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NATIONAL REPORT OF PORTUGAL

Universal Health and
Preparedness Review (UHPR) Pilot
May 2022



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NATIONAL REPORT OF PORTUGAL: Universal Health and Preparedness Review (UHPR) Pilot, May 2022

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This report results from the compilation of findings of the UHPR pilot initiative in which Portugal engaged with WHO. It reflects a summary and not all the diverse and extended contributions of different institutions, sectors, civil society and partners, nationwide. We apologize for any possible incorrection or lack of details in the information provided.

As technical coordinator of the initiative in Portugal, DGS expresses its gratitude to every and each of the involved ones in this process that took place while the country was on general elections and still responding to an active phase of the pandemic COVID-19.

The UHPR National Secretariat

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I. EXECUTIVE SUMMARY

Introduction

Global health security relies on an optimal level of preparedness of all countries to prevent, detect, respond to and recover from public health emergencies. Recent and ongoing pandemic (including the COVID-19 pandemic) have resulted in tragic loss of lives and livelihoods, exacerbating pre-existing inequalities and is threatening to reverse progress made towards the achievement of health-related Sustainable Development Goals and the WHO Triple Billion targets. It has revealed a collective failure of focus and investment in prevention, preparedness and response. The protection from global health threats and public health emergencies of international concern relies on the preparedness of all countries, which should be based on Universal Health Coverage (UHC) and resilient health systems.

All Member States have the responsibility to build and maintain effective capacities and systems for prevention of and response to public health emergencies of international concern and to abide by relevant international rules.

Existing evaluation mechanisms have already resulted in engaging stakeholders beyond the health sector to identify and address country level gaps in preparedness, detection and response to public health risks. Many functional reviews, have identified critical capacity gaps, and lessons are currently being learned. However, these processes not always resulted in countries building the necessary critical capacities, sharing experiences and resources and fostering the transfer of knowledge, technologies and innovation needed for keeping the world safe, serving the vulnerable and promoting health. It has not created the level of shared accountability and the full recognition that countries are only as strong as the weakest link. National Plans of Action for Health Security and other plans to follow gaps identified have not been fully implemented.

The UHPR will promote that these issues will be considered at the highest political level to ensure that recommendations will be followed up.

The Universal Health and Preparedness Review (UHPR) is a Member States led voluntary, participatory and transparent mechanism that will contribute for a safer world. The UHPR aims to bring nations and stakeholders together in solidarity and mutual trust to support effective international cooperation, foster exchange of best practices both at national and regional level, identify new and emerging issues, promote accountability and promote efficient targeting and use of investments.

The UHPR seeks specifically to:

- (i) promote peer to peer review, learning, and mutual trust,
- (ii) act as a platform to share experiences, solutions and best practices for Member States,
- (iii) lead to enhanced accountability, transparency and solutions that can be shared
- (iv) support and advance the principles of fairness and equity that underlie the goal of health for all as a human right.

Methodology of the UHPR pilot

The methodology of the UHPR was adapted for the pilot mission in Portugal, includes an initial phase from November to April 2002, preparatory to the country visit that took place between the 1 and 6 of May 2022. The initial phase included compilation and analysis of the UHPR indicators between National Secretariat and WHO HQ and WHO RO team and the submission of a national survey to collect inputs from the National Commission. To highlight the large number of national health institutions, other sectors and social society that were involved in the country visit, ensuring a dynamic participation in the meetings, simulation exercises (at the national and subnational levels), focus group discussion and the regions visits.

Outcomes / Added value of the UHPR Pilot Mission in Portugal

- Visibility to national and subnational engagement to global preparedness and response;
- Contributions to global instrument: identify best indicators and methods to collect information EU and European context;
- Better mapping of country capacities and capabilities with Health Coverage and Preparedness and Response; the national assessment within the UHPR cycle created the opportunity for the much-needed "stop and think" moment to analyse one's own capacities and needs;
- Recognition of main lessons from COVID-19 and find a guidance on where to create sustainability for further advantages in the health sector (procedures, tools, information management, human resources);
- All sectors are living and recovering from the pandemic and still learning how to better cope with emergencies; recognition of common gaps in the health and other sectors: governance, procedures, tools, human resources;

- Engagement of whole society, General Staff of the Armed Forces, Civil Protection, Refugees and Migration Centers reinforcing a generic recognition that any emergency is a health emergency;
- Engagement of the Parliament Health Group for matters related to Public Health Emergencies and the need to have parliament support to make public health emergency preparedness and prevention and the national contributions to global health security a more visible matter at political level.

Examples of identified best practices

- Commitment to health and health security at the highest levels;
- National Constitution and legislation that considers health as a basic right for any citizen in Portugal, plus strong political, legal and normative instruments;
- Fully transcribed policies, legislation and regulations of the UN and the EU in health security, health systems and UHC;
- Legal basis of the health authorities network allows dedicated public health teams to developing the capacities of the International Health Regulations (2005);
- Confidence in vaccines and health authorities allowed for one of the best vaccination rates in the world;

Challenges/areas needing attention

- Limited and not sustainable budget and other resources for investment in health emergency preparedness;
- Funds are mainly oriented to response rather than preparedness activities;
- Insufficient integration of public health emergency preparedness and response approach in all policies and sectors;
- Insufficient Human Resources and lack of incentives (across managerial, technical, service levels);
- Interoperability of existing systems and tools to enhance information management and data analysis;
- Lack of systematic and institutionalized training in Public Health emergency preparedness and response;
- Legislation related with operationalization of some health security and public health needs to be revised, updated or implemented;

- Identify a regular way to interact with health group in the Parliament;
- According to World Bank Worldwide Governance Indicators (WB WGI), there are decreases seen since 2017 in Regulatory Quality (76%) and Control of Corruption (77%);
- Maintain and increase investment in innovation and digital technology, focusing on integration and management of information systems;
- Revise national documents (legal, strategics, technical) within the recommendation of the UHPR.

Priorities / Recommendations

• Governance and Leadership

- Review and update legislation and policies for emergency response
 - Development of legislation facilitating the rapid implementation of PH measures for emergency situations;
 - Better definition of roles and responsibilities of decision-makers, technical experts and community during public health emergencies;
- Alignment of the territorial administrative mapping of district with health regions and breakdown of districts;
- Leverage European Commission (EC)/European Union (EU) policies at national level – Use existing EU instruments, namely within the EU4Health;

• Multi sectoral coordination

- Sustain and institutionalize key partnerships developed during pandemic response;
- Reinforce One Health strategy, with active involvement of private sector and community partners;

• Research & Development (R&D)

- Expand and enhance R&D-specific capacities in support of public health and health emergencies;
- Strengthen networks across Europe in data exchange and research, using knowledge for public health action;

• Engagement of Communities and Risk Communication

- Enhance risk communication through established network at health administration levels;

- Build a reliable communication network within and between organizations, civil society and with the public;
- **Data and Information Sharing**
 - Integrate public health and health information systems, enhance data analysis and promote better management for activities and performance;
 - Improve tools to make them more needs driven and user friendly, promoting data upload;
 - Real time data sharing and better data integration between different sectors;
- **Digital Technology and Telemedicine**
 - Maintain and increase investment in innovation and digital technology, focusing on integration and management of information systems;
- **National Planning**
 - Engage high-level decision-makers in the endorsement of the National Health Plan 2021-2030 for UHC, healthier populations and emergency preparedness, reinforcing the National Health Service;
 - Systematize development and implementation of national emergency preparedness and response plans (with clear roles and responsibilities, thresholds for activation of surge, SOPs and TORs). Anchor all within national plans (National Action Plan for Health Security/National Health Strategic Plan);
 - Reinforce national strategy of mental health during crises for management at local level;
 - Incorporate learning, M&E and routine testing of plans, surge capacity and multisectoral response within agencies;
 - Routine testing of general risk management capacity of senior policy makers and administrators (simultaneous crisis management);
 - Incorporate simulation exercises results within revision of planning aspects;
 - Capture, document and disseminate the best practice and lessons learnt from pandemic (intra-action reviews and after-action reviews); Development and implement a strategy to integrate in the system and process the gains made during the pandemic response;
 - Address challenges in the training, recruitment and career paths at the health and other sectors;

- Increase and make more sustainable the budget lines for public health and health emergency prevention and preparedness, based on, among others, lessons learned from COVID-19 pandemic;
- More engagement of the parliament including through the health commission for public health emergencies preparedness and response.

Next steps

This UHPR report will be submitted to two international commissions. First to an Expert Advisory Commission (EAC) and second to a Global Peer Review Commission (GPRC).

Both commissions will produce a report and the conclusions from these commissions will be shared, along with the country report, through Regional and Global WHO governing body mechanisms. This will help to demonstrate to the global community the country's transparency, accountability and commitment and help to raise reliable and sustainable initiatives that may support that will support the implementation of recommendations.

Conclusion

This exercise highlighted the main best practices, gaps and challenges in Portugal with regard to national and subnational capacities for health security, health systems and UHC. All data and information collected allows making recommendations to maintain best practices and address gaps and challenges.

Ultimately, the added value of this UHPR process for Portugal may contribute, in the short, medium and long term:

Ensure leadership and stewardship from the highest level of government, strengthen multisectoral and whole of society engagement, and make the country benefit from experts and peers' advice in identifying approaches to close gaps and areas for improvement. This transparent process will help to increase domestic funds allocated to health and to provide confidence to donors and partners investing in building health systems and strengthening preparedness and health security that may lead to greater access to funding and resources. Finally, this periodic review will contribute to ensure sustainable resources; and keep health emergency preparedness high on national, regional and global political agendas.

II. COUNTRY CONTEXT

1. Country background

Portugal is a country located in Southwestern Europe, and whose territory also includes the archipelagos of Azores and Madeira as autonomous regions. It is part of the Iberian Peninsula and is the westernmost point in mainland Europe bordering the North Atlantic Ocean, and the only land border is with Spain. The official and national language is Portuguese and Lisbon is the capital and largest city.



Portugal had a population of approximately 10.347.892 people in 2021 (Census 2021). The country is politically stable, and the crime rate is relatively low. It was admitted to the United Nations on 14 December 1955. According to the latest report for the UNDP Human Development Index (HDI) for 2020, Portugal is ranked 38th out of 189 countries.

Portugal is a semi-presidential republic, and the government structure is based on the 1976 Constitution. The Constitution specifically identifies the three tiers of [government administration](#): civil parishes (freguesias), municipalities (municípios) and administrative regions (regiões administrativas).

The most important sectors of Portugal's economy in 2020 were wholesale and retail trade, transport, accommodation and food services (20.8%) and public administration, defence, education, human health and social work activities (20.7%) and industry (17.4%).

The Portuguese health system (Annex 1) financing depends on a mixture of public and private sources. National Health Service (SNS) funds come from taxes charged by the State to citizens, following a Beveridge model. However, there are also out-of-pocket payments (co-payments and direct payments by the patient, such as moderating fees) and a private financing component associated with voluntary insurance and health subsystems. The State budget dedicated to health has been more or less stable over the years, about 10% of the Gross Domestic Product (GDP).

Health policy, oversight and implementation is led by the central government through the Ministry of Health (MoH). The MoH is responsible for regulation, planning and management of

the SNS, as well as regulation, auditing and inspection of private health providers. As shown in Annex 2, the MoH is made up of several institutions, some of which under its direct administration, some under indirect administration and others with public enterprise status.

SNS, created in 1979, is defined as being national, universal, and free. Though it follows a strong central governance and financing model, five Regional Health Administrations (ARS) have been established in mainland Portugal: North, Centre, Lisbon and Tagus Valley, Alentejo and Algarve. Each ARS has the mission of guaranteeing the region's population access to health care and complying with and enforcing health policies and programs in its area of intervention. SNS provides a comprehensive benefits package that includes GP visits, outpatient specialist treatment, and additional services prescribed by medical doctors, such as pharmaceutical items. Access to hospitals and publicly covered specialist services are controlled by gatekeeping at primary health care. In the Autonomous Regions of Madeira and the Azores there are homologous structures to mainland ARS, called Regional Health Directorates, which are the operating system of the corresponding Regional Health Secretariat.

Past decades have seen some changes in the governance, financing and organisation of the health system, as well as some key changes in population health and burden of disease. Notably, public-private partnerships (PPPs) have been introduced for some hospitals, primary care has been reorganised into networks of providers (ACES) including some new clinics with a performance-based payment component (USF), and the creation of long-term care networks (RNCCI).

2. Country risks

The COVID-19 pandemic has had a profound effect on the Portuguese healthcare system, exposing weaknesses and highlighting the need for investment in healthcare infrastructure and human resources. It also brought socioeconomic consequences, deepening inequalities and exposing frailties.

Non-communicable diseases

The pandemic determined the temporary suspension of several activities since March 2020, that have only recently been resumed. During the first 12 months of the COVID-19 pandemic, 34% of Portuguese people reported some unmet health care requirements (EU average: 21%). The

amount of elective surgery was lowered by more than 20% in 2020 compared to 2019, which has exacerbated already high waiting periods. There was also a significant decrease in cancer screenings and non-emergent consultations.

According to the National Mental Health Plan 2017-2020, depression and anxiety are the most common mental health disorders in Portugal, affecting approximately 20% of the population. Substance abuse, particularly alcohol abuse, is also a significant issue in the country, with alcohol-related harm being a major public health concern.

Infectious diseases

The prevalence of tuberculosis (TB) has declined despite a higher proportion in big metropolitan areas – the TB reporting rate in 2017 was 17.8 per 100,000 people. Multidrug-resistant (MDR)-TB continues to account for 1% of all TB cases. 80% of MDR-TB patients have never had TB treatment, implying that MDR strains are largely transmitted through the environment.

Sexually Transmitted Infections are a significant public health concern in Portugal. While rates of HIV infection have decreased in recent years, the country still has a relatively high prevalence of the virus compared to other European countries.

