

SUSTAINABILITY REPORT 2021



Grupo
NotreDame
Intermédica



ANS nº 359017

Grupo
NotreDame
Intermédica

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Cover photo information
Ricardo Tcholakian | Medical Director and Leader of the LGBTQIA+ Affinity Group, more than 13 years of GNDI
Sueli Miaguti | Director of Nursing and leader of the PCO Affinity Group, more than 4 years of GNDI
Cristina Guerra | Director of Hospital Salvalus and leader of the Women Affinity and Gender Equity Group, more than 2 years of GNDI
Rejania Aguiar | Medical Account Manager and Racial Ethnic Affinity Group Leader, 4 years of GNDI



Foreword

Another chapter of our history begins to be written

Two leading Brazilian companies in supplementary health, Sistema Hapvida and Grupo NotreDame Intermédica (GNDI) completed their merger in early 2022, in a move that strengthens the sector in the country, democratizing access to quality medical and hospital services. The Company resulting from this merger represents the largest Supplementary Health system in Brazil and Latin America, with approximately 15 million beneficiaries and more than 68 thousand employees.

Both companies have a long history in medical care and are consolidated as a national reference, always seeking to promote the best in medicine in an accessible way. The approval of the union between the companies took place in two stages: in June 2021, by the National Supplementary Health Agency (ANS), and in December 2021, by the Administrative Council for Economic Defense (Cade).

Present throughout Brazil, the Hapvida System began in Fortaleza, in 1979, when the oncologist Candido Pinheiro de Lima opened the Antônio Prudente Hospital, one of the most modern in the city. The projection came when Candido created, in 1993, the operator

Hapvida Saúde. From then on, the operator began its expansion throughout the national territory. The Company was one of the first in the supplementary health sector to carry out an IPO in Brazil, in April 2018.

The NotreDame Intermédica Group (GNDI) was founded in 1968. The company is a pioneer in preventive medicine, an area in which it has been operating since 1982, through the promotion of programs that offer comprehensive health and dentistry to corporate and individual clients. The Company also went public in 2018, a milestone that further boosted its investment capacity.

Similar in their management philosophy, the two Companies are geographically complementary and have a wide range of products, hospital structures and healthcare solutions. Both have in their DNA values that they believe are fundamental for the delivery of a quality health service to many people. The merger of the two companies will make it possible to take this health care model to the whole of Brazil and keep growing is the great challenge. We remain focused on the sustainability of our business, and becoming a benchmark in our area of expertise is our



goal. From the experience of both companies, whenever there is an integration, we discover improvements and synergies that add value to the employee, the customer, the patient and the shareholder.

We are very excited about this new moment in the history of the two companies, GNDI and Hapvida, and look forward to what is to come. This is because we are fully convinced that what brought them here was the work and commitment of the teams, so we want to make this journey a great opportunity for growth, experience and discoveries for everyone.



Report presentation

For the third consecutive year, we are presenting our Sustainability Report. The document aims to inform our partners, customers, employees, suppliers, shareholders and other audiences about the projects and initiatives we carried out in 2021 to improve our management, manage risks and raise opportunities related to environmental, social and governance aspects (ESG, in the acronym in English) that have an impact on our business.

In order for our communication to be efficient and to contribute to the decision-making of the various stakeholders, we have adopted the best market practices for reporting on sustainability management. As with the previous year's publication, this report was prepared in accordance with the GRI Standards: Essential option. The Global Reporting Initiative (GRI) is one of the leading international organizations to establish standards and requirements for the disclosure of these content items.

We also started to monitor and report on ESG indicators in accordance with the guidelines of the Sustainability Accounting Standards Board (SASB), an entity headquartered in the United

States, following the Health Care Delivery and Managed Care Standards, aimed at the medical and assistance service industries.

We also adopted the standards and criteria of the Task Force on Climate-Related Financial Disclosures (TCFD), an initiative of the Financial Stability Board (FSB) focused on disclosing reliable information about companies' strategy to manage risks and opportunities to climate change.

In addition to these external platforms, we also present a series of our own indicators structured by the NotreDame Intermédica Group (GNDI). These items are intended to deepen the understanding of the company's management and the measurement of the impacts and benefits provided by the business model.

