

Guidance for evaluating exams – HLA W4100 – fall 2020

The topics included in the assignment have been covered in lectures, reading list/syllabus and rehearsals. The course focuses on the impact of international law/global health law/EU law on the regulation of public health and health systems. Therefore, it starts by identifying the system for global regulation of health law and policies, including underlying principles of international law, as well as global and regional health governance institutions and actors (World Trade Organization (WTO), World Health Organization (WHO), the European Union (EU) and non-governmental organizations (NGOs)/civil society). The course addresses issues such as access to medicines, people's rights to health care, cross-border care, regulation of health professionals' qualifications, regulation of pharmaceuticals, managing pandemics, and the relationship between health law, human rights law and trade law. These issues are all influenced by legal standards as defined by global and international law. At the end of the course students should have an overview of the system for global (and EU) health governance, central international health rules and institutions (WTO, WHO, EU), and an understanding of the interface between global law/international law/EU law and national health law and policies. Thus, the students are expected to recognize and describe different regulatory regimes in the health care field (WTO, UN/WHO, EU) and understand how these organizations/regimes affect nation states and the regulation of health. This should be taken into consideration when evaluating the exams.

It is important to stress that the students are not expected to cover absolutely all the elements included in this evaluation guide. However, they are expected to cover the basic elements, i.e. principles, structures and functions of the regulatory regimes referred to above, to see and discuss links between them, and to be able to discuss the possible impact for health regulation. Moreover, the fact that this is an evaluation guide for a home exam (where students have been given two weeks to prepare and submit a paper) implies that the expectations for what should be covered in the paper, as well as for correct use of sources and references, are high.

The paper must be based on the stated assignment text below. The candidate should make use of different parts of the syllabus/reading list when addressing the issues included in the assignment text. It is however allowed also to use supplementary literature.

Formal requirements for the assignment

Length and format: Minimum 10 pages (maximum 12 pages), excl. list of references and title page. Font: 12p Times New Roman. Line spacing: 1,5. Margins: 2,5 cm. The paper will be checked for plagiarism.

Other formal requirements: There are strict requirements for the correct use of references. It is an absolute requirement that the paper includes a list of references, where all used references are included. The candidate must also include relevant references in the text (e.g. Gostin and Sridhar, 2014) as appropriate according to accepted standards. When the text contains quotations and/or verbatim reproductions, the reference in the text must contain page numbers in addition to the name of the author and year (e.g. Gostin and Sridhar, 2014, pp. 1732). Recognized reference standards must be used (e.g. APA 7 or Harvard – you can find a selection of referencing standards in Canvas).

Failing to fulfil the formal requirements will have a negative impact on the evaluation. Serious breaches of the formal requirement will have a big negative impact and may ultimately result in Fail (=F). There are extra strict requirements for use of references (references in text, as well as the list of references) because this is a home exam where available support material is allowed and transparency therefore is of outmost importance. As referred to above, recognized

referencing standards, which can be used for the paper, was posted and made available in Canvas. The grades are set according to established norms for setting grades as practiced at the University of Oslo (see Appendix 1).

The text of the assignment

- 1) First, provide descriptions of how health law/regulation of health protection is relevant within the European Union (EU), World Trade Organization (WTO) and the United Nations (UN). Describe also the core elements of the International Health Regulations (IHR) with relevance for managing pandemics.
- 2) Then provide a short discussion of the relevance of the terms ‘global health law’ and ‘global health governance’ for the management of pandemics. Include concrete examples in the discussion.
- 3) Finally, discuss core issues and dilemmas involved when public authorities are considering to implement intrusive health protective measures during a pandemic (such as during the Covid-19 crisis). Relate this discussion to human rights law and health law under the UN and trade law under the WTO.

All elements must be addressed - point 1) weighs 20 %, point 2) weighs 30 % and point 3) weighs 50 % in the evaluation – this should be reflected in the paper with regard to how the different parts have been emphasized.

Question 1 (counts 20 % in the evaluation):

First, provide descriptions of how health law/regulation of health protection is relevant within the European Union (EU), World Trade Organization (WTO) and the United Nations (UN). Describe also the core elements of the International Health Regulations (IHR) with relevance for managing pandemics.

This topic is well covered by syllabus, lectures, as well as rehearsals. The students should be able to identify and describe the core roles and responsibilities of the EU, the WTO and the UN with regard to health law/regulation of health protection.

