19 Diagnostic Test instruments and apparatus (902780) exports by country in 2017.

In other words, test equipment for Covid-19 was sold and bought in 2017. As you can see, we find Norway on this list.

On 07.09.2020, the heading will be changed to:

Medical Diagnostic Test instruments and apparatus (902780) exports by country in 2017

### 3. Supply Chain Management

Trade interdependencies in Covid-19 goods.

- Shows the import and export cooperation that has arisen [due to the pandemic](#).
- OECD - Trade interdependencies [in Covid-19 goods](#)

### 4. Narrative and pandemic

It is clear from FHI's reports that there have been many registrations on the new Covid code- CPC-R 991. The health service shut down, and many received the diagnosis based on telephone consultation or self-reporting. These are clinical figures and include self-reporting per tel. after telephone consultation without clinical examination.

We will add here information that those with integrity and a certain kind of sense of responsibility should review to take note of. It also states that those who contribute to human rights violations, corruption, and experiments on people ([the Nurnberg Code](#)) risk being punished following the Norwegian Constitution, human rights, Norwegian criminal law (Nuremberg court), and The Hague. Ask yourself the question, "Who are you, and what do you choose to stand for." We hope someone takes our warning about the narrative seriously. Please note that the protection "I only followed orders is no longer valid" ([Nurnberg Guidelines 1947](#))

Watch this movie which shows that same problem on a global level. **THIS MOVIE MUST BE PRIORITIZED. THE IMPORTANCE CANNOT BE EMPHASIZED ENOUGH**

Each individual with insight can be held accountable on an equal footing with the main actors.

- Trials are underway, too, [Nurnberg](#) and [Haag \(Israel\)](#)
- The greatest [Nurnberg](#) of all time is on its way (NB: translated from German)

#### [Norway Constitution](#)

- [The Penal Code](#)
- [Human Rights](#)
- [Nürnberg Code](#)

## 5. Our findings

We will further elaborate on the figures and our findings.

### **Summary Corona pandemic after one year (11.03.2021)**

4,019,905 tests in Norway have been tested for Covid-19.

- 7 January 2020, the first case of Corona was registered in Wuhan
- 23 January 2020, Norway started testing.
- The first case in Norway was registered on 26 January 2020
- 9 March 2020, first reported infection (Austria)
- 11 March 2020, WHO declares pandemic.
- On 12 March 2020, Norway went into Lockdown.
- 12 March 2020, Norway received its first death.
- 12 March 2020, Norway downgrades the test criterion.
- 13 March. Create new ICPC R991 codes recommend for use.

Figures and date basis are taken from FHI's pages. Pr. 13.03.2021



## 6. Summary of reports Week 10 to 14 in 2020

These reports are just clutter and errors in numbers, so here the focus will be the following:

- Multiple reports on Fyrtårnet (Influenza).
- Visibility of register phasing out Fyrtårnet
- Several hospitalized.
- Number of admitted Intensive care
- Number of deaths
- Changes made during the period on registration systems.

PS: There will only be a selection of the information reviewed until we begin to see changes. All reports should be reviewed as we see that many questions arise on a documented basis.

### 6.1 Weekly reports

Note: Most of the text here is a quote. Suitable remarks are in italics.

#### 11 [Weekly reports](#) (18.03.2020)

[Overview weekly reports.](#)

After introducing strict travel and new testing criteria, it is now testing employees in the health service that dominates—the test activity. The proportion of positive covid-19 cases among this group is far lower than average. Other agents now cause the most acute respiratory infections in the population. The most significant proportion of those tested were healthcare professionals.

The reference laboratory for influenza at the Norwegian Institute of Public Health tests all samples that now enter the Fyrtårnet system for monitoring influenza, also for SARS-CoV-2. We do this to be able to detect the spread of infection in society.

Fifty-four samples from the Fyrtårnet - 53 negative and one positive - One positive became ill after traveling in Austria and was detected in week 12.

Note: Please note that google translate and Grammarly are used as tools when translating documents. It is recommended to use the original document "Norwegian version" as a starting point.

Virologisl	Fyrtårnprøver	Fyrtårnprøver: 16	Fyrtårnprøver: 54
		1 positiv for SARS-CoV-2	1 positiv for SARS-CoV-2

The number of hospitalized patients reported from the laboratories varies daily, but we do not see an increasing trend. The percentage of covid-19 positive hospitalized patients is on average 2.8%. - Influenza is predominantly possibly the only influenza.

There has so far been a clear predominance of non-hospitalized people (outpatients) tested for SARS-CoV, the most significant proportion being health personnel. In the surveillance system for influenza in society (the Fyrtårnet System), 54 people have been tested for SARS-CoV-2.

**12. Weekly report (13.03.2020 – 19.03.2020)**

*(Norwegian results per week two so far show minor infection in health personnel).*

*Why are healthcare professionals put on the priority list for vaccines when there is a certain low level of infection.*

*Week 11- 1 death week 12 - 6 deaths average age 89 years. Range of those who have died 84 - 94 Low spread in the general population.*

**Created new diagnosis code R991 06.03.2020: Covid-19 (suspected or confirmed) Covid-19 (suspected or confirmed) diagnosis code (ICPC-2 code) at doctor's consultation.**

- Fyrtårnet tests last week show 16 flu + 1 positive from this week's report 11
- Fyrtårnet e samples total = 54
- Number of intensive care units transferred from death week 11 = 27
- Number of intensive care admissions last week = 33
- Number of intensive admissions total = 33
- Number of deaths - 6
- Total number of deaths – 7

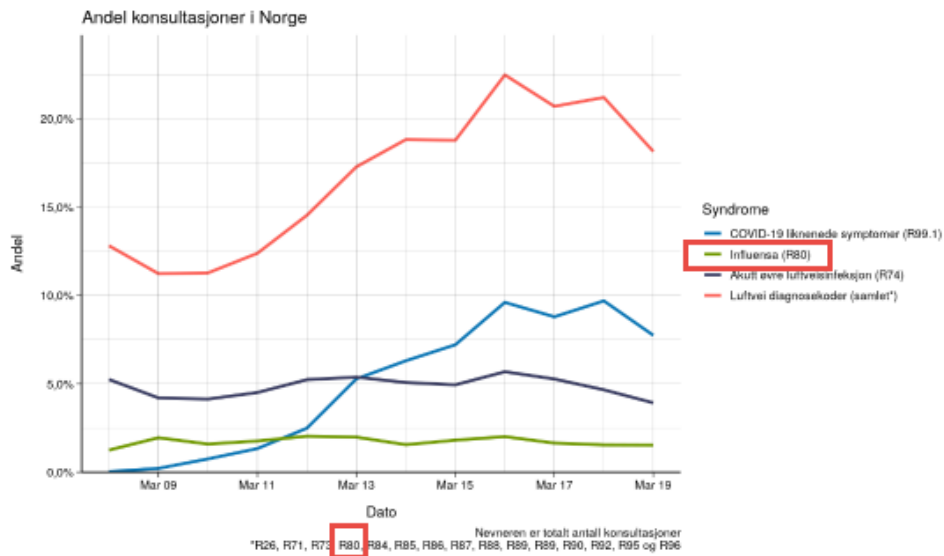
Virologi	Fyrtårnprøver	Fyrtårnprøver: 16 1 positiv for SARS-CoV-2	Fyrtårnprøver: 54 1 positiv for SARS-CoV-2

## Fyrtårnet

Quote: Fyrtårnet samples have no registered examples this week Ref: downscaling of test criteria in week 11

The graph below still shows influenza with code ICPC-R80

*Note: Why are influenza tests not registered at Helse Norge from the start when both Influenza and SarsCov tests are performed on tests that come in via Fyrtårnet?*



Hospital admissions:

On 19 March, there were a total of 102 inpatients. - Unknown bedtime.

Week admitted week 11: 6 people admitted - week 12: Hospitalized 27, Discharged 4.

*Note: Were any of these patients admitted for influenza?*

Figures from the Norwegian intensive care register per 20.03.20 at 08.00 shows that a total of 33 people with laboratory-confirmed SARS-CoV-2 are or have been admitted to the intensive care unit, of which 27 last week. Of the 33, 29 are inpatients, of which 72% are on a respirator. **A respirator is not differentiated between oxygen treatment on the mask and intubation**

*Note: This does not show the severity of the disease as intensive care is not differentiated. When orders placed in an intensive care unit and receiving respiratory treatment are told to the public via the media, an image of seriousness is created that does not differentiate.*

Norway's hospital reports daily to the Norwegian Directorate of Health Organization. The number of patients with proven covid-19 who are admitted to hospital at 8.00 AM, and measures the hospitals' capacity. Other systems for monitoring hospital admissions are under development at NIPH.

*Note: Here is another new reporting system:*

- The total number of hospitalizations is unknown, as we do not know the length of stay for each patient. The National Institute of Public Health is working on developing a new monitoring system for hospital admissions. Information on the total number who have been admitted to the hospital and the distribution by gender and age will first be available. Due to transfers between intensive care units, some patients were reported twice before the end of week 14. It has been corrected, but the registered number of the total number of patients who have been in the intensive care unit, and related variables such as age and gender distribution, should not be compared. With previous daily and weekly reports.
- Laboratory monitoring So far, 37,464 people have been tested for the coronavirus, of which 24,906 were tested last week. There has been a decline in the proportion of positive findings among those tested recently, where the majority of those tested are health professionals and not people who have been infected abroad.

Other systems for monitoring hospital admissions are under development at NIPH.

*Note: We have previously shown a low level of infection among healthcare professionals, indicating a decrease in positive findings. Why are healthcare professionals set up as a priority on the vaccination list?*

*Note: The number of patients admitted to the intensive care unit has been correct. Could this be an explanation for numbers nonsense?*

The figures can be adjusted based on post-registrations. No elevated level of general mortality has been recorded in the population in recent months, except for week 2 (January). Data for the last 6-8 weeks may be uncertain due to delays in the registration of deaths.

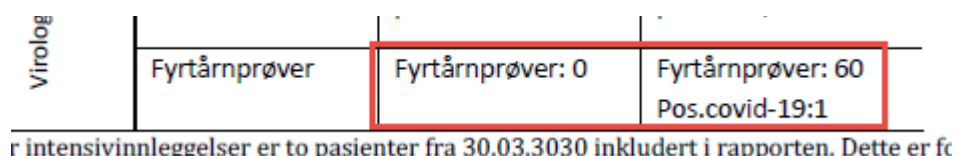
*Note: The day after Norway went in Lock Down, test criteria were downgraded to apply to those who only have symptoms. This means that there will be a lower number of positive tests - Is this a tactic not to register the flu?.*

.

### 13 Weekly report 23.03.2020 – 29.03.2020

- Number of hospital admissions = 317
- Number of hospital admissions Intensive = 162 (Confirmed Covid) Number of Deaths
- Number of Fyrtårnstests= 60 – Pos. Covid 19:1

*Here the Fyrtårnet looks phased out, and covid19 takes over.*



### Disease-based monitoring IMPORTANT

**Created new diagnosis code R991 - 06.03.2020: Covid-19 (suspect or confirmed) diagnosis code (ICPC-2 code) Covid-19 (suspect or confirmed) diagnosis code (ICPC-2 code) Doctor's consultation**

This diagnostic code was recommended for use by the reference group for the primary medical code system in the Directorate for e-Health and the Norwegian Medical Association on 13 March 2020. This code is to be used for sick leave/consultation/contact regarding Covid-19, suspected coronavirus disease except for confirmed. It is not a new diagnostic code, and doctors can also set this diagnostic code for inquiries other than covid-19 consultations.

**Until 30.03.2020**, the National Institute of Public Health has received information on a total of 58,843 consultations at the doctor's office and the emergency room where a diagnosis of suspected or confirmed covid-19 (ICPC-2 code R991) has been made. The doctor's office and emergency room diagnoses are made based on clinical signs in the patient and medical history and are usually not laboratory verified. The clinical signs of covid-19 are acute respiratory infections with fever, cough, and shortness of breath. The common cold and flu season causes symptoms, and the tests performed by some patients show that **<5%** have been diagnosed with covid-19. It is therefore important to point out that the covid-19 diagnosis in this context is not necessarily coronavirus.

Another diagnostic code that we follow in this monitoring is

**R27: Anxious to respiratory disease IKA.** This diagnostic code was recommended used by the reference group for primary medical coding in the Directorate for e-health and the Norwegian Medical Association on **13 March 2020**.

