MITIGATING THE COVID-19 PANDEMIC: A PORTRAIT OF THE EXPERIENCE FROM THE LUSOPHONE WORLD*[1]

https://doi.org/10.47907/livro/2022/RuleofLaw/cap04

André Dias Pereira / Maria do Céu Patrão Neves / Ana Raquel Gonçalves Moniz / Ana Gaudêncio / Inês Godinho / Luís Meneses do Vale / Ana Elisabete Ferreira / Carla Barbosa / Fernando V. Borges/ Vera L. Raposo / Armindo G. Jelembi/ Sandra Alves/ Carlos Serra / Catarina Zamith de Almeida

Abstract: This article aims to provide a reflection on the World Health Organization sponsored Project: "Responsibility for Public Health in the Lusophone World: Doing Justice In and Beyond the Covid Emergency". This initiative was designed to gather experiences and data regarding the preparedness and response to the SARS-CoV-2 Pandemic in Angola, Brazil, Mozambique, Portugal and the Macao Special Administrative Region. Launched in November 2020, it combines the in-depth analysis of the most recent legislation and bibliography on the matter with data obtained through a Questionnaire, addressed to a significant number of participants (from healthcare workers to academics and non-government organisations (NGOs), of which there were 41 respondents), which aims to gather different experiences and analyse ethical difficulties, identified in the response to the Pandemic.

Key words: World Health Organization, Public Health, SARS-CoV-2, Pandemic, Health Law, Lusophone Countries.

---

* This text was originally published in the Journal *Medicine and Law* 40/3 (September 2021) 397-410. Republication was approved by the Journal.

[1] The Team would like to thank everyone who took part in this Research Project, namely all participants who responded to the Questionnaire, whose contribution was a decisive factor for the success of this Project. We are also incredibly grateful to the guest speakers at our Workshop and Final Seminar: their participation was an important element for the drafting of the Recommendations and Proposals and provided the Team with specialized knowledge from different fields of Law, Medicine and Public Health.

1. Overview

Since the outbreak of SARS-CoV-2, and as the pandemic has crossed borders and spread around the world, the international community has begun to show increasingly intense signs of concern. Successively and cumulatively, national health systems have been confronted with unexpected and very complex problems of allocation of increasingly scarce resources and health professionals have been forced, in a short period of time, to adapt to the profound changes and characteristics of the new pandemic reality.

Some hospitals have adopted patient prioritization protocols, with the potential for dramatic impact on the elderly, excluding them from access to intensive care units; even more severe was the fact that most hospitals did not have the opportunity to establish criteria for access to intensive care, leaving the burden of decision making to health professionals[2]. Both the scarcity of health resources – human (lack of physicians and nurses, especially intensive care professionals) and equipment (ranging from masks and gloves for health care professionals, to ventilators and oxygen for patients, and tests and vaccines to the population in general) - and the impossibility of taking care of all patients and having to make casuistic choices, raised important ethical questions.

As circumstances worsened and more difficulties arose, in every corner of the World, the World Health Organization (WHO) launched, in October 2020, an initiative directed at researchers interested in public health issues, inviting them to present proposals that focused squarely on the ethical assessment of preparedness and response to public health emergencies[3]. Within this broad topic, the research team aimed to specifically highlight the State's political responsibility in the field of public health, with a focus on vulnerabilities and inequalities, as well as resource allocation[4]. As with any 21st century study, the opportunity

---

[2] Maria do Céu Patrão Neves, *et al.*, Statement of the World Emergency COVID 19 Pandemic (WeCope) Committee on "Ethical Triage Guidelines for COVID-19", May 2020, available at: <https://www.eubios.info/yahoo_site_admin/assets/docs/WECOPETriage_Statement_for_COVID.151172039.pdf>,last access: 8/05/2021.

[3] The *Call for Proposals* is available at <https://www.who.int/docs/default-source/ethics/call-for-proposals-phephren-oct2020.pdf?sfvrsn=acd14ef2_6>, (ast access: 23/01/2021.