In line with our culture of continuous improvement, we have submitted this publication to an external verification process (see the assurance report on page 87). The expansion of the base of standards adopted in the Report aims to improve the engagement of internal and external audiences. In case of questions and suggestions, interested parties can contact us by email sustentabilidade@intermedica.com.br.

Scope of reported data

The data and information presented in the Report refer to the period between January 1 and December 31, 2021 and cover the NotreDame Intermédica Group, its subsidiaries and controlled units.

This scope is the same that we used to prepare the company's consolidated financial statements—including the new units acquired and integrated in the period.

With the Group's rapid growth, collecting data on all incorporated units has been a very big challenge. Therefore, in some indicators, it was not possible to cover all new operations. The exceptions, when the disclosure items have a different limit than the one informed, are timely indicated throughout the content, for the better understanding of the readers.

Material themes

The content of our Sustainability Report is guided by the Materiality Matrix that we built from listening to and engaging with our main audiences. The Matrix brings together material themes—matters that are of greater relevance to the ESG management and, at the same time, more directly influence the decision-making of our stakeholders.

In order to build and consolidate the Materiality Matrix, in 2020 we carried out three different surveys to capture perceptions and assessments from different types of audiences—internal audiences, external audiences and investors. Based on these researched inputs, the assessment of sectoral benchmarking and the evolution of the maturity of ESG management in our company, we revised the Materiality Matrix in 2021.

The 11 material themes mapped in the previous year were reorganized into 7 material themes for our report that were validated by the Board. Of this universe, one of them (Climate Changes) is new, reflecting the global trend towards the search for solutions for a more renewable energy matrix and less dependent on fossil fuels.

After this restructuring, we identified, in addition to the GNDI indicators, the contents related to the GRI, SASB and TCFD to be determined and reported. This correlation is available in the Report Annexes, in the content summaries section.



Message from the CEO

In 2021, we continued with our strategic plan for the company's growth, focused on generating value for our beneficiaries and based on the ESG pillars, an acronym for the management of environmental, social and corporate governance aspects. To expand our service capacity, we carried out acquisitions and integrations in all our branches—GNDI South, GNDI Minas Gerais and GNDI Rio.

An intense work carried out even amid the challenges of the Covid-19 pandemic, which only began to show signs of cooling off at the end of the year. Therefore, attention and care for people—beneficiaries, employees and third parties—continued to be our top priority. We spare no effort to open new beds for patient care and maintain the highest safety standards to protect our teams and doctors.

Our company is continuously dedicated to promoting a positive organizational climate and, for this, invests in initiatives focused on our employees. In 2021, we implemented our Diversity and Inclusion Program, an essential theme for us to provide a service with even more excellence and care.

Also noteworthy is the investment made to value and develop our teams. Through our corporate university, UniGNDI, we offer a career path in which there are mandatory courses for

the healthcare public, in addition to other specific training for each area. In 2021, we recorded an average of 25.17 hours of training per employee, and we were recognized as a “great place to work” by the Great Place to Work (GPTW) specialized global consultancy.

GNDI values excellence and quality in all its activities, so that our relationship with all stakeholders is always ethical, contributing to an upstanding and honest work. Therefore, throughout 2021, we reaffirmed our commitment to ensure that all commercial and business relationships involving GNDI are always guided by honesty, ethics, legitimacy and legality, respecting competition rules, in any sphere of public or private law. We carried out several awareness campaigns with our employees about the importance of Compliance and Ethics in our day-to-day activities, in addition to constant communications in our internal and external communication channels, reinforcing this important value of our Company, as we take our Corporate Governance very seriously.

In the environmental pillar, we increased our investments to seek alternatives that lead to the reduction of our greenhouse gas emissions. We started a project for the construction of photovoltaic plants, which will guarantee the energy supply for part of our units from a renewable source. Thus, we reinforce our

commitment to a low-carbon economy and to the energy transition, aimed at combating climate change.

We also keep an eye on waste management, one of the most relevant aspects for companies in the health sector. We have processes in place to standardize our management model at all units and ensure the proper disposal of each type of material, according to its degree of risk and type of treatment required. We increasingly seek to increase recycling and reuse, as well as the awareness of our teams.

Supplementary health in Brazil is an important pillar for strengthening guarantees of access to health in a democratic way by the population. We registered an 18.7% growth in the number of beneficiaries in 2021 and we had a 17.9% increase in our revenue, which reflects people's confidence in the GNDI mission in a pandemic period that we are still facing.

