

Title: IHR Core Capacity Monitoring Framework: Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in Portugal during the COVID-19 pandemic							
Core capacity	Indicator	Development of IHR core capacities by capability level				Level per parameter	Final Level
		<1 Foundational	1 Inputs and processes	2 Outputs and outcomes	3 Additional Achievements		
Core capacity 1: National legislation, policy & financing	Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR.	Every WHO member is legally bound in terms of international law to the IHR.	Although not specifically assessed regarding IHR implementation, relevant legislation, regulations, administrative requirements and other government instruments are in place. From those, the Portuguese Republic Constitution, the Social Security and the Health Basic Law as well as the 2009 Public Health Surveillance System and the 2016 Emergency Center in Public Health play a central role.	Exceptional measures were implemented in the context of the President-declared State of Emergency.	No legal elements or regulations were published specifically regarding IHR or its implementation, with the exception of the PoE DGS norms. No revision of national procedures towards full implementation of the IHR was made public.	2	2
	Funding is available and accessible for implementing IHR NFP functions and IHR core capacity strengthening.	Public health funding is regularly allocated through the annual state budget.	Several norms on IPC for SARS-CoV-2 were issued for different contexts, including high risk environments and population groups. Intensive medicine services and intensive care units were reorganized and referencing flows were created.	SINAVE updates were made. New platforms (TraceCOVID and StayawayCOVID) were created, allowing multisectoral and multidisciplinary coordination and communication.	No public documents make reference to yearly updates to IHR-implementation status.	2	
Core capacity 2: Coordination and NFP communications	A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR.	The Ministry of Health was the structure with direct responsibility for planning and response to the pandemic, in collaboration with the entire structure of health authorities that work in conjunction with the DGS (specifically, the national health authority, the Director-General of Health). This structure was defined a priori.	Assuming the DGS as NFP, multidisciplinary guidelines and norms were designed: Norm no. 025/2020 - Articulation with daycare centers; Norm no. 027/2020 - Articulation with Public Transport; Norm no. 028/2020 - Articulation with cultural equipment. CESP - entity responsible for multisectoral, multidisciplinary response according to IHR requirements.	Update of SINAVE, and creation of TraceCOVID and STAYAWAY COVID (Multisectoral and multidisciplinary coordination and communication). Platforms with regular updates and occurrence records. Law no. 81/2009 of August 21, 2009 - Public Health Surveillance System There is also a legal document with the appointment of the working group on "Trace-COVID-19 – STAYAWAY COVID".	There are no public records of publications corresponding to (annual) updates of the status of implementation of the IHR to the entities responsible for the direct response to the pandemic.	2	2
	IHR NFP functions and operations are in place as defined by the IHR (2005)	The DGS is the body that oversees the implementation of the IHR in Portugal. The DGS is a central service of the Ministry of Health, integrated in the direct administration of the State, endowed with administrative autonomy, according to the Regulatory Decree no. 14/2012 of January 26 - Organic Law of the Directorate-General for Health. This is furthered by the legal Despacho no.11035-A/2016 - Emergency Center in Public Health.	DGS has released guidelines and norms aimed at local health authorities on procedures to combat COVID-19. As an example, we have guidelines and norms regarding Points of Entry: Norm no. 004/2020 of 01/02/2020 - Airport Surveillance Procedures and travelers by air and Norm no. 005/2020 of 02/26/2020 - Procedures for ports and travelers by sea; Decree-Law no. 27 /2012 of February 8, 2012 - Organic Law of the National Institute of Health Doutor Ricardo Jorge IHR Event Information Site : The international articulation is carried out by the DGS, the Public Health Emergency Center and the INSA.	NFP = CESP/DGS in direct contact with WHO - there were no specific activities (such as meetings, workshops, specific training) carried out with the entities responsible for managing the pandemic at the local and/or regional level in order to raise awareness of the core principles of the IHR.	There is no publicly available active IHR web site or web page established. No mention of the implementation of additional roles and responsibilities to IHR NFP functions (CESP) in the context of COVID-19. The functions of the IHR-NFP were not evaluated for effectiveness.	2	