EU: *The students should be able to identify the core principles of the EU’s internal market, including the principles of free movement: free movement of persons, goods, capital and services, which are found in the Treaty of Rome from 1957, and relate these principles to the development of health regulation in the EU. Extra points for those who are able to separate the EU’s roles with regard to: a) Shaping the context of health systems (through hard law, soft law, case law) (e.g. internal market rules); b) Directly addressing public health issues, such as obesity, alcohol, smoking and food safety; and c) EU and global health – EU as a major actor in trade, but also WHO, FAO, OIE etc. – thus, how EU contributes to shaping and being shaped by global rules. The free movement principles are at the core of the development of health law and regulation in the EU. The students must be able to show how these principles are relevant for EU health law regarding, among other things, authorization of medicines, mutual recognition of qualifications for health personnel, common health (product) standards, standards for medical devices, cross-border care/social security coordination/patient mobility etc. The intensified work on the single European market project in the 1980 and 1990s triggered the development of common health rules and policies in the EU, eventually also a separate Treaty based “health paragraph” (c.f. Lisbon Treaty’s Article 168: Public Health (ex. Art. 129 and ex. Art. 1562). The students are expected to refer to the core contents of Article 168, i.e. that “A high level of human health protection shall be*

ensured in the definition and implementation of all Union policies and activities», that the EU should “encourage cooperation between the Member States”, that “Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care», and that EU action “shall complement national policies”. The students should also be able to refer to the establishment of a separate health administration at the EU level, illustrated by DG Sante, as well as a number of EU agencies working on health issues (such as European Medicine Agency, European Food Safety Authority, European Centre for Disease Prevention and Control and more). The students should be able to provide and elaborate on concrete examples, such as mutual recognition of qualifications for health personnel, authorization/regulation of medicines in the internal market, Social Security Coordination mechanism, Patients’ Rights Directive and food safety regulation. To achieve a high score, they must demonstrate what EU’s involvement in these areas actually means. They should also be able to separate between hard law (binding) and soft law (non-binding) and to describe how the EU is involved in both. With regard to soft law, cooperation on health issues according to the Open Method of Coordination (OMC) is particularly important. Extra points for those who refer to the EU Charter of fundamental Rights, 2000, where Art 35. Health care states: “Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.” The Charter became legally binding through the Lisbon Treaty (2009). Extra points for those who demonstrate an understanding of “spill-over effects”, i.e. that health law and policy have been affected by EU’s internal market regulation even though health was not the original target of this regulation. Extra points also to those who demonstrate an understanding of EU law and the use of the proportionality principle in the health area, as well as for those who are able to separate between primary law (Treaties – every action taken by the EU is founded on treaties), and secondary law (regulations – as soon as passed, binding legal force in Member States, on a par with national laws, directives – addressed to national authorities, who must then take action to make them part of national law, and decisions – apply in specific cases, particular countries etc.), as well as EU Case law, which is made up of judgments from the European Union’s Court of Justice,. This last point is particularly relevant in the case of cross-border care, where Court ruling lay down the foundation for developing the Patients’ Rights Directive. It is important that the students show that they understand that the principles of free movement are Treaty based (and thus primary law) and thus, that other laws (such as health laws) must comply with these principles. The EU’ involvement in health law/regulation of health is very well covered in syllabus/reading list, as well as in lectures. Thus, in order to achieve a high score, it is expected that students are able to identify and present key elements presented above.

WTO: The core function of the WTO is to provide a framework for the regulation of world trade where the key logic is to achieve welfare gains through trade liberalization, non-discrimination, and the regulation of trade measures. To achieve a high score, it is important to demonstrate an understanding of this key role of the WTO in world trade regulation. With regard to the relevance of health law/regulation of health protection in the WTO, it is important that the students show that health protection primarily is relevant as justification for implementing trade-restricting measures. It is expected that the students will as a minimum be able to refer to the following five agreements administered by the WTO: GATS Agreement (trade in services), GATT Agreement (trade in goods), SPS Agreement (trade-related sanitary and phytosanitary measures) , TBT Agreement (technical regulations and standards) and TRIPS Agreement (trade-related intellectual property rights). It does not suffice only to refer to these

agreements as relevant. The students must also provide a short explanation of what these agreements regulate, how health protection is relevant within the agreements, and how health protection can be used as justification for trade-related/restrictive measures according to the agreements. This is well covered in lectures, as well as in several of the contributions on the reading list for the course.

