

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.

As technical coordinator of the initiative in Portugal, DGS expresses its gratitude to everyone involved in this process, which took place while the country was still responding to an active phase of the COVID-19 pandemic.

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 pandemics (including the COVID-19 pandemic) have resulted in tragic loss of lives and livelihoods, exacerbating pre-existing inequalities. These pandemics threaten to reverse progress made towards the achievement of health-related Sustainable Development Goals and the WHO Triple Billion targets. They reveal collective failure to focus on and invest in prevention, preparedness and response. Protection against 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 to prevent and respond to public health emergencies of international concern and to abide by relevant international rules.

Some evaluation mechanisms successfully involved stakeholders from sectors beyond healthcare, to identify and address gaps in preparedness, detection, and response to country-level public health risks. Numerous functional reviews have highlighted important capacity gaps, and lessons learnt that are currently being adopted. However, highlighted processes have not consistently prompted all countries to develop the necessary critical capacities, to share experiences and resources, and to facilitate the transfer of knowledge, technologies, and innovation required to ensure global safety, particularly for the most vulnerable populations, while promoting health and well-being at the same time. This lack of progress has prevented shared accountability, revealed that the strength of global health security is contingent on its weakest link. The National Action Plans for Health Security and other subsequent plans designed to address identified gaps have not been fully implemented. The Universal Health and Preparedness Review (UHPR) allows for these issues to be considered at the highest political level to ensure that recommendations will be followed up and properly addressed.

UHPR is a Member States led, voluntary, participatory and transparent mechanism that contributes to a safer world. It 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 threats, and to promote accountability and the efficient targeting and use of investments.

The UHPR specifically seeks 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) provide coherence to global health investment, by identifying most relevant funding priorities;
- (iv) identify funding sources to arrive at compromises and UHPR targets;
- (iii) enhance accountability, transparency and solutions that can be shared; and
- (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 UHPR methodology was adapted for the pilot mission in Portugal. It includes an initial phase from November 2021 to April 2022, in preparation for the country visit that took place from 1 to 6 May 2022. The initial phase included compilation and analysis of the UHPR indicators jointly by the National Secretariat and by the WHO Head Quarter/Regional Office teams, and the submission of a national survey to collect inputs from the National Commission. We would like to highlight the large number of national health institutions, various other relevant sectors and society at large that were closely engaged during the country visits.

Together they ensured dynamic participation in meetings, simulation exercises (at the national and subnational levels), focus group discussion and during regional visits.

Outcomes / Added value of the UHPR Pilot Mission in Portugal

Immediate outcomes of the pilot exercise include:

- increased awareness of national and subnational actions for global preparedness and response;
- contributions to the pilot process: discussion of indicators and methods to collect information from the European Union (EU) and about the European context;
- better mapping of country capacities and capabilities within the scopes of health coverage and preparedness and response;
- recognition of COVID-19 lessons and guidance where to create further, sustainable health sector advances (procedures, tools, information management, human resources);
- recognition that all sectors are still living with and recovering from COVID-19 and are still learning how to better cope with emergencies; recognition of common gaps in the health and other sectors, i.e., in governance, procedures, tools, human resources;
- the opportunity to reengage whole of society, including the General Staff of the Armed Forces, Civil Protection, refugees and migration centres. This engagement reinforced the general recognition that any emergency is a health emergency;
- engagement of the Parliamentary Health Group on matters related to public health emergencies and recognition of the need for parliamentary support;
- increased political awareness and recognition of the importance of national contributions to global health security through emergency prevention and preparedness;
- a new pandemic law that is now under discussion in the parliament.

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 resident in Portugal, plus strong political, legal and normative instruments;
- fully transcribed policies, legislation and regulations of the UN and the EU on health security, health systems and UHC;
- legal framework that allows health authorities networks to deploy dedicated public health teams to develop the capacities of the International Health Regulations (2005);
- high trust in the health system, institutions and health professionals positively added to a historically high confidence in vaccines and allowed for one of world's best and fastest vaccination rates;
- the inter-ministerial command and control system throughout the pandemic enabled prompt decision-making by using and adapting existing procedures tools and resources;
- institutions showed a high level of mobilization and cooperation to effectively tackle the challenges the pandemic presented; and
- the role of science is fully recognized, leading to the active engagement and mobilization of experts during the pandemic who provided regular and comprehensive country-level status updates.

Challenges/areas needing attention

- reliance on reactive spending during the pandemic rather than financial reforms to achieve sustainability during inter-pandemic periods;
- shortage of sustainable budgetary allocations and other resources for investments in health emergency preparedness;
- inadequate emphasis on health promotion and prevention, with most of funding primarily directed towards clinical response rather than preparedness activities;

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- insufficient integration of public health emergency preparedness and response approaches across all policies and sectors;
- insufficient human resources and lack of incentives (across managerial, technical, and service levels).
- insufficient 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;
- some legislation related to the operationalization of health security and public health needs to be revised, updated or implemented;
- needs to identify and establish a regular way to interact with the parliamentary health commission:
- investment in innovation and digital technology needs to be increased or at least maintained, focusing on integration and management of information systems; and
- national documents (legal, strategics, technical) need to be revised in line with UHPR recommendations.

Priorities / Recommendations

• Governance and Leadership

- review and update emergency response legislation and policies:
 - » development of legislation facilitating the rapid implementation of public health measures for emergency situations;
 - » better definition of roles and responsibilities of decision-makers, technical experts and community representatives during public health emergencies.
- alignment of the territorial administrative districts with health regions and district demarcations; and
- leverage European Commission (EC)/EU policies at national level, use existing EU instruments, namely within the EU4Health programme.

• Multi sectoral coordination

- sustain and institutionalize key partnerships developed during the COVID-19 pandemic response; and
- reinforce the One Health strategy, with active involvement of the private sector and community partners.

• Research & Development (R&D)

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

• Engagement of Communities and Risk Communication

- enhance risk communication through established networks at health administration levels; and
- build a reliable communication network within and between organizations, civil society and 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; and
- improve real time data sharing and better data integration between different sectors.