Core capacity 3: Surveillance	Indicator based, surveillance includes an early warning function for the early detection of a public health event.	There are legal documents that establish the mandatory notification of diseases, including the case definition and the inclusion of COVID-19 in the obligatory notification diseases' list. Other relevant documents include the creation of the CESP and the Law no. 81/2009 that identifies the CCVE, as part of the National Council of Public Health, as well as the DGS. Within the DGS there is the Division of Epidemiology and Surveillance, part of the Directorate of Information and Analysis Services.	Local Public Health Units reported to ARS and DGS for national result analysis. Other measures included the definition of a threshold for the implementation of more severe measures. Moreover, there are daily Situation Reports for COVID-19 since March 3rd, 2020, with integration of a risk matrix since March 11th, 2021, and a list of Municipalities at increased risk, based on cumulative risks and of strict access. INSA also developed an epidemic curve and transmission parameters, which is made weekly since May 2020.	The monitoring of the "red lines" for COVID-19 (DGS/INSA) (data only available from June 2020, various times <80%) allowed for some level of fulfillment of timely notification. The list of Municipalities at risk (cumulative incidences, restricted access), with later Risk Matrix integrated in the Situation Report (11 March 2021) allowed to improve and keep the data updated. This is furthered by the COVID-19 Situation Report (daily, from March 3, 2020), integrated risk matrix (March 11, 2021) and the website "WE DONT STOP – WE ARE ON: PORTUGAL'S RESPONSE TO COVID19".	Portugal participates, through CESP, in the EWRS, where the various NFPs from the Member States share various information related to surveillance and the IHR	2	
	Event based surveillance is established and functioning.	Outbreak surveillance is done according to the same guidelines, by the local PH teams. There is also a Task Force for the operationalisation and implementation of measures for the prevention and control of infection of COVID-19; CESP is the unit responsible for the surveillance of news and signals of threat to Public Health; INSA also does some surveillance projects based on events Reporting by the DGS and CESP is governed by Annex 2 of the IHR.	No guidelines or SOPs for event-based surveillance published in Portugal are known. The only available document is the National Plan for Preparedness and Response to COVID-19, namely its chapter on Knowledge and Research (03/2020). Furthermore, there are other laws that regulate the platforms for notification and contact tracing, namely SINAVE) and TraceCOVID. It is not known if all of events that meet criteria for notification under Annex 2 of IHR have been notified by IHR- NFP to WHO (Annex 1A Art 6b) within 24 hours of conducting risk assessments (Article 6.1) over the last 12 months.	There are no standards, guidelines, norms or official procedures published regarding event-based surveillance, only based on indicators (SINAVE); Surveillance based on events not adequately carried out in Portugal - one sole example is the COVID-19 Awareness Action on Schools and Gypsy Community; another one is the Monitoring of "red lines" for COVID-19 (DGS/INSA) (partially, only analyzed laboratory report - SINAVE LAB).	Portugal participates, through CESP and its NFP, in the EWRS, where the various NFPs of the Member States share various information related to surveillance and the IHR. Data is reported to the ECDC by the DEE through the TESSY system and by the CESP through the EWRS - Parceiros from the European Center for Disease Prevention and Control, so that the COVID-19 situation update for the EU/EEA can be updated.	1	1
Core capacity 4: Response	Public health emergency response mechanisms are established and functioning.	Although there are RRTs established, they are severely undersized in human resources and basic equipment, which may have compromised the country's response to the pandemic.	A National Contingency Plan for COVID-19 response was elaborated and it contemplated command procedures and communication flows. Contingency plans are mandatory, but not always implemented. RRTs lack systematic simulation training.	The response evaluation was conducted in a reactive way, without a preparedness driven focus. Norms were continuously updated. Epidemiologic questionnaires were monitored and reports were made on the time to notification and first contact.	Command procedures and communication flows were determined. However, there were gaps within the leadership communication flow.	1	1
		RRTs norms exist. INEM is one of the main designated RRTs, also responsible for the transportation of biologic samples.	Evaluations were made, but not in a systematic way. Reports were issued on the implementation of the Emergency State Declaration. Multidisciplinary RRTs were available for intervention in 48 hours.	Capacity building aid was provided to other portuguese speaking countries.			