Environmental risks

While having a relatively low risk of flooding (UHPR standardized score 100), Portugal has historic records of significant events of floods with large impacts in human health and economic activities. As a result of the implementation of European Flood Directive Portugal has identified 63 areas of potential of risk of floods on main rivers basins with different sources of floods – fluvial, pluvial and coastal.

Portugal also has a relatively low risk of drought (UHPR standardized score 78), however, there is a structural problem of drought in the Alentejo and Algarve regions, with a tendency to worsen due to the expected effect of climate change. This led to the preparation of specific Regional Water Efficiency Plans for these regions (Decisions No. 443/2020 and No. 444/2020, dated January 14), and to the set up two working groups, within the framework of the Permanent Commission on Drought.

3. Most relevant and innovative actions during the COVID-19 and other recent emergencies

During COVID-19 in Portugal, the vaccination roll-out and campaigns were extremely successful, with one of the highest [vaccination rates](#) in the world.

The Government mobilized resources, implementing special measures in terms of financing and workforce to face the shortages (e.g.: deployable surge workforce and strategic networks for human resource development).

In terms of real-time surveillance, there have been several improvements in data management and information exchange platforms.

The rapid adaptation of the contingency plan to all territories allowed the reorganization of services for rapid scale-up and scale-down, namely in terms of laboratory capacity, ensuring rapid case detection and subsequent implementation of measures (e.g.: collaboration of private laboratories, Universities and Research; available point of care for diagnosis and screening).

All foreign citizens with pending legalization processes were assigned a national health number, allowing access to health services as national citizens.

The five mainland regions were allocated a high-level government official to oversee the response, strengthening the articulation between local and regional coordination and ensuring rapid communication with stakeholders.

The rapid updating of guidelines at national level, according to scientific and technical evidence, allowed response according to best practices. A package of plans/guidelines on continuity of essential health services was developed and monitoring was in place at national and intermediate levels. A strategic reserve for medicines and medical devices was implemented at national level, with monthly updates.

Telework and non-face-to-face assistance, as well as simplified procedures, were quickly implemented, to maintain the operation of various services (e.g.: HIV infection; mental health; violence victims), as well as to ensure the rights of all citizens with pending administrative procedures (e.g. project MySEF).

The investment in community engagement for most vulnerable groups is worth mentioning, with projects and partnerships aimed at capacity building (e.g.: food and medicines' delivery at home due to isolation or quarantine).

Despite failures in risk communication, the monitoring of risk perception and adaptation of communication products was very important, namely videos in Sign Language, management of misinformation and disinformation with fake news and infodemics radar, educational videos with technical experts and influencers.

International cooperation, in particular with the Portuguese Speaking African Countries (PALOP), was maintained, with the adoption of new agreements related to COVID-19, namely in training, laboratory capacity and vaccination.

III. HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

1. Methodology of the UHPR in the country

Due to political contingencies and as pilot review, decision was taken to manage the review at the highest technical level, being the Directorate-General of Health being indicated as the national institution to lead the pilot.

The methodology of the UHPR included an initial phase from November to April 2022, preparatory to the country visit that took place between the 1 and 6 of May 2022, with several activities listed below.

Initial phase:

- Compilation of different sources of reference documents (Annex 3) to support the country profile and the indicators from the WHO matrix dashboard created for piloting UHPR;
- Compilation, analysis and revision of the UHPR dashboard indicators between National Secretariat and WHO HQ and WHO RO team;
- Collection of contributions and inputs from National Commission directly, through emails, enlarged meeting and an online survey on best practices, gaps, recommendations and sharing documents to support elaboration of the draft national report initiated by the Secretariat and WHO teams.

Country visit:

- More than 20 high-level advocacy meetings involving different legislative, political, administrative, and technical aspects discussed at different administrative levels;
- The organisation of four simulation exercises (at the national and subnational levels), with more than 100 participants, to assess the country's capacity for intra- and inter-sectoral coordination in response to health emergencies;
- Focus group discussions, with more than 80 participants, to review the draft UHPR national report, based on SWOT analysis. Focus group discussions followed by plenary sessions during which the participants and the external review team discussed the level

of capacity, as well as the best practices and weaknesses, and came up with agreed recommendations for each indicator;

- The review of more than 70 reference documents shared by the country including legal texts, plans, procedures, reports and other scientific studies. The information from these reference documents both confirmed the trends presented by the quantitative data collected and fed into and inspired the drafting of additional recommendations;
- More than 20 key informant interviews, which gave the opportunity to relevant stakeholders to provide in-depth information based on their perspectives and experiences. The interviews were structured around the following points: health security capacities, health systems capacities and Universal Health Coverage (UHC). Finally, the interviews were an opportunity to receive additional background materials;
- Field visits during which the external review team had a first-hand look at the realities on the ground. This exercise helped to highlight best practices, challenges and limitations faced by the field actors and the community. The external review team visited three regions: North, Lisbon and Tagus Valley, and Algarve, with 11 sites visited;
- A large number of participants (Annex 4), including high-level and key informants (4.a) and other participants (4.b) were involved in different activities, reinforcing the commitment of the National Commission (Annex 5) and the interactions with the National Secretariat (Annex 6.a) and the External Support Team, composed by staff from WHO HQ and RO, ECDC, subject matter experts and observers (Annex 6.b);
- At the end of the mission, the external review team presented the preliminary results and recommendations to the country during a debriefing ceremony chaired by the Secretary of State and Health, on behalf of the Ministry of Health, followed by a press conference.

2. UHPR multisectoral high-level platforms (national commission & secretariat)

Portugal's engagement with piloting the UHPR was expressed by the 73rd WHA RS in November 2020. A national team was established in November 2021 to articulate with WHO officials on understanding the review and the methodology covering the emergencies preparedness and response and UHC. In January 2022, the Ministry of Health confirmed to WHO that Dr Rui

Portugal, Deputy Director-General of Health, was formally appointed as the focal point to lead the National Commission and Secretariat.

The UHPR National Secretariat included 10 elements from the Directorate-General of Health (DGS) (Public Health Emergencies Operations Center – CESP and Coordination of International Relations) and officers from the Ministry of Foreign Affairs. The Secretariat coordinated the planning and preparation for UHPR, sharing information and ensuring involvement of key stakeholders.

The National UHPR Commission was constituted of multi-sectoral representatives and technical personnel from different levels of government and institutions. The engagement of other sectors was highlighted by the then recent experience of responding to COVID-19. For the different participants involved, it was an opportunity to collect and bring their contributions on the implementation of public health and social measures outside the health sector. A large initial meeting took place on 17 February 2022 with all different members appointed from different sectors to discuss the methodology and how the visit would take place. The Secretariat established a regular communication with the Commission, guiding on the contributions expected and the participation on the face-to-face meetings, workshops, simulation exercises and interviews that took place by the time of the visit to Portugal.

IV. OUTCOMES OF THE UHPR

The tables below summarized the outcomes of the UHPR within a mix of data and information collected from strategic, technical, and legal documents compiled for the country profile, the interviews done with high level representatives and key informers from the health sector and other sector, and notes collected from the working group discussions and simulation exercises findings.

Category 1. Governance

<p>Best Practices</p>	<ul style="list-style-type: none"> ● Commitment to health and health security at the highest levels <ul style="list-style-type: none"> ○ High level political commitment to the UHPR – engaged with global initiatives for global health security by the 73rd World Health Assembly (WHA) RS (November 2020). Active participation in the Review Conference of the Biological Weapons Convention (BWC), and voluntary reporting mechanisms regarding activities related to the BWC, such as the Confidence-Building Measures on an annual basis; ○ Response to COVID-19 acute phase included the allocation of a high-level government official (Deputy Minister/State Secretary responsible for each of the five mainland health regions; ○ Parliamentary Committee for Health willing to be more engaged on public health emergencies preparedness and response, following the UHPR visit to the National Parliament; ○ Pilot country to test assessment tool of the Global Health Security Agenda (GHS) in 2015, supporting what later become the Joint External Evaluation (JEE) tool. National Constitution includes health as a basic right for any citizen in Portugal. Inclusion and access to national health service of third-country nationals or stateless persons, applicants for international protection and migrants with or without legal status. ● UN and EU policies, legislations and regulations for health security, health systems, including the International Health Regulations (IHR) (2005) and UHC are fully transcribed and integrated into Portuguese laws and other legal instruments <ul style="list-style-type: none"> ○ Legal basis of public health network at national and subnational level supporting IHR implementation; ○ Regular interactions with other sectors on the e-SPAR annual evaluation;
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	<ul style="list-style-type: none"> ○ Risk-based approach to international travel-related measures, routine core capacities and public health response contingency plans at points of entry are exercised, reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis (SPAR C11.1 score 100, C11.2 score 100, C11.3 score 100); ○ Existence of Commission for Citizenship and Gender Equality, strong parity laws, interpersonal violence initiatives and LGBT rights ensuring strong policies on gender equality; ○ “One Health” approach implemented with articulation between Human Health (DGS), Animal Health (DGAV) and Environmental Agency that includes component of National Action Plan against antimicrobial resistance (AMR) and the collaboration in the Highly Pathogenic Avian Influenza (HPAI) outbreak response; ● Development of multiannual National Health Plan, the latest dated 2021-2030, framing health in all policies, defining policies, strategies and priorities with contributions of other sectors’ stakeholders, innovative initiatives to health problems and intervention; ● Active participation in international initiatives of solidarity for global health security: bilateral/multilateral mechanisms to provide technical or other support to improve emergency preparedness in other countries, especially with the PALOP; ● Commitment to transparency as health policy and politics.
Gaps and challenges	<ul style="list-style-type: none"> ● Legislation related with operationalization of some health security and public health needs to be revised, updated or implemented; ● According to World Bank Worldwide Governance Indicators (WB WGI), there are decreases seen since 2017 in Regulatory Quality (76%) and Control of Corruption (77%); ● All-hazard approach and corresponding coordination within IHR (2005) implementation is not clear; ● Regular/routine sharing of information on a regular basis between different sectors is not in place in a formal way.
Priorities	<ul style="list-style-type: none"> ● Governance and Leadership <ul style="list-style-type: none"> ○ Review and update legislation and policies for emergency response: <ul style="list-style-type: none"> ▪ Develop legislation facilitating the rapid implementation of public health measures for emergency situations; ▪ Better define roles and responsibilities of decision-makers, technical experts and community during public health emergencies; ○ Reflect on the territorial alignment between mapping of health districts and administrative breakdown of districts;

	<ul style="list-style-type: none"> ○ Leverage European Commission (EC)/European Union (EU) policies and funding under existing EU instruments, namely EU4Health; ● Research & Development (R&D) <ul style="list-style-type: none"> ○ Expand and enhance R&D-specific capacities in support of public health and health emergencies; ○ Strengthen networks across Europe in data exchange and research, using knowledge for public health action; ● National Planning <ul style="list-style-type: none"> ○ Reinforce the National Health Service following the National Health Plan 2021-2030 for UHC, healthier populations and emergency preparedness; ○ Political commitment/More engagement of the parliament, including through the Health Commission for public health emergencies preparedness and response; ● Develop a solid mechanism for information sharing between sectors in the context of the IHR.
<p>References</p>	<ul style="list-style-type: none"> ● Basic Law of Health: https://dre.pt/dre/detalhe/lei/95-2019-124417108 and https://dre.pt/dre/legislacao-consolidada/lei/1990-34540475 and https://dre.pt/dre/detalhe/decreto-lei/336-1993-651701 ● Law of Health Authorities: https://dre.pt/dre/detalhe/decreto-lei/336-1993-651701 and https://www.dgs.pt/a-dgs/autoridades-de-saude.aspx and https://ordemosmedicos.pt/wp-content/uploads/2017/09/Sa%C3%BAde-P%C3%BAblica-Autoridade-de-Sa%C3%BAde-Fundamentos-legais-do-seu-exerc%C3%ADcio.pdf ● Decree-Law No. 28/2008, dated February 22 – Establishes the regime for the creation, structuring and operation of groups of health centers of the National Health Service: https://dre.pt/dre/detalhe/decreto-lei/28-2008-247675?ts=1680825600034 ● Law No. 27/2006, dated July 3 – Approves the National Law for Civil Protection: https://dre.pt/dre/detalhe/lei/27-2006-537862 ● Warning No. 12/2008, dated January 23 – Adoption of the IHR (2005) into national legislation: https://files.dre.pt/1s/2008/01/01600/0063800687.pdf?lang=EN ● WHO IHR State Parties Self-Assement Annual Reporting – Report 2021: https://extranet.who.int/e-spar ● National Health Plan 2021-2030 – Sustainable Health: from all to all: https://pns.dgs.pt/ ● World Bank Worldwide Governance Indicators DataBank: https://databank.worldbank.org/source/worldwide-governance-indicators

