

# Implementation of International Health Regulations (2005) in Norway

Karin Nygård

Norwegian Institute of Public Health

Athens June 7-8 th 2018

# Process of IHR (2005) implementation in Norway

## Main focus:

- In line with national preparedness principles
  - Responsibility, subsidiarity, equivalency, cooperation
- Integration in existing systems
  - Preparedness planning
  - Roles and responsibilities
  - Surveillance systems
  - Legal framework:
    - IHR Regulation under PH Act and Inf disease Act
- Depending on inter-agency cooperation
- Continuous improvements based on experience



# IHR National Focal Point in Norway

- Norwegian Institute of Public Health
  - Expert institute for infectious and chemical threats
  - National responsibility for surveillance, risk assessment and scientific advice
  - Also Focal Point for EU's Early Warning and Response System
- 24/7 service for alerts and advice to local and national authorities and health services
  - Generic e-mail and on call phone number (rotation duty)
- Decides independently on notification (article 6)



Notification  
Consultation  
Verification  
Information  
sharing



# Intersectoral and regional collaboration

- National IHR-committee

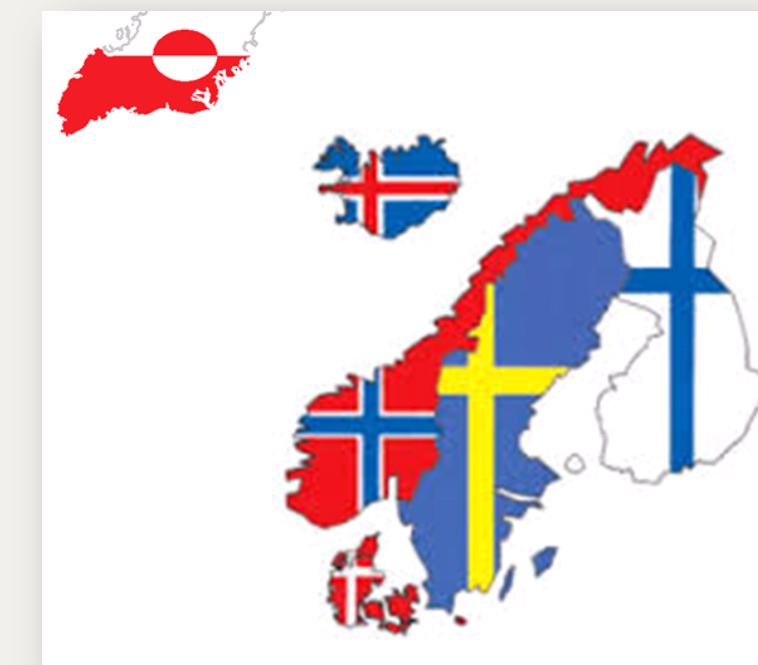
- National intersectoral working group
- Discuss implementation issues and annual reporting to WHO
  - Not operational during crises
- Health, veterinary, food safety, radiation protection, civil protection
- Meets twice annually