[4] Maria do Céu Patrão Neves, "Ethical health resources allocation: Why the distinction between 'rationing' and 'rationalization' matters", *Revista de Bioética y Derecho* 50 (Nov. 2020) 63-79.

to obtain more diverse results was seized through involving specialists from different countries (Angola, Brazil, Mozambique and Portugal) and the Macao Special Administrative Region, united by the bond of a common language and a long standing relationship, strengthened by a shared history, but each with their own experiences of dealing with the Covid-19 Pandemic and standing at different levels of economic and social development, with very distinct experiences in relation to general politics, health policies and healthcare systems. These allowed for fertile reciprocal learning, between the countries involved, as well as contributing to international sharing of this heterogeneous testimony. An international approach to the subject reflected what was perceived as the most characterising element of the SARS-CoV-2 challenge: its universal nature, which mirrors the reality of an interconnected world, where international travel and commerce depend on internal politics. This attests to the evolution of the pandemic – with legislation being country-specific, as per healthcare. For these reasons, the project was developed under the title: "Responsibility for Public Health in the Lusophone World: Doing Justice In and Beyond the Covid Emergency".[5]

As the team of strongly committed researchers worked to lay the groundwork for this project, several priority objectives were outlined: (A) providing an analysis of theories of justice as social and institutional responsibility, polarized in issues of distribution and in the inherent debates between doctrinal currents (such as prioritisation, sufficiency, distributive and relational egalitarianism); reflecting it (B) within the systematically revised Portuguese-language literature; (C) in order to allow a comparison with the empirical data collected in Lusophone countries and Special Administrative Region (S.A.R.) of Macao essential to (D) the proposition of adjusted and effective recommendations, in terms of capacity building and resource training for a correct and successful response to public health emergencies.

2. Methodology

To attain these objectives, a seven-step process was devised. The team prepared an in-depth *legislation analysis*, identifying the main

---

[5] Online site available at <http://direitodasaudepublicanomundolusofono.net/>. The Project's online site contains the main case law and legislation regarding the Pandemic in the mentioned countries.

legislative references on public health policy, both those which were in force prior to the SARS-CoV-2 pandemic outbreak and the regulations that were drafted during the months following the first WHO alerts to countries and individuals.

As the main empirical research tool, to collect the necessary novel data, related to concrete experiences of difficulty in responding to the pandemic, a *Questionnaire* was created and made available through the project's online site. It included 44 questions and, while most of them merely entailed yes/no answers, some required a more detailed response from participants. The Questionnaire was sent to a varied array of stakeholders, from health institutions and patients' advocacy non-government organisations (NGO's), to lawyers, doctors, government officials and academics, from the different participant countries/Special Administrative Region (S.A.R.). It addressed various subjects, including an objective line of questioning which required a more descriptive contribution from participants – identifying factual elements, such as whether hospital visitation rights were suspended and digital tracing mechanisms where implemented – as well as questions requiring a more subjective appreciation of the country's experience in mitigating the pandemic. These questions included aspects, such as the evaluation of the implemented allocation of resources (such as personal protection equipment as well as vaccines or Covid-19 detection tests), the participants' individual perceptions on any potential restrictions to the right of freedom of movement, as well as religious rights and access to in-person education formats, and their experience regarding other pressing ethical issues, such as the impact of lockdown on mental health and the challenges that vaccination brings (trials, establishing priorities and vaccination passports). The questionnaire was anonymous, as responses could not be traced back to individuals and participants were at liberty to choose to identify the legal framework to which their responses referred, as well as their occupation. The response process was preceded by an informed consent process, where detailed information, regarding participants' rights, the project's aims and its methodology were presented through an approved form. The research project went through a peer review process, as required by the WHO and was approved by Ethics Committees from the different participant countries/S.A.R., such as the Ethics Committee at the Huambo's General Hospital in Angola, University of Coimbra's

Faculty of Medicine, Portugal, the Ethics Committee at the University of Macao, P.R.C. (People Republic of China), the Ethics Committee from the Health Ministry in Mozambique and the Ethics Committee at the Oswaldo Cruz Foundation, in Brazil.