	Case management procedures are implemented for IHR relevant hazards.	Norms on case management of suspected and confirmed COVID-19 cases were issued.	Case management norms exist and were updated as needed, including norms on transportation of suspected cases.	COVID-only dedicated areas were created at the community and hospital levels and reference hospitals were determined. Training on case management was offered to health professionals, although not in a systematic and comprehensive way. Twenty four hour telephone lines were made available, both for population guidance and referencing and for health professional counseling.	Portuguese scientific articles were published.	3	
	IPC is established and functioning at national and hospital levels.	IPC groups exist at national, regional and local levels in Portugal since 2013. The PPCIRA was considered a priority program in that same year.	Several norms on IPC for SARS-CoV-2 were issued for different contexts, including high risk environments and population groups. Intensive medicine services and intensive care units were reorganized and referencing flows were created.	Norms were implemented. IPC in every hospital. Surveillance of high risk patients exists.	A systematic assessment of the effectiveness of measures has not been conducted. The country lacks a formal program for health professionals safety, although some norms were issued on the matter and health professionals were given priority on COVID-19 vaccination.	2	
	A programme for disinfection, decontamination and vector control is established and functioning.	Desinfection and decontamination material and protocols exist in all health facilities in Portugal.	Hospital waste classification, management and transportation is well established in the country. COVID-19 disinfection and decontamination guidelines were elaborated.	COVID-19 disinfection and decontamination guidelines were elaborated for health facilities and other establishments.	No information found regarding aid given to other countries in matters of disinfection and decontamination of SARS-CoV-2.	2	
Core capacity 5: Preparedness	A Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented.	Evaluation held in EU member states health system disaster preparedness (2014): Portugal scored 42% (Level B of preparedness). A national plan on preparedness and response for COVID-19 was issued and identified available resources within the country. In July 2020, a norm was issued which contemplated material and human resources mobilization within the health sector and exceptional recruitment of retired health professionals.	A national plan on preparedness and response for the new coronavirus exists. Many strategies and norms were issued, mostly in a reactive way, on the implementation of preparedness measures. Military and professionals from other sectors were mobilized for epidemiologic questionnaire and case management. Preparedness plans were made for the autumn and winter season 2020/2021.	A national plan on preparedness and response for the new coronavirus was issued, but never updated since its first pre-publication, in March 2020. Health plan for the autumn-winter season 2020/2021. Update of the strategy and implementation of COVID-19 measures.	Portugal participated, through its national focal point, in the Early Warning and Response System (EWRS) of ECDC, sharing information and expertise in COVID-19 surveillance issues and IHR topics. Continuous update of the strategy of implementation of COVID-19 measures.	3	3
	Priority public health risks and resources are mapped and utilized.	Existence of a National Public Health Council and creation of COVID-19 Task Forces (for COVID-19 response and COVID-19 vaccination).	Medicine, medical devices and personal protective equipment stocks were increased in 20% within the National Health Service.	Updates on the strategy and implementation of COVID-19 measures.	Monitoring of COVID-19 red lines. Portuguese cooperation was maintained with other portuguese speaking countries and an extraordinary aid deal was made with Cape Verde for the distribution of personal protective equipment. Financial contribution were made for GAVI and COVAX.	3	
Core capacity 6: Risk communication	Mechanisms for effective risk communication during a public health emergency are established and functioning.	DGS is responsible for the coordination of the communication processes, in articulation with other entities, such as the Ministries, the media or other levels of the Public Health Device.	The risk communication plan is included in the Contingency National Plan. There are procedures and guidelines for risk communication in Portugal.	The risk communication plan was implemented during the pandemic. Although the document with guiding principles includes the evaluation, its implementation is unknown.	Despite the fact that there was appropriateness on the effected risk communication (in its periodicity), it is not of general knowledge how this evaluation was performed nor its results. The document "Guiding principles for the communication of risks and crisis based in the risk perception" lacked an updating.	1	1