• Digital Technology and Telemedicine

- increase or at least maintain investment in health-related 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 the development and implementation of national emergency preparedness and response plans (with clear roles and responsibilities, thresholds for surge activation, and SOPs and TORs), and anchor all within national plans (National Action Plan for Health Security/National Health Strategic Plan);
- reinforce the national mental health strategy for better local-level management during crises;
- incorporate learning, monitoring and evaluation (M&E) and routine testing of plans, surge capacity and multisectoral response within agencies;
- introduce routine testing of general risk management capacity of senior policy makers and administrators (simultaneous crisis management);
- incorporate simulation exercises results into the revision of planning aspects;
- collect, document and disseminate best practices and lessons learnt from the COVID-19 pandemic (intra-action reviews and after-action reviews); develop and implement a strategy to integrate any progress made in the pandemic response into the system;
- address challenges in training, recruitment and career paths in 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 learnt from the COVID-19 pandemic; and
- foster parliamentary engagement, including through the Health Commission for awareness for Public Health Emergency Preparedness and Response matters.

Next steps

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

Both commissions will produce an assessment report with own conclusions, which will be shared, along with this UHPR report, through regional and global WHO governing body mechanisms. This will demonstrate to the global community Portugal's transparency, accountability and commitment and help to establish reliable and sustainable initiatives in support of the implementation of recommendations.

Conclusion

This report highlights the main best practices, gaps and challenges of Portugal's national and subnational capacities for health security, health systems and UHC. The data and information collected allow to formulate clear recommendations on best practices, and how to address gaps and challenges.

Ultimately, the added value of the UHPR process for Portugal is manifold. It may contribute, in the short, medium and long term, to ensuring leadership and stewardship from the highest levels of government, and to strengthening multisectoral and whole of society engagement. The UHPR allows Portugal to benefit from expert and peer advice in identifying approaches to close gaps and areas for improvement, and may also help to prioritize investments in health systems response and preparedness as well as health security. Finally, this periodic review may contribute to securing sustainable resources, and to keeping 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 includes the Atlantic archipelagos of the Azores and Madeira as autonomous regions. It is part of the Iberian Peninsula, is mainland Europe's westernmost point bordering the North Atlantic Ocean, and shares its only land border with Spain. The official language is Portuguese, and Lisbon is the capital and largest city.

Portugal was admitted to the United Nations on 14 December 1955 and in 2021 had a population of 10,347,892 people (Census 2021). The country is politically stable and records low crime rates. In the latest report for the UNDP Human Development Index (HDI) for 2020, Portugal is ranked 38th out of 189 countries.

Portugal is a unitary democratic, semi-presidential republic based on the 1976 Constitution with several later revisions. The Constitution specifically identifies the three tiers of government administration: civil parishes (*freguesias*), municipalities (*municípios*) and administrative regions (*regiões administrativas*).

The services sector is a significant driver of the Portuguese economy, contributing around 75% of the country's GDP (with Tourism at approximately 8%). Manufacturing and agriculture account for 17% and 2%, respectively.

With its strategic location, Portugal has become a popular destination for international investors. The country has experienced steady economic growth in recent years (not considering the impact of the COVID-19 pandemic), bolstered by government reforms and increased exports.

The Portuguese health system financing model (Annex 1) depends on a mixture of public and private sources. National Health Service (SNS) funds derive from the State Budget, following a Beveridge model. However, there are also out-of-pocket payments (co-payments and direct payments by the patient) and a private financing component associated with voluntary health insurance and health subsystems. The State budget dedicated to health has remained stable over the years, accounting for 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 regulating, planning and management of the SNS, as well as regulating, auditing and inspecting private health providers. As shown in Annex 2, the MoH comprises several institutions, some under its direct administration, some under indirect administration and others with public enterprise status.

The SNS was created in 1979, and is defined as being national, universal, and free. Although 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 of complying

with and enforcing health policies and programs in its area of intervention. The SNS provides a comprehensive benefits package that includes general practitioner (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 identical 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 health system governance, financing and organization, 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 reorganized 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 COVID-19 pandemic caused the temporary suspension of several activities since March 2020, that only by March 2022 fully resumed. During the first 12 months of the COVID-19 pandemic, 34% of residents in Portugal reported some unmet health care requirements (EU average: 21%). The amount of elective surgery decreased by more than 20% in 2020 compared to 2019, exacerbating already high waiting periods. There was also a decrease in cancer screenings and non-emergent consultations. For example, the number of women screened in the target age group for breast cancer screening dropped by over 52.7 % in 2020 compared to 2019.

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, with alcohol-related harm being a major public health concern.

Infectious diseases

The prevalence of tuberculosis (TB) has declined, despite a higher proportion of the population living in big metropolitan areas, with a TB reporting rate in 2017 of 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 received TB treatment, suggesting that MDR strains are largely transmitted through the environment.

Sexually Transmitted Infections are a significant public health concern in Portugal. For example, the number of infections by *Chlamydia trachomatis* and *Lymphogranuloma venereum* has increased, with reported cases in 2021 being approximately nine times higher than in 2015. The rates of HIV infection have decreased in recent years, but in 2019 Portugal was among the top three countries in the EU/EEA with 50% or more of new diagnosis among persons 40 years old.

Environmental risks

The initial assessment from the UHPR standardized score suggested a better score for environmental risk in Portugal (low risk of floods and drought). The UHPR visit was an opportunity to reassess the initial score and readjust the information regarding the risk of floods and the risk of drought. National and European reports ([OCDE](#)) were shared related to climate changes and evidence of increased risk of floods and drought in the last years.

Portugal has historic records of significant flood events 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).

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 10 January 2020), 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. For example, 95.7% for primary course in Portugal, compared with 73.1% of EU/EEA countries

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

There have been several improvements in data management and information exchange platforms enhancing real-time surveillance.

The rapid adoption and adjustments of the contingency plan at regional and local level, 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.: involvement of private laboratories, universities and research units, and the number of available points of care for diagnosis and screening).

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

High-level government officials were allocated to each of the five mainland regions to oversee the response, strengthening local and regional coordination and ensuring rapid communication with stakeholders.

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

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

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

Despite occasional failures in risk communication, the monitoring of risk perception and adjustments of communication tools were very important, which included videos in sign language, the management of misinformation and disinformation with a fake news and infodemics radar, and educational videos with technical experts and influencers.