This code is to be used for sick leave/consultation/contact regarding Covid-19, except for confirmed/suspected coronavirus disease (<https://fastlegen.no/artikkel/diagnosekoder-ved-Covid-19>). **The National Institute of Public Health only has data on this diagnosis code from 13.03.2020** therefore, one sees that this code is only seen in the graph after this date. This is not a new diagnosis code, and doctors can set this diagnosis code for inquiries other than covid-19 consultations. The monitoring provides an overview of how the outbreak and the attention around covid-19 affect the doctor search in primary health care.

The data must be interpreted with caution when a changed doctor search has an impact on the numbers. There is a delay in the KUHR system; therefore, the graphs can change when we get complete data.

*Note: Are the population reaction, fear/media/money use, and type of survey mapped of the most interesting data? Way?*

*Note: The balance between Fyrtårnet and Sykdomspulsen concerning this Covid 19 diagnosis code R991 06.03.2020 concerns "Where did seasonal influenza go?"*

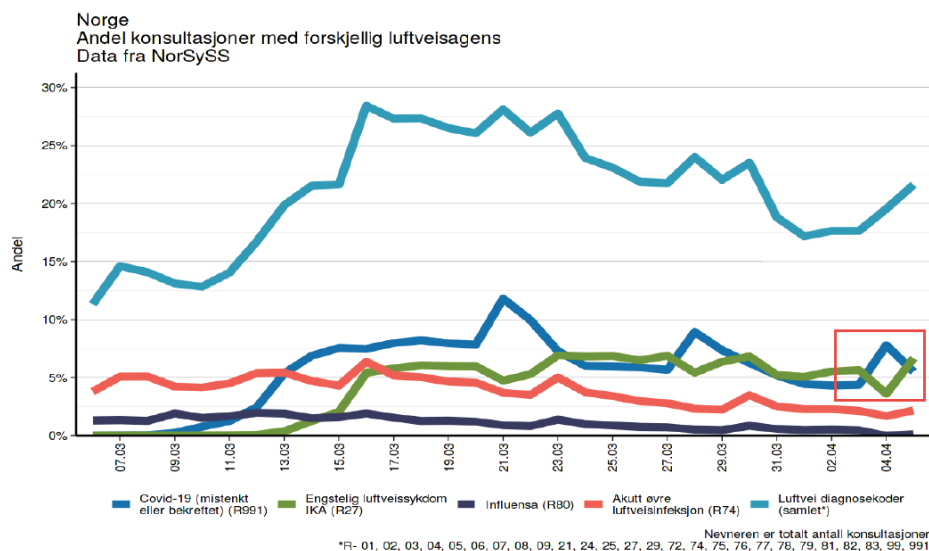
More information about the disease sykdomspulsen (sickness registration) can be found [here](#):

- Beredt / [Emergency register](#) for covid19
- National/ [laboratorydatabase](#) for covid19
- Ravn

*Note - There has so far been a small spread in the population. And most consultations included with code registration have been performed by Telephone consultation.*

**Note: We have now shown that based on FHI's reports, influenza registration symptoms under the Fyrtårnet have been "transferred" to covid code R991 during the sykdomspulsen registration.**

**You will see this graph in weekly report 14, but we also post it here to see for yourself here that Fyrtårnet registration's dark blue line is being phased out.**



Note: In the autumn again, there will be some use of the Fyrtårnet Register also. This material must be reviewed. It appears incomplete

#### 14. [Weekly report](#) (30.3–5.4 2020)

There has been a shift in table reporting. Reported cases:

- MSIS = 5755

- Intensive = 166

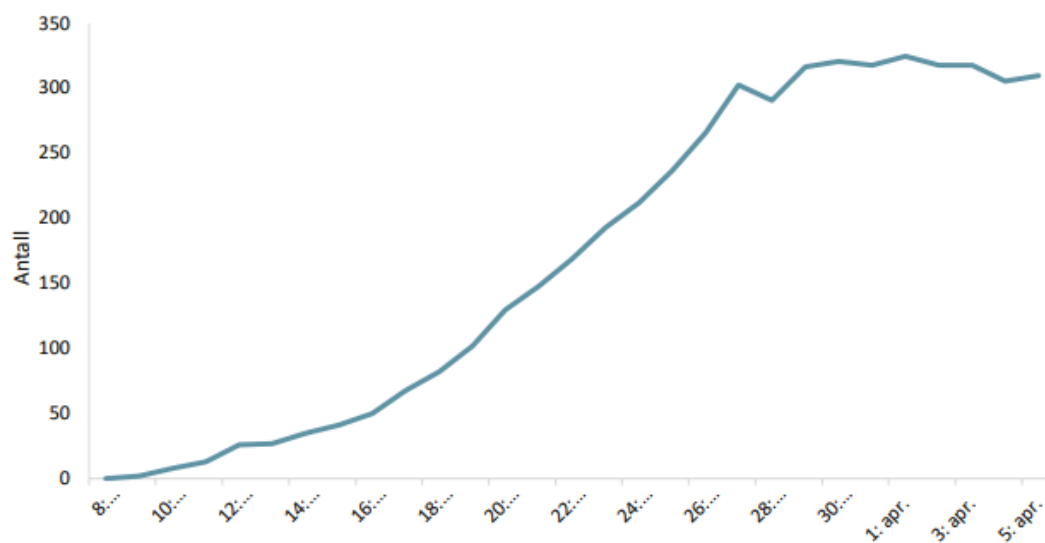
Covid 19 associated deaths = 59

- Microbiological Laboratory Samples (Total Samples) = 113896

- Fyrtårnet samples (Influenza) 60 received in total- 1 positive. *Phased out*

- Change in hospital reporting Hospital admissions

Figures reported from the hospitals to the Norwegian Directorate of Health show that patients with proven covid-19 have been admitted to hospitals in all four health regions. The first patient was hospitalized on 9 March. On 5 April, there were a total of 310 inpatients. Prevalence of the number of inpatients has stabilized in the last week, between 306 and 325 inpatients per day between 30 March and 5 April (Figure 7).



Figur 7. Antall som ligger inne på sykehus kl. 08.00 hver dag med påvist covid-19, 8. mars – 5. april. Kilde: Helsedirektoratet

- [Om overvåking av sykehusinnleggelse](#)

## Hospital admissions

The hospital reports daily to the Norwegian Directorate of Health on the number of patients with proven covid-19 admitted to the hospital at 8.00 and measured the hospitals' capacity. Other systems for monitoring hospital admissions are under development at NIPH.

*Note: Here is another new reporting system*

- The total number of hospitalizations is unknown, as we do not know the length of stay for the individual patient. The National Institute of Public Health is working on developing a new monitoring system for hospital admissions. Information on the total number and admitted to the hospital and the distribution through gender and age will be available.

## Patients admitted to hospitals and intensive care units

- Last week, the number of patients with covid-19 admitted to hospital and intensive care units stabilized.
- The number of new cases admitted to the intensive care unit per day has gradually decreased since a peak on 25 March 2020.
- Ten deaths have been registered.
- Due to transfers between intensive care units, some patients were reported twice before the end of week 14. has been corrected, but the registered number of patients in the intensive care unit and related variables such as age and gender distribution should not be compared with previous daily and weekly reports. The number of patients admitted to the intensive care unit has been correct.

***Note: Could this be an explanation for numbers nonsense?.***



## Fyrtårnet week 40

Tabell 1. Status og utvikling i de ulike overvåkingssystemene

Overvåkingssystem	Siste uke (fra 30.03 - 05.04-2020)	Totalt (per 05.04.2020)	Kumulativt antall per 100 000
Meldte tilfeller til MSIS	1 112	5 755	107,2
Pasienter som er eller har vært innlagt i intensivavdeling med laboratorie-bekreftet covid-19	30	166	3,1
Covid-19-assosierte dødsfall	32	59	1,1
Antall konsultasjoner hos lege og legevakt for mistenkt eller bekreftet covid-19(Sykdomspulsen)	<b>34 182</b>	<b>88 152</b>	<b>1 636,2</b>
Mikrobiologiske laboratorier	Antall analyserte prøver: 16 045  Andel positive prøver: 6,9%	Antall analyserte prøver: 113 896  Andel positive prøver: 5,1%	2121
Fyrtårnprøver	Ingen prøver mottatt forrige uke	60 mottatt totalt 1 positiv for covid-19	

### Disease monitoring

As far fewer, on the advice of the health authorities, consulting a doctor with mild respiratory problems, we have less overview of the prevalence of covid-19 in society. **Very few samples now come in via the Fyrtårnet system for influenza.**

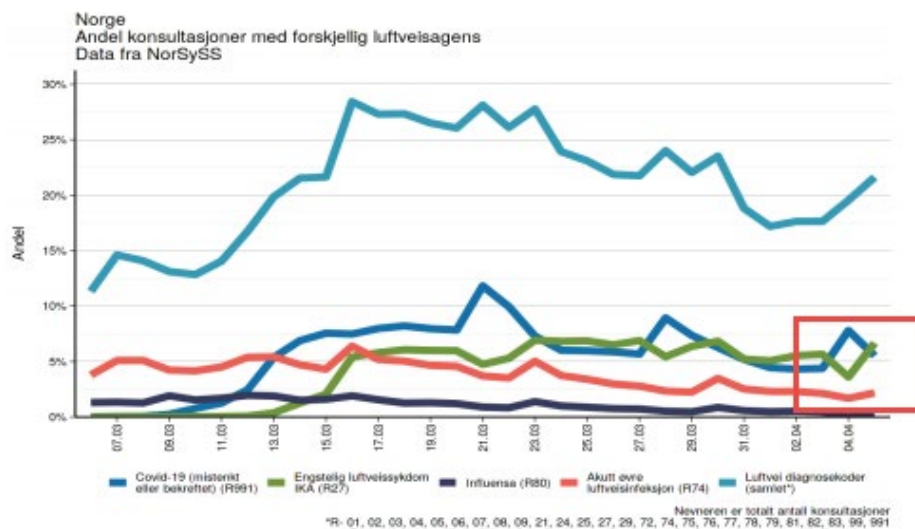
*Note: The Fyrtårnet system has previously been Influenza reporting but is now in week 14 from now; there is no influenza.*

*Note: In figure 15, as shown below, we have circled in red a field. Note then that the green line is code number R27 anxious respiratory disease, and the blue line is covid19 confirm R991.*

Should it not be questioned what happens in the diagnosis registration where code R27 is used?.

*Note: We will mention here the words from a previous report that show interest in registering the audience's changed behavior to medical consultation inquiries.*

- *What possible reason do they have for monitoring human behavior?*
- *Should it be looked at in the context of media communication to the audience.?*



**Figur 15. Andel konsultasjoner med covid-19 (mistenkt eller bekreftet), Influensa, Akutt luftveisinfeksjon og Luftveis diagnosekoder (samlet)**

## Self-reporting

Self-reporting of symptoms that may be covid-19 "Report in case of suspected coronavirus" is a solution on helsenorge.no where you can report symptoms due to covid-19. People who have had symptoms such as cough, difficulty breathing, or fever during the last seven days are encouraged to fill out a form. Parents can fill out forms on behalf of their children. Health care is not provided through the solution. Figures from the laboratories show that so far low proportion of those tested for coronavirus have it. Therefore, so far, probably only a tiny proportion of those who sign up for the self-reporting solution have covid-19. Such monitoring can nevertheless provide a rough estimate of how many people are ill with respiratory symptoms in Norway at any given time and is one of several measures to get an overview of the prevalence of infection in Norway.

*Note: Why self-report? Figures material shows women's self-report, but women show ring excess mortality on covid. On the other hand, women show a more significant number of tests due to health worker testing with low positive covid. What is the purpose of this survey?*

*We ask ourselves what this form looks like, what guidelines should be stated. Is here given access to in-depth information on perceived health both adults and children who should ask some ethical questions as health help is not provided in this self-report?*

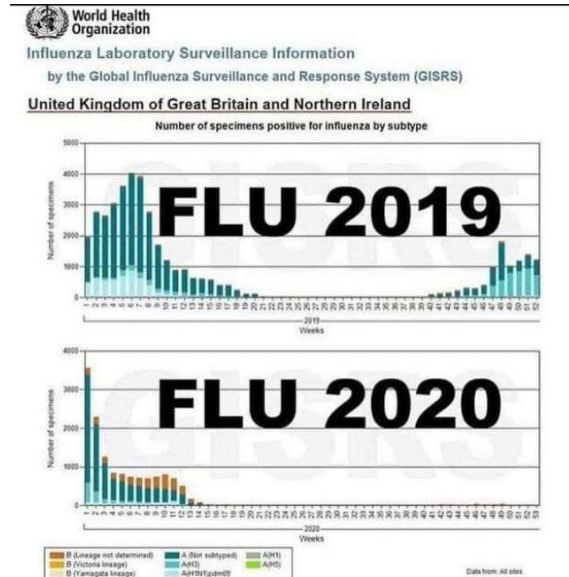
*Who has access to this information provided?*

- How many bodies did information pass on to (Rockefeller Foundation)?
- Which is more critical - researching the virus or opening up society?
- Should this data be used in connection with AI training?