In our company, we see sustainability as part of our business. We work focused and efficiently to promote the improvement of the quality of life of our beneficiaries, in harmony with environmental preservation and human rights.

Irlau Machado Filho
CEO of the
NotreDame Intermédica Group



Highlights 2021

23,626

own employees and 19,747 outsourced employees were part of our workforce at the end of 2021, respectively 5% and 22% higher than in 2020

Note of excellence

in SHPI in 2021, with emphasis on the maximum score in the quality criteria in health care and sustainability in the market

100%

compliance with the General Data Protection Law (GPDP)

100%

of employees were made aware of the anti-corruption issue, which is an important pillar for the company

TELEMEDICINE

+ 1,5 million

medical visits

QUALITY

25

ONA accredited units
(9 obtained the seal in 2021)
2 QMENTUM accredited hospitals
1 JCI accredited hospital

Creation of the

Diversity and Inclusion Committee and Affinity Group

(Gender, Ethnic-Racial, LGBTQIA+, PCD and Generations)

CLIMATE CHANGE

Grade B-

in CDP Climate Change, the best in the Brazilian health sector

Gold Seal

of the Greenhouse Gas Inventory for the second consecutive year

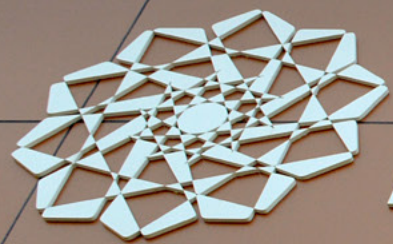
In January 2022, we became part of B3's

Carbon Efficient Index (ICO2)

Start of investment in the construction of

six solar plants

which will serve 60 GNDI units with the generation of 8,350 MWh of clean energy per year



NotreDame
Intermedica

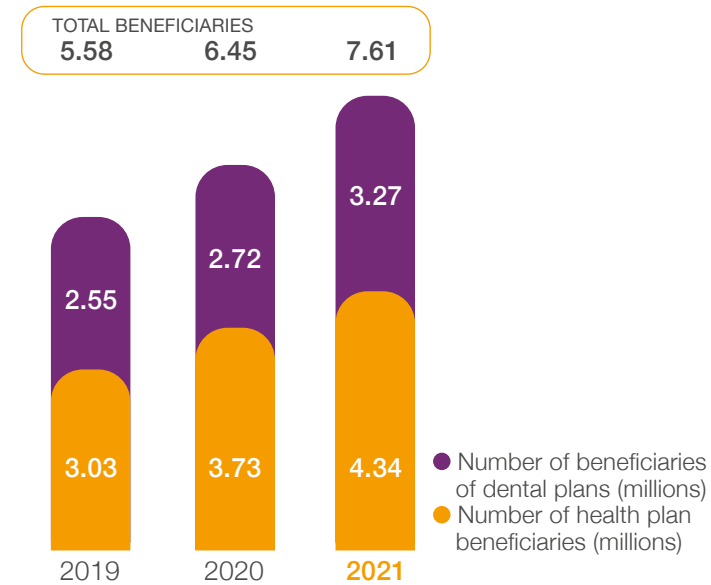
Centro Clínico Jundiáí

OUR
PURPOSE

Our company, the NotreDame Intermédica Group (GNDI), has the mission of making quality healthcare accessible to generations of Brazilians. For 54 years, we have been working so that more people can be welcomed and receive humanized and excellent medical and dental assistance, at affordable prices.