3. Main Findings and Issued Recommendations[6]

3.1 Reporting Population - Characterisation

The Team received 41 Questionnaire responses, 39 in Portuguese and 2 in English: 15 from Brazil, 8 from Angola, 7 from Portugal, 6 from the Macao S.A.R. and 5 from Mozambique. By occupation, 15 responses were from law related jobs/institutions, 12 from health-related fields and 3 from professionals from government administration posts. The remaining participants either did not submit information regarding their occupation (7), or had other occupations (4).

3.2 Background – The reasoning behind the Recommendations

The drafted recommendations took into account a specific rationale, which explained the priorities set out by the team, as well as the overall approach that was made to the project and the outcomes that were expected to be achieved. It is the States' political responsibility for the structuring, organisation and implementation of just health care systems within just societies[7]. This responsibility is likely to position itself at the forefront of health care provision, as there is a predicted increased intensity of the emergence of infectious communicable diseases. Such probability is detected by academics but also perceived by the general public, of which the participants in this project represented a clear example. Among the 37 respondents who positioned themselves on the subject, about 78% considered the possibility of another

---

[6] As the scope of the Project is very broad, this article will only focus on the main findings and provide a brief overview of the issued recommendations. We invite readers to refer to the Project's White Book for a more in-depth analysis of the responses to the Questionnaire.

[7] Sridhar Venkatapuram, *Health Justice: An Argument from the Capabilities Approach*, Cambridge / Malden: Polity, 2011; Norman Daniels, *Just Health: Meeting Health Needs Fairly*, Cambridge: Cambridge University Press, 2007; Daniel Dawes, *The Political Determinants of Health*, Baltimore: John Hopkins University Press, 2020.

pandemic happening with an equally destructive magnitude to be real, stating climate change, international travel, commerce and biological warfare as some of the reasons for their stance on the matter. There is a public and civic responsibility to contribute with proposals, catered towards the need to adopt prevention and surveillance measures, which allow for quick, adequate and proportional action, combined with measures designed to monitor these situations. All these considerations need to consider the relevance of intersectional and flexible health care systems, and integrating these aspects in all policies[8] which must observe respect for Human Rights, upholding the ethical structuring principles of human dignity and social justice, on an individual and social level respectively, especially regarding the very relevant process of resource allocation. Whilst most of the following proposals can be applied to all the studied countries/S.A.R., there are important geographical, socioeconomic, political, legal and cultural differences between them, and distinct legal systems and backgrounds that must be taken into account. The team evaluated, with specialists, the advantages and drawbacks of the proposals, as it was important to maintain a certain broadness to the recommendations, allowing each country to introduce the specifications needed to better suit a certain legal system, moulding the proposals to the social framework of each territory.

3.3 Recommendations

The first of 12 recommendations pertains to the possibility of *drafting a Sanitary Surveillance Law.* The launch question that was put to stakeholders concerned public health: respondents were asked to discuss whether they considered public health of particular importance in their countries/S.A.R.. Despite multiple studies, showcasing the vital importance of this sector, the public's perception of its relevance to healthcare and overall guarantee of social cohesion and well-being was heightened in the months that led up to the global crisis[9]. As the

---

[8] Cf., for example, The United Nations *2030 Agenda for Sustainable Development*, especially considering the objectives listed in Goal 16: "Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels".

[9] WHO, *The World Health Report 2007 – A safer future: global public health security in the 21st century*, Geneva: WHO, 2007; Michael Marmot, *The Health Gap: The*

pandemic spread from China (PRC) to the adjacent eastern countries and quickly into other continents and regions, following the outbreak of a contagious virus, participants reported that there was need for a State controlled action to prevent infections and collapse of health care systems. Although the broadness of the State intervention required may be arguable, some concerns with the possibility of pandemic emergencies, presenting threats to the population, were detected in legal frameworks prior to the 2020 SARS-CoV-2 emergency, allowing for the implementation of restrictions in the so-called constitutional state of emergency and administrative state of calamity[10]. Such legislation does not take into account the specific State requirements to combat a pandemic, in contrast with the case of the Macao S.A.R.. In this Region, following the 2001-2003 SARS epidemic, Law no. 2/2004 (updated by Law no. 1/2016), for the prevention, control and treatment of communicable diseases was enacted. The mechanisms set out in this law were immediately activated at the end of January 2020[11].