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Category 2. Systems

Best Practices	<ul style="list-style-type: none"> • Strong nationwide network of public health professionals and structure of health authorities, linked to primary healthcare services and other sectors, at local and regional level, under a national Health Authority that is the Director-General of Health <ul style="list-style-type: none"> ○ Functional mechanisms in place for inter-institutional collaboration within health sector and for multisectoral collaboration with animal health, food safety, environment, social protection, security, municipalities, academia, civil society, private sector, communities and media at different levels of the public health network; ○ Agility of the system to engage private sector (laboratories, hospitals, etc.) as part of the surge capacity on responding to emergencies; • Technology and innovation: Efforts to apply ICT tools to improve information management and data analysis; • Surveillance system under Epidemic Intelligence framework ensuring early warning systems: indicator-based monitoring and event monitoring; near real-time data collection through surveillance information systems for mandatory notifiable diseases and death certificates; • Preparedness and response integrated in regular public health activities at all levels <ul style="list-style-type: none"> ○ Regular organization of national simulation exercises in priority areas with scenarios engaging multiple sectors; ○ National reference laboratory with BSL-3 and able to deal with dangerous pathogens and toxins; • National priority programmes and interventions at all levels are defined and based on magnitude, transcendence and vulnerability assessment <ul style="list-style-type: none"> ○ National Vaccination Plan with great operationalization of vaccination campaigns and strategies to strengthen vaccination compliance; confidence in vaccines and health authorities, allowed for one of the best vaccination rates in the world;
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	<ul style="list-style-type: none"> ○ Development of a national strategy to reinforce capacities for management of mental health during crises; ○ National Strategy for Quality in Health with strong interventions on accreditation processes and patient safety regulations; ○ TB: community-based and non-referral response structures, with open door access system prepared to receive undocumented citizens. Antenatal and obstetric care: 91% of pregnant women have first antenatal visit within first trimester of pregnancy; ○ National Program for Cerebrovascular Diseases: established pre-hospital greenway allowing accelerated transport to hospital and earlier treatment; ○ National Program for Sexually Transmitted Infections and HIV: simplification of access to antiretroviral drugs in hospital pharmacies or even home delivery, follow-up of patients with HIV infection by telemedicine; existence of syringe exchange programs.
Gaps and challenges	<ul style="list-style-type: none"> ● Coordination within preparedness and response: lack of an overarching plan for Public Health Emergency Preparedness and Response (PHEPR) that complements other sectors' plans; ● Access to health services: difficulty in reaching vulnerable populations that do not attend health services; ● ICT tools: interoperability of existing systems and information management; ● Human resources <ul style="list-style-type: none"> ○ Insufficient and lack of incentives (across managerial, technical, service levels); ○ Lack of systematic and institutionalized training in public health emergency preparedness and response for capacity building of public health professionals at all levels.
Priorities	<ul style="list-style-type: none"> ● Multisectoral coordination <ul style="list-style-type: none"> ○ Sustain and institutionalize key partnerships developed during pandemic response; ○ Reinforce One Health strategy, with active involvement of private sector and community partners; ○ Build coherent and structured coordination mechanisms with other essential sectors for PHEPR; ● Engagement of Communities and Risk Communication <ul style="list-style-type: none"> ○ Enhance risk communication through established network at health administration levels;

	<ul style="list-style-type: none"> ○ Build a reliable communication network within and between organizations, civil society and with the public; ● Data and Information Sharing <ul style="list-style-type: none"> ○ Integrate public health and health information systems, enhance data analysis and promote better management for activities and performance; ○ Improve tools to make them more needs driven and user friendly, promoting data upload, interoperability and analysis; ○ Real-time data sharing and better data integration between different sectors; ● National Planning <ul style="list-style-type: none"> ○ Systematize, develop and implement PHEPR (with clear roles and responsibilities, thresholds for activation of surge, SOPs and TORs); ○ Incorporate learning, M&E and routine testing of plans, surge capacity and multisectoral response within agencies; ○ Reinforce national strategy of mental health during crises for management at local level; ○ Incorporate simulation exercises results within revision of planning aspects; ○ Capture, document and disseminate the best practice and lessons learnt from pandemic (intra-action reviews – IAR & and after-action reviews – AAR); develop and implement a strategy to integrate in the system and processes the gains made during the pandemic response; ○ Address challenges in the training, recruitment and career paths at health and other sectors.
<p>References</p>	<ul style="list-style-type: none"> ● Law No. 81/2009, dated August 21 – Establishes a public health surveillance system (SINAVE): https://dre.pt/dre/detalhe/lei/81-2009-488301?_ts=1680739200034 ● Law No. 4/2016, dated February 29 – National Plan for the Prevention and Control of Diseases Transmitted by Vectors: https://dre.pt/dre/detalhe/lei/4-2016-73740377 ● National Strategy for Quality in Health: https://www.dgs.pt/qualidade-e-seguranca/estrategia-nacional-para-a-qualidade-na-saude.aspx ● Regulation on patients safety: https://dre.pt/dre/detalhe/despacho/9390-2021-171891094 ● REVIVE Program – Vector Surveillance Network, 2021 Report: https://www.insa.min-saude.pt/revive-rede-de-vigilancia-de-vetores-relatorio-2021/

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- Food Safety Communication Manual: <https://www.asae.gov.pt/ficheiros-externos-2014/manual-de-comunicacao-em-seguranca-alimentar-vers2a.aspx>
- National Biosafety Network: <http://www.labptbionet.ibmc.up.pt/node/17>
- National Civil Protection Emergency Plan, 2021: http://www.prociv.pt/bk/Lists/Noticias/Attachments/478/PNEPC_2021_Consulta%20P%C3%BAblica.pdf
- Disaster Plan – Baixo Vouga ACES (Group of Healthcare Centers): <https://bicsp.min-saude.pt/pt/biufs/2/20019/QUEM%20SOMOS/Plano%20de%20Cat%C3%A1strofes%20AcS%20BV%202018.pdf>
- Resolution of the Council of Ministers No. 45-A/2020, dated June 16 – Approves the National Plan for Integrated Management of Rural Fires: <https://dre.pt/dre/detalhe/resolucao-conselho-ministros/45-a-2020-135843143>

- Flood Risk and Management Plans: <https://apambiente.pt/index.php/agua/planos-de-gestao-dos-riscos-de-inundacoes>
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	<ul style="list-style-type: none"> • Portuguese National Contingency Plan for Health Sector regarding pandemic influenza: https://www.dgs.pt/documentos-e-publicacoes/plano-de-contingencia-nacional-do-sector-da-saude-para-a-pandemia-de-gripe-pdf.aspx • Strategic Cooperation Programs signed with the PALOP • Action Plan to support the PALOP and East-Timor in the fight against COVID-19, signed with Portugal.
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Category 3. Financing

Best Practices	<ul style="list-style-type: none"> • Financing and funding mechanisms for rapid response to public health emergencies (e.g. for epidemiological surveillance, health monitoring, COVID-19 contact tracing and strengthening the national reference laboratory) <ul style="list-style-type: none"> ◦ 2020 resolution #86 declaring a dedicated budget from the EU as part of the resolution plan to face COVID-19; • R&D <ul style="list-style-type: none"> ◦ StartUp Voucher measure (2019-2022), aiming at promoting the development of business health projects (includes training and financial and administrative support); • Solidarity for global health security: bilateral/multilateral mechanisms to provide financial or other support to improve emergency preparedness in other countries, especially with the PALOP; • EU and other international Grants and Scholarship Applications (Foundation for Science and Technology); • Sanitary and Food Safety Plus Fund is an annual taxation with reference to commercial area of supermarket companies that is used only for programmes dedicated to surveillance and control of risks for food safety and consumers health.
Gaps and challenges	<ul style="list-style-type: none"> • Spending on health per capita and as a share of GDP has been lower in Portugal than the EU average for many years; • Limited and not sustainable budget and other resources for investment in health emergency preparedness <ul style="list-style-type: none"> ◦ Funds are mainly oriented to response rather than preparedness activities; ◦ System too rigid – process e.g. for reallocating and adding resources. Structure for how and where to use allocated budget – inflexible;

	<ul style="list-style-type: none"> • Lower research and development expenditure as a proportion of GDP, compared to other European countries; • Out-of-pocket costs spent on medicines out of out-of-pocket medical expenditures in Portugal is higher than in other European countries; • Investments in human resources.
Priorities	<ul style="list-style-type: none"> • Increase and make more sustainable the budget lines for public health and health emergency prevention and preparedness, based on, among others, lessons learned from COVID-19 pandemic; • Undertake a funding review to identify key areas for support; • Strengthen the health value chain by investing more in research and development, internationalization, open innovation and smart specialization; • Digital Technology and Telemedicine <ul style="list-style-type: none"> ◦ Maintain and increase investment in innovation and digital technology, focusing on integration and management of information systems.
References	<ul style="list-style-type: none"> • StartUp Voucher measure – Agency for Competitiveness and Innovation [Ministry of Economy and Digital Transition]: https://www.iapmei.pt/getattachment/PRODUTOS-E-SERVICOS/Empreendedorismo-Inovacao/Empreendedorismo-(1)/StartUP-Voucher-2019-2022/StartUP-Voucher_Regulation-(EN).pdf.aspx • Law No. 2/2020, dated March – State Budget for 2020: https://dre.pt/dre/detalhe/lei/2-2020-130893436 • Central Health Administration – Hospitals Benchmarking: https://benchmarking-acss.min-saude.pt/ • Transparency Portal: https://www.sns.gov.pt/transparencia/ • Economic and Social Stabilization Program: https://www.portugal.gov.pt/download-ficheiros/ficheiro.aspx?v=%3D%3DBAAAAB%2BLCAAAAAAABACztLQ0BgCEWok2BAAAAA%3D%3D • Foundation for Science and Technology (FCT) – Financing for Science and Tecnology: https://www.fct.pt/ • Decree-Law No. 119/2012, dated June 15, amended by Decree-Law No. 102/2017, dated August 23, and Decree-Law No. 9/2021, dated January 29 – Creates the Sanitary and Food Security Fund Plus: https://dre.pt/dre/legislacao-consolidada/decreto-lei/2012-155732635-155879533 and https://dre.pt/dre/detalhe/decreto-lei/102-2017-108041482 and https://dre.pt/dre/detalhe/decreto-lei/9-2021-155732595

V. HIGHEST NATIONAL PRIORITIES & ACTIONS

1. Implementation of relevant international and regional commitments

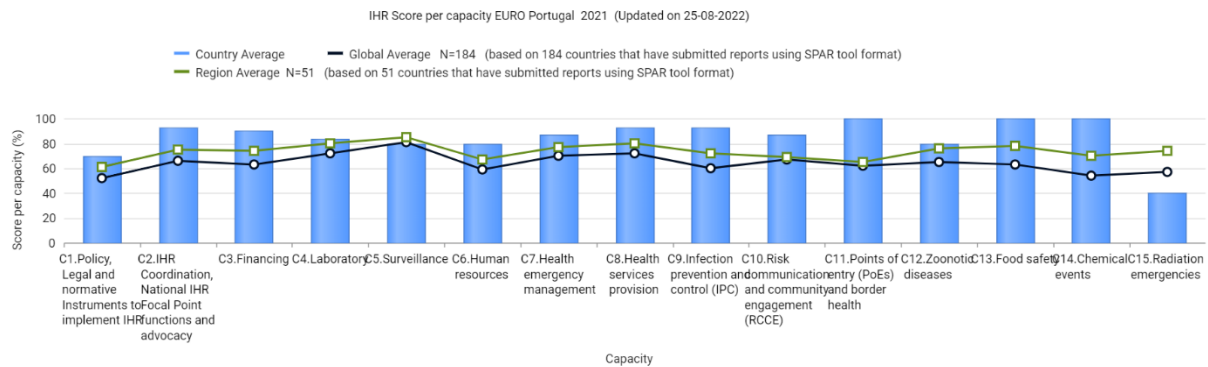
International Health Regulations (2005)

Portugal, as a State Party bound by the IHR, implements the regulations at national level, under a multisectoral approach, with the collaboration and support of the WHO.

DGS is the institution that oversees the implementation of the IHR in Portugal and the Director General of Health, who is inherently the National Health Authority, is the IHR National Focal Point. The national health authority is responsible for health surveillance, monitoring compliance with IHR and articulating with national and international stakeholders in the context of preparedness and response, early detection, risk assessment, management and communication. Specifically, it is incumbent upon the competent bodies to analyse, plan, implement and monitor the necessary measures to prevent the dissemination of cross-border threats and also ensures cooperation in surveillance, rapid alert and response, under the framework of the IHR.

Within DGS, CESP is the unit that reports directly to the National Health Authority, acting as IHR contact point and being responsible for improving the implementation of the IHR, considering its activities on essential functions of emergency centres and public health operations. DGS/CESP has been engaging in a series of activities to develop, strengthen and maintain the capacity to detect, assess, notify and report events in accordance with these Regulations, ensuring that core capacities are present and functioning throughout the territory. Portugal uses the Monitoring and Evaluation Framework developed by WHO to review the implementation of core public health capacities under the IHR, thus contributing to the mutual accountability of States Parties for global public health security through transparent reporting and dialogue. DGS/CESP also coordinates the application of these tools to review the level of IHR compliance and progress and to improve preparedness and response capacities across the country, including the collection of information from other stakeholders, in order to submit the State Party self-assessment Annual Report (SPAR) and the development and participation on simulation exercises (Annex 7).

In 2021, Portugal's overall capacity average was 85%, above regional and global average; the main challenges identified are related with C15 – Radiation emergencies (40%) and C1 - Policy, Legal and normative Instruments to implement IHR (70%), as shown in the Figure below.



In addition, the tool that turned out to be JEE, previously known as [GHSA Assessment](#), was piloted in the country in April 2015. However, during the pandemic, we were not able to organize regular simulation exercises within health and other sectors nor to use other tools besides the annual reporting.

The legal basis of the network of health authorities, from national to regional and local levels, allows for public health teams dedicated to developing the IHR capacities at all geographic levels. Nevertheless, at central level, there is not yet a cascade approach to the subnational level to the "SimEx culture".

Regional commitments

Portugal is included in the area of influence of the WHO Regional Office for Europe (WHO/Europe) and shares the common goal of achieving the highest level of well-being, health and health protection, in line with the European Program of Work, 2020–2025 – “United Action for Better Health in Europe” and the Sustainable Development Goals (SDGs). The country follows the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023. In addition, it has made efforts to improve resilience against health emergencies, applying the lessons learned to date from the WHO European Region on a response to the COVID-19 pandemic, by the Seventy-first Regional Committee for Europe, 13–15 September 2021. It took up the recommendations of the Pan-European Commission on Health and Sustainable

Development and is committed to implementing them, putting into practice the tools to prevent and better handle future health threats.

Moreover, Portugal is one of the Member States of the EU since 1 January 1986. As an EU Member State, most of the legal frame is ensured for main areas of politics, legislation, public administration, justice, education, communication, agriculture, trade, energy, technology, and health, among others. They are mostly covered under EU legal instruments that result from the Treaties: Regulations, Directives, Decisions, Recommendations and Opinions are applied and adopted.