			An accessible source of information is available at COVID19.min-saude.pt, with daily situation reports and state points / media conferences (b)diary.	It was fulfilled for COVID-19 (2020). Regarding measles, the last two outbreaks took two months (in 2017) and one month (in 2018) since the confirmation of the first case to present an official statement on behalf of the DGS. The 24h period was not fulfilled: ebola was declared a PHEIC on 17/07/2019 and the first (and only) DGS statement about the outbreak of ebola in Democratic Republic of the Congo was delivered on 19/07/2019 (two days later).		1	

<p>Core capacity 7: Human resource capacity</p>	<p>Human resources available to implement IHR core capacity requirements.</p>	<p>DGS is the agency responsible for the supervision of the implementation of the IHR in Portugal, in the person of the National Health Authority.</p>	<p>The need for formation and training was not assessed by questionnaires, expert consensus or systematic reviews. The human resources plan in Public Health does not meet the ratio of health professionals per capita according to the law (Decree-Law no. 81/2009). On November 2020, the government has determined the operationalisation of the reinforcement of early detection capacity of the authorities and public health services. The DGS made available an online course of epidemiological surveillance.</p>	<p>There was an increase in the number of vacancies for the Public Health specialty (residents and specialists) in 2020, but this management was carried out by the Ministry of Health. The monitoring and evaluation of the training/formation was not performed. The DGS provides vacancies for the execution of the EPIET from the ECDC.</p>	<p>The Program of Training/Formation for the Public Health Specialty trains Public Health Doctors which subsequently will integrate workforces in relevant areas for International Health.</p>	<p>1</p>	<p>1</p>
<p>Core capacity 8: Laboratory</p>	<p>Coordinating mechanism for laboratory services is established.</p>	<p>INSA was identified as the focal point for testing all the suspected cases of COVID-19, in January 2020. It is the national reference laboratory for the diagnosis of SARS-CoV-2, in March 2020, according to the National Plan for Preparedness and Response to the new coronavirus disease (COVID-19).</p>	<p>In March 2020, the National Plan for Preparedness and Response to COVID-19 has established a laboratory diagnosis network of SARS-CoV-2 which included reference hospitals, hospitals from the laboratory influenza surveillance network and the private and social sector. Two weeks later, a guideline from the DGS states that the laboratory diagnosis is performed in the reference laboratories, in the different health regions. Since 2019, there is a document which establishes the minimal requirements related to licensing, installation, organisation and functioning, human resources and technical installations of the clinical pathology laboratories or clinical analysis and the respective sampling posts. There is an evaluation of the requirements for ordinary licensing carried by the ERS. The IPQ makes the European norms applicable to the personal protective equipment and medical devices available. The IPQ and the IPAC have set the criteria for identification of laboratories in accordance. In July 2020, a Commission for the Evaluation and Follow-up of the National Laboratory Capacity Expansion Plan was created.</p>	<p>In March 2020, the pre requirements for the reference laboratorial tests were specified. The minimal requirements needed for the laboratories are included in the Handbook of Good Laboratorial Practices of Clinical Pathology or Clinical Analysis, since 2019. Since 2019, there is a document which establishes the minimal requirements related to licensing, installation, organisation and functioning, human resources and technical installations of the clinical pathology laboratories or clinical analysis and the respective sampling posts.</p>	<p>INFARMED is the competent authority for the monitoring of the accordance of the in vitro diagnosis tests, being able to request a laboratorial verification by INSA, the national reference laboratory in the context of COVID-19.</p>	<p>3</p>	<p>3</p>