*A lot of new reporting tools have made it difficult to read. It also looks like it is now international reporting that applies. See the change in layout [in weekly reports](#)*

## 7. Influenza Disappear.

As shown in the chapter above, code usage changes have led to low numbers registered for influenza. Seasonal flu is still present even if one does not count it. It has to be called a fraud against



the population. It is happened all over the world, indicating that there were changes to code covid19 everywhere. Here we will extract some quotes from the weekly reports on influenza from FHI. <https://www.fhi.no/publ/2020/influensasasesongen-i-norge-2020-2021-ukerapporter/>

### Weekly Report 40. 2020-2021

Quote: The flu season 2020-21 is just around the corner. We are at the start of a new flu season. The monitoring from week 40 shows that influenza activity in Norway is deficient. **For the first time in years, no influenza virus has been detected during most of the period since May, nor in the first week of the new season.** There has also been

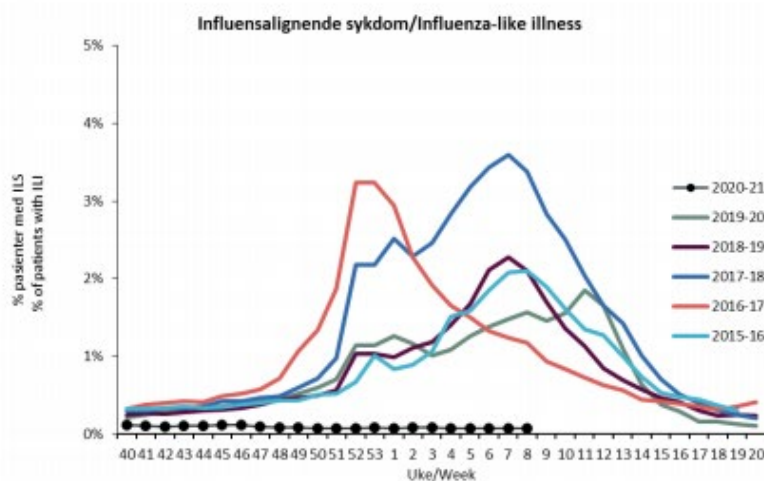
a low incidence of influenza in large parts of the world, and there is more uncertainty than usual about what to expect next winter in the northern hemisphere. The previous flu season was pretty mild, with most influenza A (H3N2) and B / Victoria viruses. The outbreak came to an unusually abrupt end after the introduction of strict infection control measures against covid-19.

**Quote: Normally, we would be in the middle of the winter flu outbreak, with abnormally low flu incidence.**

New diagnostic codes were created in the coding system for the primary health service for confirmed and suspected covid-19. Where influenza disease is clinically and epidemiologically as likely as covid-19, it is recommended that "Influenza" be used as the principal diagnosis and "Covid-19 (suspected / probable)" as co-diagnosis. Nevertheless, the changes in the framework conditions for the data basis in the ILS monitoring are likely to shake and make it difficult to assess this year's season and comparisons with previous years.

*Fyrtårnet tests* The Fyrtårnet monitoring is strongly affected by new test practices in connection with the covid-19 pandemic. In recent weeks, there have been no Fyrtårnet tests. In a Fyrtårnet sample week 45, rhinovirus has been detected, and in two samples from week 45 and week 47, SARS-CoV-2 has been detected. A total of 39 Fyrtårnet samples were tested during the season.

**Monitoring of influenza-like illness (ILS)** The disease pulse registers data on influenza diagnoses from all the country's GPs and emergency services (R80 Influenza in ICPC-2). The figures indicate the population's flu activity but do not tell the exact number of flu patients. This season, consultations are also included in the database for ILS in **addition to physical talks.**



#### Terskelverdier for intensitet av utbrudd

Nivåinndelingene for intensitet baseres på data fra foregående sesonger. Derfor varierer terskelverdiene noe fra sesong til sesong. Vi sier at sesongens influensautbrudd er i gang når ILS-prosenten har nådd terskelen for «lav» intensitet.

Weekly [report 8](#) influenza - 2019/2020

English health authorities confirm that they have not registered cases [of influenza](#).

[WHO: Globalt influensaprogram](#)

Pharmaceutical industry – WHO recommended recipe for the flu [vaccine for 2021 - 2022](#)

## 8. Pandemic exercises and press information before 2020

- Both pandemic exercises and press briefings have been carried out on how to deal with a pandemic in the future, seen in the light of day, seems to be planned and prepared. The content of the videos is not elaborated here. It is left to the viewers themselves to assess the content.
- **Hear Harry Vox unknowingly [predicting the future](#) IMPORTANT**
- Event 201 Pandemic [Exercise](#): Highlights Reel
- Mathematical [Modeling 2019](#)  
Assembly of [metadata](#)  
Ensemble [model](#)  
Pandemic Exercise in [Sweeden](#)

Rockefeller report 2010 «Scenarios for the Future of Technology and International Development.»

Read the whole chapter- [Lockstep](#):

Technological innovation in "Lock Step" is driven mainly by the government and focuses on national security and health and safety issues. Most technological improvements are created by and for developed countries, shaped by governments' dual desire to control and monitor their citizens. In states with poor governance, large-scale projects fail to progress.

## 8.1 Pandemic exercise 18<sup>th</sup> October 2019

Selected moments from the Event 201 pandemic., Tabletop exercise hosted by The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation on 18 October 2019, in New York, NY. The Exercise illustrated the pandemic preparedness efforts needed to diminish the large-scale economic and societal consequences of a severe pandemic. Drawing from actual events,

Event 201 identifies essential policy issues and preparedness challenges that could be solved with sufficient political will and attention. These issues were designed in a narrative to engage and educate the participants and the audience. For more information, visit <http://www.centerforhealthsecurity.org>.  
EVENT 201 IS A FICTIONAL EXERCISE AND DISEASE

- Featured Moments from the Ability 201 pandemic Exercise Hosted by The John Hopkins Center and WHO and the Bill & Melinda Gates Foundation – [see video](#)
- In this video, Paul Schreyer talks about planning a pandemic ([Event201](#))
- Bill Gates Calls for a "[Digital Certificate](#)" to Identify Who Received COVID-19 Vaccine
- [Fauci knew](#) about HCQ in 2005 -- nobody needed to die.
- WHO inspector caught on camera revealing coronavirus [manipulation](#) in Wuhan before the pandemic.
- Video shows scientists mention coronavirus [experimentation](#) in Wuhan lab weeks before the pandemic.
- An example of training on how to handle one [pandemic](#)
- Bill Gates admits that the [Covid19 vaccine](#) will hurt 700000 people

## 8.2 International cooperation in questioning.

- U.N. Addis Abeba (Norway participates in this [FN Projects](#)) Feel free to spend some time looking at the material of the number in the link)
- [Club of Rome](#) (Link to Norway). (Connecting with climate crisis)
- The Alliance for [Multilateralism](#) - (Link to Norway). 5<sup>th</sup> may 2020 41 countries entered into a multilateral trade agreement to stand together and aftermath the covid19 pandemic.

### Role of media

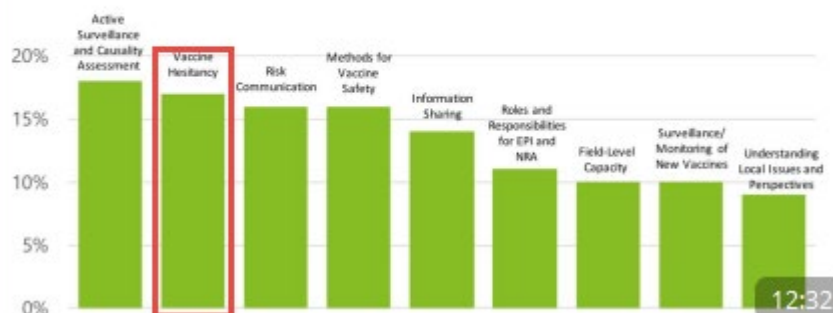
Respondents emphasized the growing importance of proactively engaging traditional and nontraditional media outlets as perceived vaccine hesitancy grows.

### Role of the public

As vaccine hesitancy grows, respondents agree that vaccine safety information must be proactively communicated so that risks and benefits are clear to the public. This communication should be done in alignment with broader messaging around immunizations.

## Section IV: Future State of GVTI and the Blueprint

### Areas to Prioritize in Blueprint 2.0 Strategy



Areas to prioritize in [Blueprint](#) 2.0 Strategy

866

867 The media, as an amplifier of vaccine safety concerns and misinformation, plays a crucial role in  
868 vaccine safety risk and crisis communication. Understanding traditional, social and digital  
869 media, monitoring the real-time manifestation and emergence of vaccine safety concerns,  
870 facilitating informed dialogue and discussion with media gatekeepers, are important for  
871 authorities to gauge public sentiment, appropriately and effectively use media channels,  
872 communicate in a timely fashion, and assure balanced media reporting of vaccine safety related

<sup>34</sup> Employing strong communication principles and strategies is not a substitute for evidence-based risk analysis. This chapter should be considered a companion to Blueprint 2.0 and guidance related to safety management, surveillance, capacity, preparedness and management of response to adverse events.

Global Vaccine Safety Blueprint (GVSJ) 2.0 Drafting Group

28 Sep 2019

873 events. Engaging media as an ally and assuring that reliable vaccine safety information is  
874 accessible and commensurate with audience health literacy, is critical in any context. During  
875 crises, the principles of being first, right, credible, empathetic, respectful, consistent and  
876 providing clear messages are essential. Strong media partnerships translate into an ability to  
877 build trust, a contributing factor to vaccination acceptance.  
878  
879 Ultimately, vaccine safety communication aims to build trust and protect immunisation  
880 programmes. In this way vaccine safety communication contributes significantly to tackling  
881 hesitancy and promoting demand for vaccination. The goal of vaccine safety communication is  
882 to ensure that the safety system can hear from stakeholders (in real-time), and that  
883 stakeholders can access the information they need to have confidence in vaccines, and the  
884 services and authorities that deliver them and make an informed choice.

*For more information about individual members of the WHO programme click on the map*

*Dark blue: Full member. Light blue: Associate member. White: Non-member.*

*\*This map is an approximation of actual country borders.*



***Freedom of expression and information, media freedom, access to official information***

The freedom of expression, including free and timely flow of information, is a critical factor for the ability of the media to report on issues related to the pandemic. Media and professional journalists, in particular public broadcasters, have a key role and special responsibility for providing timely, accurate and reliable information to the public, but also for preventing panic and fostering people's co-operation. They should adhere to the highest professional and ethical standards of responsible journalism, and thus convey authoritative messages regarding the crisis and refrain from publishing or amplifying unverified stories, let alone implausible or sensationalist materials. The exceptional circumstances may compel responsible journalists to refrain from disclosing government-held information intended for restricted use – such as, for example, information on future measures to implement a stricter isolation policy<sup>23</sup>.

The public's access to official information must be managed on the basis of the existing principles set down in the Court's caselaw.<sup>24</sup> Any restriction on access to official information must be exceptional and proportionate to the aim of protecting public health. The [Convention on Access to Official Documents](#) ("the Tromsø Convention") underlines the need for transparency and provides that, at its own initiative and where appropriate, a public authority shall take the necessary measures to make public official documents to encourage informed participation by the public in matters of general interest.