In order to contribute to a high level of public health protection in the Union, Portugal follows the rules laid down on epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health, including preparedness and response planning related to those activities, pursuant to Decision No. 1082/2013/EU on serious cross-border threats to health. In this context, the competent authorities responsible at national level are in permanent communication with those of other EU Member States and the Commission, through the Early Warning and Response System (EWRS), for the purposes of alerting, assessing public health risks and determining the measures that may be required to protect public health in relation to serious cross-border threats to health. Also noteworthy is the active participation in the Health Security Committee, which aims to coordinate the response and comply with the conditions defined in joint procurement procedures of medical countermeasures.

Portugal's commitment to the EU Integrated Political Crisis Response Arrangements (IPCR) to coordinate responses at the highest political level within the EU to major cross-sectoral crises, as well as with sectoral arrangements such as the EU Civil Protection Mechanism, rescEU and the Emergency Support Instrument (ESI), is fully operational.

On the side of agriculture, veterinary and food safety, and also concerning consumer (non-food) products, Portugal actively participates in existing frameworks at EU level with information exchange mechanisms (ADIS, RASFF and Safety Gate) for situations/products that present a serious risk to the health and safety and may require immediate intervention. In regards to radionuclear threats, the European Platform on Preparedness for Nuclear and Radiological Emergency Response and Recovery (NERIS) and the Heads of the European Radiological Protection Competent Authorities (HERCA) are noteworthy networks.

The national commitment to the provisions of the Floods Directive (Directive 2007/60/EC) is yet another example, this time of an environmental nature, within the scope of the framework for the assessment and management of the risks floods pose to human health, the environment, the economy and cultural heritage.

In addition to various forums, Portugal participates in working groups and networks of several EU agencies, such as the European Centre for Disease Prevention and Control (ECDC), European Food Safety Authority (EFSA), etc.

In terms of health programmes, Portugal's commitment in the implementation of Europe's Beating Cancer Plan and the Stroke Action Plan for Europe, among others, should be highlighted.

Sustainable Development Goals

Portugal has made significant progress towards achieving the SDGs, but there is still work to be done. According to the latest data, Portugal has a SDG Index Score of 79.23.*

The country has made significant progress in areas such as poverty reduction, health, education, and gender equality. According to data from Statistics Portugal, 40% (66) of the indicators analyzed evolved favorably or met the target, and four SDGs (3, 6, 7 and 11) showed 50% or more indicators with a favorable evolution.† However, there are areas where progress has been slow, such as reducing inequalities, climate action, and promoting sustainable consumption and production.‡ The COVID-19 pandemic has also posed challenges to achieving the SDGs in Portugal, particularly in terms of economic growth and employment. The situation in Ukraine will also impact the achievement of the SDGs at a national, regional and global levels.

Other commitments related to health emergency preparedness

Under the Biennial Collaborative Agreements since 2006, Portugal settled a mechanism of cooperation with WHO to support Government policy priorities in health.

* <https://dashboards.sdgindex.org/profiles/portugal>

†

https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_publicacoes&PUBLICACOESpub_boui=31592402&PUBLICACOESmodo=2&xlang=en

‡ <https://dashboards.sdgindex.org/profiles/portugal>

Portugal has been making efforts to apply recommendations under the Review Committee on the Functioning of the IHR (2005) during the COVID-19 Response, the Independent Panel, and the WHO Health Emergencies Program Independent Oversight and Advisory Committee, but more action is required.

The country has been involved in the working group on strengthening WHO preparedness and response to health emergencies, as well as in the intergovernmental negotiating body (INB) on a new international instrument.

Other international commitments beyond the health sector include the participation of Portugal in working groups and cooperation initiatives from the World Organization for Animal Health (WOAH), Food and Agriculture Organization (FAO), International Atomic Energy Agency (IAEA), Nuclear Energy Agency (NEA), Organization for Economic Co-Operation and Development (OECD), and International Network for Consumer Protection and Law Enforcement (ICPEN), among others. This includes access to alerts and risk assessments networks at international level such as the World Animal Health Information System (WAHIS), the Alert Network for Continuous Monitoring of the Radioactivity in the Environment (RADNET), etc.

Other multilateral initiatives include the Working Group on Preparedness and Response to Public Health Emergencies, Global Fund to Fight HIV/AIDS, Malaria and TB and the Mediterranean Animal Health Network.

There are also commitments in bilateral agreements, namely with Spain (e.g. Foro Iberoamericano de Organismos Reguladores Radiológicos y Nucleares, and Luso-Spanish annual meetings on animal and plant health and food safety) and with some of the countries of the Community of Portuguese Speaking Countries (CPLP) (e.g. training in rapid detection and response to health emergencies in Guinea-Bissau).

2. National priorities and actions on the path to health security and sustainable development

National priorities for health security

Ensure leadership and stewardship from the highest level of government, strengthen multisectoral and whole of society engagement, and make the country benefit from experts and peers' advice in identifying approaches to close gaps and areas for improvement has been

strategic priorities in national health policies in Portugal. This transparent process has been contributing for strengthening preparedness and health security in the country.

Core areas of health security under the publication of IHR (2005) include Epidemic Intelligence and the integration of event-monitoring activities besides indicator-based surveillance. Portugal was one of the first countries Portugal to integrate such activities and build a small emergency operation centre at DGS in 2005 that was formally enlarged and provided with a legal frame in September 2016, enhancing the early detection capabilities in the country with the support of the existing public health network at subnational level, keeping health emergency preparedness and response high on national agenda. Risk assessments have started to be more formalized under the 3 pillars of magnitude (incidence, mortality), transcendence (most vulnerable population or risk group as well as the risk perception of the health problem) and vulnerability (the capacities of the health services to cope with the response demands) ensuring the involvement of the different stakeholders, from the national to the local level; strengthening the health planning process for enhancing early detection of health alerts that can represent a threat to health security. Responding to Dengue outbreak in Madeira in 2012-2013 with international support from [ECDC](#) identified clear priorities for health security, especially for VBD. Organizing and reporting findings of simulation exercises became a regular practice at national and subnational level since 2014, for Ebola Preparedness and Readiness. Assessment of the national preparedness plans for Ebola were both assessed in 2015 by [GHSA](#) and [ECDC](#).

National priorities for health security include revision of the core capacity services related to capacities of the IHR (2005) which are below the average of the WHO European Region and identify the mechanisms to reinforce those, namely in C15 (radiation emergencies) and C1 (legislations and financing) in relation to specific fundings for health security within the areas of IHR (2005) implementation.

Although there are well-advanced national strategic plans in Portugal in some areas of emergency response at all jurisdictional level (such as Disaster Risk Management by Civil Protection, COVID-19 preparedness and response plan, Ebola contingency plan, Pandemic influenza contingency plan, Vector borne and Zika prevention and control plans, Hospital emergency plans), there is lack of a multi-hazard “generic” Public Health Preparedness plan (as defined by Decision 1082/2013/EU). Nevertheless, operational plans at the subnational level or within different domains of the health sector, developed by each facility and lacking a harmonized way to approach operational response to a public health emergency.

Lessons learned from COVID-19 identified the relevance of health workforce in all dimensions, from health care delivery to public health services and the need to reinforce overall staff in terms of number but as well as of capabilities.

UHPR served as a formal post-pandemic review would serve to revise the current legislation and other strategic documents in relations to plans, operational capacities, interoperability mechanisms. Portugal is also taking the opportunity of EU Joint Actions as [SHARP](#) and other initiatives under the new Regulation 2022/2371 to be more involved and hosting meetings, technical discussions and workshops related to workforce capacity building, training and new competencies in the area of integrated surveillance and risk assessment to better support decision-making.

International collaboration is also a national priority, contributing to global health security. Under the WHO/Global Outbreak Alert and Response Network (GOARN), a pool of experts participates in JEE and contributes to NAPHS under WHO deployments. Portugal collaborates with the World Bank to support the strengthening of the capacity to respond to public health emergencies in other countries. The Directorate-General of Food and Veterinary Medicine (DGAV) supports the FAO – EUFMD (European Commission for Foot and Mouth Disease) which provide emergency response training (courses, study materials, simulation exercises) as well as maintains a continuous monitoring of agents of emergency diseases, now including some zoonosis as Rift Valley Fever and Crimea-Congo Fever. The Mediterranean Animal Health Network (REMESA) is also important for the preparedness because it provides information, training and support to veterinary services of the Mediterranean area. The European Commission DG SANTE conserves vaccine banks for certain emergency animal diseases. The WOAHA also sets rules and diagnostic framework for emergency response and DGAV is a member of this international organization.

Domestic actions for health security capacity strengthening

Since H1N1 influenza pandemic and facing following global threats as zika, Ebola and polio, Portugal has promoted simulation exercises among the health sector and other sectors stakeholders, promoting and identifying gaps on procedures, circuits and risk assessment among different sectors. New plans have been put in place in regard to vector-borne diseases, haemorrhagic fever and other high consequences infection diseases management at health care units, at primary health care and public and private hospitals but not in a harmonized way.

Procedures and training initiatives have been developed and applied at facilities level, following national and technical guidelines.

This exercise highlighted the main best practices, gaps and challenges in Portugal with regard to national and subnational capacities for health security, health systems and UHC. All data and information collected allows us to make recommendations to maintain best practices and address gaps and challenges.

Since March 2019 WHO recognized the Portuguese Emergency Medical Team ([PT-EMT](#)), a special unit to support response at national and international level .

Regarding mass casualty events under Civil Protection coordination, a National Situation Room is activated in order to assure the coordination of the situation in what concerns to human resources, means of relief, and articulation with health units and other services (Civil Protection, National Red Cross, Military, etc).

The Portuguese Environment Agency (APA) is the competent authority for regulating the on-site Emergency Preparedness and Response of all operating organizations of regulated facilities or activities that may give rise to radiological emergency situations for the purposes of emergency preparedness and response. Portugal has completed a national hazard assessment which assesses the key risks facing the State including the risk from a nuclear accident abroad and the risk of an emergency involving a nuclear-powered submarine in Lisbon port.

At national level, Portugal has developed a national all-hazards approach which includes the risk of a nuclear or radiological emergency, embedded in the integrated system for relief operation coordinated by the National Authority for Emergency and Civil Protection.

Long-term national plans for health security and sustainable development

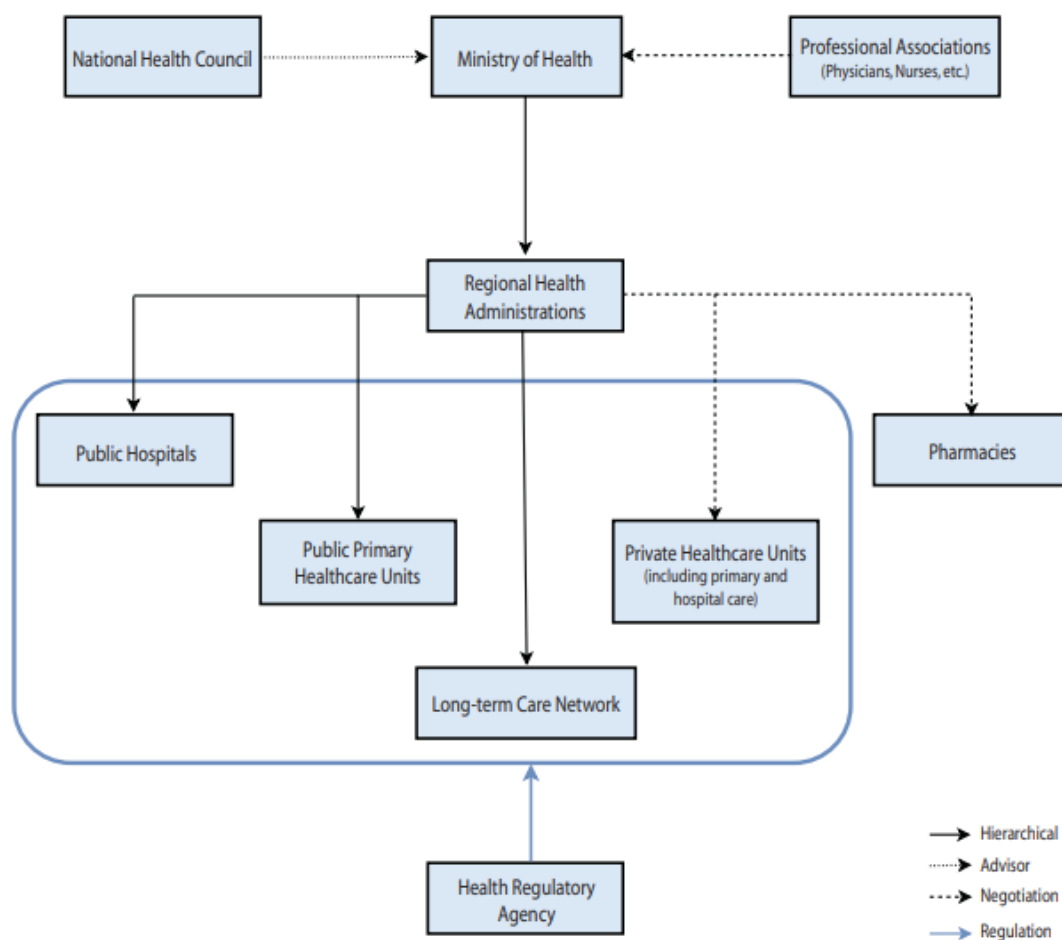
Portugal is committed to working with full accountability on improving policy, platforms, tools, processes and actions to improve its resilience to health emergencies. As referred above, the country is developing efforts to ensure the integration of the new operations under new EU and future revision of IHR. UHPR was an opportunity to focus in some areas to prioritize for the future:

- National planning to implement Public Health Preparedness and Response plans, with clear roles and responsibilities, thresholds for activation of surge, SOPs and TORs;

- Integrated surveillance with proper mechanism for collection, extraction, integration, management and analysis of data and information from different sources with focus on better support for decision-making;
- Reinforce workforce in public health and their capabilities in the area of preparedness and response and health security at national and subnational level;
- Join EC initiatives for training workshops and other EU Joint Actions or grants that will promote those priorities identified;
- Establish regular meetings with health group of the Parliament to have a higher-level involvement in overall health security areas at national level.