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

III. HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

1. Methodology of the UHPR in the country

The MoH engaged from the very beginning with the UHPR process, having volunteered to participate in the pilot phase. To operationalize the national secretariat, the MoH later formally appointed the Directorate-General of Health (DGS) as the national institution to lead the pilot phase. DGS is a centenary health institution in Portugal and is responsible for all essential public health functions at national level. Its mission is to regulate, guide and coordinate health promotion and disease prevention activities, to define the technical conditions for adequate health care provision, to plan and programme the national policy for quality in the health system and to ensure the preparation and implementation of the National Health Plan. DGS is also responsible for early detection, surveillance, risk assessment, risk management and risk communication for public health threats, and to assure the proper procedures, tools and resources for the preparedness and response of public health emergencies are in place within the framework of global security. DGS is the coordinating competent body for interactions with the European Centre for Disease Prevention and Control (ECDC) at EU level and ensures Portugal's national commitments for the implementation of the International Health Regulation 2005 (IHR 2005) are met.

The UHPR methodology included an initial phase from November 2021 to April 2022, in preparation to the country visit that took place between 1 and 6 May 2022. It involved the following activities listed below.

Initial phase:

- search and collection of data and evidence, including compilation of different sources of reference documents (Annex 3) to support the country profile and the WHO matrix dashboard indicators created for piloting the UHPR;
- compilation, analysis and revision of the UHPR dashboard indicators (provided by WHO) jointly by the National Secretariat, WHO HQ and WHO RO teams; and
- collection of contributions and inputs from the National Commission, through emails, enlarged meetings, an online survey on best practices, gaps, and recommendations, and sharing of documents to support the draft national report initiated by the National Secretariat and WHO teams.

Country visit:

- more than 20 high-level advocacy meetings (including MoH, Parliament, Ministry of Foreigner Affairs) to discuss legislative, political, administrative, and technical aspects and involving different administrative levels.
- four simulation exercises (at the national and sub-national 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 were followed by plenary sessions during which the participants and the external review team discussed the capacity levels, as well as best practices and weaknesses, and agreed and formulated recommendations for each indicator.
- the review of more than 70 reference documents shared by the relevant stakeholders and insti-

III. HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

tutions, including legal texts, plans, procedures, reports and scientific studies. The information received from these reference documents both confirmed the trends presented by the quantitative data collected, and informed the drafting of additional recommendations.

- more than 20 interviews with key stakeholders, which gave the participants the opportunity to provide in-depth information based on their perspectives and experiences, and to share additional background material. The interviews were structured around the following points: health security capacities, health systems capacities and Universal Health Coverage (UHC).
- field visits were conducted with the participation of the external review team to directly observe and understand realities on the ground. This exercise helped to highlight best practices, and the challenges and limitations field actors and communities face. The external review team visited three regions: North, Lisbon and Tagus Valley, and Algarve, and 11 additional sites.
- a range of different activities involving a large number of participants (Annex 4), including high-level and key stakeholders (4.a) and other participants (4.b), 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 of WHO HQ and RO, and ECDC representatives, 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 on behalf of the MoH by the Secretary of State and Health, and followed by a press conference.

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

Portugal's intention to engage with the UHPR was expressed to the DG WHO by the end of 2020. A national team was formally established in November 2021 to work with WHO officials on the review and the methodology regarding the emergency preparedness and response and UHC. In January 2022, the MoH confirmed to WHO that Dr Rui Portugal, then Deputy Director-General of Health, was appointed as the focal point to lead the National Commission

and Secretariat.

The UHPR National Secretariat included 10 elements with partial time dedication from the Directorate-General of Health (DGS), the Public Health Emergencies Operations Center (CESP), and the Department of Coordination of International Relations, and officials from the Ministry of Foreign Affairs (MoFA), including from the Permanent Mission of Portugal to the UN in Geneva. The National Secretariat coordinated the planning and preparation for the UHPR, the sharing of information and the involvement of key stakeholders.

The National UHPR Commission was composed of multi-sectoral representatives and technical personnel from different levels of government and institutions. An initial meeting took place on 17 February 2022 bringing together all appointed sector representatives to discuss the methodology and how the visit planned for 1-6 May 2022 would take place. The importance of engaging other sectors was highlighted by the varied recent experiences of responding to COVID-19 they were able to share. It was an opportunity for the different participants involved not only to collect information, but to present their contributions on the implementation of public health and social measures outside the health sector. The Secretariat established regular communication with the Commission, providing guidance on expected contributions, and the organization of 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 summarize the outcomes of the UHPR findings with a mix of data and information collected from strategic, technical, and legal documents compiled for the country profile, interviews with high level representatives and key stakeholders from the health sector and other sectors, and notes and findings recorded from the working group discussions and simulation exercises.

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 and previous engagement with global initiatives for global health security including volunteering as pilot country to test the assessment tool of the Global Health Security Agenda (GHSA) in 2015, supporting what later become the Joint External Evaluation (JEE) tool. 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 high political commitment and involvement of high-level government officials (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 emergency preparedness and response, following the UHPR visit to the National Parliament of Portugal; and » national Constitution includes health as a basic right for all citizens in Portugal. Inclusion and access to national health service also for 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"> » clear command and control system that enabled prompt decision-making during the COVID-19 pandemic, including 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; » 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); » “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, mainstreaming health in all policies, defining policies, strategies and priorities with contributions of other sectors stakeholders, innovative initiatives to health problems and intervention;
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IV. OUTCOMES OF THE UHPR