<p>Laboratory services are available to test for priority health threats.</p>	<p>The sistem of quality management of INSA is in accordance with the Portuguese Institute of Quality and the Accreditation Portuguese Institute.</p>	<p>INSA, as national reference laboratory integrates the european networks which are coordinated by the World Health Organization and the European Centre for Disease Prevention and Control for the surveillance of SARS-CoV-2. The laboratories should be recognised or referenced by INSA or DGS as having the safety conditions for the diagnosis activity of SARS-CoV-2. The guidance on regulations for the transport of infectious substances is in accordance with the WHO guidelines. Portugal is a member of the ICAO/IATA and of EASA.</p>	<p>INSA monitors the performance of the diagnostic methodologies implemented by the laboratories of the network. More than 90 000 samplings were analised for the detection of SARS-CoV-2, by RT-PCR, by INSA.</p>	<p>INSA is the laboratory of the State and the national reference laboratory for health and it is accredited by european and international cooperations. On the platform GISAIID, information about the genome sequencing is anonymously shared and made available to the scientific community for the implementation of genetic studies related to the virus characteristics.</p>	<p>3</p>	
<p>Influenza surveillance is established.</p>	<p>There is a Portuguese Network of Laboratories for Influenza Diagnosis. INSA is the national reference laboratory for the influenza virus and other respiratory viruses (Department of Infectious Diseases of INSA).</p>	<p>There is a Sentinel Doctors Network, a national reference laboratory for the influenza virus and other respiratory viruses and surveillance sistem in public health.</p>	<p>The national reference laboratory for the influenza virus and other respiratory viruses of the Infectious Diseases Department of INSA is the national representant on the European Network of Influenza and other Respiratory Viruses Surveillance Network and the national reference for the WHO. Part of the information is transmitted through the program of influenza epidemiological surveillance to the ECDC - WHO/Europe Joint Surveillance allowing the description of european influenza activity and the identification of outbreaks.</p>	<p>The Portuguese Laboratory Network for Influenza Diagnosis makes the data integration about the circulation and respiratory viruses characterization detected in Portugal on the european and international networks (INSA and ECDC - WHO/ Europe joint surveillance). A bulletin of Influenza Epidemiological Surveillance is available.</p>	<p>3</p>	
<p>Laboratory biosafety and laboratory biosecurity (Biorisk management) practices are in place and implemented.</p>	<p>Several guidelines regarding biosafety were released since March 2020, including topics such as the PPE, the waste disposal, the avoidance of wasted doses. The IPQ makes the european norms applicable to the personal protection equipment and medical devices available. The IPQ and the IPAC have set the criteria for identification of laboratories which may be recognised for the conformity evaluation of the PPE, medical devices and community masks or of social use made in Portugal. The WHO laboratory biosafety handbook is available in portuguese language.</p>	<p>Laboratories should be recognised or referenced by INSA or DGS as having the safety conditions for the diagnosis activity of SARS-CoV-2. Establishments which have activities concerning molecular pathology should be registered on the website of the ERS. The sistem of quality management of INSA is in accordance with the IPQ and the IPAC. INSA is a member of the EQALM. The UREB from INSA is responsible for the coordination of the laboratorial response to situations that may constitute a risk for Public Health. INSA provides training to professionals of the laboratorial area.</p>	<p>There are anual presential evaluations during the accreditation cycles. INSA coordinates the National Biosafety level 3 Laboratory Network since 2010 with the aim of ensuring safety and the definition of the national minimal criteria. The risk evaluation and laboratorial biosafety measures for the diagnosis of SARS-CoV-2 was implemented by teams constituted by elements of the biosafety comission defined in each institution.</p>		<p>3</p>	