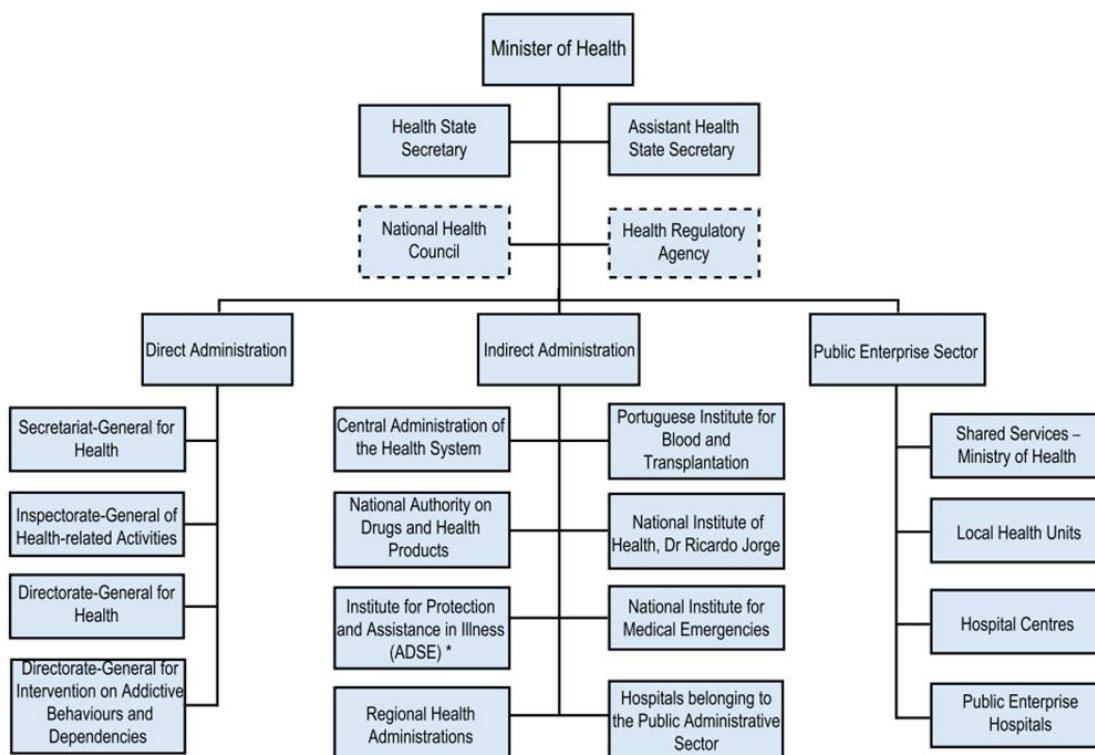
VI. ANNEXES

Annex 1: Overview chart of the health system



Source: World Health Organization. Regional Office for Europe, European Observatory on Health Systems and Policies, Simões, Jorge de Almeida, Augusto, Gonçalo Figueiredo, Fronteira, Inês. et al. (2017). Portugal: health system review. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/330211>

Annex 2: Organigram of the Portuguese Ministry of Health



Source: World Health Organization. Regional Office for Europe, European Observatory on Health Systems and Policies, Simões, Jorge de Almeida, Augusto, Gonçalo Figueiredo, Fronteira, Inês. et al. (2017). Portugal: health system review. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/330211>

Annex 3: Main documents provided by the country

No.	Type	Area	Document title	Link
1	Legal frame	Health systems	Basic Health Law	https://files.dre.pt/1s/2019/09/16900/0005500066.pdf
2	Report	Health systems	State of Health in the EU – Portugal: Country Health Profile 2021	https://www.oecd-ilibrary.org/docserver/8f3b0171-en.pdf?expires=1647601563&id=id&accname=guest&checksum=D404227825D7956DBA2CA49AF788164E
3	Report	Health systems	COVID-19 Pandemic - What lessons can be learned? Spring Report 2021	https://mcusercontent.com/b826be5c93722e0818a99c861/files/e3f64342-073c-ae66-db69-f1dc451a730e/RP_2021.01.pdf
4	Report	Health systems	Health System Review: PORTUGAL. Phase1 Final Report	https://apps.who.int/iris/bitstream/handle/10665/345635/WHO-EURO-2018-3046-42804-59733-eng.pdf?sequence=1&isAllowed=y
5	Others	Health systems	Health Systems in Transition. Portugal: Health System Review	https://www.euro.who.int/_data/assets/pdf_file/0007/337471/HiT-Portugal.pdf
6	Report	Health systems	Report on Health in Portugal 2017	https://www.cns.min-saude.pt/wp-content/uploads/2017/11/Saude_em_Portugal_3.11.2017_final.pdf
7	Others	Health systems	Evolution of the National Health Service Performance in 2020	https://www.cfp.pt/uploads/publicacoes_ficheiros/cfp-rel-06-2021.pdf
8	Report	Health systems	Health: a human right. Spring Report 2019	https://dspace.uevora.pt/rdpc/bitstream/10174/27551/1/RP2019.pdf
9	Report	Health systems	Global report on health data systems and capacity, 2020	https://apps.who.int/iris/bitstream/handle/10665/339125/9789240018709-eng.pdf

10	Report	Health systems	OECD Reviews of Health Care Quality. Portugal: Raising Standards – 2015	https://www.oecd.org/health/health-systems/Review-of-Health-Care-Quality-Portugal-Executive-Summary.pdf
11	Others	Health systems	The Health Sector: Organization, Competition and Regulation	https://cip.org.pt/wp-content/uploads/docs/estudos-e-publicacoes/CIP_O_setor_da_saude_LIVRO.pdf
12	Report	Health systems	Annual Report: Access to Health Care in SNS Establishments And Agreement Entities	https://www.acss.min-saude.pt/wp-content/uploads/2021/09/Relatorio-do-Acesso_VF.pdf
13	Report	Health systems	Factsheet - Sustainable Development Goals (SDGs): health targets. Financial protection and the Sustainable Development Goals	https://apps.who.int/iris/bitstream/handle/10665/340809/WHO-EURO-2020-2377-42132-58027-eng.pdf?sequence=1&isAllowed=y
14	Report	Health systems / Emergency response	Portugal Report: Sustainable Governance in the Context of the COVID-19 Crisis	https://www.bertelsmann-stiftung.de/de/publikationen/publikation/did/portugal-report-all
15	Article	Health systems	The Healthcare Law Review: Portugal	https://thelawreviews.co.uk/title/the-healthcare-law-review/portugal
16	Legal frame	Emergency preparedness and response	International Health Regulations (2005)	https://www.dgs.pt/autoridade-de-saude-nacional/ficheiros-externos/regulamento-sanitario-internacional-pdf.aspx
17	Legal frame	Emergency preparedness and response	Decision No 1082/2013/EU of the European Parliament and of the Council, of 22 October 2013, on serious cross-border threats to health and repealing Decision No 2119/98/EC	https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013D1082&from=EN
18	Technical guidance	Emergency preparedness	DGS Guidance No. 034/2011 of 11/03/2011, updated on 03/23/2012 - Maritime Health Manual	https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0342011-de-03112011-atualizacao-de-23032012-jpg.aspx

19	Policy / Strategy	Emergency preparedness	National Health Sector Contingency Plan for the 2007 Influenza Pandemic	https://www.dgs.pt/documentos-e-publicacoes/plano-de-contingencia-nacional-do-sector-da-saude-para-a-pandemia-de-gripe-pdf.aspx
20	Policy/Strategy	Emergency preparedness	ZIKA – National Plan for the Prevention and Control of Vector-borne Diseases	https://www.dgs.pt/documentos-e-publicacoes/zika-plano-nacional-de-prevencao-e-controlo-de-doencas-transmitidas-por-vetores-1-versao-pdf.aspx
21	Policy/Strategy	Emergency preparedness	Health Sector National Contingency Plan for Ebola Virus Disease	https://www.dgs.pt/documentos-e-publicacoes/plano-de-contingencia-nacional-do-setor-da-saude-para-a-doenca-por-virus-ebola-pdf.aspx
22	Policy/Strategy	Emergency preparedness	STRATEGY – National Plan for the Prevention and Control of Diseases Transmitted by Vectors	https://www.dgs.pt/documentos-e-publicacoes/plano-de-prevencao-e-controlo-de-doencas-transmitidas-por-mosquitos-pdf.aspx
23	Policy/Strategy	Emergency preparedness	National Plan for Preparedness and Response to the Novel Coronavirus Disease (COVID-19)	https://www.dgs.pt/documentos-e-publicacoes/plano-nacional-de-preparacao-e-resposta-para-a-doenca-por-novo-coronavirus-covid-19-pdf.aspx
24	Report	Health Security	Global Health Security Agenda Pilot Assessment of Portugal, 2015	https://stm.fi/documents/1271139/1356256/Portugal+GHS+Pilot+Assessment+Final+Report+22.6.2015.pdf/4893a634-9e01-421f-b44a-9b5175288411/Portugal+GHS+Pilot+Assessment+Final+Report+22.6.2015.pdf
25	Report	Emergency response	Hepatitis A outbreak disproportionately affecting men who have sex with men (MSM) in the EU/EEA, June 2016 to May 2017	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205254/nih.gov
26	Report	Emergency response	Human case of West Nile neuroinvasive disease in Portugal, summer 2015	https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2015.20.38.30024

27	Report	Emergency response	Measles outbreak after 12 years without endemic transmission, Portugal, February to May 2017	https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.23.30548
28	Report	Emergency response	Measles outbreak in a tertiary level hospital, Porto, Portugal, 2018: challenges in the post-elimination era	https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.20.18-00224
29	Report	Emergency response	Ongoing outbreak of dengue type 1 in the Autonomous Region of Madeira, Portugal: preliminary report	https://www.eurosurveillance.org/content/10.2807/ese.17.49.20333-en
30	Report	Emergency response	Report of simultaneous measles outbreaks in two different health regions in Portugal, February to May 2017: lessons learnt and upcoming challenges	https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2019.24.3.1800026
31	Report	Emergency response	The 2012 dengue outbreak in Madeira: exploring the origins	https://www.eurosurveillance.org/content/10.2807/1560-7917.ES2014.19.8.20718
32	Report	Emergency response	Laboratory investigation of the Legionnaires' Disease outbreak in Vila do Conde, Póvoa de Varzim and Matosinhos	[Confidential]
33	Report	Emergency response	Hepatitis A Outbreak in the Northern Health Region 2016-2017	http://www.arsnorte.min-saude.pt/wp-content/uploads/sites/3/2018/01/Rel_Surto_Hepatite_virus_A_regiao_saude_Norte_2016_2017.pdf
34	Report	Emergency response	Outbreak of Legionnaire Disease in Vila Franca de Xira – Summary Description of the Outbreak	https://www.dgs.pt/a-direccao-geral-da-saude/comunicados-e-despachos-do-director-geral/surto-de-doenca-dos-legionarios-em-vila-franca-de-xira-descricao-sumaria-https://www.dgs.pt/a-direccao-geral-da-saude/comunicados-e-despachos-do-director-geral/surto-de-doenca-dos-legionarios-em-vila-franca-de-xira-descricao-sumaria-do-surto.aspx

35	Report	Emergency response		Report on the Disease Outbreak of the Legionnaire in Vila Franca de Xira	[Confidential]
36	Report	Emergency response		Joint Report on the Legionella Pneumophila Outbreak, 11/01/2020 to 12/01/2020	[Confidential]
37	Report	Emergency response		Legionnaires' Disease Outbreak Report at San Francisco Xavier Hospital, 2017	[Confidential]
38	Report	Emergency response		Outbreak of Tuberculosis in Lamego	http://www.arsnorte.min-saude.pt/wp-content/uploads/sites/3/2018/03/Relatorio_Surto_Tuberculose_Lamego.pdf
39	Report	Emergency response		Public health emergency preparedness for cases of viral haemorrhagic fever (Ebola) in Portugal: a peer review	https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/viral-haemorrhagic-fever-preparedness-portugal.pdf
40	Policy/Strategy	Manifold		National Health Plan 2021–2030 [in public consultation on 17 April 2022]	https://www.apn.org.pt/documentos/2022/consulta_publica_plano_nacional_saude_2021_2030.pdf
41	Policy/Strategy	Health promotion and disease prevention	and	Priority Health Programs – Health Goals 2020	https://www.sns.gov.pt/wp-content/uploads/2017/07/DGS_PP_MetasSaude2020.pdf
42	Policy/Strategy	Health promotion and disease prevention	and	Program for Prevention and Control of Infections and Antimicrobial Resistance 2017	https://www.sns.gov.pt/wp-content/uploads/2017/12/DGS_PCIRA_V8.pdf
43	Policy/Strategy	Health promotion and disease prevention	and	National Program for Cardiovascular Diseases 2017	Cerebro- https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-882061-pdf.aspx?v=%3d%3dDwAAAB%2bLCAAAAAAAAAAArySzltzVUy81MsTU1MDAFAHzFEfkPAAAA

44	Policy/Strategy	Health promotion and disease prevention	and	National Program for Mental Health 2017	http://nocs.pt/wp-content/uploads/2017/11/DGS_PNSM_2017.10.09_v2.pdf
45	Policy/Strategy	Health promotion and disease prevention	and	National Program for Viral Hepatitis 2019	https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-1116211-pdf.aspx?v=%3D%3DDwAAAB%2BLCAAAAAAABArySzltzVUy81MsTU1MDAFAHzFEfkPAAAA
46	Policy/Strategy	Health promotion and disease prevention	and	National Diabetes Program 2017	https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-894111-pdf.aspx?v=%3d%3dDwAAAB%2bLCAAAAAAABArySzltzVUy81MsTU1MDAFAHzFEfkPAAAA
47	Policy/Strategy	Health promotion and disease prevention	and	National Program for Sexually Transmitted Infection, HIV Infection and AIDS	https://www.dgs.pt/programa-nacionaistvih.aspx
48	Policy/Strategy	Health promotion and disease prevention	and	National Tuberculosis Program 2017	https://www.pnvihsida.dgs.pt/estudos-e-estatisticas111111/relatorios1/programa-nacional-para-a-infecao-vih-sida-e-tuberculose-2017-pdf.aspx
49	Report	Health promotion and disease prevention	and	Tuberculosis in Portugal - Challenges and Strategies 2018	https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-963780-pdf.aspx?v=%3d%3dDwAAAB%2bLCAAAAAAABArySzltzVUy81MsTU1MDAFAHzFEfkPAAAA