United Nations (UN): The students must as a minimum be able to describe the relevance of health law/regulation of health protection with regard to the Universal Declaration of Human Rights (non-binding), the International Covenant of Economic, Social, and Cultural Rights (ICESCR) (binding), the WHO (specialized agency under the UN ‘umbrella’), and the two binding agreements administered by the WHO: WHO’s Framework Convention on Tobacco Control (FCTC) and the International Health Regulations (IHR). In addition, they should be able to describe also the importance of soft law, i.e. for example WHO recommendations, guidelines, action-plans, standards etc. To achieve extra points, the students should be able to elaborate on the role of health law /regulation of health protection in the UN. They should refer to the establishment of the UN in 1945, the adoption of the United Nations Charter, the purpose of maintaining international peace and security, and the purpose of achieving international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion. This again laid down the foundation for the Universal Declaration of Human Rights, 1948, where the right to life and health is included as part of the human rights:

– **Article 3**

- Everyone has **the right to life**, liberty and security of person.

– **Article 25**

- (1) Everyone has the **right to a standard of living adequate for the health and well-being** of himself and of his family, including food, clothing, housing and **medical care and necessary social services**, and the right to security in the event of unemployment, **sickness, disability**, widowhood, old age or other lack of livelihood in circumstances beyond his control.

It is important to note that this non-legally binding document, provided the basis for the UN’s development of the binding agreement International Covenant of Economic, Social, and Cultural Rights (ICESCR):

- Art. 12(1): “...recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”
- Core principles: to achieve accessibility, availability, and acceptability and quality of health services (including medicines),

The Universal Declaration of Human Rights, 1948 also provided basis for the development of the International Covenant on Civil and Political Rights (ICCPR).

The students are expected to describe the core functions and roles of the World Health Organization (WHO) as the “directing and coordinating authority on international health within the United Nations’ system”, which is sought achieved by providing leadership on matters critical to health and engaging in partnerships where joint action is needed, such as: (i) shaping the research agenda and stimulating the generation, translation and dissemination

of valuable knowledge; (ii) setting norms and standards and promoting and monitoring their implementation; (iii) articulating ethical and evidence-based policy options; (iv) providing technical support, catalyzing change, and building sustainable institutional capacity; and (v) monitoring the health situation and assessing health trends. The students should moreover be able to briefly describe the aim and functions of the FCTC and the IHR. Extra points for those who elaborate even more on the description of the relevance of health law/health protection in the WHO. However, it is not sufficient to only describe the WHO. To achieve a good grade, students must demonstrate an understanding of the role of health regulation in the UN as a whole, as well as the WHO's role and placement within the UN system.

The core elements of the IHR with relevance for managing pandemics: Here the students should demonstrate that they understand the core functions and role of IHR as a binding agreement with regard to managing pandemics – this is again relevant also for question 2 and 3 in this assignment. The IHR cover all WHO Member States (194) + Liechtenstein and Holy See, they represent the international consensus on how to deal with pandemic, and they provide a global framework for rules-based disease surveillance and response. It should be noted that information-sharing by Members with the WHO's Secretariat is the cornerstone of international disease surveillance and response. Thus, missing, delayed, or not fully reliable information is a legal issue under the IHR. Those who can achieve a high score here should also elaborate in more detail by referencing core elements of relevance in the IHR, such as Art. 2: "...to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" and Art. 6, which obliges states to notify the WHO within 24 hours of "all events that might constitute a public health emergency of international concern". Students should be able to elaborate on the importance of the WHO's Director General's power to declare a public health emergency of international concern (PHEIC) – a declaration with potential wide-ranging consequences. PHEIC is an event, which poses a "public health risk to other states through the international spread of disease". Extra score to those who also elaborate further on the logic of "Public Health Measures", which can be implemented under the IHR, i.e. the logic to limit restrictive measures in order to safeguard travellers against overly burdensome interferences in their freedom, as well as in trade in goods, and the limits on what national authorities may do, in order to favour the less restrictive approaches to the greatest extent possible (c.f. proportionality principle). Thus, States are allowed to impose strict measures, for example the refusal of entry, but there are limits under IHR – these limits and dilemmas are important to bring up again under question 3.

Question 2 (counts 30 % in the evaluation): Then provide a short discussion of the relevance of the terms 'global health law' and 'global health governance' for the management of pandemics. Include concrete examples in the discussion.