- National PoE-network

- 3 airports, 3 harbours
- Regular meetings
- Trainings and exercises

- Nordic IHR meeting

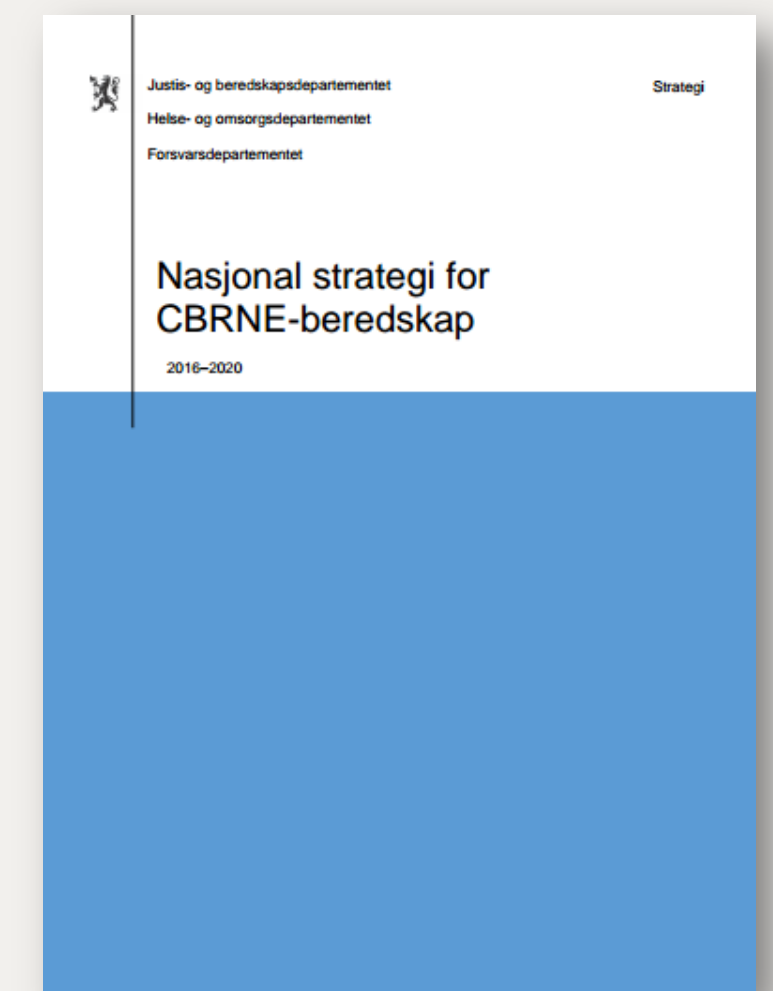
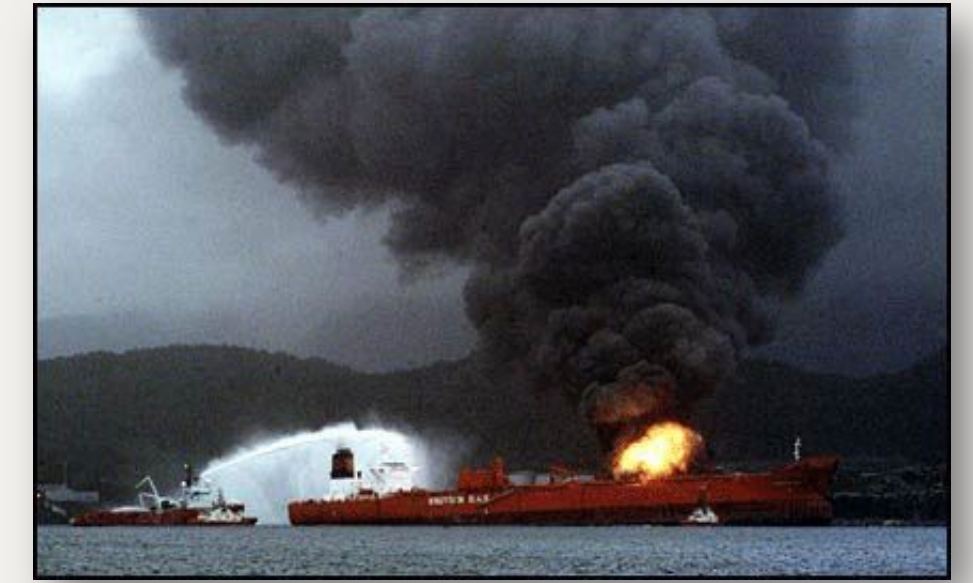
- Similar systems, similar challenges
- Discuss and exchange experiences
- Meets bi-annually





# Challenges and areas for improvement

- Strengthening preparedness and coordination for chemical events
  - Strengthen civil-military collaboration in preparedness
  - More systematically evaluate events in the context of IHR implementation, including evaluation at PoEs.
- General: In the absence of major health events, there is risk of complacency and resulting cuts or redistribution of resources