At the same time, official communications cannot be the only information channel about the pandemic. This would lead to censorship and suppression of legitimate concerns. Journalists, media, medical professionals, civil society activists and public at large must be able to criticise the authorities and scrutinise their response to the crisis. Any prior restrictions on certain topics, closure of media outlets or outright blocking of access to on-line communication platforms call for the most careful scrutiny and are justified only in the most exceptional circumstances<sup>25</sup>. The pandemic should not be used to silence whistle-blowers (see [Recommendation CM/Rec\(2014\)7](#) on the protection of whistle-blowers),<sup>26</sup> or political opponents.<sup>27</sup> Malicious spreading of disinformation may be tackled with *ex post* sanctions, and with governmental information campaigns. States should work together with online platforms and the media to prevent the manipulation of public opinion, as well as to give greater prominence to generally trusted sources of news and information, notably those communicated by public health authorities.

Reporting online scams or covid-19 related ads

We have separate, quick report forms for online scam ads and also for ads related to the coronavirus (covid-19). If you have seen an online ad you think is for a scam, use [our scam reporting form](#). If you would like us to look into an ad related to coronavirus, use [our covid-19 reporting form](#).

CONTINUE



### 8.3 Chromosome 8 and Covid19

What have [Cromosom 8](#) to do with Covid19?

(Please note that we are not doctors, but we are very skeptical about the information we are finding regarding chromosome 8. No questions should be unanswered).

- What is [chromosome 8](#)?
- Homo sapiens chromosome 8, GRCh38.p13 Primary Assembly. [See here:](#)
- Protocol: Real-time [PCR-TEST](#) test assays for the detection of SARS-CoV-2

Humans typically have 46 chromosomes in each cell, divided into 23 pairs. Two copies of chromosome 8, one copy inherited from each parent, form one of the couples. Chromosome 8 spans more than 146 million DNA building blocks (base pairs) and represents between 4.5 and 5 percent of the total DNA cells.

Identifying genes on each chromosome is an active area of genetic research. Because researchers use different approaches to predict the number of genes on each chromosome, the estimated number of genes varies. Chromosome 8 likely contains about 700 genes that provide instructions for making proteins. These proteins perform a variety of different roles in the body [Read Moore](#)

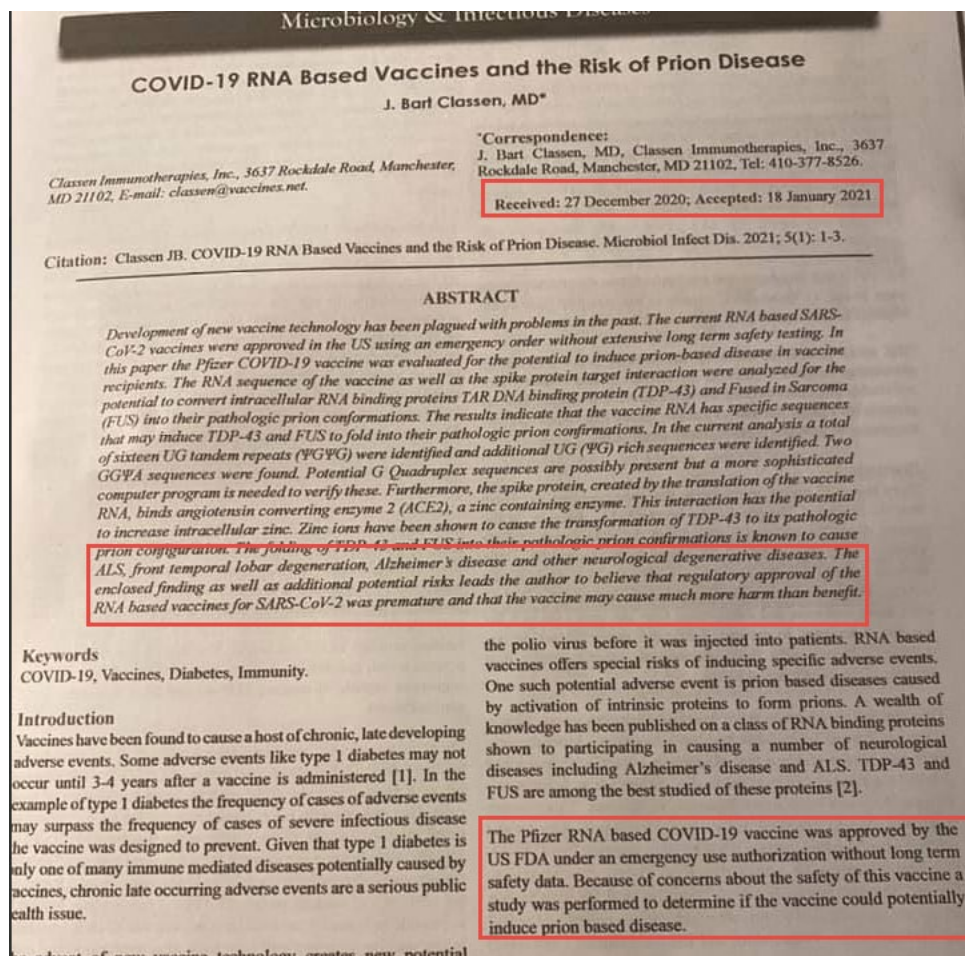
**We need to talk about [Artificial Intelligence](#)/**

## 8.4 Prion disease – **WARNING!!!**

Based on this article 20 December and accepted 18 January 2021

**IMPORTANT: The article below is essential to read!**

It does not precisely give confidence the vaccine it is referred to as premature when this has not been clarified researched. Please note that vaccines that are not FDA approved are under approval on the criteria of emergency use.



See also the [video](#) where Reinert Fullmich is in the process of leading a case for [Lawsuit Nürnberg](#).

Prion diseases are a group of [neurodegenerative disorders](#) that can affect both humans and animals. Read [more](#):

The pharmaceutical industry has arranged agreements that mean that they are NOT liable for damages introduced by the vaccine.

There are now beginning signals from the insurance industry that covid vaccine side effects can be ruled out for compensation. Read more [here](#) on [here](#) about prion diseases



## 8.5 CRISPR Technology

- Genredigering/CRISPR: [Teknologien](#) – Bioteknologirådet (Norwegian)
- How does [GMO-vaccine](#) stand with patent legally giving to a human being?
- Double-Barreled CRISPR Technology as a [Novel Treatment Strategy](#) For COVID-19
- Could CRISPR Create a [COVID-19 Vaccine](#)? (AI)
- CRISPR-Cas: Converting A Bacterial Defence Mechanism into A State-of-the-Art [Genetic Manipulation Tool](#)
- Development of CRISPR as an Antiviral Strategy to Combat [SARS-CoV-2 and Influenza](#)
- Genetic Engineering Will Change Everything Forever – [CRISPR](#)

### Some tools for professionals

- Is it initiated [CRISPR](#) technology on humans? Earning cis-regulatory principles of ADAR-based RNA editing from CRISPR-mediated mutagenesis (human- Bio project 706647) (AI)
- List of the human genome [project](#)
- Features, Evaluation, and [Treatment](#) of Coronavirus (COVID-19)
- Database – National [database](#) for biotechnology. (AI)
- National [Library](#) for medicine.
- Here is the Organization that has the primary responsibility for this field of [study](#) | EU

## Genes on order!



- **Genome Editing with CRISPR-Cas9 - (Movie) - IMPORTANT**
- Be aware of CRISPR advertises on [Facebook](#)

Note: If you can do it, it does not mean you should do it. We need to have an etic discussion and draw some borderlines. How can we use this technology to save people without crossing the line in respect for humanity?

*"Nature in itself is a miracle; we must show humble respect for each person's uniqueness."*

## 8.6 Whistleblowers

Researchers have warned for over ten years that research may have developed in an unfortunate way. [Money talks](#) Underneath is a list of recommended whistleblowers, censored and denied media access since the beginning of a pandemic.

- [Go to Covid-19-Lie](#) choose page 2 – chose episode 10

### **PANDEMIC TRUTH WARRIOR 10**

- Kerry Mullin Nobel vinner for utvikling av [PCR test](#)  
Fauci: Covid' Turned Out To Be An Historic Example Of What A [Pandemic](#) Can Do
- Dr. Carrie Madej explains how the proposed vaccine for COVID-19 can change humanity forever. Human 2.0, transhumanism, [AI artificial intelligence](#).
- BILL GATES ADMITS COVID-19 VACCINE [WILL KILL](#) AND MAIM 700,000
- Bill Gates the '[one-man state](#)' and how medical philanthropy is hijacked
- The Digital Freedom Platform by London Real exclusively live-streamed what might be the most important documentary you will ever see: [plandemic – indoctrination](#).
- **THE WORLD IS IN CHAOS** [OPEN YOUR EYES](#)

## 8.7 A little insight into future visions from the pharmaceutical industry.

Moderna Vaccine

Sitat: « Our Operating System»

Recognizing mRNA science's broad potential, we set out to create an [mRNA technology platform](#) that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the "program" or "app" is our mRNA drug - the unique mRNA sequence that codes for a protein.

*We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna's platform technology. They are organized around critical disciplines and work in an integrated fashion to advance knowledge surrounding mRNA science and solve challenges unique to mRNA drug development. Some of these disciplines include mRNA biology, chemistry, formulation & delivery, bioinformatics, and protein engineering.*

- Moderna call their vaccine an [operating system](#)
- This video shows a Lecture in the same [operating system](#)

## IMPORTANT INFORMATION

Prof. Dolores Cahill Interview [Reiner Fuellmich](#), Lawyer Viviane Fischer Question [COVID mRNA Vaccine](#)

Dr Reiner Fuellmich and Juan Pauls are interviewed by Wilhelm of Viruswaarheid [Update Lawsuite](#) March 2021

*Sitat: Major funding injected into vaccine race.*

<https://edition.cnn.com/2020/05/01/us/coronavirus-moderna-vaccine-invs/index.html>

*Quote: Pfizer's vaccine is a new type of [technology](#) that's never been used in mass human vaccination before, and experts caution that much remains unknown about its safety, how long it might work, and who might benefit most.*

### The [facts about](#) Pfizer and biotech's Covid19 Vaccine

*Note: From now on, there will be no additional quotes but links to the various topics.*

*Note: Why not the vaccine entered in this [registry](#)?*

*Note: Are vaccines experimental gene therapy?*

## 8.8 Gjeert Vanden - URGENT

### Urgent call to WHO: time to switch gears

- Gjeert Vanden **in March 2021 concerning the mass vaccination**, se [intervju](#) 57 minutter. He is one of the world-[leading](#) vaccine developers
- [Dødsensfarlige bivirkninger](#) – Dolores Cahill
- Irish Doctor Exposes 'Great Reset' Agenda Behind [COVID HOX](#)
- Sherri Tenpenny [explain](#) what the vaccine can do to the body
- Join Host Reinette Senum with remarkable Dr. Martin. Learn the latest information, where we are going, and what we can do to turn the tide during these [rough times](#).
- It's Here: First Court Case Against Mandatory Vaccination: [Attorney Interview](#)

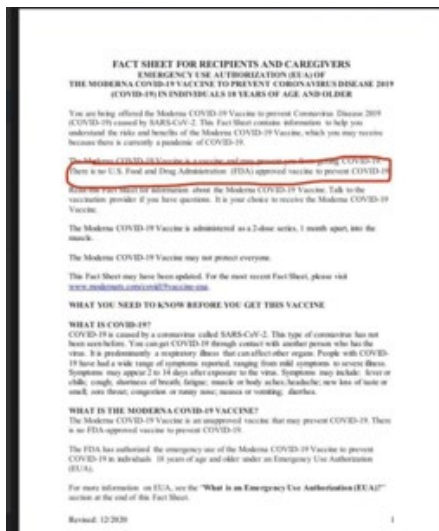
### THE BIGGEST EXPERIMENT EVER DONE'

Award-winning virologist Dr. Sucharit Bhakdi elucidates why the rushed #Covid19 vaccine trials represent the world's largest medical experiment perpetrated on the globe [in human history](#). Dr. Bhakdi details why the public should not only doubt its efficiency but also be wary of unstudied dangers.

## 9. Covid 19 Vaccine

### Glossary

- [Terms](#)
- [Mrna Vaccine basics](#)
- [Moderna's Top Scientist](#) On Technology In COVID Shots: 'We Are Hacking The Software Of life



Many have been given warnings and concerns.

See [her](#): **SHE actually DIED**

### Vernon Colman -VIKTIG

This is a new warning of 13 March- 2021 that the technology can be used as a weapon of [mass destruction](#).