	<ul style="list-style-type: none"> • 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 Portuguese Speaking African Countries (PALOP); and • commitment to transparency as health policy and politics.
Gaps and challenges	<ul style="list-style-type: none"> • legislation related to the operationalization of some health security and public health needs to be revised, updated, or implemented, especially in relation to IHR (2005) core capacities with constant lower scores along the last years C1 (IHR budgeting), C6 (human resources), C12 (zoonoses) and C15 (radiological emergencies); and • all-hazard approach and corresponding coordination within IHR (2005) implementation is not clear; there isn't a specific plan to cover core capacities improvements, especially on budgeting and inter-sectorial formal articulation; regular/routine sharing of information between different sectors is not formalized;
Priorities	<ul style="list-style-type: none"> • Governance and Leadership: <ul style="list-style-type: none"> » review and update legislation and policies for emergency preparedness and response; <ul style="list-style-type: none"> • develop legislation facilitating the rapid implementation of public health measures for emergency situations; and • better define roles and responsibilities of decision-makers, technical experts and community during public health emergencies; » consider territorial alignment between mapping of health districts and administrative breakdown of districts; and » leverage EC/EU policies and funding under existing EU instruments, namely EU-4Health. • 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; and » 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 with the parliament, including through the Health Commission for public health emergencies preparedness and response; and » develop a solid mechanism for information sharing between sectors in the context of the IHR.
References	<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://ordemdosmedicos.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 • Order 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-Assessment 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 • Commission for Citizenship and Gender Equality: https://www.cig.gov.pt/ and https://www.cig.gov.pt/bases-de-dados/legislacao/#Igualdade%20entre%20Mulheres%20e%20Homen

Category 2. Systems

<p>Best Practices</p>	<ul style="list-style-type: none"> • historic trust in the health system, in the institutions and health professionals and confidence in vaccines allowed for one of the best and fastest vaccination rates in the world; • the role of science is fully recognized, leading to the active engagement and mobilization of experts during the pandemic who provided regular and comprehensive updates regarding the country's status; and • 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, organized under a national health authority in form of the Director-General of Health; <ul style="list-style-type: none"> » institutions showed a high level of mobilization and cooperation to effectively tackle the challenges presented by the pandemic; » functional mechanisms in place for inter-institutional collaboration within the 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; and » 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 information communication and technology (ICT) tools to improve information management and data analysis; • Surveillance system under the 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; strong participation in public health networks at EU and international level for assessment, quality improvement and innovation; • national reference laboratory ensuring international standards for biosafety and biosecurity and with participation on EU and international laboratory networks for quality assurance, new diagnosis and other innovations; 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; and » 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 problems prioritization approach; <ul style="list-style-type: none"> » National Vaccination Program (PNV) 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; » antenatal and obstetric care: 91% of pregnant women have first antenatal visit within first trimester of pregnancy; » 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. » National Program for Cerebrovascular Diseases: established pre-hospital greenway allowing accelerated transport to hospital and earlier treatment; and » National Program for Sexually Transmitted Infections and HIV: simplification of access to antiretroviral drugs in hospital pharmacies or even home delivery, follow-up with patients with HIV infection by telemedicine; existence of syringe exchange programmes.
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IV. OUTCOMES OF THE UHPR

<p>Gaps and challenges</p>	<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); and » lack of systematic and institutionalized training in public health emergency preparedness and response for capacity building of public health professionals at all levels.
<p>Priorities</p>	<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; and » 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; and » 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; and » 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 COVID-19 pandemic (intra-action reviews (IAR) & and after-action reviews (AAR)); develop and implement a strategy to integrate into the system and processes the gains made during the pandemic response; and » address challenges in the training, recruitment and career paths at health and other sectors.
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IV. OUTCOMES OF THE UHPR

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- National Biosafety Network: <http://www.labptbionet.ibmc.up.pt/node/17>
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IV. OUTCOMES OF THE UHPR

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Category 3. Financing

<p>Best Practices</p>	<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 allocating a dedicated budget from the EU as part of the resolution plan to face COVID-19; • R&D: 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 Portuguese Speaking African Countries (PALOP); • EU and other international Grants and Scholarship Applications (Foundation for Science and Technology); and • 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.
<p>Gaps and challenges</p>	<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; • limited and non-sustainable budget and other resources for investment in health emergency preparedness; <ul style="list-style-type: none"> » reliance on reactive spending during the pandemic instead of financial reforms for sustainability during inter-pandemic periods; » shortage of sustainable budgetary allocations and other resources for investing in health emergency preparedness; » inadequate emphasis on health promotion and prevention, with the majority of funds primarily directed towards clinical response rather than preparedness activities; and » system too rigid, e.g., process for reallocating and adding resources, inflexible structure for how and where to use allocated budgets; • lower research and development expenditure as a proportion of GDP, compared to other European countries; • out-of-pocket medical expenditures in Portugal higher than in other European countries; and • investments in human resources to improve the numbers of resources dedicated to global security at national and subnational level, promoting capacity building to improve skills and competencies are needed to ensure the proper applications of the essential public health functions in a era of new technology and digital tools.

IV. OUTCOMES OF THE UHPR

<p>Priorities</p>	<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 learnt 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: maintain and increase investment in innovation and digital technology, focusing on integration and management of information systems.
<p>References</p>	<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%2BLCAAAAAABACztLQ0BgCE-Wok2BAAAAA%3D%3D • Foundation for Science and Technology (FCT) – Financing for Science and Technology: 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

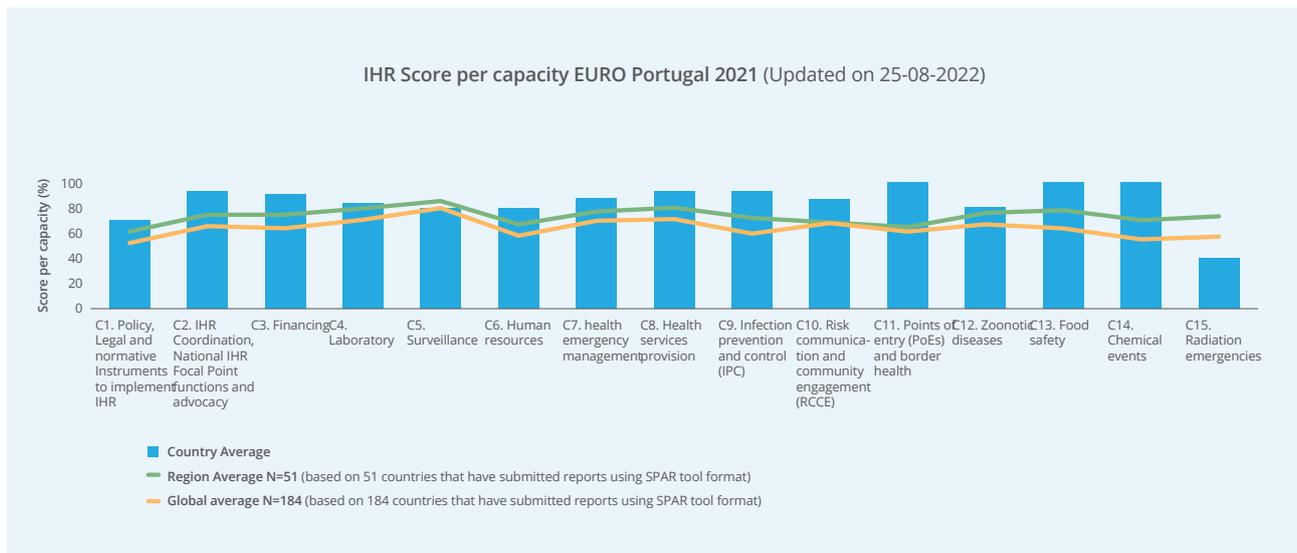
International Health Regulations (2005)