50	Report	Health promotion and disease prevention	Tuberculosis Surveillance and Monitoring Report in Portugal – Final Data 2020	https://www.dgs.pt/documentos-e-publicacoes/relatorio-de-vigilancia-e-monitorizacao-da-tuberculose-em-portugal-dados-definitivos-2020-pdf.aspx
51	Policy/Strategy	Health promotion and disease prevention	National Program for the Promotion of Healthy Eating 2017	https://www.sns.gov.pt/wp-content/uploads/2017/07/DGS_PNPAS2017_V7.pdf
52	Policy/Strategy	Health promotion and disease prevention	National Program for the Promotion of Physical Activity 2017	https://www.sns.gov.pt/wp-content/uploads/2017/10/DGS_PNPAF2017_V7.pdf
53	Policy/Strategy	Health promotion and disease prevention	National Program for Respiratory Diseases 2017	Programa nacional doencas respiratorias.pdf (ua.pt) [PDF uploaded in the folder]
54	Policy/Strategy	Health promotion and disease prevention	National Program for the Prevention and Control of Tobacco 2019	https://www.sns.gov.pt/wp-content/uploads/2019/11/RelatorioTabaco2019.pdf.pdf
55	Policy/Strategy	Health promotion and disease prevention	Prevention of Violence in the Life Cycle – Action Plan for the Prevention of Violence in the Health Sector	https://www.sns.gov.pt/wp-content/uploads/2020/02/DGS_Plano_AP_Violencia_S_Sau_de_2020-02-29-FINAL.pdf
56	Legal frame	manifold	Compilation of legislation in the area of health	https://www.parlamento.pt/Legislacao/Documents/Compilacao-saude.pdf
57	Legal frame	Health systems; manifold	Organic Law of the Ministry of Health	https://files.dre.pt/1s/2011/12/24900/0549105498.pdf

58	Legal frame	Health systems; manifold	Organic Law of the Directorate-General of Health	https://files.dre.pt/1s/2012/01/01900/0048000482.pdf
59	Legal frame	Health systems; manifold	Organic Law of the National Institute of Health Doctor Ricardo Jorge	https://files.dre.pt/1s/2012/02/02800/0063500639.pdf
60	Legal frame	Health systems; manifold	Organic Law of the National Institute of Medical Emergency	https://www.inem.pt/wp-content/uploads/2017/07/04-Decreto-Lei-34-2012-de-14-de-fevereiro.pdf
61	Legal frame	Health systems; manifold	INFARMED Organic Law	https://www.infarmed.pt/documents/15786/1065790/007_Dec-Lei_46_2012_1ALT.pdf
62	Legal frame	Health systems; manifold	Statutes of Shared Services for the Ministry of Health	https://www.spms.min-saude.pt/estatutos/
63	Legal frame	Health systems; manifold	Organic Law of the Portuguese Institute of Blood and Transplantation	http://www.ipst.pt/files/IPST/LEGISLACAO/Legislacao_Nacional/Legislacao_Geral/Decreto_Lei_39_2012.pdf
64	Legal frame	Health systems; manifold	Regime for the creation, structuring and functioning of the health center groupings of the National Health Service	https://dre.pt/dre/legislacao-consolidada/decreto-lei/2008-34455075
65	Legal frame	Health systems; manifold	Decree-Law No. 135/2013, of 4 of October – Makes the first amendment to Decree-Law No. 82/2009, of 2 April, which establishes the rules for the designation, competence and functioning of the entities that exercise the power of health authority	https://dre.pt/dre/legislacao-consolidada/decreto-lei/2009-120060664
66	Legal frame	Health systems; manifold	Health Authority: Legal grounds for its exercise	https://ordemosmedicos.pt/wp-content/uploads/2017/09/Sa%C3%BAdede-P%C3%BAblica-Autoridade-de-Sa%C3%BAdede-Fundamentos-legais-do-seu-exerc%C3%ADcio.pdf
67	Legal frame	manifold	Civil Protection Basic Law	https://files.dre.pt/1s/2015/08/14900/0531105326.pdf

68	Legal frame	manifold	Organization of the Ministry of Internal Administration	https://files.dre.pt/gratuitos/1s/2011/12/24901.pdf
69	Legal frame	manifold	Organization of the National Emergency and Civil Protection Authority	https://files.dre.pt/1s/2019/04/06400/0179801808.pdf
70	Legal frame	Emergency preparedness	National Civil Emergency Planning System	https://files.dre.pt/1s/2020/07/14000/0001700024.pdf
71	Policy/Strategy	Emergency preparedness	National Civil Protection Emergency Plan	http://planos.prociv.pt/Documents/130313331520274941.pdf
72	Legal frame	manifold	Organization of Municipal Civil Protection Services	https://files.dre.pt/1s/2007/11/21700/0835308356.pdf

Annex 4: List of participants during country visit

Annex 4.a: List of high-level national officers and key informants

Name	Role and Organization
Marta Temido	Minister of Health
António Maló de Abreu	President of the Parliamentary Health Committee
António Torres	Head of Division for Bilateral Affairs of the Camões Institute [Ministry of Foreign Affairs]
Filipa Sousa	Head of Multilateral Affairs Division of the Camões Institute [Ministry of Foreign Affairs]
Luís Pisco	Chairman of the Board of Directors of the Lisbon and Tagus Valley Regional Health Administration (ARS)
Rui Santos Ivo	Chairman of the Board of Directors of the National Authority of Medicines and Health Products (INFARMED)
Victor Herdeiro	Chairman of the Board of Directors of the Central Administration of the Health System (ACSS)
Catarina Resende de Oliveira	President of the Agency for Clinical Research and Biomedical Innovation (AICIB)
Teresa Machado Luciano	Vice President of the Agency for Clinical Research and Biomedical Innovation (AICIB)
Susana Pombo	Director-General of the Directorate-General of Food and Veterinary Medicine (DGAV)
Andreia Cara d'Anjo	DGAV
Patrícia Clemente	DGAV
Jácome de Castro	Director of the Armed Forces Hospital (HFAR)
Luís Farinha	CAPTEN MN of the Armed Forces Health Directorate

Luís Meira	Chairman of the Board of Directors of the National Institute of Medical Emergency (INEM)
Luís Goes Pinheiro	Chairman of the Board of Directors of the Shared Services of the Ministry of Health (SPMS)
Bruno Trigo	Shared Services for the Ministry of Health (SPMS)
Válter Fonseca	Director of the Department for Quality in Health at the Directorate-General of Health (DGS); Chair of the COVID-19 National Immunization Technical Advisory Group
Miguel Telo de Arriaga	Head of the Division of Literacy, Health and Well-being at DGS
Pedro Pinto Leite	Director of Services of the Directorate of Information and Analysis at DGS
Elsa Faria	Representative of the Commission for Citizenship and Gender Equality (CIG) [Presidency of the Council of Ministers – Secretary of State of Citizenship and Equality]
Cláudia Rocha	Coordinator of the Technical Border Office of the Immigration and Borders Service (SEF) [Ministry of Home Affairs]
Conceição Bértolo	Coordinating Inspector at the Immigration and Borders Service (SEF) [Ministry of Home Affairs]

Annex 4.b: List of national participants in the country visit

Name	Role	Organization
A. Rita Ferro Rodrigues	Infectious Diseases Physician	Centro Hospitalar Universitário do Algarve
Aida Fernandes	Laboratory Responsible	Algarve Regional Public Health Laboratory
Alexandra Monteiro	Technical Officer	Department of Public Health and Planning at the Algarve Regional Health Administration
Ana César Machado	Legal Expert	Portuguese Association of Private Hospitalization
Ana Cristina Guerreiro	Regional Health Authority	Department of Public Health and Planning at the Algarve Regional Health Administration
Ana Cristina Martins Teotónio	Director of the Emergency Service at the Caldas da Rainha Unit	Centro Hospitalar do Oeste
Ana Dinis	Deputy Regional Health Authority	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Ana Elisabete Cardoso Silva	Environmental Health Officer	Grouping of Health Centers (ACES) Vale Sousa Norte
Ana Filipa Martins Ferreira Vargês	Chairman of the Board of Directors	Centro Hospitalar Universitário do Algarve
Ana Isabel Mendes Carvalho	Public Health Physician, Regional COVID-19 Office Manager	Public Health Department of the Northern Regional Health Administration
Ana Luísa Fernandes Pinto	Public Health Medical Resident	Public Health Department of the Northern Regional Health Administration - ULS N
Ana Maria Azevedo Vasconcelos Correia	Physician	National Institute of Health Doctor Ricardo Jorge

Ana Marília Barata Infante	Chairman of the Board of Directors	Hospital de Santarém
Ana Matos Pires	Psychiatrist	National Coordination of Mental Health Policies
Ana Paula Gomes	Nurse, Public Health Specialist	Matosinhos Local Health Unit
Ana Paula Rodrigues	Physician	National Institute of Health Doctor Ricardo Jorge
Ana Rita Costa Gomes	Public Health Physician	Grouping of Health Centers (ACES) Vale Sousa Norte
Ana Rita Lopes Silva	Environmental Health Officer	Public Health Department of the Northern Regional Health Administration
Ana Silva	Pharmacist	National Authority of Medicines and Health Products
Ana Teresa Pinto Silva	Public Health Medical Resident	Grouping of Health Centers (ACES) Vale Sousa Norte
Ana Vargas Gomes	Chairman of the Board of Directors	Centro Hospitalar Universitário do Algarve
Andrea Cara D Anjo	Veterinarian	Directorate-General for Food and Veterinary
Andreia Liliana Neves Rodrigues	Environmental Health Officer	Public Health Department of the Northern Regional Health Administration
Andreia Marques	International Relations Advisor	Commission for Citizenship and Gender Equality
António Carlos da Silva	Regional Health Authority	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
António Figueiredo	Coordinator of the Infection Prevention and Control and Antimicrobial Resistance Program in Grupo Lusíadas	Lusíadas Saúde

António Marques da Silva	Physician, Senior Graduate Assistant of Anesthesiology / Director of the Department of Anesthesiology, Intensive Care and Emergency	Centro Hospitalar do Porto
António Miguel Pina	President	Municipal Association of the Algarve
António Torres	Head of Division for Bilateral Affairs	Camões Institute
Bárbara Aguiar	Public Health Physician at the Department for Quality in Health	Directorate-General of Health
Bárbara Flor de Lima	Physician	Hospital Professor Doutor Fernando Fonseca
Benvinda Estela dos Santos	Director of the Directorate of Disease Prevention and Health Promotion	Directorate-General of Health
Benvinda Jesus Maia Fernandes Ribeiro	President of the Board of Nursing	Grouping of Health Centers (ACES) Vale Sousa Norte
Bruno Castro	Public Health Physician	Lisbon and Tagus Valley Regional Health Administration
Carina Coelho	Senior Officer	National Emergency and Civil Protection Authority
Carla Dias	Sanitary Engineer	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Carla Rascôa	Public Health Physician	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Carlos Andrade	Chairman of the Board of Directors	Hospital de Vila Franca de Xira
Carlos André Gomes	Public Health Physician	Algarve Regional Health Administration
Carlos Manuel Dias Matos	Public Health Physician	Public Health Department of the Northern Regional Health Administration

Carlos Mata	National Operations Deputy	National Emergency and Civil Protection Authority
Carlos Pereira	2nd Commander	National Emergency and Civil Protection Authority
Carlos Simões Pereira	Clinical Director	Hospital Beatriz Ângelo
Carlos Sousa	Director of the Molecular Biology Laboratory	Unilabs
Carmen M Magallanes Mendes C Guimarães	Psychologist	Public Health Department of the Regional Health Administration of Central Portugal
Carolina Bernardes Torres	Public Health Physician	Public Health Department of the Regional Health Administration of Central Portugal
Catarina Gouveia	Physician	Hospital de Dona Estefania
Catarina Resende de Oliveira	President	Agency for Clinical Research and Biomedical Innovation
Ciro Alexandre Marques Pereira Martins Oliveira	Head of Unit	Centro Hospitalar Psiquiátrico de Lisboa
Clara Sofia Domingues Paz Dias	Deputy Clinical Director	Hospital da Senhora da Oliveira
Claúdia Nazareth	Physician, Coordinator of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Centro Hospitalar e Universitário de Coimbra
Cláudia Rocha	Coordinator of the Technical Border Office	Immigration and Borders Service
Conceição Bértolo	Coordinating Inspector	Immigration and Borders Service
Cristina Ferradeira	Diretora de Serviços	Directorate-General for Food and Veterinary - Algarve Region

Cristina Marujo	Director of the Emergency Department	Centro Hospitalar Universitário São João
Cristina Ribeiro	Physician at the Department for Quality in Health	Directorate-General of Health
David Alexandre Silva	Deputy Clinical Director	Centro Hospitalar do Médio Ave
Diana Mendes	Head of the Division of Communications and Public Relations	Directorate-General of Health
Diogo Almeida	Public Health Physician	Matosinhos Public Health Unit
Diogo Oliveira	Public Health Medical Resident	Matosinhos Public Health Unit
Dora Vaz	Public Health Physician	Grouping of Health Centers (ACES) Amadora
Duarte Pedro Tavares	Specialist in Hospital Administration	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Eduarda Reis	Chief Medical Officer	Lusíadas Saúde
Elisabete Ramos	Researcher and Professor	Institute of Public Health of the University of Porto
Elsa Faria	Policy Officer – Promotion for Citizenship and Gender Equality Unit	Commission for Citizenship and Gender Equality
Elsa Machado	Director of Services	Directorate-General for Food and Veterinary - Northern Region
Emanuel Filipe Miranda Esteves Araújo	Physician, Internal Medicine Hospital Assistant	Centro Hospitalar de Leiria
Eugénio Ferreira Neves Cordeiro	Deputy Regional Health Authority	Public Health Department of the Regional Health Administration of Central Portugal
Fátima Rato	Physician	National Institute of Medical Emergency