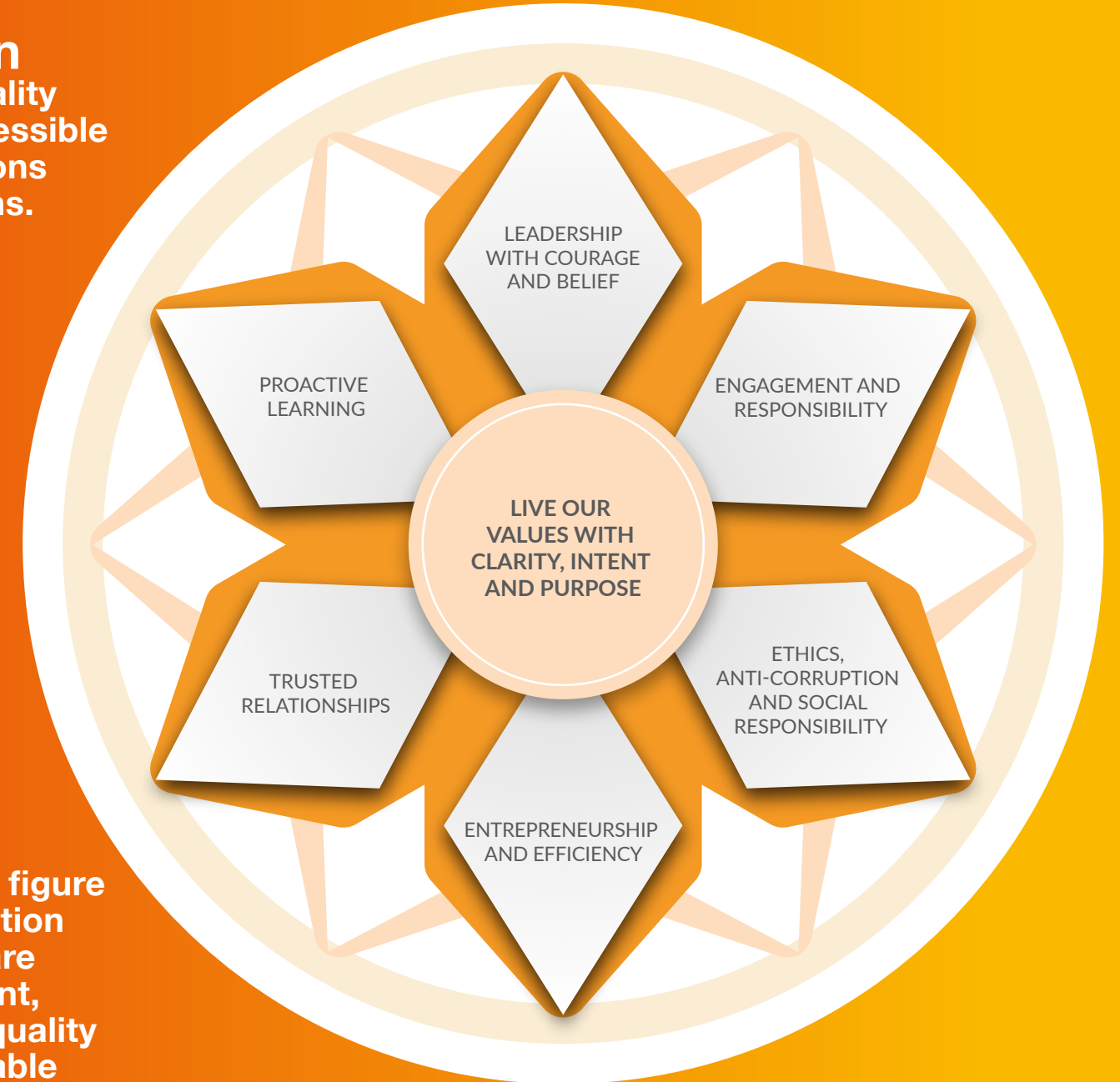
This strategic vision has made us the largest health plan operator in Brazil. We ended 2021 with the largest beneficiary base among companies in the sector, with a total of 7.6 million people served (4.4 million in health plans and 3.3 million in dental plans), a growth of 18.7% compared to the previous year.

Evolution of the beneficiary portfolio



Mission
To make quality healthcare accessible to generations of Brazilians.

Vision
To be a leading figure in the innovation of healthcare management, guaranteeing quality and sustainable healthcare for our Clients.



Our strategy

To serve our beneficiaries with maximum quality and humanization, offering health and dental plans at affordable prices, we have our own network of hospitals and clinical centers. With this structure, we provide comprehensive and vertical care, providing outpatient appointments, examinations, hospitalizations and surgical procedures.

In this way, putting the journey and the good experience of the patient first, we have greater control over the demands for procedures and we are able to have more efficiency in the management of operational costs. This competitive advantage makes it possible to offer health and dental plans at lower prices for individuals and companies, which drives the growth of the beneficiary base.