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

DGS oversees IHR implementation in Portugal and the Director General of Health (the National Health Authority) is the IHR National Focal Point. The National Health Authority is responsible for health surveillance, monitoring IHR com-

pliance, and communication with national and international stakeholders in the context of preparedness and response, early detection, risk assessment, and management and communication. Specifically, under the IHR framework it is mandatory for the competent bodies to analyse, plan, implement and monitor the necessary measures to prevent the dissemination of cross-border threats and also to ensure cooperation in surveillance, rapid alert and response.

Within DGS, CESP reports directly to the National Health Authority, acting as IHR contact point and being responsible for improving IHR implementation, and evaluating 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 in place and functioning throughout the country. Portugal uses the Monitoring and Evaluation Framework developed by WHO to review the implementation of core public health capacities under the IHR, thus contributing through transparent reporting and dialogue to the mutual accountability of States Parties for global public health security. DGS/CESP also coordinates the application of State Party self-assessment Annual Reporting Tool 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, to submit the State Party self-assessment Annual Report (SPAR), and for the development and participation on simulation exercises (Annex 7).



V. HIGHEST NATIONAL PRIORITIES & ACTIONS

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

In addition, Portugal piloted the Joint External Evaluation (JEE) tool, previously known as GHS Assessment, in April 2015. However, during the COVID-19 pandemic, DGS were not able to organize regular simulation exercises within the health and other sectors, or to use other tools apart from the State Party self-assessment Annual Reporting Tool.

The legal basis of the network of health authorities at national, regional and local levels, allows public health teams to develop IHR capacities at all administrative levels. Nevertheless, at national level a cascade approach to the subnational level to the “SimEx culture” has yet to be established.

Regional commitments

Portugal is included in 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 also follows the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023. To improve resilience against health emergencies, Portugal has applied the lessons learnt to date from the WHO European Region on response to the COVID-19 pandemic, as detailed by the Seventy-first Regional Committee for Europe, 13–15 September 2021. Portugal took up the recommendations of the Pan-European Commission on Health and Sustainable Development and is committed to implementing and putting into practice the tools to prevent and better deal with future health threats.

Moreover, Portugal is a EU Member State since 1 January 1986. There is a strong legal framework for EU Member States for harmonization, promoting consistency and coherence across the EU while providing some flexibility in implementation to accommodate national specificities and preferences. Harmonization rules apply to areas of politics, legislation, public administration, justice, education, communication, agriculture, trade, energy, technology, and to some extent, health, among others. They are mostly covered under EU legal instruments that result from EU Treaties, such as EU Regulations, Directives, Decisions, Recommendations and Opinions that are applied and adopted.

To contribute to a high level of public health protection in the EU, 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 the activities pursuant to Decision No. 1082/2013/EU on serious cross-border threats to health. Accordingly, the responsible national authorities are in permanent communication with those of other EU Member States and the European 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 Portugal's active participation in the Health Security Committee, which aims to coordinate response to, and compliance with the conditions defined in the joint procurement procedures of medical countermeasures.

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

On agriculture, veterinary and food safety, and consumer (non-food) products, Portugal actively participates in existing EU frameworks for information exchange mechanisms (Animal Disease Information System (ADIS), Rapid Alert System for Food and Feed (RASFF) and Safety Gate), in the event a situation or product presents a serious risk to the health and safety and may require immediate intervention. To counter and respond to radionuclear threats, Portugal participates in 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).

Portugal's commitment to the provisions of the Floods Directive (Directive 2007/60/EC) provides an example of environmental nature, 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 ECDC and European Food Safety Authority (EFSA).

Portugal's commitment to various health programmes, such as the implementation of Europe's Beating Cancer Plan and the Stroke Action Plan for Europe, among others, should also 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 some areas, such as poverty reduction, health, education, and gender equality. According to data from the National Institute for Statistics, [Statistics Portugal](#), 40% (66) of the SDG indicators analysed developed favourably or met the target, and four SDGs (3, 6, 7 and 11) showed at least 50% of indicators with a favourable 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 Portugal's SDGs, particularly in terms of economic growth and employment. The situation in Ukraine is expected to impact economy that will reflect in the achievement of the SDGs at national global levels.

Other commitments related to health emergency preparedness

In 2006, Portugal agreed to a mechanism of cooperation with WHO to support Government policy priorities in health under the Biennial Collaborative Agreements.

Portugal has made efforts to apply recommendations under the Review Committee on the Functioning of the IHR (2005) during the COVID-19 Response, the Independent Panel for Pandemic Preparedness and Response, 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 instruments as the IHR revision and a pandemic Treaty.

Other international commitments beyond the health sector include Portugal's participation 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), and the Alert Network for Continuous Monitoring of the Radioactivity in the Environment (RADNET).