Filipa Carneiro	Clinical Director	Centro Hospitalar Tâmega e Sousa
Filipa Melo de Vasconcelos	Sub-Inspector General	Food and Economic Security Authority
Filipa Sousa	Head of Multilateral Affairs Division	Camões Institute
Filipe Magalhães	Human Resources Unit Coordinator	Central Administration of the Health System
Filomena Agostinho	Head of Public Health Unit	Grouping of Health Centers (ACES) Barlavento
Flávia Marisa Araújo Mouta	Nurse Specialist in Community Health	Public Health Department of the Northern Regional Health Administration
Francisco Casegas	Terminal Management	ANA - Airports of Portugal
Germano de Sousa	Chairman of the Board of Directors	Grupo Germano de Sousa
Graça Cruz Alves	Deputy Regional Health Authority	Public Health Department of the Northern Regional Health Administration
Guilherme Queiroz Romana	Public Health Physician	Grouping of Health Centers (ACES) Lisboa Norte
Gustavo Duarte	Public Health Physician	Matosinhos Public Health Unit
Gutierrez Lobos Benjamin	Technical Officer	WHO
Helena Ferreira	Public Health Physician, Coordinator of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Algarve Regional Health Administration
Henrique Rodrigues	Department Director	Civil Protection of the Municipality of Matosinhos
Inês Tavares Ferreira	Technical Officer at the Directorate of International Relations	Directorate-General of Health

Irina Andrade	Senior Officer at the Directorate of International Relations	Directorate-General of Health
Isabel Cortez	Pharmacist, President	Portuguese Association of Pharmacies
Isabel Trindade	Psychologist	Order of Psychologists
Jacinta da Silva Ladeira	Chief Inspector	Directorate-General for Food and Veterinary - Northern Region
Jaime Baptista	Matosinhos Health Authority	Matosinhos Public Health Unit
Joana Vidal Castro	Public Health Physician	Public Health Department of the Northern Regional Health Administration
João Fernandes	President	Algarve Tourism Region
João Gonçalo	Public Health Physician	Public Health Department of the Regional Health Administration of Central Portugal
João Oliveira	Chairman of the Board of Directors	Instituto Português de Oncologia de Lisboa Francisco Gentil
Joaquim Bodião	Deputy Regional Health Authority	Department of Public Health and Planning at the Algarve Regional Health Administration
Joaquim Chaves	Chairman of the Board of Directors	Joaquim Chaves Saúde
Joaquim Santos	2nd District Commander	National Emergency and Civil Protection Authority
Jocelina Graça	Senior Officer	Camões Institute
Jorge Gravanita	Psychologist, Former President and Board Member	Portuguese Society of Clinical Psychology
Jorge Leal	Senior Diagnostic and Therapeutic Technician	Portuguese Institute of Blood and Transplantation

Jorge Machado	Coordinator of the Department of Infectious Diseases	National Institute of Health Doctor Ricardo Jorge
José André Ribas Ribeiro	President of the Clinical and Health Council	Grouping of Health Centers (ACES) Vale Sousa Norte
José Diogo	General and Family Medicine Physician	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
José Diogo	Homeless	Homeless Reception Center
José Oliveira Martins	Director of the Department for Emergencies and Radiation Protection	Portuguese Environment Agency
José Paulo Xavier Diogo	Physician	Lisbon and Tagus Valley Regional Health Administration
José Vila Nova	Vice President	Trofa Saúde
Kamal Mansinho	Director of the Infectious Diseases and Tropical Medicine Unit	Hospital de Egas Moniz, Centro Hospitalar de Lisboa Ocidental
Laura Silveira	Member of the Board of Directors	Lisbon and Tagus Valley Regional Health Administration
Lígia Ribeiro	Sanitary Engineer	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Liliana Rocha	Major Medical	Republican National Guard
Luís Cardoso	Physician	National Institute of Legal Medicine and Forensic Sciences
Luís Filipe Farinha	Medium Naval Lieutenant Captain	Armed Forces
Luís Pedro Alves Tavares	Physician, Hospital Senior Graduate Assistant of Internal Medicine	Centro Hospitalar de Entre o Douro e Vouga

Luís Pisco	Chairman of the Board of Directors	Lisbon and Tagus Valley Regional Health Administration
Luís Varandas	Pediatrician	Hospital CUF Descobertas
Luísa Prates	Executive Director	Grouping of Health Centers (ACES) Sotavento
Manuela Fernandes	Nurse	Department of Public Health and Planning at the Algarve Regional Health Administration
Márcio Teixeira	Nurse	Lisbon City Hall
Margarida Coelho	Coordinator of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Hospital Garcia de Orta
Margarida Gouveia	President of the Ethics Committee and Coordinator of the Legal and Citizen Office	Algarve Regional Health Administration
Margarida Rato	Director of the Planning and Contracting Department	Lisbon and Tagus Valley Regional Health Administration
Margarida Tavares	Infectious Diseases Consultant	Centro Hospitalar Universitário São João
Margarida Vieira	Nurse Specialist in Community Health	COVID-19 Crisis Cabinet
Maria Clara Garcia	Public Health Physician	Department of Public Health and Planning at the Algarve Regional Health Administration
Maria de Fátima Quitério	Executive Director of the National Health Plan	Directorate-General of Health
Maria Fátima Laureano	Colonel Physician, Coordinator	Center for Epidemiology and Preventive Intervention at the Armed Forces Hospital
Maria Fátima Sousa	Environmental Health Officer	Matosinhos Public Health Unit
Maria Filomena Agostinho	Public Health Physician	Algarve Regional Health Administration

Maria Inês Simões	Physician, Internal Medicine Hospital Assistant at the Hospital de Portimão, Member of the COVID-19 Crisis Management Office, Coordinator of the Emergency and Resuscitation Medical Vehicle	Centro Hospitalar Universitário do Algarve
Maria João Alves	Researcher, PhD, Responsible for the National Reference Laboratory for Vector-borne Viruses	National Institute of Health Doctor Ricardo Jorge
Maria João Martins	Public Health Physician, Regional Responsible for International Health	Public Health Department of the Lisbon and Tagus Valley Regional Health Administration
Maria João Morais	International Relations Coordinator	National Authority of Medicines and Health Products
Maria José Carraco Patrão Reis	Psychologist	Hospital Arcebispo João Crisóstomo
Maria Júlia Lopes Oliveira	Physician, Coordinator of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Hospital Dr. Francisco Zagalo - Ovar
Maria Manuela Pacheco	Pharmacist, Vice President	Portuguese Association of Pharmacies
Maria Neto	Regional Health Authority	Public Health Department of the Northern Regional Health Administration
Maria Susana Ferreira Magalhães	Clinical Director	Hospital Distrital Figueira da Foz
Mariana Freire	General and Family Medicine Physician	Grouping of Health Centers (ACES) Lisboa Norte
Mário Carreira	Public Health Physician	Lisbon and Tagus Valley Regional Health Administration
Marta Cristina Marques Gomes	Clinical Director	Hospital Santa Maria Maior

Marta Mendes	Director of the Occupational Safety and General Risk Management Service	Instituto Português de Oncologia do Porto Francisco Gentil
Michelle Cristina Veloso Cintra	Environmental Health Officer	Public Health Department of the Northern Regional Health Administration
Miguel José Caetano	Senior Officer at the Directorate of International Relations	Directorate-General of Health
Miguel Telo de Arriaga	Head of the Division of Literacy, Health and Well-being	Directorate-General of Health
Miguel Xavier	Full Professor of Psychiatry, National Coordination of Mental Health Policies	National Coordination of Mental Health Policies
Nélia Guerreiro	Environmental Health Officer	Department of Public Health and Planning at the Algarve Regional Health Administration
Nelson Amaro	Environmental Health Officer	Lisbon and Tagus Valley Regional Health Administration
Nuno Augusto Ferreira Simões	Coordinator of the Training and Research Center in Nursing	Centro Hospitalar Barreiro Montijo
Nuno Cardoso	Director of Quality and Safety at CUF	José Mello Saúde - CUF Hospitais e Clínicas
Nuno Côrte-Real	Clinical Director in Hospital de Cascais	Lusíadas Saúde
Nuno Fachada	Clinical Director	Centro Hospitalar de Setúbal
Nuno José Teodoro Amaro Santos Catorze	Physician, Graduate Hospital Assistant in Internal Medicine	Centro Hospitalar do Médio Tejo
Nuno Ricardo Pereira Lopes	Weatherman, Head of Division	Portuguese Institute of the Sea and Atmosphere
Nuno Rodrigues	Matosinhos Health Authority	Matosinhos Public Health Unit

Nuno Simões	Head of the Unit for Interinstitutional and Health System Projects	National Authority of Medicines and Health Products
Patrícia Clemente	Veterinarian	Directorate-General for Food and Veterinary
Paula	Social Worker	National Coordination of Mental Health Policies
Paulo Araújo	Clinical Director, Member of the COVID-19 Crisis Cabinet	Trofa Saúde
Paulo Espiga	Executive Member of the Board of Directors	Centro Hospitalar Lisboa Central
Paulo Gonçalves	Department Director	Civil Protection of the Municipality of Matosinhos
Paulo Morgado	President of the Board of Directors	Algarve Regional Health Administration
Paulo Neves	Member of the Board of Directors	Centro Hospitalar Universitário do Algarve
Paulo Ricardo Lessa Moreira	Environmental Health Officer	Public Health Department of the Northern Regional Health Administration
Pedro Bettencourt	Head Airport Operations	ANA - Airports of Portugal
Pedro Bruno Silva	Weatherman	Portuguese Institute of the Sea and Atmosphere
Pedro Medina	Senior Officer	Algarve Regional Health Administration
Pedro Melo	Veterinarian	Directorate-General for Food and Veterinary
Pedro Miguel Crespo	Coordinator of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Centro Hospitalar Tondela-Viseu
Pedro Morais	Member of the Board of Directors	National Parishes' Association

Pedro Nabais	Head of Division	Food and Economic Security Authority
Pedro Nogueira	Nurse	Hospital Luciano de Castro – Anadia
Rachel Barbabela	Public Health Medical Resident	Matosinhos Public Health Unit
Rafael Franco	Coordinator of the Innovation Laboratory in Telehealth - National Telehealth Center	Shared Services for Ministry of Health
Raquel Adriano	Senior Diagnostic and Therapeutic Technician	Algarve Regional Health Administration
Ricardo Mexia	Public Health Physician	National Institute of Health Doctor Ricardo Jorge
Richard Marques	District Commander	National Emergency and Civil Protection Authority
Rita Areias Carvalho Azevedo	Public Health Physician	Public Health Department of the Northern Regional Health Administration
Rita Marques	Hospital Administrator	Hospital São José – Fafe
Rita Perez	Chairman of the Board of Directors	Centro Hospitalar de Lisboa Ocidental
Robert Badura	Physician	Centro Hospitalar Universitário Lisboa Norte
Rogério Nunes	Environmental Health Officer	Grouping of Health Centers (ACES) Cascais
Rosa Idalina Tavares da Encarnação	Clinical Director	Hospital de Magalhães Lemos
Rui Alberto Leonardo Sousa Silva	Director of the Palliative Care and Internal Medicine Service	Instituto Português de Oncologia de Coimbra Francisco Gentil
Rui Santos Ivo	Chairman of the Board of Directors	National Authority of Medicines and Health Products

Rui Tato Marinho	Physician, Director of the National Program for Viral Hepatitis, Director of the Gastroenterology and Hepatology Service at Centro Hospitalar Universitário Lisboa Norte	Directorate-General of Health, Centro Hospitalar Universitário Lisboa Norte
Rute Horta	Pharmacist, Pharmacy Services Manager at Pharmacy Services Department	National Pharmacy Association
Sara Dias Grazina	Major Medical	Center for Epidemiology and Preventive Intervention at the Armed Forces Hospital
Sara Nascimento	Senior Officer	Algarve Regional Health Administration
Serafim Guimarães	Nephrologist, Head of the Crisis Cabinet	Centro Hospitalar Vila Nova de Gaia/Espinho
Sérgio Paulo	Physician, Graduate Hospital Assistant in Infectious Diseases, Member of the Local Coordination Group of the Infection Prevention and Control and Antimicrobial Resistance Program	Centro Hospitalar Universitário Lisboa Norte
Sílvia Marques	Head of Division of Porto's Food and Veterinary Division	Directorate-General for Food and Veterinary
Sónia Cunha	Psychologist	National Institute of Medical Emergency
Susana Catarina Pereira	Environmental Health Officer	Public Health Department of the Northern Regional Health Administration
Susana Fonseca	Veterinarian	Directorate-General for Food and Veterinary
Susana Gonçalves	Department Director	Civil Protection of the Municipality of Matosinhos
Susana Guedes Pombo	Director-General	Directorate-General for Food and Veterinary
Teresa Antunes	Head of the Facilitation and Security Bureau	National Civil Aviation Agency

Teresa Machado Luciano	Vice President	Agency for Clinical Research and Biomedical Innovation
Tiago Milheiro Silva	Physician	Hospital de Dona Estefania
Tiago Simões	General and Family Medicine Physician	Algarve Regional Health Administration
Tomás Silva	Matosinhos Health Authority	Matosinhos Public Health Unit
Vanessa Ribeiro	Planning and Innovation Coordinator	Central Administration of the Health System
Vasco Almeida	Infectious Diseases Physician	Hospital Curry Cabral, Centro Hospitalar Universitário de Lisboa Central
Zahra Ali Piazza	Secretariat	WHO