By proposing the enactment of a National Surveillance Law, the team hopes to guarantee that parliaments maintain control over the adoption of restrictive measures concerning fundamental rights (in particular, rights, freedoms and guarantees), avoiding the necessity to declare legally exceptional situations or declarations. This is particularly urgent because in all the territories studied, participants detected restrictions on religious freedom[12]; in the collective dimension of the freedom of worship, a subject widely discussed in Brazilian Courts throughout the pandemic[13]. The right of movement within each

---

Challenge of an Unequal World, Bloomsbury Press, 2015. N. Dragano *et al.*, „Public Health – mehr Gesundheit für alle Ziele setzen – Strukturen schaffen – Gesundheit verbessern“ (White paper), in *Gesundheitswesen* 78 (2016) 686–688.

[10] Ana R. G. Moniz, "A crise sanitária e os problemas da excepcionalidade normativa: reflexões juspublicísticas", *Revista do Ministério Público* 165 (jan.-mar. 2021) 23-61; João C. Loureiro, Bens, Males e (E)stados (In)Constitucionais: Socialidade e Liberdades(s). Notas Sobre Uma Pandemia", *Revista Estudos Institucionais* 6/3 (2020) 787-832

[11] Vera L. Raposo / Man Teng Iong, "The Struggle Against CoViD-19 Pandemic in Macao", *BioLaw Journal, Rivista di BioDiritto* special 1 (2020) 747 ff..

[12] Piotr Mazurkiewicz, "Religious Freedom in the Time of the Pandemic", *Religions* 12/103 (February 2021).

[13] As an example, cf. the decision from the Court of Justice of the State of São Paulo, *Ação Civil Pública Cível*, Digital Process no. 1015344-44.2020.8.26.0053, by Randolfo Ferraz de Campos, 20/03/2020. In Portugal, the subject was addressed in

country/s.a.r. and internationally has been one of the most affected rights in all countries, with the imposition of stay-at-home regulations throughout the peaks of infection, and with borders closed to international travel. Never had the World experienced such a restriction of movement[14]. The proposed diploma should endow government with agile and responsive mechanisms that can be activated in situations of pandemic crisis, whilst guaranteeing full respect for human dignity and promoting a preventive, rather than a punitive, approach, in the adoption of an eminently pedagogical policy. The strict nature of the measures imposed which deprived a generation of young children of contact with their families and peers and isolated the elderly in care homes, with the restriction or suspension of fundamental rights and freedoms, must uphold the principle of proportionality[15]. State intervention must be limited to the minimum necessary and the indispensable (both in the breadth of the measures adopted and regarding the time frame for which they are to be in force) to guarantee the common good; restrictions and interdictions must be scientifically justified and presented with objectivity and transparency (the type and content of the intervention must be subordinate and limited to the established purpose).

The second recommendation focuses *on reinforcing the creation of public health teams and investing in their qualifications.* The team noticed that each country had a very particular experience, with different professionals playing different roles, many of them with a specific academic background, as public health needs varied substantially in each territory. In Brazil, collective health professionals do not have a degree in Medicine, undergoing a different form of academic training resulting in a Bachelor's Degree in Collective Health. These professionals work in health institutions, carrying out administrative tasks and recommending articulated action in different areas. In Brazil there

---

Supreme Administrative Court decision on process no. 0122/20.1balsb, by Maria do Céu Neves, 31/10/2020.

[14] In Portugal, cf. decisions by the Guimarães Court of Appeals, Process no. 119/20.1pbchv.g1, by Maria Teresa Coimbra, 9/11/2020 and Constitutional Court decision no. 424/2020, on process no. 403/2020, by José António Teles Pereira, 31/07/2020.

