



FRANCE AND THE INTERNATIONAL HEALTH REGULATIONS (IHR)

FACT SHEET



Health risks are increasing as a result of expanding travel and trade against the backdrop of globalization. The re-emergence of infectious diseases and industrial accidents are among examples of cross-border threats to health. France supports the full application of the International Health Regulations (IHR) as the reference instrument for global health security.

196

This is the number of States Parties to the IHR, the only legally binding public health instrument applicable to all countries.

“*The full application of the International Health Regulations will require to develop and maintain surveillance, alert and response capacities for emergency public health events in the 196 States Parties to this legally binding instrument.*”

Laurent Fabius,
Minister of Foreign Affairs, Symposium
on Foreign Policy and Global Health
Diplomacy, Collège de France,
17 June 2013

15 MILLIONS EUROS

This is the amount France has paid to support implementation of the IHR since 2007.

What are the International Health Regulations?

The International Health Regulations (IHR) are a legally binding reference instrument for global public health. The IHR contain provisions on global health threat preparedness, alert and response. The growing number of cross-border health crises (severe acute respiratory syndrome, pandemic influenza, coronavirus in the Middle East) have highlighted the need to protect health security as a global public good, through concerted action by governments and in coordination with the World Health Organization (WHO). The purpose and scope of the IHR as stated in Article 2 are “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.”

Background

The first International Sanitary Conference was held in Paris in 1851 to develop a coordinated response to cholera. In 1907, the International Office of Public Health acquired a permanent

secretariat in Paris. The IHR were negotiated in 1969 under the aegis of WHO, based on the rules existing in 1951 concerning a number of so-called “quarantinable” diseases, namely yellow fever, plague and cholera. The IHR were revised several times and their scope extended in 2005 to “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”.

The international community's commitments

The full implementation of the Regulations by their 196 States Parties is the condition for maintaining collective health security. The revised Regulations, which entered into force on 15 June 2007, set 8 minimum core public health capacities, including as regards surveillance, detection, response and the protection of travellers. These capacities are to enable States Parties to fulfil their obligations to assess public health events and notify them to WHO. The Regulations require States Parties to designate a National IHR Focal Point accessible on a 24/7 basis. Lastly, the IHR authorize WHO to verify with States Parties all useful information on potential public health events.

Operational overview

States Parties to the IHR are required to assess and notify within 24 hours to WHO all events which may constitute “a public health emergency of international concern”. Based on the advice of the Emergency Committee and a number of other criteria, the WHO Director-General will determine whether an event constitutes a public health emergency. The seriousness and unusual nature of reported events will be assessed, as well as the risk of international spread of disease and of interference with international traffic. WHO may then issue recommendations to address the public health emergency of international concern and WHO teams may provide technical support at the request of States Parties.

French intervention thrusts

The Ministry of Foreign Affairs and the Health Ministry support WHO activities for health security. With more than €2.5 million a year, French funding has accounted for more than a quarter of resources available at the office responsible for implementation of the IHR at WHO headquarters. In addition, French expertise is active in developing tools for IHR training, certification of points of entry (ports, airports and ground border crossings), laboratory capability building and biological risk prevention. Lastly, the Rhône-Alpes Region, the Rhône Department and the Greater Lyon Urban Community support the WHO Lyon Office with a view to promoting territorial attractiveness.

Results gained

As at 30 October 2013, 42 countries felt they had fully built the capacities required under the IHR. France, like 118 other countries, has asked for a period of two years to put in place the capacities required under the IHR. The core capacities relating to points of entry, human resources and chemical events are the most difficult to develop. Compliance by States Parties with their obligations enables a climate of confidence and transparency that can guarantee maximum protection of public health without unnecessary interference with international traffic. Moreover, health authorities can receive WHO technical assistance in preparing for and responding to public health events.

Next challenges to be addressed

The post-2014 era will be a crucial period for health security: WHO will have to secure the cooperation of all States Parties, identify gaps and prioritize activities to develop and maintain the capacities required under the IHR. A State that failed to comply with IHR provisions would risk worsening the health situation and being isolated on the international stage. While the IHR do not provide for coercive measures against States failing to comply with their obligations, their application relies on a legally binding commitment and on the mutual interest of the Parties in collectively preserving health security.

18

 MILLIONS EUROS

This is the amount of French contributions to the WHO Lyon Office since its creation in 2001, of which almost half was provided by local authorities.

THE WHO LYON OFFICE: A CENTRE OF EXCELLENCE FOR IMPLEMENTING THE IHR

The WHO Lyon Office was created in 2001 and is a branch of the WHO Department of Global Capacities Alert and Response (GCR) specializing in health security training, epidemiological surveillance and laboratory quality strengthening. Thanks to the technical and financial support from its partners (including the French Foreign Affairs and Health Ministries, Rhône-Alpes Region, Rhône Department, Greater Lyon Urban Community), it helps implement the IHR and enhance Lyon's attractiveness as a global competitiveness cluster in infectiology.

FOR FURTHER INFORMATION

Presentation of the IHR on the WHO website
www.who.int/ihr/en/

WHO Lyon Office website home page
www.who.int/ihr/lyon/en/index.html

IHR implementation by the French Health Ministry
www.sante.gouv.fr/reglement-sanitaire-international-rsi.html

Section on health security on the French Foreign Ministry's website
www.diplomatie.gouv.fr/en/french-foreign-policy-1/development-assistance/health/health-security/

Text of the IHR

www.who.int/ihr/9789241596664/en/



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