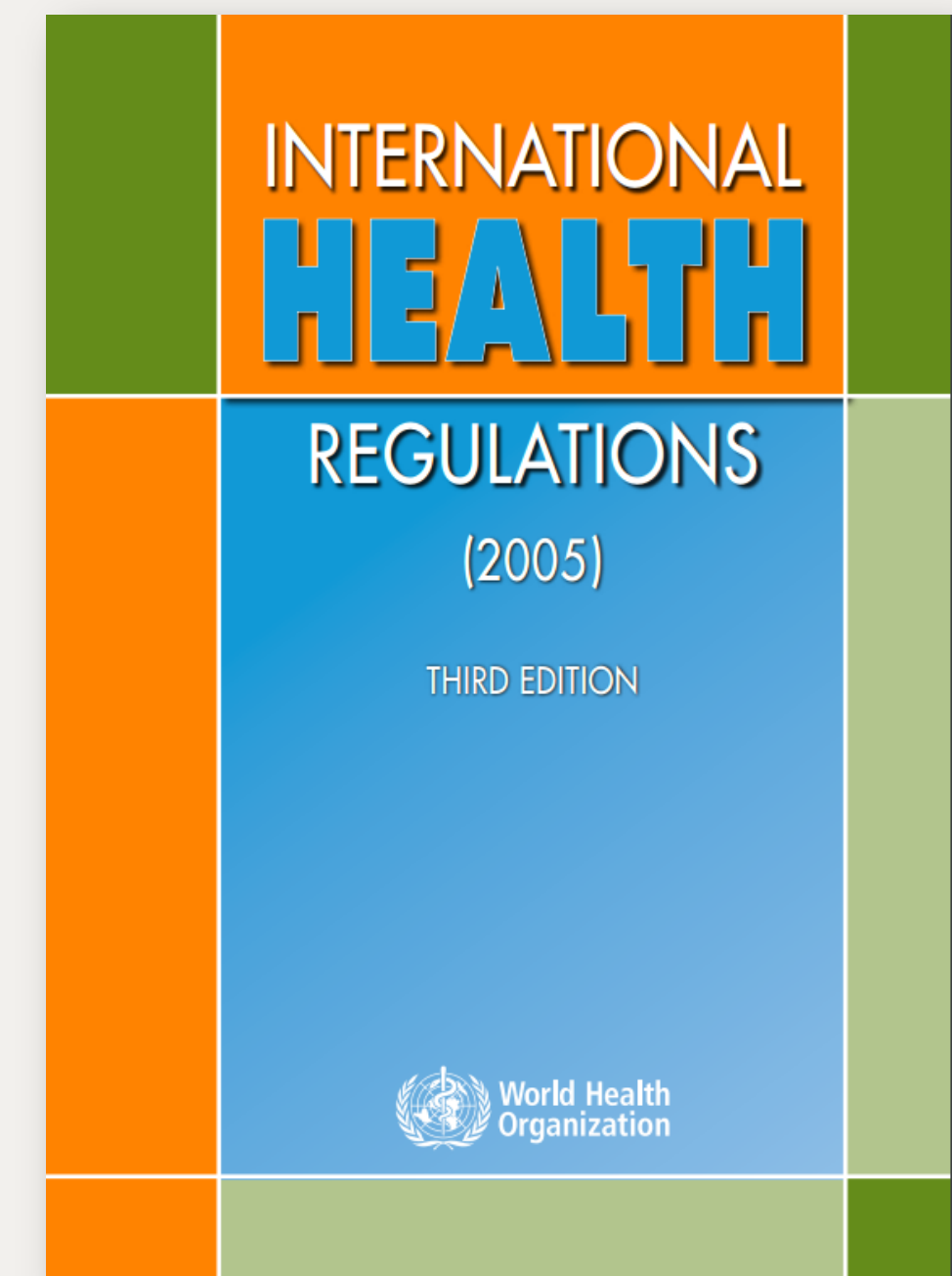


# Implementation of IHR article 44

National preparedness depends on global preparedness

**States Parties shall undertake to collaborate** with each other, to the extent possible, in:

- (a) the **detection and assessment of, and response** to, events as provided under these Regulations;
- (b) the provision or facilitation of **technical cooperation and logistical support**, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;
- (c) the **mobilization of financial resources** to facilitate implementation of their obligations under these Regulations; and



# Global Health Preparedness Program

## Aims and objectives

- Contribute to make health systems in LMICs capable of rapid detection and response to health crises
  - on a daily basis and in an emergency setting
  - and to prevent outbreaks turning into global epidemics
- **Support countries in IHR implementation**
- Support National Public Health Institutes
- Peer-to-peer collaboration

*Five-year program financed by the Norwegian Ministry of Foreign Affairs through the Norwegian Agency for Development Cooperation (Norad)*



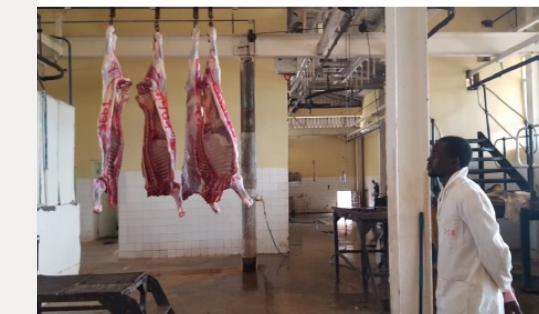


# Key areas for collaboration

Based on country needs and priorities

- Surveillance and outbreak response
  - event- and indicator-based surveillance
- Cross-sectoral collaboration, including One Health
- Laboratory systems
- Infection prevention and control
- Chemical event preparedness
- Supporting Field Epidemiology Training Programs
- National public health institute core functions
  
- Global initiatives and actions (JEE, GHSA, GOARN, SPP)

Supporting Field Epidemiology Training in Malawi



Strengthening laboratory preparedness in Palestine



Implementing point prevalence surveys in Moldova



Strengthening chemical event preparedness in Ghana





Thank you!



Oslo centrum pier, May 30th 2018