<p>Laboratory data management and reporting is established.</p>	<p>COVID-19 cases are registered in SINAVE, both the clinical and laboratorial component. COVID-19 is included in the list of mandatory notifiable diseases.</p>	<p>Laboratories should register in SINAVE the results of the processing of the suspected samples for SARS-CoV-2, with the deadline of maximum 24 hours since they were obtained. In the majority, results were communicated within 24 hours to the requester entity. Aggregated data related to analysed samples and COVID-19 cases confirmed by the laboratories were communicated every day to DGS and individually registered in SINAVE.</p>	<p>The record of information related to each sample was made on the platform REDCap and in the KLIMS-INSA_LAB system. INSA analyses the genetic diversity of SARS-CoV-2 since June 2020. An integration within SINAVE was made, making it able to report data to the central level (DGS) and to the regional level (ARS).</p>	<p>SINAVE is integrated with the TESSy, from the ECDC. Portuguese genomic data is integrated in the global project Nextstrain. INSA publishes reports regarding the evolution of cases with the epidemic curve and transmissibility parameters (R(t)).</p>	<p>3</p>	

Points of Entry	General obligations at PoE are fulfilled (including for coordination and communication).	DGS issued guidelines regarding procedures and surveillance at airports and seaports early in the pandemic response. Previous procedures and surveillance in PoE were well established.	The national contingency plan for COVID-19 response acknowledged the necessity for designated national borders to have the minimum requirements in terms of structure, trained staff able to conduct activities of surveillance, declaration, notification, response and cooperation. Specific guidelines and communication flows were determined for airports and seaports, namely the direct communication between the Authority responsible for the International Health and the NFP at DGS.	Previous procedures and surveillance in PoE were well established and contingency plans existed in accordance to the IHR 2005. Strengthening measures were implemented at airports and seaports as needed. A list of high risk countries were made and updated regularly in accordance with the global epidemiological state. Authorized waypoints in land borders were determined and specific procedure guidelines issued.	The country applied air traffic restrictions and limitations to the free circulation of people in the EU space, in accordance with the communications from the European Commission to the European Parliament and Council and implemented, in national territory, the EU Digital COVID-19 Certificate in July 2021.	3	2
	Routine capacities and effective surveillance is established at PoE.	N.A.	Routine surveillance procedures were implemented at PoE and management procedures for suspected cases and indications for COVID testing were determined.	Routine surveillance procedures were implemented at PoE and management procedures for suspected cases and indications for COVID-19 testing were determined.	No information found.	2	
	Effective response at PoE is established.	Existence of guidelines regarding procedures and surveillance at airports and seaports. COVID-19 Aviation Health Safety Protocol was elaborated with operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic.	Existence of guidelines regarding procedures and surveillance at airports and seaports. Management procedures for suspected cases issued.	Existence of guidelines regarding procedures and surveillance at airports and seaports. The country applied maritime circulation and sea crew landing restrictions in portuguese ports in March 2020 and air traffic restrictions and limitations to the free circulation of people in the EU space, in accordance with the communications from the European Commission to the European Parliament and Council. The Passenger Locator Card was implemented in June 2020. EU Digital COVID-19 Certificate in July 2021.	No information found.	2	
<p>ARS, Administração Regional de Saúde; CCVE, Coordinator Commission of Epidemiologic Surveillance; CESP, Public Health Emergencies Center; COVAX, The COVID-19 Vaccines Global Access Facility; COVID-19, Coronavirus Disease; DGS, Directorate-General of Health; EASA, European Union Aviation Safety Agency; ECDC, European Centre for Disease Prevention and Control; EEA, European Economic Area; EPIET, European Programme for Intervention Epidemiology Training; EQALM, European Organisation for External Quality Assurance Providers in Laboratory Medicine; ERS, Health Regulatory Entity; EU, European Union; EWRS; Early Warning and Response System; GAVI, Global Alliance for Vaccines and Immunization; GISAIID, Global Initiative on Sharing Avian Influenza Data; IATA, International Air Transport Association; ICAO, International Civil Aviation Organization; IHR, International Health Regulations; INEM, National Institute of Medical Emergency; INFARMED, National Authority of Medicines and Health Products; INSA, National Health Institute; IPAC, Portuguese Accreditation Institute; IPC, Infection Prevention and Control; IPQ, Instituto Português da Qualidade; NFP, National Food Point; PH, Public Health; PHEIC, Public Health Emergency of International Concern; PoE, Points of Entry; PPCIRA, Program for Infection Prevention and Control; PPE, Personal Protective Equipment; REDCap, Research Electronic Data Capture; RRT, Rapid Response Team; SARS-CoV-2, Severe Acute Respiratory Syndrome Coronavirus 2; SINAVE, National Epidemiological Surveillance System; SOP, Standard Operational Procedures; TESSy, The European Surveillance System; UREB, Emergency Response and Biopreparation Unit; WHO, World Health Organization</p>							