The students must as a minimum be able to define the terms 'global health law' (GHL) and 'global health governance' (GHG) and relate these terms to the management of pandemics. Definitions are presented in several contributions on the reading list, in supplementary material, as well as in slides and recordings from lectures. Global health law can be defined narrowly or broadly. A narrow definition is: legal norms, processes, and institutions that are designed primarily to attain the highest possible standard of physical and mental health for the world's population. A broad definition includes other parts of international law that affect global health (labour law, environmental law, trade law etc.), i.e. all laws that affect

health. Students must be able to provide references to where the specific definitions they present, are found. Global health law is characterized by not being an organized legal system with a unified treaty-monitoring body. Instead, it consists of a network of treaties and soft law instruments that affect global health – many under the auspices of the UN/WHO, but many also related to other organizations (for example ILO, FAO, WTO....). A key feature of global health law is the negotiation, adoption and monitoring of normative rules (binding and non-binding) among countries, thus creating norms, mobilizing resources, guiding stakeholders to work collaboratively, and ensuring accountability for results. WHO is the most important organization for negotiating “pure” international health agreements (both soft law, such as recommendations and standards, and hard law, such as IHR and FCTC). Global health governance can be defined as “...the use of formal and informal institutions, rules, and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively”. One core difference between global health law and global health governance is that the former is static constituting a diversity of legal frameworks, whereas the latter is process-oriented and include global health law as only one of the tools used to protect and improve health, and that it includes non-state actors in this process. In order to achieve further score on this question, students must be able to provide examples of how ‘global health law’ and ‘global health governance’ is relevant for managing pandemics. With regard to ‘global health law’, it is expected that students refer to IHR and ICESCR, as well as to other relevant legal frameworks, such as ICCPR under the UN and WTO agreements such as the GATT Agreement (e.g. by referring to export restrictions – c.f. relevant for restrictions on exports of medicines - under Art. XI or health exceptions under Art. XX), and relevant provisions in the TRIPS and SPS agreements. With regard to ‘global health governance’, it is expected that students describe the processual elements, i.e. the use of governance, including multiple actors, as a way of managing pandemics. Here it is of outmost importance to discuss what separates ‘governance’ from ‘government’/‘governing’, i.e. the involvement, in addition to governments and states, of non-state actors such as intergovernmental organizations (UN, WHO, WTO etc.), NGOs (e.g. Doctors without borders), business (such as the role of pharmaceutical industries in developing vaccines), scientists (central for research and providing expert knowledge regarding medicines/vaccines), and civil society (important for legitimacy, trust and effective implementation). To achieve a high score on question 2 students must be able to operationalize the key terms (GHL and GHG) and apply them to the management of pandemics by providing concrete examples.

Question 3 (counts 50 % in the evaluation): Finally, discuss core issues and dilemmas involved when public authorities are considering to implement intrusive health protective measures during a pandemic (such as during the Covid-19 crisis). Relate this discussion to human rights law and health law under the UN and trade law under the WTO.

Question 3 weighs 50 % in the evaluation and should therefore be emphasized accordingly in the paper. It is somewhat more open than the other questions with regard to what to bring into the discussion, in particular with regard to examples used to illustrate the dilemmas involved when implementing intrusive health protective measures. However, in order to score points here, some basic elements shall nevertheless be included. The core dilemmas and issues have been presented in lectures and is as also discussed in contributions on the reading list, in particular in Bogdandy and Villareal (2020). One basic issue is, which must be presented and elaborated on, is the relationship between implementing intrusive measures during a pandemic and their relationship to human rights law (such as the right to health and the right to free movement and other civil liberties in UN covenants) and trade law (such as intellectual

property rights vs. right to health in WTO's TRIPS Agreement). It is important that the students mention "classic" interventions during a pandemic, such as social-distancing measures, including mandatory isolations and quarantines, and that such measures restrict the freedom of movement of persons, and may amount to restriction of liberty – specifically when persons are compelled to stay home under threat of penalties or even prison sanctions. Thus, one core dilemma here is that measures implemented to protect against pandemics (c.f. right to health under ICESCR) can conflict with other human rights - civil rights - under ICCPR.