[15] Vera L. Raposo, "Quarantines: Between Precaution and Necessity. A Look at covid-19", *Public Health Ethics* (January 2021) 1-21.

are teams that specialise in public health, known as the "family health teams" which are composed of family health doctors, nurses, nursing technicians and a community health agent. In Portugal, these teams have doctors, specializing in public health, community health nurses, environmental health technicians and, at other levels, clinical analysis and public health technicians. Increasing the number of professionals and investing in their training should be promoted. The team recommended that both the Portuguese and Brazilian examples be studied to be potentially transposed, with the necessary adaptations, as a solution to be implemented in Angola and Mozambique, as programmes currently in force – such as the "Kwenda" in Angola, which has agents for sanitary and community development (ADECOS) whose mission is to register areas and people with severe levels of poverty and to catalogue areas at risk of contamination by Covid-19 – and is deemed insufficient by respondents and specialists.

In line with these proposals, *preparing institutions, especially health care institutions (including elderly care homes) for epidemiological/ pandemic emergencies* was established as a priority. Within this category, the main focus was on providing personal protection equipment (PPE) stocks, namely masks, alcohol disinfectants and body temperature measurement equipment, especially in health care institutions. In most of the institutions, surveyed through the questionnaire, prior to the SARS-CoV-2 pandemic, there were no emergency preparedness nor response mechanisms implemented. The team recommended that companies keep a constantly updated pandemic contingency plan, anticipating the possibility that remote working and working on rotation may be required, thus also preparing modes to guarantee physical distancing between workers and implementing meticulous hygiene in the workplace.

As vaccine and treatment trials were identified in Portugal and Brazil, the team emphasized the need to *launch or reinforce the national pharmaceutical industry, meeting the highest standards of product safety and efficacy and protection of health data and genetic data of people and communities,* taking advantage of the bond that links Lusophone countries and strengthening it, extending technical and scientific know-how to African countries. Genetics and artificial intelligence played a central role in this field as they allowed for the formulation, in record time, of vaccines and treatments, and the identification and

characterization of new variants of the virus[16]. With the strengthened interaction between genetics, public health and the global digital connection, it is expected that the law will increasingly assume a more prominent role in these issues. It is recommended that special attention be given to cases of sale of genomic information by research agencies, and the protection of personal data[17]. All countries could benefit from the commitment to academic training and long-term scientific research (namely in virology) and increasing public funding for research. Within the realm of vaccination, and as a precautionary measure, it was recommended that each State provides a model of civil liability rules to deal with the risk of vaccination.

With reports of thousands of surgical operations delayed and many more medical appointments rescheduled or cancelled, it is important that the *health system is organised so that, in an epidemic/pandemic situation, the ability to care for non-infected patients is maintained.* The large increase in the mortality rate, in several countries[18], is mostly due to the increase in death attributed to non-COVID causes[19]. Discrimination against non-infectious patients is ethically unsustainable and can be prevented by granting further flexibility to the systems and building up integrated care, which are crucial for coping with pandemics. The digitalization of the health system must be reinforced, together with adequate training of health professionals, in order to maximize their benefits, which translates into improvements in the health of people and communities.

Regarding the dissemination of information on the pandemic, according to the responses collected, criticisms of contradictory (26%), untimely (13%) and difficult to understand (18%) information were

---

[16] Heloísa SANTOS, "A evolução no campo da genética tem sido essencial no combate à pandemia", interview to *Gradiva Publicações.*

[17] Sandra M.C. ALVES, *et al.*, "Sensitive Personal Data and the Coronavirus Pandemic: Disclose to Protect?", *Revista Eletrônica de Direito do Centro Universitário Newton Paiva*, Belo Horizonte, 42 (sep./dez. 2020) 240-257.

[18] In Portugal, data from the *Instituto Nacional de Estatística* (National Statistics Institute) reports that in January 2021 *19.628 deaths* were registered. In the same month, the previous year *11.712 deaths* were recorded. Cf. *Boletim Mensal de Estatística* – March 2020 and March 2021.