Core Capacity	Sources
Core capacity 1: National legislation, policy & financing	<p>Legislation: Aviso nº 012/2008, no Diário da República, 1ª série, nº 16, de 23 de janeiro Constituição da República portuguesa Decreto-Lei nº 10-E/2020, de 24 de março Despacho nº 11035-A/2016 Despacho nº 5988/2021 Lei nº 95/2019 de 4 de setembro- Lei de Bases da Saúde Lei nº 44/86 de 30 de setembro - Regime do estado de sítio e do estado de emergência Lei nº 27/2006 de 3 de julho - Lei de Bases da Proteção Civil Lei nº 81/2009 de 21 de agosto Lei nº 2/2020, de 31 de março- Orçamento de Estado para 2020 Lei nº 14-A/2020, de 7 de abril Lei nº4/2021, de 8 de janeiro Lei nº 41-A/2021, de 14 de abril</p> <p>Directorate-General of Health: Orientação nº 005/2020 Orientação nº 004/2020 Plano Nacional de Preparação e Resposta à Doença por novo coronavírus.</p>
Core capacity 2: Coordination and NFP communications	<p>Legislation: Decreto-Lei nº 27/2012 de 8 de fevereiro Decreto-Regulamentar n.º 14/2012 de 26 de janeiro Despacho nº 11035-A/2016 Despacho nº 11035-A/2016 Despacho nº 013/2020 Lei nº 81/2009 de 21 de agosto</p> <p>Directorate-General of Health: Orientação nº 004/2020 Orientação nº 005/2020 de 26/02/2020 Orientação nº 025/2020 Orientação nº 027/2020 Orientação nº 028/2020</p>

<p>Core capacity 3: Surveillance</p>	<p>Legislation: Despacho nº 15385-A/2016 Despacho nº 11035-A/2016 Despacho nº 004/2020 Despacho nº 1150/2021 Lei nº 81/2009, de 21 de agosto</p> <p>Directorate-General of Health: Lista Concelhos de Risco. Norma nº 020/2020 Plano Nacional de Preparação e Resposta à Doença por novo coronavírus.</p> <p>National Health Institute Dr. Ricardo Jorge: Boletim de Vigilância Epidemiológica da Gripe. Covid-19: curva epidémica e parâmetros de transmissibilidade. Matriz de risco integrada. Monitorização das linhas vermelhas para a COVID-19.</p> <p>News: "Escolas e Comunidade Cigana". Available in: https://www.aefml.pt/eventos/2020/12/12/aes-de-sensibilizacao-covid-19</p> <p>Websites: https://covid19estamoson.gov.pt/</p> <p>Others: COVID-19 situation update for the EU/EEA. Available in: https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea EU institutions and agencies. Available in: https://www.ecdc.europa.eu/en/about-us/who-we-work/eu-partners</p>
<p>Core capacity 4: Response</p>	<p>Articles: Shaaban AN, Peleteiro B, Martins MRO. COVID-19: What Is Next for Portugal? Front. Public Health 2020; 8. https://doi.org/10.3389/fpubh.2020.00392</p> <p>Directorate-General of Health: Orientação nº 003/2020 Orientação nº 008/2020 Orientação nº 009/2020 Orientação nº012/2020 Orientação nº014/2020 Orientação nº 033/2020 Orientação nº 034/2020 Norma nº 002/2020 Norma nº 004/2020 Norma nº 005/2020 Norma nº 007/2020 Norma nº 008/2020 Norma nº 009/2020 Norma nº 014/2020</p> <p>Legislation: Despacho nº 242/96 Decreto-Lei nº 73/2011 Despacho nº 2902/2013 Despacho nº 15423/2013 Despacho nº 15385-A/2016 Despacho nº 3186-B/2020 Portaria nº 28/2019</p> <p>News: "Realizados 200 testes num só dia no aeroporto". Available in: https://covid19.min-saude.pt/realizados-200-testes-a-covid-19-num-so-dia-no-aeroporto/ "PALOP: Portugal entrega 60 mil testes". Available in https://www.sns.gov.pt/noticias/2021/03/05/palop-portugal-entrega-60-mil-testes/ "Portugal formaliza com Cabo Verde um apoio (...)". Available in https://www.instituto-camoes.pt/sobre/comunicacao/sala-de-imprensa/comunicados-de-imprensa/portugal-formaliza-com-cabo-verde-um-acordo-para-apoio-extraordinario-a-distribuicao-de-equipamentos-de-protecao-individual-no-ambito-do-plano-de-acao-na-resposta-sanitaria-a-pandemia-covid-19-entre-portugal-os-palop-e-limor-leste "Portugal reforça cooperação internacional face a crise pandémica". Available in: https://www.portugal.gov.pt/pt/gc22/comunicacao/noticia?i=portugal-reforca-cooperacao-internacional-face-a-crise-pandemica</p> <p>Websites: https://covid19.min-saude.pt https://comunidadeslusofonas.pt/ https://www.sns.gov.pt/noticias/2021/03/12/palop-cooperacao-portuguesa/ https://www.gavi.org/investing-gavi/funding/donor-profiles/portugal</p> <p>Others: Relatório de acompanhamento dos Inquéritos Epidemiológicos Relatório sobre a Aplicação da Declaração do Estado de Emergência. Ministério da Administração Interna. 13 de abril de 2020</p>