A minimum requirement is that the discussion explicitly relates to relevant legal frameworks, such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic Social and Cultural Rights (ICESCR), IHR, and relevant trade agreements under the WTO. This requirement follows from the fact that the assignment explicitly states that the discussion shall be related to "human rights law and health law under the UN and trade law under the WTO". Thus, it is not really relevant to bring in the EU in this discussion. Moreover, it does not suffice to have a general discussion on the problems and dilemmas involved when implementing intrusive measures during a pandemic if this discussion is not related to the relevant legal frameworks. Relevant issues (not an exhaustive list) to include in the discussion are:

- The duties to safeguard liberties AND to protect against pandemics, are both a human rights matter.*
- Right to health, as formulated in ICESCR Art. 12.2(c), can demand protection against epidemics, including quarantines and isolations, when no less restrictive means are at hand.*
- It accepted in human rights law that civil, political, social, economic, and cultural rights are equal. Thus, balancing between the rights of liberty, free movement and assembly, on one hand, and the right to health, on the other hand, is difficult.*
- Scientific evidence (particularly medical-epidemiological research) whenever available, is primary justification for restrictive measures. Intrusive measures shall be reviewed within a reasonable period of time, depending on the nature of the risk and type of scientific information. One purpose of the IHR is deterring the adoption of restrictive measures without scientific grounds. Thus, the WHO's technical advice contributes to identifying which measures may be acceptable.*
- However, the WHO does not give general advice on whether the most dramatic human rights restrictions (such as mass quarantines) are justified or not. This is arguably wise, as a complex balancing act is involved and the WHO is more a technical agency and not specialized in human rights.*

A good starting point when discussing issues and dilemmas involved with regard to trade law is the notion that a WHO recommendation based on possible restrictive trade measures under Article 18(2) IHR, could bring it in conflict with the law of the WTO (i.e. that the health protective measure constitutes a trade restriction under WTO law). For example, WTO's SPS Agreement provides for the possibility to impose trade restricting measures, such as tariffs and even import bans, based on health protection as justification. However, such measures must be based on risk assessments/scientific evidence. Such evidence may be hard to find when, as is the case with for example Covid-19, a new health threat appears. Thus, there is a balancing act involved in the management of pandemics between the perceived (and knowledge about) risk of a health threat, consideration of how intrusive the health protective measure should be, and considerations of the measure's effects on trade, as well as consequences for society in general. During the Covid-19 pandemic, the WHO has so far not recommended any trade restrictions for confronting the disease outbreak – thus, such conflict

between WTO law and WHO remains a theoretical possibility in this case. It is nevertheless important here to address the potential for such conflicts and balancing acts. Other relevant issues here are the relationship between implemented export prohibitions – e.g. prohibition against exports of vaccines - (c.f. provisions in GATT Art. XI on the elimination of quantitative restrictions) and the right to be protected against pandemics found in ICESCR. Another relevant topic is related to the fact that research/development of new vaccines usually leads to requests for patent protections. The WTO's TRIPS Agreement regulates such issues, i.e. patent authorizations and possible exceptions from authorizations. In the midst of a pandemic event, the matter of guaranteeing access to medicines is critical – c.f. the right to health found in ICESCR. Thus, tensions between the right to health regarding access to medicines and intellectual property norms (patent protection) may rise. During the CoVid-19 crisis, such tensions have already come to the fore.

Dilemmas regarding the right to health vs. different human rights, as well as dilemmas involved when an intrusive health protective measure may actually have negative health consequences, shall be included in the discussion. Including several human rights (e.g. in addition to the right to free movement, also the right to free assembly, right to education, right to food etc.) will be counted as positive for the evaluation. So will other dilemmas involved between measures, which inflict upon right to health vs. rights under trade law. However, the core requirement (which also follows from the aim and intended learning outcome of the course HLAW4100) is that the discussion explicitly links the dilemmas involved in the implementation of intrusive health protective measures during a pandemic, to the relevant legal frameworks (regulating human rights law and health law in the UN, as well as trade law in the WTO).

General comment to the evaluation:

The evaluation of the home exam will in line with the text of the assignment, follow strict criteria for correct use of references in the text, as well as for correct set-up of the list of references. Also, it is extra important to present and describe facts correctly as support material has been freely available during this exam. Even though students are not expected to include absolutely all elements presented in this evaluation guide in order to score points, the guide nevertheless reflects the core elements for each question that should be included under each question. In order to score many points it is necessary not only to represent facts correctly, but also to combine different parts of the curriculum and reading list – as deemed relevant – when addressing the questions in the assignment, to operationalize and apply relevant terms and concepts to practical examples, and to be able to relate the discussions to the core of the assignment, namely global/international/European legal frameworks for health law/regulation in general and the management of pandemics in particular.