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

There are also commitments to 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

Ensuring leadership and stewardship from the highest level of government, enhancing multisectoral and whole-of-society engagement, and leveraging expert and peer advice to identify and address gaps and areas for improvement have been strategic priorities in Portugal's national health policies. This has significantly contributed to strengthening the country's preparedness and health security. Core areas of health security under IHR (2005) include epidemic intelligence and the integration of event-monitoring activities besides indicator-based surveillance. Portugal was one of the first countries to integrate such activities and to build a public health emergency operation centre at DGS in 2005. The centre was enlarged and provided with a legal framework in September 2016, enhancing the country's early detection capabilities with the support of the existing public health network at subnational level, and keeping health emergency preparedness and response high on the national agenda. Risk assessments became 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 national to local levels, and strengthening the health planning process to enhance early detection of health alerts that can represent a threat to health security. Portugal's response to a Dengue outbreak in Madeira in 2012-2013 with international support from the [ECDC](#) identified clear priorities for health security, especially for vector-borne diseases (VBD). Organizing and reporting findings of SimEx for Ebola Preparedness and Readiness became a regular practice at national and sub-

V. HIGHEST NATIONAL PRIORITIES & ACTIONS

national level in 2014, with strong collaboration between health care services (primary health care and reference hospitals), the national reference laboratory, the National Institute of Health Doutor Ricardo Jorge (INSA), and the public health network. 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 the IHR (2005), which are below the average of the WHO European Region, and identifying mechanisms to reinforce core capacity services (procedures, tools and human resources), namely in relation to core capacity C15 (radiation emergencies) and C1 (legislations and financing), in relation to specific funding 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 levels (such as Disaster Risk Management by Civil Protection, COVID-19 preparedness and response plan, Ebola contingency plan, Pandemic influenza contingency plan, VBD 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, are developed by each facility and lack a harmonized operational approach and response to a public health emergency.

Lessons learnt from COVID-19 identified the relevance of the 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 also capabilities.

UHPR served as a formal post-pandemic review and to revise current legislation and other strategic documents concerning plans, operational capacities and interoperability mechanisms. Portugal is also taking the opportunity of the EU's [SHARP](#) Joint Action and other initiatives under the new EU Regulation 2022/2371 to be more involved in 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 Portuguese experts participates in JEE and contributes to the National Action Plan for Health Security (NAPHS) under WHO deployments. Portugal also collaborates with the World Bank to support the strengthening of capacities to respond to public health emergencies in other countries.

INSA participates in various international laboratory networks and field missions, supporting biosafety and biosecurity global initiatives including participation in EU grants and joint actions, such as EMERGE and EuroBio Tox. INSA's overall mission is to contribute to gains in public health through research and technological development activities, to provide reference laboratory activities, health observation and support of epidemiological surveillance, as well as coordinating the external assessment of laboratory quality, disseminating scientific culture, foster capacity-building and training, and ensuring the provision of differentiated services in the referred domains.

Other Portuguese health sector institutions ensure support to national and international health security through their own mandate. The Portuguese Blood institute (IPST) aims to ensure and regulate at a national level blood and transplant safety. It proposes also measures of a political or legislative nature in matters of transfusion medicine and transplantation. Within its mandate IPST strongly contributes to emergencies like the Dengue outbreak in 2012/2013, and supports detection of less common infection diseases under the Hemovigilance System and the Biovigilance System, in line with the competent national and international entities. The National Authority of Medicines and Health Products, I.P. (INFARMED) is responsible for the authorisation of the use of medicine and medical products, including exceptional use of medicines and vaccines, and has been a key partner in responding to the pandemic and other previous Public Health Emergencies of International Concern (PHEIC).

The Directorate-General of Food and Veterinary Medicine (DGAV) represents Portugal FAO, WOAHA, and the European Commission/DG SANTÉ in matters of animal and food safety. It supports setting the framework and rules for emergency response. DGAV also provides emergency response training (courses, study materials, simulation exercises) and maintains a continuous monitoring of agents of emergency diseases, including some zoonosis as Rift Valley Fever and Crimea-Congo Fever. It articulates with DG SANTÉ for vaccine banks for certain emergency animal diseases. Through DGAV, Portugal participates in the Mediterranean Animal Health Network (REMESA), which is important for emergency preparedness because it provides information, training, and support to veterinary services in the Mediterranean area.

Domestic actions for health security capacity strengthening

Since the H1N1 influenza pandemic in 2009 and facing global health threats such as Zika, Ebola and polio, Portugal has promoted simulation exercises among the health and across other sectors, promoting and identifying gaps on procedures, circuits, and risk assessment. New manage-

V. HIGHEST NATIONAL PRIORITIES & ACTIONS

ment plans have been put in place to address vector-borne diseases, haemorrhagic fever and other high consequences infection diseases at health care units, at primary health care and public and private hospitals, however, not in an integrated 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 regarding 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 levels.

A National Situation Room has been activated to coordinate mass casualty events under Civil Protection coordination, to assure the coordination of human resources, means of relief, and communication 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 operators of regulated facilities or activities that may cause radiological emergency situations. Portugal has completed a national hazard assessment on key risks, including those emanating from a nuclear accident abroad and 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, and is 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 detailed above, the country is undertaking efforts to ensure the integration of the new operations under new EU and future revisions of IHR. UHPR was an opportunity to focus on some areas to prioritize for the future:

- establish national planning to implement public health preparedness and response plans with clear roles and responsibilities, thresholds for surge activation, and SOPs and TORs;

- integrate 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 levels;
- join EC initiatives for training workshops and other EU Joint Actions or grants that will promote those priorities identified; and
- establish regular meetings with the parliamentary health group to achieve a higher-level involvement in overall health security areas at national level.

