

Rebuttal to the Commentary on “Assessment of the Implementation of the International Health Regulations during the COVID-19 Pandemic: Portugal as a Case Study”

Resposta ao Comentário sobre o estudo “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

We appreciate the feedback from von Schreeb *et al*¹ and the Directorate-General of Health's (DGS) engagement in this discussion of our study on the implementation of the International Health Regulations (IHR) in Portugal.² Constructive criticism is vital for improving public health efforts, and we address the key points raised below.

1. Availability and public access to IHR updates

The commentary suggests that our article inaccurately claims that annual updates on the IHR's implementation status either do not exist or are not public. We acknowledge that Portugal has complied with the IHR States Parties Self-Assessment Annual Report (SPAR) published by the World Health Organization.³ Instead, in our article we are clearly referring to other annual updates - the specific ones detailed in the checklist under evaluation, in Core Capacity 2.3: “Annual updates on the status of IHR implementation to stakeholders across all relevant sectors conducted”.⁴ These stakeholders include, as per the same text, “units or departments responsible for surveillance, response, points of entry, chemical hazards, etc”.⁴ At the time of submission, no such updates had been shared with Public Health Units, and thus we reaffirm that this was factually correct.

2. Surveillance systems in Portugal

We acknowledge the commentary's emphasis on the dual surveillance systems in Portugal, particularly the event-based surveillance conducted by the Center for Public Health Emergencies (CESP). To fully understand our article, it is important to refer to the detailed checklist evaluation in the Appendix 1, where CESP is identified as the responsible unit for event-based surveillance, with some also carried out by the National Health Institute Dr. Ricardo Jorge and the national COVID-19 Taskforce. However, as the same appendix makes clear, Portugal falls short of advancing its capabilities beyond the first level, with particular emphasis on the absence of “standards, guidelines, norms, or official procedures published regarding event-based surveillance”.⁴

The uneven application of indicator-based *versus* event-based surveillance, especially at the local or intermediate level, was the basis for our assertion that Portugal mainly

(though not exclusively) relies on indicator-based surveillance. We concur that technological advancements and increased visibility of these activities could enhance the overall effectiveness of the surveillance system.

3. Comparison of IHR scores and points of entry study

The commentary advises caution in comparing self-reported IHR scores with findings from a specific study on points of entry (PoE) from 2018.⁵ We acknowledge that the methodologies of the SPAR tool^{6,7} and the PoE study differ, but we disagree that they differ in their objectives. According to their study, Sá Machado *et al* aimed to assess the implementation of the IHR in Portugal, focusing on the PoE, and such is also the objective of the SPAR. Nevertheless, our comparison was not meant to directly equate the two but to illustrate perceived gaps in capacity that may not be fully captured by self-assessment tools. We agree that different scopes and methods require careful interpretation, and we welcome further dialogue on how such assessments can be better aligned to reflect on-the-ground realities.

4. Confidentiality and sharing of IHR documents

We appreciate the clarification regarding the nature of public and non-public documents within the context of IHR implementation. We understand that not all documents need to be made public due to the sensitive nature of some information. Still, our article's critique of the absence of publicly available documents is a direct reference on the third capability level of the IHR core capacities, that requires that “outputs and outcomes are evaluated, documented and shared both within the country and internationally”.⁴ In the context of our article, we also interpreted that it is important to keep transparency in the decision-making and coordination processes, especially during crises. Recently, the National Report of Portugal: Universal Health and Preparedness Review Pilot also highlighted that the non-formalization of “regular/routine sharing of information between different sectors” was a gap in Portuguese governance.⁸ We are sure that this is a globally shared priority and that it is under constant improvement.

CONCLUSION

We thank von Schreeb *et al* for their input, which highlights the importance of precision in public health discourse. We hope this exchange strengthens IHR capacities and improves preparedness efforts in Portugal and beyond. Continuous dialogue is essential for advancing public health.

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affiliated with ENSP, the affiliation in this comment remains the same as in the original for consistency. This manuscript does not necessarily reflect the viewpoints of ENSP or IHMT on this issue.

AUTHOR CONTRIBUTIONS

GQ, TC: Study design, writing and critical review of the manuscript.

JM, FG, JCX, JC, SCP, PPF, JRa, JRo, JPT, CC, LO, DS, JG, CL: Critical review of the manuscript.

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COMPETING INTERESTS

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