Comment on "Assessment of the Implementation of the International Health Regulations during the COVID-19 Pandemic: Portugal as a Case Study"

Comentário ao Artigo "Avaliação da Implementação do Regulamento Sanitário Internacional durante a Pandemia de COVID-19: O Caso Português"

Keywords: Decision Making; Health Policy; International Health Regulations; Pandemics; Preparedness
Palavras-chave: Pandemias; Política de Saúde; Regulamento Sanitário Internacional; Tomada de Decisão

Every year, countries self-assess their compliance with the core capacities of the International Health Regulations (IHR). In Portugal, this assessment is conducted by the Directorate-General of Health (DGS), and the results are published by the World Health Organization (WHO).[1] Since 2021, the second edition of the State Party Self-Assessment Annual Reporting tool (SPAR)[2] has been used.

In the study by Queiroz *et al*,[3] 15 public health residents evaluated the IHR implementation in Portugal based on their perspectives and on publicly available information. As the IHR national focal point, DGS welcomes the initiative and contribution to a broader approach to the IHR's challenges. However, we believe several aspects of the article do not adequately reflect the process and results of the assessment of IHR capacities in Portugal.

Firstly, the article claims that annual updates of the IHR's implementation status do not exist or are not publicly available. However, under the IHR, the yearly national reports of the IHR implementation status and changes over the years of all countries are published by the WHO,[1] based on the submissions of the annual SPAR by each country. Within the context of the pandemic, in 2020 - 2021, there was a short delay in the publication of SPAR updates on the WHO website, but Portugal has maintained its annual reporting.

Secondly, the study incorrectly claims that Portuguese surveillance mainly relies on indicator-based surveillance through the National Epidemiological Surveillance System (SINAVE), whose sources are notifications from physicians and labs. However, there is also an event-based surveillance system in place, and the DGS operates a specialized unit for this purpose, known as the Center for Public Health Emergencies (CESP), with a specific legal framework that includes epidemic intelligence and event-based surveillance. The CESP is actively engaged in continuous, systematic, event-based surveillance, with relevant threats detected, assessed, and communicated weekly to the public health authorities network, relevant partners within the healthcare sector, and other sectors. This includes the RONDA (*Relatório de Observações, Notícias, Dados e Alertas*) weekly meeting and weekly health threats report, shared with the aforementioned stakeholders. Epidemic intelligence,[4] combining event-based and indicator-based surveillance for risk assessment and communication of threats, is a legal responsibility of the DGS and has been operationalized since 2005. Under the epidemic intelligence framework, a study has recently been published presenting all threats reported in RONDA since 2016.[5] We understand that there is room for improvement, namely in technological and artificial intelligence tools and an information system that fully supports event-based surveillance, as well as in the visibility of epidemic intelligence activities and outputs outside the public health network. However, stating that Portuguese surveillance mainly relies on indicator-based surveillance is not aligned with reality.

Thirdly, the article claims that there is a gap between self-reported and peer-assessed IHR implementation in Portugal. To support this, they focus on the Points of Entry (PoE) capacity and compare Portugal's IHR score[1] to the results of a study on PoE published in 2018.[6] While we consider the 2018 study a useful evaluation, we advise against comparing these results, as they differ in their scope and aim, methods, and assessment tools.

Fourthly, the study suggests that the existence of non-publicly available documents would breach the IHR. We clarify that key framework documents, including Portuguese legal[4] and technical ones, are publicly available. However, the execution of the implementation of the IHR and the overall process of articulation and communication with different entities and other sectors' stakeholders is not expected to always be publicized since communication differs considering public health actions and needs in accordance with the threat assessment.

To conclude, we endorse all initiatives that may support the IHR and all efforts to analyze its implementation, and we acknowledge that there is a great deal for improvement in its different spheres of action. However, it is relevant to minimize the risk of factual inaccuracies in publications related to national and international preparedness and response assessment instruments that may lead to an inaccurate interpretation of the national reality.

We hope that this discussion can contribute to the enhancement of the IHR's capacities for public health emergency preparedness and response at the national and subnational levels with different partners, ensuring an adequate response in future acute events through prevention, early detection, assessment, notification, and response to public health risks, while ultimately contributing to global health security.

AUTHOR CONTRIBUTIONS

SVS, PV: Conceptualization and writing of first draft.

VRP, AF, MF, RLS: Conceptualization and critical review of the manuscript.

All authors approved the final version to be published.

COMPETING INTERESTS

RLS has received support from the European Commission to attend meetings as a national focal point.

All other authors have declared no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

1. World Health Organization. Electronic IHR states parties self-assessment annual reporting tool. 2023. [cited 2023 Dec 06]. Available from: https://extranet.who.int/e-spar.
2. World Health Organization. States parties self-assessment annual reporting tool. 2021. [cited 2023 Dec 06]. Available from: https://cdn.who.int/media/docs/default-source/health-security-preparedness/cap/spar/9789240040120-eng-new.pdf?sfvrsn=5dc09bd9_7.
3. Queiroz G, Maia J, Gomes F, Chen-Xu J, China J, Pereira SC, et al. Assessment of the implementation of the international health regulations during the COVID-19 pandemic: Portugal as a case study. Acta Med Port. 2023;36:819-25.
4. Portugal. Despacho n.º 11035-A/2016. Diário da República, II série, n.º 176 (2016/09/13). p.28148-(2).
5. Ricoca Peixoto V, Grau-Pujol B, Ourique M, Lourenço da Silva R, Ferreira M, Firme A, et al. Epidemic intelligence threat reporting profile in Portugal during the COVID-19: 2 years of decrease in reporting on non-COVID-19 threats. Port J Public Health. 2024;42:121-32.
6. Sá Machado R, Abreu Santos C, Martins M, Antunes D. International health regulations: core capacities assessment at points of entry in Portugal. Eur J Public Health. 2018;28:s402.

Sebastian VON SCHREEB[1,2,3], Vasco RICOCA PEIXOTO[1], Ana FIRME[1], Mariana FERREIRA[1], Renato LOURENÇO SILVA[1], Paula VASCONCELOS✉[1]

1. Center for Public Health Emergencies. Direção-Geral da Saúde. Lisbon. Portugal.
2. Directorate of Information and Analysis. Direção-Geral da Saúde. Lisbon. Portugal.
3. ECDC Fellowship Programme. Field Epidemiology path (EPIET). European Centre for Disease Prevention and Control (ECDC). Stockholm. Sweden.

✉ **Autor correspondente:** Paula Vasconcelos. pvasconcelos@dgs.min-saude.pt

Recebido/*Received*: 25/06/2024 - **Aceite/*Accepted***: 22/08/2024 - **Publicado/*Published***: 01/10/2024

Copyright © Ordem dos Médicos 2024

https://doi.org/10.20344/amp.21985