Norway aligns itself with other countries in commending WHO for the excellent work laid down in preparing the first draft of the International Health Regulations. Recent epidemics have clearly demonstrated the need for a thorough revision of the Regulations. We are confident that the forthcoming negotiations built on a spirit of consensus will result in a set of regulations that can encompass every Member State and thereby give all countries the assurance that epidemic outbreaks can be contained at the lowest expense of human suffering and illness, social and economic consequences, individually and nationally.

The approach taken by WHO explained in the draft IHR is a good one, well balanced and will in general have our support. There are however, some articles with room for improvements. At this stage of the process, we will limit ourselves to give comments from a more general aspect which can guide us in the more detailed negotiations.

Emergency of International Concern
We strongly support the concept of “events constituting a public health emergency of international concern” and the algorithm to use when such events are occurring. We would speak against proposals which imply a definition of such events as we would expect the actions taken according to the algorithm to define the event in question. A specific definition will imply the possibility of excluding an event that at a later stage might present itself as a matter that should have been recorded.

The scope
The point of departure for the existing health regulations are certain epidemics. To handle international epidemics is a core function of WHO and that is where the organisation has comparative advantages. Obviously, at the early stages of the investigations of an outbreak or event, the aetiology may be uncertain. Thus, also events caused by radiation or chemicals may be reported. If at a more advanced stage of the investigations, the aetiology proves to be chemical or radiation, other international bodies than WHO may be more appropriate to take the lead in the international response. In other words, there is a need for a broad scope for notification, but may be a lesser need for extended scope for responses when these are clearly falling outside the biological area and thus can be more appropriately taken care of by other agencies.

List of diagnosis
As a general point of view, Norway is not favouring a list of diagnoses as the triggering criteria. It is not a case of a specific disease in itself that makes up an emergency, but the characteristics of an outbreak. The existence of an “emergency list” would tend to imply that diseases outside that list would not be reportable. Furthermore, a specific diagnosis may not be available for many days after outset, thus delaying the reporting. There is no reason to handle cases of possible man-made biological outbreaks in a different manner.
Sovereignty
There is a fine balance between what actions a country can take when threatened by an emergency of international concern and how much influence WHO will be able to exercise on behalf of the other Member States. If advice from WHO appears too antagonistic to the response plan of the country itself, non-compliance and possible arbitration could be the result, which is not desirable. Member States sovereignty is not inviolable under certain circumstances for example by threats of serious epidemics.

A team of experts that is sent into one country should have a mandate by both the receiving country as well as from WHO. Otherwise, such a team would not be able to fulfil it’s duties. By letting the receiving country draw from a pool of experts and decide upon the composition of the team, a climate of mutual co-operation could be achieved.

Focal point
There are some inconsistencies between Health Authorities and Focal point in the draft that need to be clarified. The focal point must be under the jurisdiction of the health authorities and we will probably appoint a small co-ordinating body consisting of few central stake holders. It should be up to the Member states to form their national structure as long as a clear line of real-time communication between WHO and the focal point is secured.

Certificates and documentation
The IHR should not unnecessarily interfere with trade and travel. The sum of all inspections, forms, certificates and documents may in itself constitute such an interference. We think that every possible opportunity for simplifying these "bureaucratic" requirements for the routine situation should be looked into. However, when necessary in the case of an event of a public health emergency of international concern, there should be a strong obligation for sharing information in order to protect public health.

Cessation of measures
Cessation of measures is as important as the initiation. IHR must make sure that measures applied have a minimum of infringement on travel and trade. This would be especially important for countries adjacent to a country with an emergency outbreak. We would therefore like to suggest an addition to Article 35, a Paragraph 3: “Any country can request WHO to take up questions relating to cessation or full implementation of measures.”

Governance
Enforcement of IHR regulations can have serious consequences for a country. It is therefore important that the Member States have adequate influence on the governing structures. Most activities under IHR regulations will have political implications. Expert panels can be appointed by the Director General, but the Review Committee which is also going to deal with settlements of dispute, should possibly be appointed by a process governed by the Member States.

The Norwegian general position to the draft IHR has been developed by a broad multisectoral working group. A final position will be developed as soon as the next draft is available which we hope to receive in due time before the negotiations in November.