Our structure

34
hospitals

87
clinical
centers

25 autonomous emergency rooms

17 preventive
medicine
centers

72 clinical
analysis
collection
points

3 health
centers dedicated
exclusively to
the 50+ public

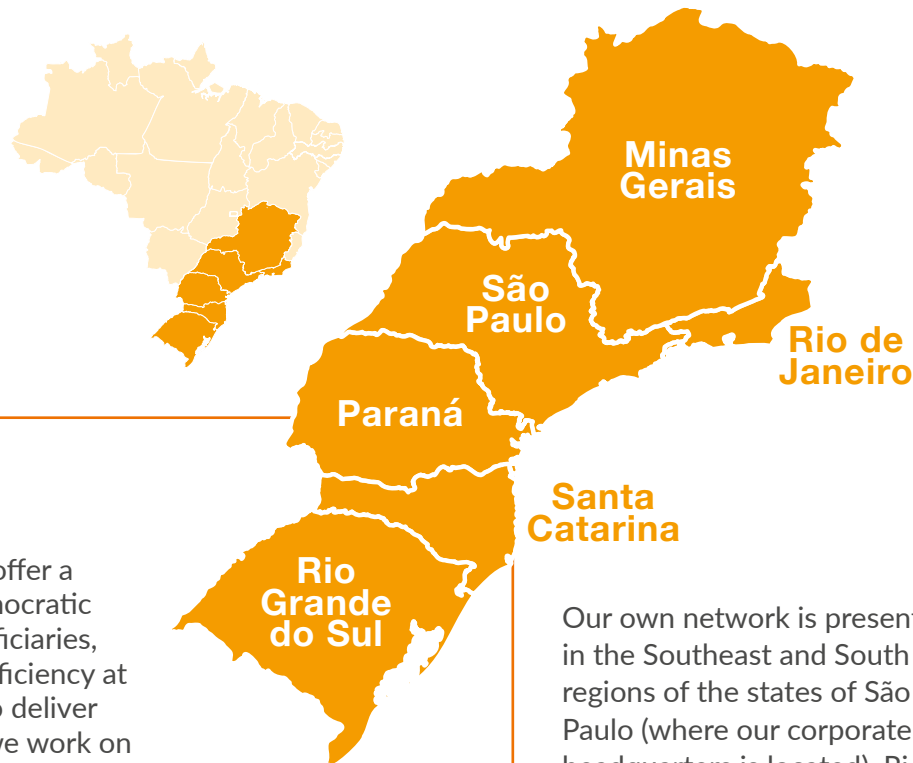
12 units
for imaging
exams

708
UCI

2,103
infirmary beds

+ 18 thousand
accredited dentists

GNDI in Brazil



Our brands and products

Our objective is to offer a humanized and democratic service to our beneficiaries, with the greatest efficiency at affordable prices. To deliver what we propose, we work on different fronts to provide the best services to customers.



Corporate brand associated with the entire line of products and services



Health plan operator



Dental plan operator



National laboratory network with capacity for more than 100 operations, in the Southeast and South regions

Our own network is present in the Southeast and South regions of the states of São Paulo (where our corporate headquarters is located), Rio de Janeiro, Minas Gerais, Paraná, Santa Catarina and Rio Grande do Sul. We also have an accredited network that expands the offer of services and assistance to beneficiaries in these states and other locations in Brazil.

In addition to the service infrastructure, we also offer our beneficiaries Interclube, a benefits club that offers discounts for drugstores, partnerships in online shopping, courses, entertainment, travel, dental products, among other advantages.

Strategic principles

SUSTAINABILITY

The commitment to sustainability is inherent to our activities, a key aspect for the growth and advancement of the health sector in the country. With an economically solid, socially responsible and constantly improving business model, in addition to a culture based on environmental values, we serve Clients who seek quality healthcare at affordable costs.

QUALITY

We are determined by the continuous improvement of quality and excellence in the provision of comprehensive health care services. All our policies, standards, governance, management model, processes and technology are intrinsically linked to the concept of quality. All processes must be analyzed in the light of ensuring safety and efficiency for our beneficiaries, customers, suppliers, business partners and internal public, seeking the longevity of our operation.

PEOPLE

We attract and retain talent with a sense of commitment and motivation to meet bold individual and corporate goals. We are looking for professionals who identify with our mission, values and passion to serve with quality, using the best people management practices. We provide an environment where meritocracy guides career plans, with competitive compensation and benefits, in an environment free of harassment and with respect for diversity. Individuals are evaluated for their competence, attitude and results obtained.