Appendix 1: Recommended norms for setting grades

Criteria adopted by the National Academic Board on 27 October 2005 for specific degree courses and Master's theses.

Grade	General qualitative description (Norwegian Association of Higher Education Institutions/UiO)	Description of grades for Bachelor's degree courses	Description of grades for Master's degree courses	Description of grades for Master's theses
A Excellent	Excellent performance, clearly outstanding. The candidate demonstrates excellent judgement and a high degree of independent thinking.	The candidate demonstrates an excellent mastery of the course curriculum. When discussing subject-related issues, the candidate applies concepts, theories and empirical knowledge with a very high degree of certainty and in a manner that shows independent thinking and reflection. Correct use of sources and References.	The candidate shows exceptionally wide and solid knowledge of the course subject matter, and demonstrates an excellent ability to apply this knowledge in an independent manner.	An excellent thesis with an original analysis in which the research question is extremely well founded in the literature of the field. The thesis is also clearly outstanding in its use of methodology and its presentation of the material.
B Very good	Very good performance. The candidate demonstrates very good judgement and degree of independent thinking.	The candidate demonstrates very good mastery of the course curriculum. When discussing subject-related issues, the candidate applies concepts, theories and empirical knowledge with a high degree of certainty and in a manner that shows independent thinking and reflection. Correct use of sources and References.	The candidate shows very wide and solid knowledge of the course subject matter, and demonstrates very good ability to apply this knowledge in an independent manner.	A very good analysis with a clear research question that is very well founded in the literature of the field. The thesis is also very good in its use of methodology and its presentation of the material.

Grade	General qualitative description (Norwegian Association of Higher Education Institutions/UiO)	Description of grades for Bachelor's degree courses	Description of grades for Master's degree courses	Description of grades for Master's theses
C Good	Good performance in most areas. The candidate demonstrates good judgement and independent thinking with respect to the most important considerations.	The candidate demonstrates good mastery of the course curriculum. When discussing subject-related issues, the candidate applies concepts, theories and empirical knowledge with certainty and in a manner that shows independent thinking. Correct use of sources and references in general.	The candidate shows wide and solid knowledge of the course subject matter, and demonstrates good ability to apply this knowledge in an independent manner.	A good thesis in all main respects. A clear research question and a well-conducted analysis that is well founded in the literature of the field. The thesis is also good in its use of methodology and its presentation of the material.
D Satisfactory	Satisfactory performance, but with significant shortcomings. The candidate demonstrates limited judgement and independent thinking.	The candidate demonstrates incomplete knowledge of the course curriculum. Concepts, theories and empirical knowledge are applied inconsistently, and there are some deficiencies in the use of sources and References.	The candidate shows variable knowledge of the course subject matter, and demonstrates some ability to apply this knowledge in an independent manner.	In general a good thesis with adequate analysis, but it also shows some weaknesses in formulating the research question, the research design, conducting the analysis, methodological skills or presentation.
E Sufficient	Performance that meets the minimum criteria, but no more. The candidate demonstrates very limited judgement and independent thinking.	The candidate clearly demonstrates incomplete knowledge of the course curriculum, and shows substantial weaknesses in the application of concepts, theories and empirical knowledge, as well as a poor	The candidate shows poor knowledge of the course subject matter, and demonstrates a limited ability to apply this knowledge in an	A thesis in which the analysis meets the minimum requirements set for academic presentation and discussion, but which demonstrates substantial deficiencies in formulating the research question, the research

Grade	General qualitative description (Norwegian Association of Higher Education Institutions/UiO)	Description of grades for Bachelor's degree courses	Description of grades for Master's degree courses	Description of grades for Master's theses
		understanding when discussing subject-related issues.	independent manner.	design, conducting the analysis methodological skills or presentation.
F Fail	Performance that does not meet the minimum academic criteria. The candidate demonstrates a lack of both judgement and independent thinking.	The candidate shows no mastery of even elementary parts of the course curriculum, and demonstrates wide gaps in knowledge or an erroneous representation and application of key concepts and theories.	The candidate shows very poor knowledge of the course subject matter, and demonstrates an inability to meet the minimum requirements set for the learning objectives of the course.	A thesis in which the analysis does not meet the minimum requirements set for scientific presentation and discussion. It also shows very substantial deficiencies in formulating the research question, the research design, conducting the analysis, methodological skills, use of citations or presentation, or does not satisfy the minimum standard of research ethics.