

RECOMMENDATIONS

The WHO ERC (CERC.0079/ HEG 70) Project Team, whereas:

- (1) The States' political responsibility for the structuring, organisation and implementation of just health care systems within just societies;
- (2) The predicted intensification of the emergence of infectious communicable diseases, which, although appearing in a specific area, are quickly spread throughout the current globalized world, with devastating effects on public health, as well as the overall human interactions and activities;
- (3) The need to adopt prevention and surveillance measures, which allow for quick, adequate and proportional action, combined with measures destined to monitor these situations;
- (4) The professional and civic duty to contribute to the States' preparedness and response to public health emergency situations;
- (5) The importance of social, economic and environmental determinants on individual and collective health, as well as their impact on health care systems;
- (6) The relevance of intersectionality and flexibility of the health care systems, as well as of integrating these aspects in all policies;
- (7) The requirement that the allocation of health resources – human, technical and financial –, as well as the priority protocols established to organise the population's access to these vital goods, observe the respect for Human Rights, upholding the ethical structuring principles of human dignity and social justice, respectively, on an individual and social level;
- (8) The geographical, socioeconomic, political, legal and cultural differences in the countries involved in this Project;

- (9) The different realities that were identified in the legal systems that took part in the Project, and the need to respect their heterogeneity;
- (10) 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”;

Presents the following proposals for a public policy approach, aiming to contribute to the implementation of adequate, robust and resilient systems, prepared to respond to challenges that arise in pandemic situations:

1) Drafting a Sanitary Surveillance Law

- This Law must maintain parliamentary control over the adoption of restrictive measures concerning fundamental rights (in particular, rights, freedoms and guarantees). At the same time, the diploma should endow the 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 role of the President of the Republic should be evaluated and determined depending on the nature of the system (presidential or parliamentary) in force in each country;
- The restriction or suspension of fundamental rights and freedoms must uphold the principle of proportionality. To observe this principle, State intervention must be limited to the minimum necessary and indispensable (both in the breadth of the adopted measures and in the time frame in 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).

2) Reinforcing the creation of Public Health Teams and investing in their qualification

- In Brazil, collective health professionals do not have a degree in Medicine, going instead through a different academic training that provides them with a Bachelor's Degree in Collective Health. These *collective health professionals* work in health institutions, carrying out administrative tasks and recommending articulated action in different areas;
- In Portugal, these teams have Doctors specializing in Public Health, as well as 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;
- It is recommended that both the Portuguese and Brazilian examples are studied to possibly transpose, with the necessary adaptations, a solution to be implemented in Angola and Mozambique.

3) Preparing institutions, especially health care institutions (but notwithstanding elderly care homes) for epidemiological/pandemic emergencies

- Ensuring that PPE stocks are maintained at all times, namely surgical masks, alcohol disinfectants and body temperature measurement equipment, at least in institutions that provide health care;
- Promoting the national capacity of PPE production, including the identification of companies capable of rapid conversion from their essential activity to PPE production, according to possible needs that might arise during a pandemic crisis;
- Medium and large companies must keep a constantly updated contingency plan for pandemic situations (organization of telework, teams that work on rotation, preparing methods to guarantee physical distance between workers, cleaning the workplace, etc.).

4) **Creating and reinforcing 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** (applicable to all countries studied)

- In Portugal and especially in Brazil, there are relevant activities in the field of the creation of medication and clinical trials of medicines and vaccines. In Brazil, about 20 new vaccines are currently in a preliminary phase;
- The Lusophone relationship in this area should be strengthened. Technical and scientific capacities should be extended to African countries;
- Genetics and artificial intelligence have revealed their importance in this field, allowing for the formulation, in record time, of vaccines and treatments, as well as the identification and characterization of new variants of the virus. In addition, 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. Therefore, it is recommended that special attention be given to cases of sale of genomic information by research agencies, as well as the protection of personal data;
- A clear and reinforced commitment to academic training and long-term scientific research (namely in virology) and the strengthening of public funding for research is imperative;
- Each State should provide a model of civil liability rules to deal with the risk of vaccination.