ASSISTANCE

Quality of life and well-being are the soul of our business. With an extensive network of our own and accredited, we provide comprehensive health care with welcoming and encourage the adoption of healthy habits at each stage of care. We provide Client companies with reduced absenteeism and provide beneficiaries with intelligent treatments through quick, early and efficient diagnoses, which contribute to the fullness of their health.

INNOVATION

Innovation is rooted in our business through the adoption of modern procedures and equipment, which support all administrative teams and clinical staff. We encourage the development of research in the healthcare sector and continually invest in the expansion of our own and accredited network, based on solidity and experience, combined with exceptional and economically sustainable cost control. The future is a constant part of our present.

ETHICS AND ANTI-CORRUPTION

The company's culture, vision and values are geared towards combating corruption and absolute intolerance of such practices. There are policies, training, procedures, diligences, monitoring and total fight against corruption. Based on this concept and committed to excellence and quality, we are able to relate in an ethical and honest manner with all our stakeholders (customers, beneficiaries, patients, shareholders, brokers, employees, government, accredited, service providers, press and the community in general).

Preventive medicine

The focus on health promotion and disease prevention is part of our strategy to offer quality and excellent care to our beneficiaries. We were pioneers in this model when, in 1982, we created the concept of Comprehensive Health Care to offer various actions that encourage healthy habits, combat sedentary lifestyle and treat chronic diseases. That is why we were the first company with the QMentum Internacional Accreditation—Diamond Standard, a preventive medicine certification in Latin America in 2019.

These actions are carried out in the Qualivida preventive medicine units, existing in the states of São Paulo, Rio de Janeiro, Paraná and Santa Catarina. The service includes the Health Profile service, responsible for assessing the main health risks of employees of client companies. This audience also benefits from booklets, videos and online lectures that we regularly make available. Considering the total access to wellness initiatives and content, 68.6% of the beneficiaries of GNDI health plans were impacted in 2021.

In the last biennium, we developed a project to facilitate the follow-up of patients, keeping them safe in their homes. Through a digital platform and interaction via chat bot, we monitored more than 160,000 patients with Covid-19, advising them on care to avoid contagion and assertively forwarding cases that required urgent care.

The number of beneficiaries participating in our disease prevention programs increases every year. In 2021, the Preventive Medicine Program had 317 thousand participants. During the year, part of this growth was driven by the creation of the Post-Covid Syndrome Program, with comprehensive care for people who had sequelae after being infected with the disease. Another important factor was the recruitment of patients through a predictive model based on Health Technology to identify and intervene early in populations at high risk of hospitalization.

BRL 65.8 million invested in free health promotion initiatives for patients





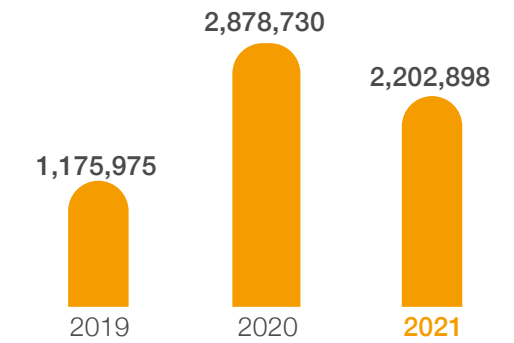
The Preventive Medicine Programs are aimed at assisting beneficiaries with high-risk and high-complexity health conditions. The different programs we conduct have eligibility criteria defined and approved by the National Health Agency (ANS).

Indicators monitored by preventive medicine teams point to gains for patients who are part of these initiatives. In 2021, for example, we achieved reductions in the

hospitalization of chronic, elderly, cancer and high complexity patients.

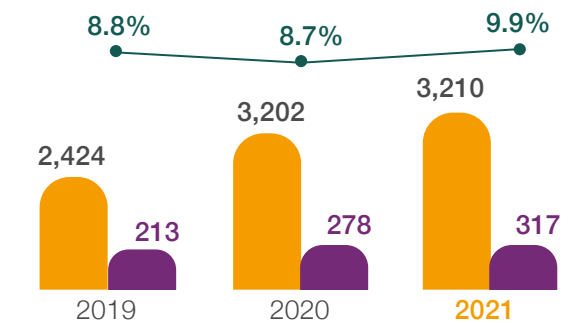
- **69%** in the hospitalization of high-risk chronic patients
- **71%** in the hospitalization of the elderly
- **44%** in the hospitalization of cancer patients
- **60%** in the hospitalization of highly complex patients
- **53%** in the admission of patients in the neonatal ICU

Number of beneficiaries in health promotion programs*



*In addition to preventive medicine, it covers participation in lectures and events and access to content on our website. In 2021, it does not cover the Minas Gerais branch.