Moderna Chief talks about the plan to re-write your genetic code with mRNA vaccines back in 2017. [Se video her](#)

Scott Jensens also a warning about [Bigteck](#) from 2021

## 9.1 EU Directive

<https://www.europol.no/rettsakt/legemidler-til-avansert-terapi/id-315>

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### Directive 2009/120/EC

This Directive was published 14<sup>th</sup> September 2009 and amends Directive 2001/83/EC relating to medicinal products for human use as regards advanced therapy medicinal products.

2.1 Gene Therapy Medicinal Product -Gene therapy product means a biological product which has the following characteristics:-

(a) it contains an active substance which contains or consists of a recombinant nucleic acid used in or administered to human beings with a view to regulating, repairing, adding or deleting a genetic sequence

(b) its therapeutic, prophylactic or diagnostic effects relates directly to the recombinant nucleic acid sequence it contains, or to the product of genetic expression of this sequence

*Gene therapy medicinal products shall not include vaccines against infectious diseases*

- Advanced gene therapy - How does the introduction of GMO drugs compare with the legislation / EU directive?

*Note:*

*Forsktiftens Lovhjemmel trumfer forskriften (Norwegian)*

*The legal authority of the regulations trumps the regulations (Oversatt engelsk)*



## 9.2 Vaccine Approval

[Legemiddelverket](#) – Adverse reaction Norway

UK Gov. release 6th update on [Adverse Reactions](#) to Covid Vaccines which sees rate increase to 1 in 166

Covid-19 Vaccine AstraZeneca	
<i>Viktig! Informasjonen i dette skjemaet oppsummerer kunnskapen Legemiddelverket har om vaksinen på godkjenningstidspunktet. Skjemaet blir ikke oppdatert. Se digitalt pakningsvedlegg og preparatomtale for oppdateringer (disse publiseres kort tid etter godkjenning).</i>	
<b>Produsent:</b> AstraZeneca	<b>Godkjent:</b> 29.01.21 <b>Type godkjenning:</b> Betinget godkjenning
<b>Vaksineteknologi:</b> Virusvektor - ikke replikerende  <a href="#">Les mer om denne teknologien på legemiddelverket.no</a>	For å sikre rask tilgang til en vaksine under en pandemi, kan myndighetene godkjenne en vaksine midlertidig før man har all dokumentasjon som vanligvis kreves. Dette kalles betinget godkjenning.  Betinget godkjenning gis før man har langtidsdata om effekt og bivirkninger. Vaksineprodusentene må derfor fortsette med studiene, og fortløpende gi legemiddelmyndighetene data etter hvert som de blir klare.
<b>Bruksområde:</b> Mot covid-19 sykdom hos personer fra 18 år og oppover.	
<b>Antall doser:</b> 2 doser med 4-12 ukers mellomrom. Det er begrenset effekt etter bare 1 dose.	
<b>Beskyttelse mot covid-19- sykdom:</b> Cirka 60% beskyttelse fra 15 dager etter siste dose.	
<b>Hindrer vaksinen at du smitter andre?</b> Dette vet vi foreløpig ikke.	
<b>Om studien:</b>	
<b>Hvilke studier er gjort på vaksinen?</b> Det er gjort både dyrestudier (prekliniske) og store studier på mennesker (kliniske studier i fase 1, 2 og 3).  <a href="#">Les mer om godkjenningsprosessen for koronavaksiner og de ulike fasene i studier på legemiddelverket.no</a>	

Source: [www.legemiddelverket.no](http://www.legemiddelverket.no)

If people want to educate themselves – take a look at Legemiddelverket – [medical search](#)

### 9.3 Adverse advents

Statens legemiddelverk

Gå til Legemiddelverket.no English

## Interaksjonssøk

Uheldige virkninger ved kombinasjoner av legemidler til mennesker. 1

Substans 1:  [Legg til substans](#)

Substans 2:

### Hva finner du i interaksjonssøk?

Søket viser interaksjoner for legemidler til mennesker, ikke legemidler til dyr. Legemiddelverket har fastsatt kriterier for hvilke typer interaksjoner som vises.

- Se brukerinformasjon
- Om interaksjoner og naturlegemidler

### Legemiddelsøk

- Legemidler A-Å
- Legemidler etter område
- Refusjonssøk
- Feil eller spørsmål ved bruk av legemiddelsøk?

**Interaksjoner 1 treff**

Kombinasjon	Relevans	Situasjonskriterium	Klinisk konsekvens
Allergeneekstrakter - Vaksiner	Forholdsregler bør tas		Risiko for endret immunrespons.

- Covid19 [Adverse reaction](#) Pfizer BionTeck UK
- Covid19 [Adverse reaction](#) AstraZeneca UK
- Covid19 [Adverse reaction](#) i Legemiddelverket
- Covid19 [Adverse reaction](#) Israel
- Covid19 [Adverse reaction](#) the USA
- EudraVigilande [portal](#)

Researchers: alarmingly, many older people [died](#) after receiving the Pfizer vaccine in Israel on 5 March. 2020

## 9.4. Treatment

### Ivermectin **IMPORTANT**

Pierre Kory, M.D., Associate Professor of Medicine fighting M.D., at St. Luke's Aurora Medical Centre, delivers enthusiastic testimony during the Senate Homeland Security and Governmental Affairs Committee – see video [here](#)

Ivermectin [46 studies](#) show outstanding results, up to 89%

Other [treatments](#).

There are several good drugs, but it is chosen and only highlights this is the professional considered.

Doctors have been refused to use this for the treatment of their patients.

## 10. Various topics that are also of concern.

### 10.1 Mask

- As Dr. Dolores Cahill explains, wearing a face mask can be harmful – [see here](#)
- Vernon Coleman explains the dangers of wearing a face mask – see [here](#)
- **This is what adults expose children to - see [here](#)**
- Not a single case of flu this year. - see article [here](#)



## 10.2 Vaccine passport

The UK. government has announced a review of the vaccine passports and green cards but has set a 29 March deadline. People must offer something, telling the government that these passports will remove our freedom [almost completely](#).

Under the direction of the World Economic Forum, Bill and Melinda Gates Foundation, and Big Tech monopolies like Microsoft, the European Union is trying to implement a new Vaccine Passport system – supposedly to act as an «immunity certificate» which traveler is expected to present as proof of their COVID vaccination or a negative COVID test. – [see movie film](#)

- Vaccine passport - [Sweeden](#)
- Strong history from Isreal – see [here](#).
- What it means to live in the era [of global citizens](#)
- Russian [facial recognition supermarket](#)
- Isreal: [m tracking bracelets law mandated](#)

Read these 10 points about what can be the future in your [passport](#).

### Road map vaccine passport

The EU had decided on vaccine passports. ( [already in 2018](#)) Norwegian article)

[Roadmap vaccine passport](#) (pdf)

(Norwegian informasjon)

6 av 10 i norge er psorive til vaksinepass. ([norwegian link](#))

Fhi.no

#### Vaksinepass

Både EUs myndigheter og Verdens helseorganisasjon (WHO) ser på muligheten for å innføre et globalt vaksinasjonssertifikat/vaksinepass for dem som er koronavirusert (slik som for gulfebervaksinasjon). Tanken er at dette skulle kunne gi visse rettigheter for eksempel til å fly, krysse grenser og delta på arrangementer.

Folkhelseinstituttet har i samarbeid med Helsedirektoratet, Direktoratet for e-helse, Norsk Helsenett SF og andre relevante aktører, fått i oppdrag av Helse- og omsorgsdepartementet (HOD) å kartlegge behovet for og mulige løsninger for etablering av et internasjonalt vaksinepass. Dersom dette blir aktuelt, vil regjeringen vurdere om det skal innføres i Norge. I så fall vil vi komme tilbake med informasjon om hvordan sertifikatene skal utstedes, og hvilke rettigheter de gir.

#### 6 av 10 i Norge er positive til vaksinepass

Et flertall av de spurte i en undersøkelse er positive til bruken av vaksinepass – FHI håper det blir overflødig.



En QR-kode på mobilen viser vaksinasjonsstatusen til en kvinne i Israel. Forekopig er det Israel som har gått lengst i å bruke slike opplysningsdata.  
FOTO: ROMAN ZVAGLIN/REUTERS

Publisert 3. mars kl. 07:56

15:44

15:44

### 10.3 Was it legitimate to shut down society?

This question is also asked by politicians. I Denmark's parliamentary assembly – see [video](#)  
In Denmark also [other](#) questions. See [her](#)

My body, my choice.? Where are the human rights?

**Lov om vern mot smitts**

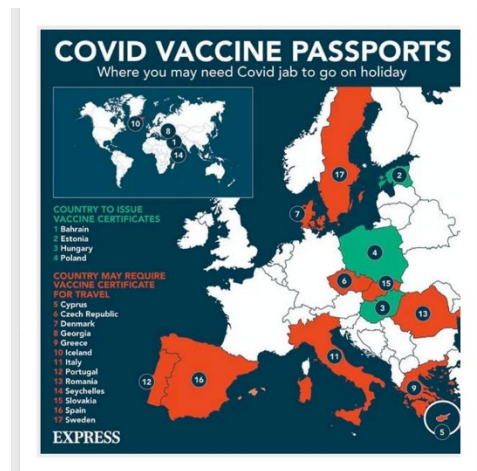
§ 3-8. *Vaksinering og immunisering av befolkningen*

Departementet skal fastlegge et nasjonalt program for vaksinering mot smittsomme sykdommer. Kommunen skal tilby befolkningen dette programmet.

Når det er avgjørende for å motvirke et alvorlig utbrudd av en allmennfarlig smittsom sykdom, kan departementet i forskrift fastsette at befolkningen eller deler av den skal ha plikt til å la seg vaksinere.

Ved et alvorlig utbrudd av en allmennfarlig smittsom sykdom kan departementet i forskrift bestemme at personer som ikke er vaksinert

- må oppholde seg innenfor bestemte områder,
- skal nektes deltakelse i organisert samvær med andre, f.eks. i barnehage, skole, møter eller kommunikasjonsmidler,
- må ta nødvendige forholdsregler etter kommunelegens nærmere bestemmelse.



### 10.4 Is our Democracy In Danger?

**Boris Johnson stands in parliament the next day and disputes the verdict and that the judge is wrong**

See video [here](#)

**ITS TIME – VIDEO!! Banned everywhere – [PLEASE WATCH](#) – last hope video!!**

## 10.5 Cardiopulmonary resuscitation(CPR/HLR) in Corona Times?

Can result in intrusive [consequences](#) for the audience.

## 10.6 In the light of day, AstraZeneca

In the last week, there have been significant concerns about side effects.

Only one country in Africa appears to have stopped AstraZeneca vaccines.



Africa has received 900,000 million vaccine doses. Shouldn't they stop and wait for the quantities or put them on hold in several countries?

<https://www.afro.who.int/regional-director/speeches-messages/opening-statement-covid-19-press-conference-18-february-2021>

## 11. Whom do you choose to listen to?

Here we add more videos that should be of interest to you

### 11.1 We choose to take these seriously

- Tysk) <https://youtu.be/moA7ir5rC7I>
- (Tysk) <https://youtu.be/Gj9FPmvPMz0>
- [Shot](#) in the dark
- A COMING COVID
- Deborah Tavares - [Emergency Alert](#) 03/05/2021
- Can. docs [speak out](#)
- The truth behind [vaccinations-](#)
- Silent Epidemic; [The Untold Story](#) of Vaccines Movie dire
- Important [information](#) from Steven F. Hotze
- The giant [experiment](#) in the world
- 

### 11.2 Do these want our best? We doubt

- Fauci does not intend to take the test. Not necessary if symptom-free. See [film](#)
- YES, Fauchi and Gates have links to drug company – see a [film](#)
- The leader of Davos associated with the WHO awakens [Not trust](#)



STOP THIS ABUSE WE HAVE NOT  
CHOSEN THESE LEADERS AND DO  
NOT THINK THEY WANT OUR BEST



Thanks to all the whistleblowers and  
whistleblowers that are.

Out there. We know you take a considerable risk,  
and we

love you. You are Lightkeepers.

We the people disagree,  
We, the people, do not consent.

Norway 15.03.2021

## 12. Human Rights

Where is UN / FN?

Will, we here layout in full the human rights presented by:

### 12.1: Council of Europa

The information documents were sent to all 47 councils of Europa member states 7 April 2020 Strasburg.