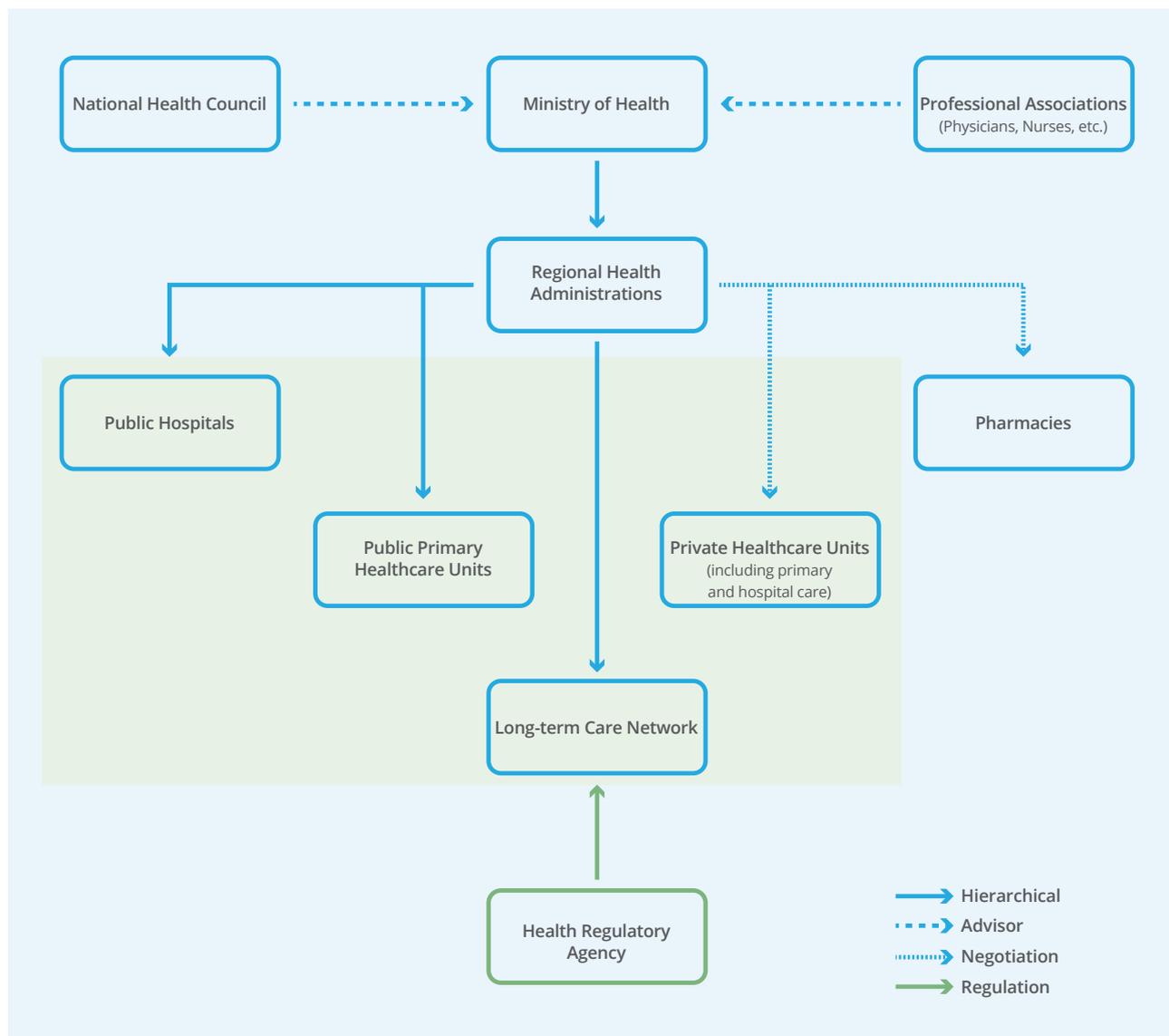
VI. FINAL NOTES

From the perspective of the UHPR process for the country, some experience from the pilot learning process can be shared:

- it was a learning process to reinforce the focus on evidence and technical recommendations to support high impact proposals to governmental and decision makers;
 - it was an opportunity to identify what changes will be more beneficial for all sectors;
 - it was a challenge to keep as references the best strategies to scale up and enhance human resources capacity and capabilities during public health emergencies;
 - it was an opportunity to reflect on legislation and policies for emergency response;
 - it was a prompt to rethink the discrepancies on the territorial alignment between health districts and administrative districts;
 - it made it clear that the demands of surveillance of the COVID-19 pandemic will require more integration of public health and health information systems, with focus on real time, data analysis and information management;
 - it allowed to recognize the value of national emergency preparedness and response plans and how aspects such as surge activation, standard operations procedures and terms of reference are essential within the health sector and between sectors;
 - it brought to the fore the need to incorporate learning, monitoring and evaluation and routine testing as part of multisectoral response within agencies;
 - it facilitated the recognition of research as a key element to build evidence, promote data exchange and use knowledge for public health action;
- it was an experience worth sharing with other countries for further peer-review; and
 - last but not least, the UHPR took place during an active phase of the COVID-19 pandemic with all involved still recovering and the “looking and assessing national capacities and capabilities” was a much needed “stop to think” moment.