<p>Core capacity 5: Preparedness</p>	<p>Legislation: Decreto nº 008/2020 (08/11/2020) Despacho nº 004/2020 Despacho nº 11737/2020 Despacho nº3219/2020</p> <p>Directorate-General of Health: Estratégia de aplicação das medidas de combate à pandemia da doença COVID-19 (09/12/2020 a 23/12/2020, 31/01/2021 a 14/02/2021 e 15/02/2021 a 01/03/2021) Norma 001/2020 Norma 004/2020 Norma 015/2020 de 24/07/2020 Plano Nacional de Preparação e Resposta à Doença por novo coronavírus (COVID-19) Plano da Saúde para Outono-Inverno 2020-21</p> <p>National Health Institute Dr. Ricardo Jorge: Monitorização das linhas vermelhas para a COVID-19</p> <p>News: "PALOP: Portugal entrega 60 mil testes". Available in https://www.sns.gov.pt/noticias/2021/03/05/palop-portugal-entrega-60-mil-testes/ "Portugal formaliza com Cabo Verde um apoio (...)". Available in https://www.instituto-camoes.pt/sobre/comunicacao/sala-de-imprensa/comunicados-de-imprensa/portugal-formaliza-com-cabo-verde-um-acordo-para-apoio-extraordinario-a-distribuicao-de-equipamentos-de-protecao-individual-no-ambito-do-plano-de-acao-na-resposta-sanitaria-a-pandemia-covid-19-entre-portugal-os-palop-e-limor-leste "Portugal envia medicamentos e material médico para São Tomé e Príncipe. Available in: https://www.sns.gov.pt/noticias/2021/03/12/palop-cooperacao-portuguesa/</p> <p>Websites: https://comunidadeslusofonas.pt/</p> <p>Others: GAVI Donor Profiles: Portugal. Available in: https://www.gavi.org/investing-gavi/funding/donor-profiles/portugal Reunião Infarmed - Covid-19, 23 de março de 2021. Available in: https://www.sns.gov.pt/noticias/2021/03/23/covid-19-reuniao-de-peritos/</p>
<p>Core capacity 6: Risk communication</p>	<p>Directorate-General of Health: Princípios orientadores para comunicação de riscos e crise baseados na perceção de risco. Doença Respiratória Aguda por 2019-nCoV Relatórios de situação diários e pontos de situação</p>
<p>Core capacity 7: Human resource capacity</p>	<p>Legislation: Decreto-Lei nº 81/2009 Despacho nº 11418-A/2020 Despacho nº 11418-A/2020 Despacho nº 7836-A/2020 Portaria nº 141/2014</p> <p>Directorate-General of Health: Informação DGS 001/2021</p> <p>Others: ACSS - Mapa de Capacidades Formativas Nacional - Concurso IM 2020 FE</p>
<p>Core capacity 8: Laboratory</p>	<p>Legislation: Despacho nº 10009/2019 - Manual de Boas Práticas Laboratoriais de Patologia Clínica ou Análises Clínicas Despacho nº 5900/2020</p>

	<p>Despacho nº 10542/2020 Lei nº 81/2009 Portaria nº 392/2019 Portaria nº 218-A/2020</p> <p>Directorate-General of Health: Comunicado NÚMERO: C160_19_v1 de DGS 03/02/2020 Circular Informativa Conjunta DGS/INFARMED/INSA nº 003/CD/100.20.200 Circular Informativa Conjunta N.º 004/CD/100.20.200 Norma nº002/2021 Norma nº 007/2020 Orientação nº 002/2020 Orientação nº 015/2020 Plano Nacional de Preparação e Resposta à Doença por novo coronavírus (COVID-19)</p> <p>National Health Institute Dr. Ricardo Jorge: Boletim de Vigilância Epidemiológica da Gripe</p> <p>Others: Acreditação ISO 15189 Acreditação ISO/IEC 17025 Guidance on regulations for the transport of infectious substances 2019–2020. World Health Organization. Packing Instructions 650. International Air Transport Association Programa Nacional de Avaliação Externa da Qualidade (PNAEQ) Requisitos gerais de competência para laboratórios de ensaio e calibração. NP EN ISO/IEC 17025:2005/Cor:2006 Requisitos particulares da qualidade e competência. NP EN ISO 15189:2007 Sistemas de Gestão da Qualidade - Requisitos. NP EN ISO 9001: 2008</p>
<p>Points of Entry</p>	<p>Legislation: Aviso nº 12/2008 Despacho nº 5977/2019 Decreto-Lei 54-A/2021 Despacho nº 3298-C/2020 Despacho nº 3427-A/2020 Despacho nº 6948-A/2020 Despacho nº 3838-B/2021 Despacho nº 6326-A/2021 Despacho nº 6326-B/2021 Despacho nº 6521-D/2021 Recomendação (UE) 2020/1475 do Conselho de 13 de outubro de 2020 Regulamento (UE) 2021/953</p> <p>Directorate-General of Health: Orientação DGS nº004/2020 Orientação DGS nº005/2020 Orientação DGS nº 034/2011 Plano Nacional de Preparação e Resposta à Doença por novo coronavírus REVIVE: Rede de Vigilância de Vetores – Relatório 2020</p> <p>Others: COVID-19 Aviation Health Safety Protocol: Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic. Available in: https://www.ecdc.europa.eu/en/publications-data/covid-19-aviation-health-safety-protocol Ferramenta eletrónica de relatório anual de autoavaliação dos Estados Partes do RSI. Available in: https://extranet.who.int/e-spari#capacity-score Management Plan for the Ports of Funchal and Porto Santo within the scope of Covid-19 Passenger Locator Card. Available in: https://portugalcleanandsafe.pt/pt-pt/passenger-locator-card</p>