- Respecting democracy, [the rule of law, and human rights](#) in the framework of the COVID-19 sanitary crisis A toolkit for member states.
- From here: [Newsroom](#)
- From here : COVID-19: [Toolkit for member States](#)

## **Information Documents**

**SG/Inf(2020)11**

7 April 2020

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**Respecting democracy, rule of law and human rights  
in the framework of the COVID-19 sanitary crisis**

**A toolkit for member states**

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## Introduction

The purpose of this paper is to provide governments with a toolkit for dealing with the present unprecedented and massive scale sanitary crisis in a way that respects the fundamental values of democracy, rule of law and human rights.

It is recognised at the outset that governments are facing formidable challenges in seeking to protect their populations from the threat of COVID-19. It is also understood that the regular functioning of society cannot be maintained, particularly in the light of the main protective measure required to combat the virus, namely confinement. It is moreover accepted that the measures undertaken will inevitably encroach on rights and freedoms which are an integral and necessary part of a democratic society governed by the rule of law.

The major social, political and legal challenge facing our member states will be their ability to respond to this crisis effectively, whilst ensuring that the measures they take do not undermine our genuine long-term interest in safeguarding Europe's founding values of democracy, rule of law and human rights. It is precisely here that the Council of Europe must carry out its core mandate by providing, through its statutory organs and all its competent bodies and mechanisms, the forum for collectively ensuring that these measures remain proportional to the threat posed by the spread of the virus and be limited in time. The virus is destroying many lives and much else of what is very dear to us. We should not let it destroy our core values and free societies.

### 1. Derogation in time of emergency (Article 15 European Convention on Human Rights)

The extent of measures taken in response to the current COVID-19 threat and the way they are applied considerably vary from one state to another in different points of time. While some restrictive measures adopted by member states may be justified on the ground of the usual provisions of the European Convention on Human Rights (Convention) relating to the protection of health (see Article 5 paragraph 1e, paragraph 2 of Articles 8 to 11 of the Convention and Article 2 paragraph 3 of Protocol No 4 to the Convention), measures of exceptional nature may require derogations from the states' obligations under the Convention. It is for each state to assess whether the measures it adopts warrant such a derogation, depending on the nature and extent of restrictions applied to the rights and freedoms protected by the Convention. The possibility for states to do so is an important feature of the system, permitting the continued application of the Convention and its supervisory machinery even in the most critical times.<sup>1</sup>

Any derogation will be assessed by the European Court of Human Rights (Court) in cases that will be brought before it<sup>2</sup>. The Court has granted states a large margin of appreciation in this field: *"It falls in the first place to each Contracting State, with its responsibility for 'the life of [its] nation', to determine whether that life is threatened by a 'public emergency' and, if so, how far it is necessary to go in attempting to overcome the emergency. By reason of their direct and continuous contact with the pressing needs of the moment, the national authorities are in principle in a better position than the international judge to decide both on the presence of such an emergency and on the nature and scope of derogations necessary to avert it. In this matter Article 15 § 1 (...) leaves those authorities a wide margin of appreciation."*<sup>3</sup>

A derogation is also subject to formal requirements: the Secretary General of the Council of Europe, being the depository of the Convention, must be fully informed of the measures taken, of the reasons therefore, and of the moment these measures have ceased to operate (<https://www.coe.int/en/web/conventions/full-list/-/conventions/webContent/62111354>).

Certain convention rights do not allow for any derogation: the right to life, except in the context of lawful acts of war (Article 2), the prohibition of torture and inhuman or degrading treatment or punishment (Article 3), the prohibition of slavery and servitude (Article 4§1) and the rule of "no punishment without law" (Article 7). There can be no derogation from abolishment of death penalty

<sup>1</sup> CM Reply to PACE recommendation 2125 (2018).

<sup>2</sup> See the Guide on Article 15 of the Convention (31 December 2019) published by the Court's Registry.

<sup>3</sup> *Ireland v. UK* Judgment of 18.01.1978, Series A No 25, para 207.

or the right not to be tried or punished twice (Protocols Nos 6 and 13 as well as Article 4 of Protocol No 7).

A derogation under Article 15 is not contingent on the formal adoption of the state of emergency or any similar regime at the national level. At the same time, any derogation must have a clear basis in domestic law in order to protect against arbitrariness and must be strictly necessary to fighting against the public emergency. States must bear in mind that any measures taken should seek to protect the democratic order from the threats to it, and every effort should be made to safeguard the values of a democratic society, such as pluralism, tolerance and broadmindedness<sup>4</sup>. While derogations have been accepted by the Court to justify some exceptions to the Convention standards, they can never justify any action that goes against the paramount Convention requirements of lawfulness and proportionality.

## **2. Respect for the rule of law and democratic principles in times of emergency**

### **2.1. The principle of legality**

Even in an emergency situation the rule of law must prevail.<sup>5</sup> It is a fundamental principle of the rule of law that state action must be in accordance with the law.<sup>6</sup> The "law" in this context includes not only acts of Parliament but also, for example, emergency decrees of the executive, provided that they have a constitutional basis. Many constitutions provide for a special legal regime (or regimes) increasing the powers of the executive authorities in the case of a war or a major natural disaster or another calamity<sup>7</sup>. It is also possible for the legislature to adopt emergency laws specifically crafted for dealing with the current crisis, which go beyond the already existing legal rules. Any new legislation of that sort should comply with the constitution and international standards and, where applicable, be subjected to review by the Constitutional Court. If parliament wants to authorise the government to deviate from special majority legislation (or the legislation adopted following another special procedure), this must be done by the majority required for the adoption of the legislation, or following the same special procedure.

### **2.2. Limited duration of the regime of the state of emergency and of the emergency measures**

During the state of emergency, governments may receive a general power to issue decrees having the force of the law. This is acceptable, provided that those general powers are of a limited duration. The main purpose of the state of emergency regime (or alike) is to contain the development of the crisis and return, as quickly as possible, to the normality.<sup>8</sup> Prolongation of the state of emergency regime should be subject to the control of its necessity by parliament. An indefinite perpetuation of the general exceptional powers of the executive is impermissible<sup>9</sup>.

During the state of emergency, not only should the power of the government to legislate be limited by the duration of the state of emergency, but any legislation enacted during the state of emergency should also include clear time limits on the duration of these exceptional measures (like a "sunset clause"). Indeed, after the end of the emergency situation it may be justified to continue to apply certain specific, targeted measures, but such extension would fall within the competence of parliament through the ordinary procedures.<sup>10</sup>

<sup>4</sup> *Mehmet Hasan Altan v. Turkey*, §§ 94 and 210; and *Şahin Alpay v. Turkey*, §§ 78 and 180.

<sup>5</sup> See the Venice Commission, *Opinion on the protection of human rights in emergency situation*, CDL-AD(2006)015, para. 13.

<sup>6</sup> See the Venice Commission *Rule of Law Checklist* (CDL-AD(2016)007), paras. 44 and 45.

<sup>7</sup> By 29 March 2020, 22 of our member states have declared state of emergencies.

<sup>8</sup> Experience shows that "the longer the emergency regime lasts, the further the state is likely to move away from the objective criteria that may have validated the use of emergency powers in the first place. The longer the situation persists, the lesser justification there is for treating a situation as exceptional in nature with the consequence that it cannot be addressed by application of normal legal tools." - The Venice Commission, *Turkey - Opinion on Emergency Decree Laws N°s667-676 adopted following the failed coup of 15 July 2016*, CDL-AD(2016)037, para. 41

<sup>9</sup> *CommDH(2002)7, Opinion 1/2002 on certain aspects of the United Kingdom derogation from Article 5 par. 1 of the European Convention on Human Rights*, p. 25; see also the Venice Commission, *Parameters On The Relationship Between The Parliamentary Majority And The Opposition In A Democracy: A Checklist* (CDL-AD(2019)019), para. 119).

<sup>10</sup> See PACE Resolution 1659 (2009), *Protection of human rights in emergency situations*, p. 12; See also the *Rule of Law Checklist*, cited above, and Article 15 of the Convention ("Derogation in time of emergency"); Article 4 of the ICCPR; Article 27 of the ACHR. On emergency

### **2.3. Limited scope of the emergency legislation; the principle of necessity**

The principle of necessity requires that emergency measures must be capable of achieving their purpose with minimal alteration of normal rules and procedures of democratic decision-making<sup>11</sup>. Therefore, the power of the government to issue emergency decrees should not result in a *carte blanche* given by the legislator to the executive. Given the rapid and unpredictable development of the crisis, relatively broad legislative delegations may be needed, but should be formulated as narrowly as possible in the circumstances, in order to reduce any potential for abuse<sup>12</sup>. As a general rule, fundamental legal reforms should be put on hold during the state of emergency<sup>13</sup>.

### **2.4. Distribution of powers and checks on the executive action during the state of emergency regime**

The executive authorities should be able to act quickly and efficiently. That may call for adoption of simpler decision-making procedures and easing of some checks and balances. This may also involve, to the extent permitted by the constitution, bypassing the standard division of competences between local, regional and central authorities with reference to certain specific, limited fields, to ensure a more co-ordinated response to the crisis and on the understanding that full rights of local and regional authorities shall be re-established as soon as the situation allows it.

Parliaments, however, must keep the power to control executive action<sup>14</sup> in particular by verifying, at reasonable intervals, whether the emergency powers of the executive are still justified, or by intervening on an *ad hoc* basis to modify or annul the decisions of the executive.<sup>15</sup> Dissolution of parliaments during the states of emergency should not be possible, and indeed under many constitutions the parliament's mandate is prolonged until the end of the state of emergency.

The core function of the judiciary – in particular the constitutional courts, where they exist – should be maintained. It is important that judges may examine the most serious limitations of human rights introduced by the emergency legislation. Adjournments, "fast-tracking" or group treatment of certain categories of cases may be permitted, and preliminary judicial authorisation in some instances may be replaced with *ex post* judicial review (see also below, chapter 3.2).

During the state of emergency, holding elections and referendums may be problematic, since the possibility of campaigning is extremely limited in times of crisis.

## **3. Relevant human rights standards**

### **3.1. Right to life (Article 2 Convention) and Prohibition of torture and inhuman or degrading treatment or punishment (Article 3 Convention); right of access to health care (Article 11 of the revised European Social Charter)**

The right to life and the prohibition of torture and inhuman or degrading treatment or punishment belong to the core rights under the Convention as they cannot be subject to any derogation, even in

powers see also the reports by the Venice Commission on the Emergency Powers (CDL-STD(1995)012) and on the Protection of Human Rights in Emergency Situations (CDL-AD(2006)015).

<sup>11</sup> The principle of necessity is not referred directly in the context of the institutional emergency measures, but may be derived from the requirement of proportionality and necessity of the emergency measures in the field of human rights – see the Venice Commission, Opinion on the Draft Constitutional Law on "Protection of the Nation" of France, CDL-AD(2016)006, para. 71

<sup>12</sup> CM(2008)170, Committee of Ministers document on the Council of Europe and the Rule of Law, p. 46; see also Venice Commission, Parameters On The Relationship Between The Parliamentary Majority And The Opposition In A Democracy: A Checklist (CDL-AD(2019)019), paras. 119 – 121, and Turkey - Opinion on Emergency Decree Laws N°s667-676 adopted following the failed coup of 15 July 2016 (CDL-AD(2016)037), para 98.

<sup>13</sup> A substantial number of European constitutions have provisions prohibiting constitutional amendments in times of war, emergency or similar situations. See also Venice Commission, Turkey - Opinion on Emergency Decree Laws N°s667-676 adopted following the failed coup of 15 July 2016 (CDL-AD(2016)037), para. 80 and 90).

<sup>14</sup> See PACE Recommendation 1713 (2005), Democratic oversight of the security sector in member states, p. 38.

<sup>15</sup> The Venice Commission, Rule of Law Checklist (CDL-AD(2016)007), para. 51.

time of public emergency such as COVID-19. They have consistently been held to require positive obligations to protect people in state care against deadly diseases and the ensuing suffering<sup>16</sup>.

The Convention continuously requires any member state to ensure an adequate level of medical care for people deprived of their liberty<sup>17</sup>. The European Committee for the Prevention of Torture (CPT) issued a [Statement of principles relating to the treatment of persons deprived of their liberty in the context of the COVID-19 pandemic](#). They apply to various places, including police detention facilities, penitentiary institutions, immigration detention centres, psychiatric hospitals and social care homes, as well as in various newly-established facilities or zones where persons are placed in quarantine in the context of the COVID-19 pandemic. The CPT principles also refer to the need to protect staff working in these institutions and to ensuring continuous access by national independent monitoring bodies to detention facilities. The Commissioner for Human Rights also published a [Statement: COVID-19 pandemic: urgent steps are needed to protect the rights of prisoners in Europe](#).