[19] André Dias PEREIRA / Heloísa SANTOS, "Reflexões Éticas e Normativas a Propósito do Artigo: 'Direitos Humanos e Mortes Evitáveis'", *Revista Gestão Hospitalar* 21 (abril/maio/jun., 2020) 70-76.

prevalent. The team considered that there is a need to *improve the accuracy of information, the quality of communication and the level of health literacy, including public health.* It is important that official authorities produce an information plan (which takes into account the psychology that underlies each organisation and addresses the contribution of communication professionals) which reaches the various sectors of society (the elderly, adolescents, minorities and migrants). Health literacy should be a priority, with campaigns and practical actions aimed at promoting hygiene, healthy lifestyles, with the involvement of the social sector and local authorities. An overreaching issue, common to all analysed countries/S.A.R., is the fragile role played by the third sector (such as the social sector and charitable institutions). Participants recognise that it could play a more substantial role in health care provision, especially within the more vulnerable sectors of the population, and help lift the burden placed on the public systems.

Another proposal concerns *the role played by the Armed Forces and security forces in situations of epidemiological/pandemic emergencies, which should be established by law.* Experiences from Portugal and Brazil reveal that the Armed Forces may have an important interventional role in public health emergency situations, namely in the screening of infections, organising field hospitals in their facilities, receiving patients in their hospitals, having military laboratories process tests, conducting epidemiological surveys, tracking contacts of patients with Covid-19 and in the development and implementation of the vaccination plan. A more active involvement of the Armed Forces, in the practical logistical organisation during pandemic outbreaks (equipment management, support for the administration and organization of vaccination centres) should be established, as well as defining the role of the security forces in preventing infections and inspecting compliance with health standards in a pandemic.

Few or insufficient measures were adopted throughout the pandemic to support the elderly population: isolating this group, sheltering it from the virus, and providing it with priority vaccination were the most commonly implemented measures and did not seem to protect against the terrible death toll among the over-80's, particularly in Portugal[20]. For this reason, there is a need to *reinforce the protection of the*

---

[20] Of the more than 16.000 deaths recorded in Portugal (data up to May 10th,

people most vulnerable to the particular infectious agent, namely the elderly (in their homes, institutions and public spaces). This involves the contribution of both social and private sectors, and municipal authorities and parish councils, in supporting the most vulnerable people (namely the elderly), advocating healthy living habits, social and intergenerational interactions and combatting situations of abandonment or isolation. These can be achieved if governments actively avoid the closure of elderly Day Care Centres and institutions that support people with disabilities, which, in addition to depriving the elderly and people with disabilities of the necessary stimulation and social interaction, put additional pressure on caregivers and families, and avoid a (complete) ban on visits to nursing homes and hospitals (opting instead to reinforce connections which can be made without direct contact, namely through transparent structures, such as windows). These institutions should have access to thorough testing systems and must be protected by legislation that fosters exclusivity regimes for employees in residential institutions and enables rotational internment by teams. Legislation should also be amended to ensure more robust work provisions in order to provide assistance to members of the household, other than just children (namely assistance to the elderly or dependants with disabilities).

One of the issues that proved to be very important for respondents was the restriction of hospital visits and limits on funerals[21]. Families were not allowed to visit loved ones in the hospital, nor accompany them to medical appointments. In Angola and Mozambique, a different solution was adopted: visits to Covid patients were suspended but other patients were allowed visits, albeit with increased restrictions. The team considers it is necessary to *preserve the affective and spiritual experience of people and communities, namely with regard to visits to hospitals and residential care homes, as well as religious and specifically funeral rites.* Despite being two very different subjects, they are of great ethical, anthropological and social significance. The constraints imposed on these dimensions led to a destruction of the essence of families, with disruptive effects on individuals, communities and the

2021), more than 11.000 were among people over 80 years old. Cf. *Daily Report Bulletin*, available at <https://covid19.min-saude.pt/wp-content/uploads/2021/05/434_DGS_boletim_20210510.pdf>, last access: 10/05/2021.

[21] Cf. André Dias Pereira / Ana Elisabete Ferreira, "Vítimas Colaterais da Covid-19", *Revista Gestão Hospitalar* 20 (jan./fev./mar. 2020) 42-47.

ethical and spiritual framework of the population. When enacting regulations, strictly upholding the principles of legality and of proportionality must prevail in this area, not allowing de facto powers (of health professionals and funeral companies) to override the rule of law and the primacy of fundamental rights.