5) **Organise the health system so that, in an epidemic/pandemic situation, the ability to care for non-infected patients is maintained**

- Prepare the system for epidemic and pandemic situations, in order to guarantee the least possible disruption of treatments in outpatient appointments, scheduled surgical operations and emergency care for non-infected patients;
- The large increase in the mortality rate, in several countries, is mostly due to the increase in lethality attributed to non-COVID causes, than from SARS-CoV-2 infection. Discrimination against non-infectious patients is ethically unsustainable;

- The flexibility of the systems and the development of integrated care are crucial for coping with pandemic crises;
- The digitalization of the health system must be reinforced, together with adequate training of health professionals, in order to maximize their benefits, translated into improvements to the health of people and communities.

6) Improve the accuracy of information, the quality of communication, and the level of health literacy, including public health

- Improve the capacity to transmit information regarding the public health emergency response to COVID-19;
- Official authorities should come up with 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);
- Promote health literacy, with campaigns and practical actions aimed at promoting hygiene, healthy lifestyles, with the involvement of the social sector and local authorities.

7) Establishing, by Law, the role of the Armed Forces and security forces in situations of epidemiological/pandemic emergencies

- 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 organization during pandemic outbreaks (equipment management, support to the administration and organization of vaccination centres) should be established;
- Defining the role of the security forces in preventing infections and inspecting compliance with health standards in a pandemic situation.

8) Reinforce the protection of the people most vulnerable to the particular infectious agent, namely the elderly (in their homes, institutions and public spaces)

- Promote the contribution of both social and private sectors, as well as of 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;
- Avoid the closure of 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;
- Avoid a (complete) ban on visits to nursing homes and hospitals. Reinforce connections which can be made without direct contact, namely through transparent structures (such as windows);
- Adopt frequent testing systems in institutions (Day Care Centres, Institutions that care for people with disabilities and similar institutions);
- Amend labour legislation to have more robust work provisions to provide assistance to members of the household, other than just children (namely assistance to the elderly or dependent people with disabilities);
- Amend labour legislation to foster exclusivity regimes for employees in residential institutions and to enable rotational internment by teams.

9) 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 rituals

- These are two different subjects, but of great ethical, anthropological and social density. The constraints imposed on these dimensions lead to a destruction of the essence of families, with disruptive effects on individuals, communities and the ethical and spiritual framework of the population;

- Strictly upholding the principles of legality and of proportionality must prevail in this area, not allowing de facto powers (of health professionals and struggling companies) to override the rule of law and the primacy of fundamental rights.

10) Prepare educational establishments, teachers, students and families, for teaching regimes adapted to epidemic/pandemic situations, namely distance learning

- Educational institutions, and at the beginning of each school year, should be incentivized 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;
- Schools shall be organized for pandemic situations, preparing solutions for different circumstances, such as establishing that students should spend less time in school, classrooms hold fewer students at a time, and implementing more intense and regular hygiene, and training families with digital skills for families;
- It is also proposed that schools are reopened gradually, taking into account the fact that there are some areas of the territory where there may be a small number of children per class/school. Also, the closing of schools should be decided on the basis of a case by case assessment of the number of students and size of each school;
- The SARS-CoV-2 Pandemic also demonstrated the urgency of re-evaluating the current dimension of schools, which, although they have not been identified in this specific Pandemic as a main source for the spread of the virus (as this strain, in particular, does not seem to particularly affect children), it is known that other epidemic viruses such as the H1N1 strain of 2009-2010, can mainly target young people;
- There is a need for equipment and social internet plans to be 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.

11) Investing in territorial planning and urban planning, as well as building housing for the protection of health and disease prevention

- Home confinement, besides being highly disparate and harmful to people with co-morbidities, given the housing conditions in several countries, induces other serious pathologies, so it is necessary to mitigate it through the organization of cities that offer facilities for people to spend time outdoors, with the 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 the practice of sport, thus avoiding the creation of overcrowded suburbs that lead to large flows of public transport and commercial areas with large population concentrations.

12) Defend the importance of international collaboration on (global) health and respect for international standards regarding states of emergency

- A final objective, which must be adopted in the short term, is to reinforce the importance of international cooperation in health matters, through a reevaluation of the role of the WHO and promoting the respect for international regulations;
- 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.