Beyond people in the states' care, responsibility under Articles 2 and 3 of the Convention may be invoked in respect of severely ill patients, people with disabilities or elderly persons (see [Recommendation CM/Rec\(2014\)2](#) on the promotion of human rights of older persons and the Statements by the Commissioner for Human Rights on persons with disabilities and older persons during the COVID-19 pandemic<sup>18</sup>). Their exposure to the disease and the extreme level of suffering may be found incompatible with the state's positive obligations to protect life and prevent ill-treatment. This positive obligation is further confirmed by Article 11 of the European Social Charter (revised) according to which states parties must demonstrate their ability to cope with infectious diseases, by means of arrangements for reporting and notifying diseases and by taking all the necessary emergency measures in case of epidemics.<sup>19</sup> States' increased attention to vulnerable groups would be consistent with the peoples' right to equitable access to health care (Article 3 of the [Convention on Human Rights and Biomedicine](#), "the Oviedo Convention").

It is recalled in this respect that the availability of and access for patients to quality medicines is more important than ever in the context of the current COVID-19 pandemic. The Council of Europe Convention on the Elaboration of a European Pharmacopoeia<sup>20</sup> aims to provide a legal and scientific basis to ensure the quality of medicines and their components in the form of a single reference work, the European Pharmacopoeia. Under the auspices of the European Pharmacopoeia Commission, 39 member states and the European Union, together with experts from 29 observers, including the World Health Organization, join forces and workshare to establish quality standards, which are applicable in all signatory states and applied in more than 120 countries worldwide.

Finally, under both the Convention and the European Social Charter, states have a duty to inform the population about the known risks related to the pandemic and about behaviours or measures to avoid spreading the disease<sup>21</sup>.

### **3.2. Right to liberty and security (Article 5) and Right to a fair trial (Article 6)**

The unprecedented measures taken in response to COVID-19 may affect the state's capacity to guarantee the right to liberty and security and alter the regular functioning of the judicial system.

<sup>16</sup> See the factsheet "Prisoners' health-related rights" published by the Court's Registry.

<sup>17</sup> See *Khudobin v. Russia*, no. 59896/00, 26 October 2006 ; As the CPT detailed in its [Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease \(COVID-19\) pandemic](#), "an inadequate level of health care can lead rapidly to situations falling within the scope of the term 'inhuman and degrading treatment'".

<sup>18</sup> The Commissioner for Human Rights, who in her work frequently stresses that large residential settings where persons are deprived of their liberty are inappropriate for persons with disabilities and older persons, called on member states facing the pandemic to stop new admissions into such institutions, move people with disabilities out of them as much as possible, and take all necessary measures to protect remaining residents; [Statements by the Commissioner: Older persons need more support than ever in the age of the COVID-19 pandemic](#), 20 March 2020, and [Persons with disabilities must not be left behind in the response to the COVID-19 pandemic](#), 2 April 2020.

<sup>19</sup> ECSR, [Conclusions XVII-2 \(2005\)](#), Latvia.

<sup>20</sup> Council of Europe Convention on the Elaboration of a European Pharmacopoeia, ETS No. 050, Strasbourg, 22 July 1964, and Protocol to the Convention on the Elaboration of a European Pharmacopoeia, ETS No. 134, Strasbourg, 1 November 1989

<sup>21</sup> See European Court of Human Rights, *Guerra and Others v. Italy*, judgment of 19 February 1998, [Reports of Judgments and Decisions 1998-I](#), p. 227, § 58 ; *Oneriyildiz v. Turkey* [GC], no. 48939/99, 30 November 2004.

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<sup>21</sup> See European Court of Human Rights, *Guerra and Others v. Italy*, judgment of 19 February 1998, [Reports of Judgments and Decisions 1998-I](#), p. 227, § 58 ; *Oneriyildiz v. Turkey* [GC], no. 48939/99, 30 November 2004.



The public's access to official information must be managed on the basis of the existing principles set down in the Court's caselaw.<sup>24</sup> Any restriction on access to official information must be exceptional and proportionate to the aim of protecting public health. The [Convention on Access to Official Documents](#) ("the Tromsø Convention") underlines the need for transparency and provides that, at its own initiative and where appropriate, a public authority shall take the necessary measures to make public official documents to encourage informed participation by the public in matters of general interest.

At the same time, official communications cannot be the only information channel about the pandemic. This would lead to censorship and suppression of legitimate concerns. Journalists, media, medical professionals, civil society activists and public at large must be able to criticise the authorities and scrutinise their response to the crisis. Any prior restrictions on certain topics, closure of media outlets or outright blocking of access to on-line communication platforms call for the most careful scrutiny and are justified only in the most exceptional circumstances<sup>25</sup>. The pandemic should not be used to silence whistle-blowers (see [Recommendation CM/Rec\(2014\)7](#) on the protection of whistle-blowers),<sup>26</sup> or political opponents.<sup>27</sup> Malicious spreading of disinformation may be tackled with *ex post* sanctions, and with governmental information campaigns. States should work together with online platforms and the media to prevent the manipulation of public opinion, as well as to give greater prominence to generally trusted sources of news and information, notably those communicated by public health authorities.

### **Privacy and data protection**

The new technologies of access to – and the processing of – personal data have the potential to contain and remedy the pandemic. Monitoring, tracking and anticipating are crucial steps of an epidemic surveillance. With the multiplication and over-abundance of available sophisticated digital technologies and tools (geolocation data, artificial intelligence, facial recognition, social media applications) such pandemic surveillance could be facilitated.

At the same time, the intrusive potential of modern technologies must not be left unchecked and unbalanced against the need for respect for private life. Data protection principles and the Council of Europe Convention 108 (and its modernised version, referred to as "Convention 108+"<sup>28</sup>) have always allowed a balancing of high protective standards and public interests, including public health. The Convention allows for exceptions to ordinary data-protection rules, for a limited period of time and with appropriate safeguards (eg anonymisation) and an effective oversight framework to make sure that these data are collected, analysed, stored and shared in legitimate and responsible ways. Large-scale processing of personal data by means of artificial intelligence should only be performed when the scientific evidence convincingly shows that the potential public health benefits override the benefits of alternative, less intrusive solutions. The Council of Europe expert network on artificial intelligence<sup>29</sup> and its partners can facilitate knowledge sharing in this respect.

### **3.4. Prohibition of discrimination (Article 14 Convention and Article 1, Protocol No. 12, Article E of the European Social Charter) and standards relating to diversity and inclusion**

The principle of non-discrimination is highly relevant in the current context. When assessing whether derogating measures were "strictly required" under Article 15 of the Convention, the Court examines whether the measures discriminate unjustifiably between different categories of persons.<sup>30</sup> Also, certain forms of discrimination can amount to degrading treatment proscribed by Article 3, a non-derogable provision.<sup>31</sup> Moreover, the fact of not taking into account the specific needs of persons

<sup>24</sup> See, for example, *Magyar Helsinki [GC]*, paras. 156-170).

<sup>25</sup> *Cumpana Mazare [GC]*, para. 118.

<sup>26</sup> <https://www.bbc.com/news/world-asia-china-51403795>

<sup>27</sup> See the Council of Europe Guidelines on protecting freedom of expression and information in times of crisis.

<sup>28</sup> Modernised Convention for the Protection of Individuals with Regard to the Processing of Personal Data (CETS 223): [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectId=09000016807c65bf](https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016807c65bf)

<sup>29</sup> The ad hoc Committee on Artificial Intelligence, CAHAJ

<sup>30</sup> *ECIHR, A. and Others v. the United Kingdom (GC)*, 3455/05, 19 February 2009, §§ 182-190.

<sup>31</sup> *ECIHR, Cyprus v. Turkey (GC)*, 25781/94, 10 May 2001, §§ 312-315.

belonging to a disadvantaged group may result in discrimination.<sup>32</sup> The prohibition of discrimination may thus entail obligations to take positive measures to achieve substantive equality.<sup>33</sup> A similar approach is followed under the European Social Charter (Article E).<sup>34</sup> In this sense, many of the provisions of the Framework Convention for the Protection of National Minorities, the European Charter for Regional or Minority Languages, but also the General Policy Recommendations of ECRI should be seen as expressions of the principles of equality and non-discrimination.

The exceptional measures taken today in the framework of the fight against the spread of the virus are likely to raise questions as to their potential discriminatory consequences. For example, the right to education as enshrined in the Convention (Article 2 of Protocol No1) and the European Social Charter (Article 17) should in principle be secured, even though the ways in which it is ensured require adaptation. Particular attention must be paid however to make sure that members of vulnerable groups continue to benefit from the right to education and have equal access to education means and materials in times of confinement. A detailed study of difficulties and risks faced by Roma, migrants, persons belonging to national minorities and LGBTI persons, but also of the excellent specific inclusion practices that have already been adopted during this crisis in some member states, is under preparation<sup>35</sup>.

#### 4. Protection from crime; protection of victims of crime

Incidents and evidence are increasingly reported showing that the policy of isolation and confinement leads to increased levels of domestic, sexual and gender-based violence – and therefore to a heightened need of protection against this. The approach of those member states which, in line with the spirit of the Istanbul Convention<sup>36</sup>, are looking for ways to continue providing services offering support and protection to the victims of such violence, adapted to the isolation regime, can only be welcomed. The Council of Europe can disseminate information about practices put in place in its member states, such as for instance allowing victims alternative ways of reporting incidents of violence<sup>37</sup>. It is also important to consider innovative means so that children have access to helplines and hotlines in light of the provisions of the Council of Europe Lanzarote Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse in order to report violence, maltreatment and sexual abuse during this pandemic.<sup>38</sup>

Victims of human trafficking can find themselves in an even more vulnerable position, as a result of limited capacities of law enforcement and services supporting them, such as shelters.<sup>39</sup>

As modern societies rely more than ever on computer systems, in times of crisis malicious actors may even more so exploit this reliance to their advantage (fraud schemes, phishing campaigns and malware distribution through seemingly genuine websites of information or advice on COVID-19 are used to infect computers, extract user credentials or fraudulent payments). Children are no exception to risks in cyberspace and with the closure of schools, their increased use of the internet and social media affects their security. Furthermore, the coronavirus outbreak has regrettably offered new opportunities for criminals to take advantage of the increased demand for medical, personal protection and hygiene products. These include fake medicines or fake medical devices, such as COVID-19 testing kits, which are being made available both online and offline. The manufacture and

<sup>32</sup> See, e.g., ECtHR, *Horvath and Kiss v. Hungary*, 11146/11, 29 January 2013.

<sup>33</sup> ECtHR, *Horvath and Kiss v. Hungary*, 11146/11, 29 January 2013, § 116; ECtHR, *Çam v. Turkey*, 51500/08, 23 February 2016. See also the Explanatory Report of Protocol No. 12 of the Convention.

<sup>34</sup> For the European Committee on Social Rights (ECSR), discrimination may result from failing to take due and positive account of all relevant differences between persons in a comparable situation, or failing to take adequate steps to ensure that the rights and collective advantages that are open to all are genuinely accessible by and to all. See, e.g., ECSR, *Confederazione Generale Italiana del Lavoro (CGIL) v. Italy*, Complaint No. 91/2013, 12 October 2015, § 237; ECSR, *Confédération française démocratique du travail (CFDT) v. France*, Complaint No. 50/2008, decision on the merits of 9 September 2009, §§ 39 and 41.

<sup>35</sup> The study is being prepared by the Secretariat of the new Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI), for examination at the first meeting of the CDADI. An introductory note will soon be published on its website.

<sup>36</sup> Council of Europe Convention on preventing and combating violence against women and domestic violence, CETS No. 2010, Istanbul, 11 May 2011: <https://www.coe.int/conventions/treaty/210>

<sup>37</sup> See the statement by the Secretary General of the Council of Europe of 30 March 2020 (<https://www.coe.int/en/web/portal/-/covid-19-crisis-secretary-general-concerned-about-increased-risk-of-domestic-violence>) and the statement by the president of GREVIO of 24 March 2020: <https://rm.coe.int/grevio-statement-covid-24-march-2020/pdf/a16809cf55e>

<sup>38</sup> Lanzarote Committee Chair and Vice-Chairperson's statement: <https://rm.coe.int/covid-19-lc-statement-en-final/16809e17ae>

<sup>39</sup> See the statement by the GRETA of 3 April 2020

distribution of falsified medical products pose a significant risk to public health and endanger the right to life and the right to health. Criminal justice authorities need to engage in full co-operation to detect, investigate, attribute and prosecute the above offences. Within the framework of the Council of Europe Conventions (Cybercrime (Budapest) Convention, MEDICRIME Convention<sup>40</sup>, Lanzarote Convention for the protection of children against sexual exploitation and abuse) states parties co-operate closely to improve their criminal law provisions, the procedural powers, and the international co-operation needed to counter these threats.