Annex 5: Composition of the UHPR national commission

Sector	Institution	Name of Focal Point	Role	
Health	Directorate-General of Health (DGS)	Rui Portugal (Lead)	Deputy Director General of Health	
	National Institute of Medical Emergency (INEM)	Fátima Rato	Director of the Medical Emergency Department	
	Doctor Ricardo Jorge National Health Institute (INSA)	Ana Paula Rodrigues	Public Health Medical Doctor at the Department of Epidemiology	
	National Authority of Medicines and Health Products (INFARMED)	Rui Santos Ivo	President of the Executive Board	
		Maria João Morais	Head of Office for International Affairs and Development	
	Portuguese Institute of Blood and Transplantation (IPST)	Ana Paula Sousa	Physician Specialist in Immunohemotherapy	
	Shared Services for the Ministry of Health (SPMS)	Rafael Franco	Coordinator of the National Telehealth Center	
	Central Administration of the Health System (ACSS)	Vanessa Ribeiro	Coordinator of the Planning and Innovation Center	
	National Coordination of Mental Health Policies	Miguel Xavier	Head, National Program Director	
	Regional Health Administrations (ARS) – Public Health Departments	Northern	Ana Isabel Mendes Carvalho	Public Health Medical Doctor and Regional Responsible for Epidemiological Surveillance
		Centre	Carolina Torres	Public Health Medical Doctor
Lisbon and Tagus Valley		Ana Dinis	Deputy Regional Health Authority	
	Carla Rascôa	Public Health Medical Doctor		

		Alentejo	Pedro Miguel da Silva Azevedo Ferreira	Public Health Medical Doctor
		Algarve	Maria Clara Garcia	Public Health Medical Doctor and Regional Responsible for Epidemiological Surveillance
	Hospitals	Centro Hospitalar de São João	Margarida Tavares	Physician Specialist in Infectious Diseases, Director of the National Program for Sexually Transmitted Infections and HIV Infection
		Centro Hospitalar e Universitário de Coimbra	Cláudia Margarida Carvalho Santos Nazareth	Physician Specialist in Infectious Diseases, Coordinator of the Prevention and Control of Infections and Antimicrobial Resistance Unit
		Centro Hospitalar Lisboa Central	Paulo Espiga	Executive Member of the Board of Directors
		Centro Hospitalar Lisboa Norte	Sérgio Paulo	Physician Specialist in Infectious Diseases; Member of the Local Coordinating Group of the Infection Prevention and Control and Antimicrobial Resistance Program
		Hospital Professor Fernando Fonseca	Bárbara Flor de Lima	Head of the Local Coordinating Group of the Infection Prevention and Control and Antimicrobial Resistance Program
Disaster management	National Authority for Emergency and Civil Protection (ANEPC) [Ministry of Home Affairs]	Sandra Serrano	Head of Civil Protection Planning Division/ Risk and Planning Services Directorate	
		Carlos Mata	Lisbon District Operational Commander	

	Emergency Protection and Rescue Unit of the National Guard [Ministry of Home Affairs]	Cerqueira	Captain, Intervention Company Commander
Transportation	National Civil Aviation Authority (ANAC) [Ministry of Infrastructure and Housing]	Carla Pinto	Head of the Facilitation and Security Directorate
Food and agriculture	Directorate-General of Food and Veterinary Medicine (DGAV) [Ministry of Agriculture]	Yolanda Vaz	Director of Animal Protection Services
		Ana Nunes	Division of Epidemiology and Animal Health
	Economic and Food Safety Authority (ASAE) [Ministry of Economy and Digital Transition]	Filipa Melo de Vasconcelos	Deputy Inspector-General
Environment	Portuguese Environment Agency (APA) [Ministry of Environment and Climate Action]	Teresa Nuncio	Advisor to the Board of Directors
	Portuguese Institute of Ocean and Atmosphere (IPMA) [Ministry of Environment and Climate Action]	Inês Moura Martins	Coordinator of the Unit of Planning and Support to the Board of Directors
Justice and interior	Immigration and Borders Service (SEF) [Ministry of Home Affairs]	Cláudia Rocha	Coordinator of the Border Technical Office
		Conceição Bértolo	Coordinating Inspector
	Commission for Citizenship and Gender Equality [Presidency of the Council of Ministers - Secretary of State for Citizenship and Equality]	Elsa Faria	Senior Officer in the Office for Equality and Non-Discrimination
	National Institute of Legal Medicine and Forensic Sciences [Ministry of Justice]	Luís Cardoso	Medical Doctor Specialist in Legal Medicine
Security Services	National Republican Guard (GNR) [Ministry of Home Affairs]	Liliana Isabel Gonçalves da Rocha	Major Physician
Commerce and trade	Directorate-General for Consumers [Ministry of Economy and Digital Transition]	Ana Filipa Claro	Director of Services

National Defense	Armed Forces Hospital (HFAR) [Ministry of National Defense]	Maria Fátima Laureano	Head of the Center for Epidemiology and Preventive Intervention
		Sara Dias Grazina	Deputy Director of the Center for Epidemiology and Preventive Intervention
	Portuguese Red Cross (CVP) [Ministry of National Defense]	Manuel Gonçalves	Vice President
Science and Technology	AICIB - Agency for Clinical Research and Biomedical Innovation	Catarina Resende de Oliveira	President
Cooperation and Foreign Affairs	Directorate-General for Foreign Policy [Ministry of Foreign Affairs]	Hugo Palma	Head of Division International Economic Organizations
	Camões - Institute of Cooperation and Language	António Torres	Head of the Bilateral Affairs Division
		Filipa Sousa	Head of Multilateral Affairs Division
Competitiveness and Innovation	Agency for Competitiveness and Innovation (IAPMEI) [Ministry of Economy and Digital Transition]	Isabel Santana	Department of Licensing and Industrial Planning of the South
Academia	Council of Rectors of Portuguese Universities	Mónica Oliveira	Full Professor
	National School of Public Health	Carla Nunes	Head
	Institute of Public Health of the University of Porto	Elisabete Ramos	Professor and researcher; President of the Portuguese Association of Epidemiology
	Coordination of the Public Health Medical Residency	Hugo Esteves	Coordinator of the Public Health Medical Residency Programme in the Lisbon and Tagus Valley Region
	Faculty of Medicine of the University of Lisbon	Paulo Nogueira	Professor and researcher

Civil society	Health Cluster Portugal	Patrícia Patrício	Knowledge and Intelligence Management
	Portuguese Association for Victim Support	Mafalda Valério	Project Manager
	National Association of Parishes	António Pedro de Carvalho Morais Soares	Member
		João José Pina Prata	Alternate
	Order of Psychologists	Isabel Trindade	Directorate of the Order of Portuguese Psychologists, Advisor to the Cabinet of the President for the Health Area
	Portuguese Society of Clinical Psychologists	Jorge Gravanita	Former Chairman and Board Member
		Isabel Prata	President
	Association of Pharmacies of Portugal	Isabel Cortez	President
		Manuela Pacheco	Vice-President
	Portuguese League Against Cancer	Fracisco Cavaleiro Ferreira	President of the Southern Regional Nucleus of the Portuguese League Against Cancer
Accommodation, Catering and Similar Association of Portugal	Susana Leitão	Head	
Private sector	ANA – Airports of Portugal	Isabel Queirós	Lisbon Airport Terminal Manager
	Portuguese Association of Private Hospitals	Ana César Machado	Secretary-General

Annex 6: List of national secretariat experts and external support team

Annex 6.a: Composition of the UHPR national secretariat

Name	Organization
Paula Vasconcelos	MoH/DGS/CESP
Mariana Ferreira	MoH/DGS/CESP
Renato Lourenço Silva	MoH/DGS/CESP
Tiago Souto	MoH/DGS/CESP
Sara Pocinho	MoH/DGS/CESP
Guilherme Gonçalves Duarte	Ministry of Foreign Affairs/Permanent Mission of Portugal to the UN Office and other International Organizations in Geneva
Carlota Pacheco Vieira	MoH/DGS/Coordination of International Relations
Miguel Déjean Guerra	MoH/DGS/Coordination of International Relations
Hugo Palma	Ministry of Foreign Affairs/Division International Economic Organizations
Manuela Correia	Ministry of Foreign Affairs/Division International Economic Organizations

Annex 6.b: Composition of the External Support Team

Name	Organization
Allan Bell	WHO HQ
Anne AnCIA	WHO Country Office
Emma Wiltshire	ECDC
Florian Tille	WHO EURO
Gabriel Ferrand	France
Gerald Rockenschaub	WHO EURO
Luc Bertrand TsachouaChoupe	WHO HQ
Massimo Ciotti	WHO EURO
Nicolas Isla	WHO EURO
Rajesh Sreedharan	WHO HQ
Samira Asma	WHO HQ
Stella Chungong	WHO HQ
Stéphane de la Rocquede Severac	France
Zaza Tsereteli	Georgia

Annex 7: Most recent simulation exercises in which the country participated within the scope of the IHR

Year	Name	Description
2014-2015	Exercise Meliandou Exercise Boke Exercise Niger 2025 Exercise Freetwon Exercise Farol	National and subnational exercises developed by DGS with reference hospitals for Ebola and primary health care units in different regions of the country to enhance preparedness and readiness capacities for detection, management and control of potential imported cases.
2016-2017	Exercise Métis I – FWD Exercise Métis II – VBD	Annual exercises to test internal procedures of the recent implemented new EOC at DGS – Emergency Operations Centre for early detection to risk assessment, emergency monitoring and support to risk management and risk communication.
2017	CELULEX 2017	Annual Exercise developed by the Portuguese Army, with other military forces, police, Civil Protection and civil society institutions (DGS, APA) in a Plague outbreak scenario.
2017	COASTEX 2017	Exercise developed by the Portuguese Navy, with other military forces, police, Civil Protection and civil society institutions (DGS, INEM) in an illegal migrants scenario with haemorrhagic fever symptoms.
2017	EDREX 2017	Exercise developed by EC/DG SANTE with health and Civil Protection participants, in a Request for Assistance scenario, after a massive earthquake, with cases of severe respiratory disease associated with Middle East respiratory syndrome coronavirus.
2018	CELULEX 2018	Annual Exercise developed by the Portuguese Army, with other military forces, police, Civil Protection and civil society institutions (DGS, APA, Hospitals) in an Ebola outbreak scenario.
2018	EU HEX	EC Exercise developed by EC, under an E. coli European outbreak, with the participation of the Civil Protection and Information System.
2019	CELULEX 2019	Annual Exercise developed by the Portuguese Army, with other military forces, police, Civil Protection and civil society institutions (DGS, APA, Hospitals) in an Ebola outbreak scenario.
2019	JADE	Exercise developed by WHO Health Emergencies Programme for the WHO Regional Office for Europe within IHR.
2022	JADE	Exercise developed by WHO Regional Office for Europe within IHR.

Annex 8: Abbreviations and acronyms

AAR	After-action review
ACES	Group of Healthcare Centers
ADIS	Animal Disease Information System
AMR	Antimicrobial resistance
ANEPC	National Emergency and Civil Protection Authority
APA	Portuguese Environment Agency
ARS	Regional Health Administrations
ASAE	Food and Economic Security Authority
BSL	Biosafety level
BWC	Biological Weapons Convention
CBRN	Chemical, biological, radiological and nuclear
CESP	Public Health Emergencies Operations Center
COVID-19	Coronavirus Disease 2019
CPLP	Community of Portuguese Speaking Countries
DG	Directorate-General
DGAV	Directorate-General of Food and Veterinary Medicine
DGS	Directorate-General of Health
EAC	Expert Advisory Commission
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EFSA	European Food Safety Authority
EMT	Emergency Medical Team
EOC	Public Health Emergency Operations Centre
ERSAR	Regulatory Entity for Water and Waste Services
EU	European Union
EUFMD	European Commission for Foot and Mouth Disease
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product

GHSA	Global Health Security Agenda
GOARN	Global Outbreak Alert and Response Network
GPRC	Global Peer Review Commission
HDI	Human Development Index
HERCA	Heads of the European Radiological Protection Competent Authorities
HPAI	Highly Pathogenic Avian Influenza
HQ	Headquarters
IAEA	International Atomic Energy Agency
IAR	Intra-Action Review
ICPEN	International Network for Consumer Protection and Law Enforcement
ICT	Information and communication technologies
INB	intergovernmental negotiating body
IPCR	Integrated Political Crisis Response Arrangements
JEE	Joint external evaluation
MDR	Multidrug-resistant
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NAPHS	National action plan for health security
NEA	Nuclear Energy Agency
NERIS	European Platform on Preparedness for Nuclear and Radiological Emergency Response and Recovery
NHSP	National Health Strategic Plan
OECD	Organization for Economic Co-Operation and Development
PALOP	Portuguese Speaking African Countries
PHEPR	Public Health Emergency Preparedness and Response
PPPs	Public-private partnerships
RADNET	Alert Network for Continuous Monitoring of the Radioactivity in the Environment
RASFF	Rapid Alert System for Food and Feed
REMESA	Mediterranean Animal Health Network
REVIVE	National Vector Surveillance Network

RNCCI	National Network of Integrated Continuing Care
RO	Regional Office
R&D	Research and Development
SPAR	State Parties Self-Assessment Annual Reporting
SDGs	Sustainable Development Goals
SimEx	Simulation exercise
SINAVE	National Epidemiological Surveillance System
SNS	National Health Service
SOPs	Standard operating procedures
SPAR	State Party Self-Assessment Annual Report
TB	Tuberculosis
TORs	Terms of reference
UHC	Universal health coverage
UHPR	Universal Health and Preparedness Review
UNDP	United Nations Development Programme
USF	Family Health Unit
WAHIS	World Animal Health Information System
WB WGI	World Bank Worldwide Governance Indicators
WHO	World Health Organization
WOAH	World Organisation for Animal Health



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