In all countries/S.A.R. studied, profound interference was recorded with regards to education, namely the suspension of in-person education, which was not always successfully replaced with online learning, especially in countries lacking internet coverage and whose populations are particularly vulnerable and have no access to essential technology[22]. There has also been an impact on young people's mental health, an issue which should be covered when addressing education related policies. It is necessary to *prepare educational establishments, teachers, students and families for teaching regimes adapted to epidemic/pandemic situations, namely distance learning.* Educational institutions, at the beginning of each school year, should be encouraged to identify whether the requisite pre-conditions exist, in the school community, to conduct teaching activities at a distance, and prepare solutions to overcome any difficulties that are encountered. There is a need for equipment and social internet plans to be made available to students and for the adoption of a combined system of both in-person and distance teaching methods, implementing psychological, social and financial support for families, maintaining sports activities, investing in the training of teachers, in the use of technological equipment, and transmitting school classes on an open channel on television.

The pandemic highlighted the *need to invest in territorial planning and urban planning, as well as building housing for the protection of health and disease prevention.* A stay-at-home policy, besides being highly disparate and harmful to people with co-morbidities, given the housing conditions in several countries, induces other serious pathologies. It is necessary to mitigate this through the organization of cities that offer facilities for people to spend time outdoors, with the

---

[22] Andreas Schleicher, *The Impact of Covid-19 on Education: Insights From Education At A Glance 2020*, OECD, 2020. Also, the United Nations has published extensive Policy Recommendations, among which are measures designed to strengthen the resilience of education systems for equitable and sustainable development as well as to protect education financing. Cf. *Policy Brief: Education during* COVID*-19 and beyond,* United Nations, August 2020.

necessary social distancing. States must assume the responsibility of guaranteeing that people (1) live in healthier homes and (2) live in cities with greater environmental sustainability and which allow for better living conditions, including taking part in sporting activities, avoiding the creation of overcrowded suburbs that lead to large flows of public transport and commercial areas with large population concentrations. This is especially important as urban areas are often hotspots for higher rates of infection, highlighting the possible link between cities and infectious diseases[23].

A final objective, which must be adopted in the short term, is *to reinforce the importance of international cooperation in health matters, through a re-evaluation of the role of the* WHO *and promoting respect for international regulations.* As the eyes of the World stare at Public Health as a valuable asset, doctrines are emerging proposing to label it a global public good. Infectious disease control could be considered a global public good, as one witnesses the advantages of resource sharing and cooperation, which, in many cases, is still lacking[24]. There is an urgent need to revalue international rules that aim to promote the protection of human rights in situations of health emergencies, namely Article 43 of the International Health Regulations (IHR) and Article 4 of the International Covenant on Civil and Political Rights, which was subject to the detailed General Comment No. 29, by the Human Rights Committee, and specified through the Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights, as well as at continental level, Article 15 of the European Convention on Human Rights and Article 27 of the American Convention on Human Rights.

4. Final Remarks

The project was drawn up and conducted in order to achieve two major goals. The first was to trigger reflection and debate in

[23] On this topic, cf. Ayyoob Sharifi / Amir R. Khavarian-Garmsir, *The COVID-19 pandemic: Impacts on cities and major lessons for urban planning, design, and management*, in *Science of The Total Environment*, Vol. 749, December 2020, pp. 1-14.

[24] Gordon Brown / Daniel Susskind, "International cooperation during the COVID-19 pandemic", in *Oxford Review of Economic Policy* 36/Supplement 1 (2020) 64-76.

Portuguese-speaking countries, involving communities from four different continents, about the public health challenges raised by the current pandemic, bearing in mind that public health emergencies will tend to increase in the near future. That is why it is so important to invest in preparedness to prevent deaths in the future, promote health, protect the economy and contribute to social sustainability. The second was to actively contribute to the preparation of national health systems and to the revision of public health policies for future global emergencies. The team gathered facts, data and perceptions from around the world which could be included in global recommendations for national governments worldwide, and for international authorities and regulatory bodies, expressing the main concerns identified by the respondents to the questionnaire. The team hopes that its recommendations might be useful in improving the current health care system, also inspiring authorities, agencies and associations to act on different levels to prepare the response to future public health emergencies.