#### **5. Next steps: the Council of Europe more relevant than ever**

The Council of Europe was established to rebuild lasting peace in Europe after the most disastrous war it had ever known. It has largely succeeded by becoming, throughout its 70 year history, a pan-European organisation with unique institutions that set a world leading example. The challenge our societies face today is unprecedented. Even after the acute phase of the crisis, our societies will have to find the means to repair the social and economic damage and further enhance trust in our democratic institutions. Among other things, a broad reflection will need to be initiated on the protection of the most vulnerable individuals and groups in our societies and about the means to safeguard their rights in a more sustainable and solidary governance model.

The Council of Europe will continue to make every effort to assist its member states during the current crisis and its aftermath. Its wide array of effective legal instruments, technical expertise and extensive networks of national experts offer valuable tools for governments and citizens to find the best and most sustainable responses to protect public health, maintain the democratic fabric of our societies and mitigate the social consequences of the crisis.

The statutory bodies, all institutions of the Council of Europe and the Secretariat are mobilised and will spare no effort to use the tools and resources of the Organisation to share information, good practices and lessons learnt among all stakeholders, including authorities, civil society and citizens, in order to find common responses to the challenges we face. All programmes and activities of the Organisation (including – upon request – co-operation programmes with member states and non-member states) will be refocused to include components that will make the Organisation's contribution as relevant, timely and concrete as possible.

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<sup>40</sup> The Committee of the Parties of the MEDICRIME Convention will issue advice on the application of the Convention in the context of COVID-19 (<https://www.coe.int/en/web/medicrime/home>)

## 12.2: Covid-19 vaccines: ethical, legal and practical considerations

**Author(s):** Parliamentary Assembly  
**Origin:** *Assembly debate on 27 January 2021 (5th Sitting)* (see Doc. 15212, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Jennifer De Temmerman). *Text adopted by the Assembly on 27 January 2021 (5th Sitting).*

- 1** The pandemic of Covid-19, an infectious disease caused by the novel coronavirus SARS-CoV-2, has caused much suffering in 2020. By December, more than 65 million cases had been recorded worldwide and more than 1.5 million lives had been lost. The disease burden of the pandemic itself, as well as the public health measures required to combat it, have devastated the global economy, laying bare pre-existing fault-lines and inequalities (including in access to health care), and causing unemployment, economic decline and poverty.
- 2** Rapid deployment worldwide of safe and efficient vaccines against Covid-19 will be essential in order to contain the pandemic, protect health-care systems, save lives and help restore global economies. Although non-pharmaceutical interventions such as physical distancing, the use of facemasks, frequent hand washing, as well as shutdowns and lockdowns, have helped slow down the spread of the virus, infection rates are now rising again across most of the globe. Many Council of Europe member States are experiencing a second wave which is worse than the first, while their populations are increasingly experiencing "pandemic fatigue" and are feeling demotivated about following recommended behaviours to protect themselves and others from the virus.
- 3** Even rapidly deployed, safe and effective vaccines, however, are not an immediate panacea. Following the festive season at the end of the year 2020 and the beginning of 2021, with its traditional indoor gatherings, infection rates will likely be very high in most member States. In addition, a correlation has just been scientifically established by French doctors between outdoor temperatures and the disease incidence rate on hospitalisations and deaths. The vaccines will no doubt not be sufficient to bring down infection rates significantly this winter – in particular when taking into account that demand far outstrips supply at this point. A semblance of "normal life" will thus not be able to resume even in the best of circumstances until mid to late 2021 at the earliest.
- 4** For the vaccines to be effective, their successful deployment and sufficient uptake will be crucial. However, the speed at which the vaccines are being developed may pose a difficult challenge to building up trust in them. An equitable deployment of Covid-19 vaccines is also needed to ensure the efficacy of the vaccine. If not widely enough distributed in a severely hit area of a country, vaccines become ineffective at stemming the tide of the pandemic. Furthermore, the virus knows no borders and it is therefore in every country's interest to co-operate on ensuring global equity in access to Covid-19 vaccines. Vaccine hesitancy and vaccine nationalism have the capacity to derail the so-far surprisingly fast and successful Covid-19 vaccine effort, by allowing the SARS-CoV-2 virus to mutate and thus blunt the world's most effective instrument against the pandemic so far.
- 5** International co-operation is thus needed now more than ever in order to speed up the development, manufacturing and fair and equitable distribution of Covid-19 vaccines. The Covid-19 Vaccine Allocation Plan, also known as COVAX, is the leading initiative for global vaccine allocation. Co-led by the World Health Organization (WHO), the Vaccine Alliance (Gavi) and the Coalition for Epidemic Preparedness Innovations (CEPI), the initiative pulls funding from subscribing countries to support the research, development and manufacturing of a wide range of Covid-19 vaccines and negotiate their pricing. Adequate vaccine management and supply chain logistics, which require international co-operation and preparations by member States, will also be needed in order to deliver the vaccines against the virus in a safe and equitable way. In this regard, the Parliamentary Assembly draws attention to guidance for countries on programme preparedness, implementation and country-level decision-making developed by WHO.
- 6** Member States must already now prepare their immunisation strategies to allocate doses in an ethical and equitable way, including deciding on which population groups to prioritise in the initial stages when supply is short, and how to expand vaccination as availability of one or more Covid-19 vaccines improves. Bioethicists and economists largely agree that persons over 65 years old and persons under 65 with underlying health conditions putting them at a higher risk of severe illness and death, health-care workers (especially those who work closely with persons who are in high-risk groups), and people who work in essential critical infrastructure should be given priority vaccination access. Children, pregnant women and nursing mothers, for whom no vaccine has so far been authorised, should not be forgotten.
- 7** Scientists have done a remarkable job in record time. It is now for governments to act. The Assembly supports the vision of the Secretary General of the United Nations that a Covid-19 vaccine must be a global public good. Immunisation must be available to everyone, everywhere. The Assembly thus urges member States and the European Union to:
  - 7.1** with respect to the development of Covid-19 vaccines:
    - 7.1.1** ensure high quality trials that are sound and conducted in an ethical manner in accordance with the relevant provisions of the Convention on human rights and biomedicine (ETS No. 164, Oviedo Convention) and its Additional Protocol concerning Biomedical Research (CETS No. 195), and which progressively include children, pregnant women and nursing mothers;
    - 7.1.2** ensure that regulatory bodies in charge of assessing and authorising vaccines against Covid-19 are independent and protected from political pressure;
    - 7.1.3** ensure that relevant minimum standards of safety, efficacy and quality of vaccines are upheld;
    - 7.1.4** implement effective systems for monitoring the vaccines and their safety following their roll-out to the general population, also with a view to monitoring their long-term effects;
    - 7.1.5** put in place independent vaccine compensation programmes to ensure compensation for undue damage and harm resulting from vaccination;
    - 7.1.6** pay special attention to possible insider trading by pharmaceutical executives, or pharmaceutical companies unduly enriching themselves at public expense, by implementing the recommendations contained in [Resolution 2071 \(2015\)](#) on Public health and the interests of the pharmaceutical industry; how to guarantee the primacy of public health interests?
    - 7.1.7** overcome the barriers and restrictions arising from patents and intellectual property rights, in order to ensure the widespread production and distribution of vaccines in all countries and to all citizens;
  - 7.2** with respect to the allocation of Covid-19 vaccines:
    - 7.2.1** ensure respect for the principle of equitable access to health care as laid down in Article 3 of the Oviedo Convention in national vaccine allocation plans, guaranteeing that Covid-19 vaccines are available to the population regardless of gender, race, religion, legal or socio-economic status, ability to pay, location and other factors that often contribute to inequities within the population;
    - 7.2.2** develop strategies for the equitable distribution of Covid-19 vaccines within member States, taking into account that the supply will initially be low, and prepare for how to expand vaccination programmes when the supply expands; follow the advice of independent national, European and international bioethics committees and institutions, as well as of WHO, in the development of these strategies;
    - 7.2.3** ensure that persons within the same priority groups are treated equally, with special attention to the most vulnerable people such as older persons, those with underlying conditions and health care workers, especially those who work closely with persons who are in high-risk groups, as well as people who work in essential infrastructure and in public services, in particular in social services, public transport, law enforcement, and schools, as well as those who work in retail;
    - 7.2.4** promote equity in access to Covid-19 vaccines between countries by supporting international efforts such as the Access to Covid-19 Tools Accelerator (ACT Accelerator) and its COVAX Facility;
    - 7.2.5** refrain from stockpiling Covid-19 vaccines which undermines the ability of other countries to procure vaccines for their populations, ensure stockpiling does not translate to escalating prices for vaccines from those who stockpile to those who cannot, conduct auditing and due diligence to ensure rapid deployment of vaccines at minimum cost based on need not market power;
    - 7.2.6** ensure that every country is able to vaccinate their health-care workers and vulnerable groups before vaccination is rolled out to non-risk groups, and thus consider donating vaccine doses or accept that priority be given to countries which have not yet been able to do so, bearing in mind that a fair and equitable global allocation of vaccine doses is the most efficient way of beating the pandemic and reducing the associated socio-economic burdens;
    - 7.2.7** ensure that Covid-19 vaccines whose safety and effectiveness has been established are accessible to all who require them in the future, by having recourse, where necessary, to mandatory licences in return for the payment of royalties;

**7.3** with respect to ensuring high vaccine uptake:

- 7.3.1** ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;
- 7.3.2** ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated;
- 7.3.3** take early effective measures to counter misinformation, disinformation and hesitancy regarding Covid-19 vaccines;
- 7.3.4** distribute transparent information on the safety and possible side effects of vaccines, working with and regulating social media platforms to prevent the spread of misinformation;
- 7.3.5** communicate transparently the contents of contracts with vaccine producers and make them publicly available for parliamentary and public scrutiny;
- 7.3.6** collaborate with non-governmental organisations and/or other local efforts to reach out to marginalised groups;
- 7.3.7** engage with local communities in developing and implementing tailored strategies to support vaccine uptake;

**7.4** with respect to Covid-19 vaccination for children:

- 7.4.1** ensure balance between the rapid development of vaccination for children and duly addressing safety and efficacy concerns and ensuring complete safety and efficacy of all vaccines made available to children, with a focus on the best interest of the child, in accordance with the United Nations Convention on the Rights of the Child;
- 7.4.2** ensure high quality trials, with due care for relevant safeguards, in accordance with international legal standards and guidance, including a fair distribution of the benefits and risks in the children who are studied;
- 7.4.3** ensure that the wishes of children are duly taken into account, in accordance with their age and maturity; where a child's consent cannot be given, ensure that agreement is provided in other forms and that it is based on reliable and age appropriate information;
- 7.4.4** support UNICEF in its efforts to deliver vaccines from manufacturers that have agreements with the COVAX Facility to those who need them most;

**7.5** with respect to ensuring the monitoring of the long-term effects of the COVID-19 vaccines and their safety:

- 7.5.1** ensure international co-operation for timely detection and elucidation of any safety signals by means of real-time global data exchange on adverse events following immunisation (AEFIs);
- 7.5.2** use vaccination certificates only for their designated purpose of monitoring vaccine efficacy, potential side-effects and adverse events;
- 7.5.3** eliminate any gaps in communication between local, regional and international public health authorities handling AEFI data and overcome weaknesses in existing health data networks;
- 7.5.4** bring pharmacovigilance closer to health-care systems;
- 7.5.5** support the emerging field of adversomics research which studies inter-individual variations in vaccine responses based on differences in innate immunity, microbiomes and immunogenetics.

**8** With reference to Resolution 2337 (2020) on Democracies facing the Covid-19 pandemic, the Assembly reaffirms that, as cornerstone institutions of democracy, parliaments must continue to play their triple role of representation, legislation and oversight in pandemic circumstances. The Assembly thus calls on parliaments to exercise these powers, as appropriate, also in respect of the development, allocation and distribution of Covid-19 vaccines.