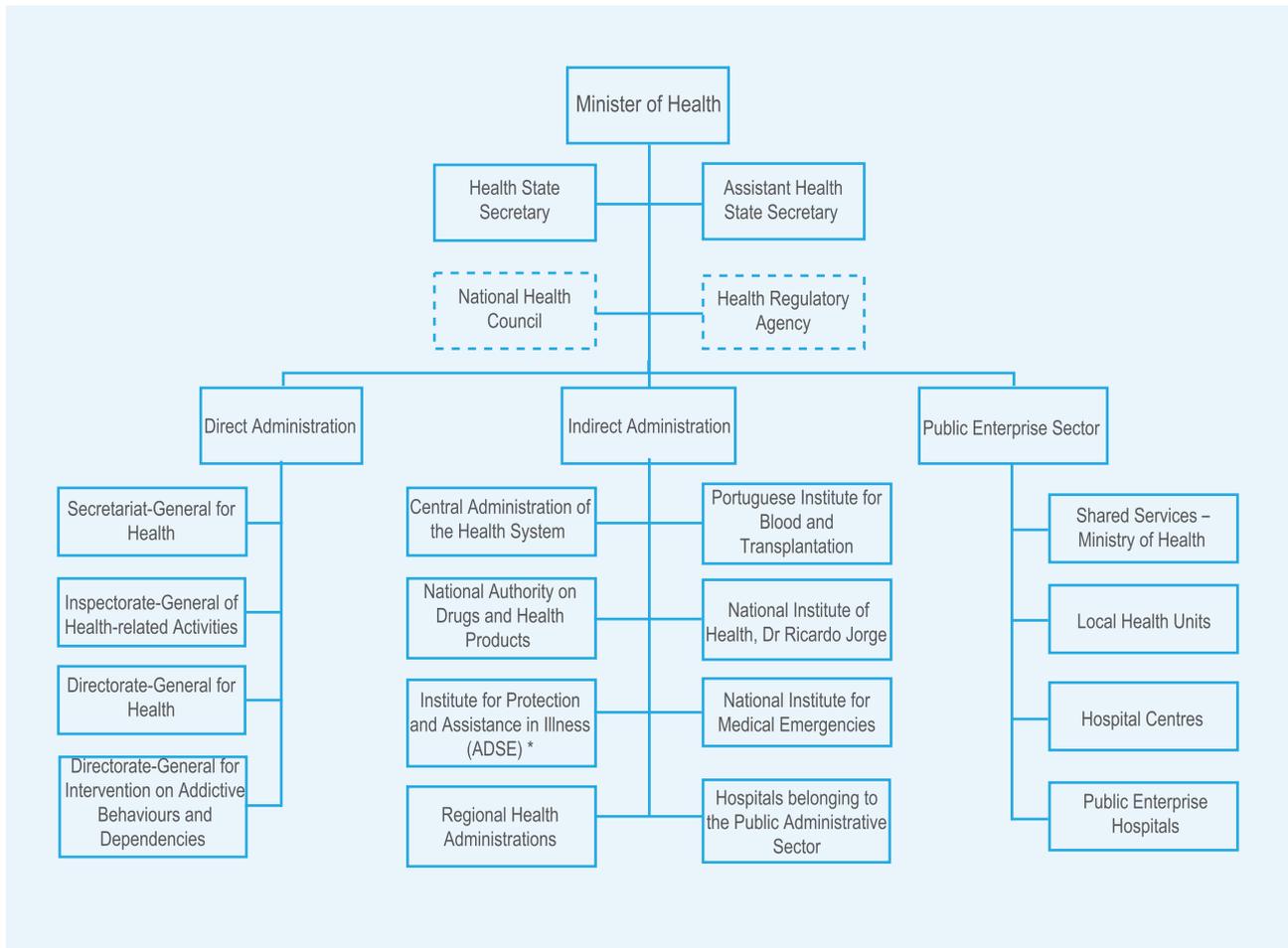
VII. ANNEXES

Annex 1: Overview chart of the health system



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

Annex 2: Organigram of the Portuguese Ministry of Health



Source: Simões, Jorge de Almeida, Augusto, Gonçalo Figueiredo, Fronteira, Inês. et al. (2017). Portugal: health system review. World Health Organization. Regional Office for Europe. European Observatory on Health Systems and Policies., <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&i-d=id&accname=guest&checksum=D-404227825D7956DBA2CA49AF788164E
3	Report	Health systems	COVID-19 Pandemic - What lessons can be learnt? Spring Report 2021	https://mcusercontent.com/b826be-5c93722e0818a99c861/files/e3f-64342-073c-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

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NO.	TYPE	AREA	DOCUMENT TITLE	LINK
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-setor-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-ve-tores-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+GHSA+Pilot+Assessment+Final+Report+22.6.2015.pdf/4893a-634-9e01-421f-b44a-9b5175288411/Portugal+GHSA+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

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NO.	TYPE	AREA	DOCUMENT TITLE	LINK
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	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	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	National Program for Cerebro-Cardiovascular Diseases 2017	https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-882061-pdf.aspx?v=%3d%3dDwAAAB%2bLCAAAAAAABArySltz-VUy81MstU1MDAFAHzFEfkPAAAA
44	Policy/ Strategy	Health promotion and disease prevention	National Program for Mental Health 2017	http://nocs.pt/wp-content/uploads/2017/11/DGS_PNSM_2017.10.09_v2.pdf

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NO.	TYPE	AREA	DOCUMENT TITLE	LINK
45	Policy/ Strategy	Health promotion and disease prevention	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%2BLCAAAAAAABArySztz-VUy81MsTU1MDAFAHzFEfkPAAAA
46	Policy/ Strategy	Health promotion and disease prevention	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%2bLCAAAAAAABArySztz-VUy81MsTU1MDAFAHzFEfkPAAAA
47	Policy/ Strategy	Health promotion and disease prevention	National Program for Sexually Transmitted Infection, HIV Infection and AIDS	https://www.dgs.pt/programa-nacionaist-vih.aspx
48	Policy/ Strategy	Health promotion and disease prevention	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	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%2bLCAAAAAAABArySztz-VUy81MsTU1MDAFAHzFEfkPAAAA
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_Saude_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

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NO.	TYPE	AREA	DOCUMENT TITLE	LINK
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%Bade-P%C3%BAblica-Autoridade-de-Sa%C3%Bade-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 stakeholders

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 Varges	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

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NAME	ROLE	ORGANIZATION
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

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NAME	ROLE	ORGANIZATION
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

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NAME	ROLE	ORGANIZATION
Filomena Agostinho	Head of Public Health Unit	Grouping of Health Centers (ACES) Bar-lavento
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 Gonçalves	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

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NAME	ROLE	ORGANIZATION
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
Lúgia 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) Sotaventos
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

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NAME	ROLE	ORGANIZATION
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

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NAME	ROLE	ORGANIZATION
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

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NAME	ROLE	ORGANIZATION
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

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NAME	ROLE	ORGANIZATION
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 Immunochemotherapy	
	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

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SECTOR	INSTITUTION	NAME OF FOCAL POINT	ROLE
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
Environment	Economic and Food Safety Authority (ASAE) [Ministry of Economy and Digital Transition]	Filipa Melo de Vasconcelos	Deputy Inspector-General
	Portuguese Environment Agency (APA) [Ministry of Environment and Climate Action]	Teresa Nuncio	Advisor to the Board of Directors
Justice and interior	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
		Cláudia Rocha	Coordinator of the Border Technical Office
	Immigration and Borders Service (SEF) [Ministry of Home Affairs]	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
Security Services	National Institute of Legal Medicine and Forensic Sciences [Ministry of Justice]	Luís Cardoso	Medical Doctor Specialist in Legal Medicine
		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

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SECTOR	INSTITUTION	NAME OF FOCAL POINT	ROLE
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	Director, Full Professor
	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
	Portuguese Psychologists Association	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	Francisco 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 - Direction générale de la santé/ Veille et sécurité sanitaire (DGS/VSS)
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 - Ministry of Labor, Health and Social Affairs

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 Boko 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

VII. ANNEXES

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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