Beneficiaries of the Preventive Medicine Program*



● Total beneficiaries (thousand)
 ● Beneficiaries covered by the Preventive Medicine Program (thousand)
 ● Coverage rate

*In 2021, it did not cover the Minas Gerais branch.

Our Preventive Medicine Programs

Patient Support Program

126,407 active beneficiaries

It manages the health of patients with certain chronic diseases and helps them with treatments in general and any complications. Provides guidance, clarification and emotional support over the phone.

Elderly Assistance Program

23,382 active beneficiaries

It offers comprehensive care to the elderly with teams formed by geriatricians, physiotherapists, nutritionists, social workers, occupational therapists and speech therapists.

Oncology Programs

14,343 active beneficiaries

Oncology program aimed at patients and families, whose proposal is to provide reception and the most effective treatments during the process, with cutting-edge infrastructure and a highly qualified team to take care of this delicate moment.



High Complexity Cases

13,831 active beneficiaries

It supports patients with serious and highly complex chronic diseases (loss of autonomy, palliative care, dialysis and Home Care), with the aim of reducing their limitations and improving their quality of life.

Post-Covid Syndrome Program

2,450 active beneficiaries

The initiative exclusively serves patients who have been discharged from hospital and who persist with clinical manifestations of the disease.

Safe Pregnancy Program

28,609 active beneficiaries

It promotes the health of pregnant women with monitoring during pregnancy and in the postpartum period. It has a specialized team for high-risk cases.

Operations growth

Our growth occurs through mergers and acquisitions (M&A), investments we make to increase the reach of our services and the quality service we offer. With the improvement of infrastructure and standardization of operations, we have increasingly reached new municipalities to offer affordable medical care in regions with less access to this type of service.

All acquisitions that we carry out follow criteria and analyzes of economic and operational feasibility, including ESG risks. Before carrying out the M&As, we assess the quality of the infrastructure of the assets and the investment necessary to adapt to our quality standards. We also analyzed the client portfolio to be incorporated and the growth potential in the new region. The due diligence process also includes documentary and certificate evaluations to identify possible environmental and labor liabilities.



GNDI's acquisitions since going public

2018	2019	2020	2021	2022
<ul style="list-style-type: none"> • Cruzeiro do Sul • SAMED Saúde 	<ul style="list-style-type: none"> • Mediplan • Greenline • AMIU • Belo Dente • Hospital São José dos Lírios • Grupo Ghelfond 	<ul style="list-style-type: none"> • Grupo São Lucas • Clinipam • AMR • LabClin • Hospital do Coração de Balneário Camboriú • Grupo Santa Mônica • Hospital Santa Brígida • Lifeday 	<ul style="list-style-type: none"> • Hospital Maringá • Hospital Santa Martha • Lifecenter • Grupo Medisanitas • Climepe • Serpram • Grupo Hospitalar de Londrina • Bio Saúde 	<ul style="list-style-type: none"> • Centro Clínico Gaúcho • Hospital do Coração de Duque de Caxias



In 2021, continuing our expansion plan, we completed the acquisition of nine more units that were integrated into our portfolio:

GNDI South

In February, we completed the first year of operations in the south of the country. In addition to Clinipam, we completed three more integrations in the region: Hospital do Coração in Balneário Camboriú (SC), Hospital e Maternidade Santa Brígida (PR) and the LifeDay health plan (SC). Then, we carried out the corporate merger of the operator LifeDay into Clinipam.

In January 2022, we completed the acquisition of Centro Clínico Gaúcho (CCG), one of the main vertical operators in the state of Rio Grande do Sul. There are 175,000 health beneficiaries and a newly opened hospital with 110 beds.

We concluded the acquisition of Hospital de Maringá, one of the most traditional in the region; the unit is characterized by being highly complex and performs cardiac and neurological surgeries.

We completed the works on the Mercês Clinical Center (PR), a modern center dedicated exclusively to pediatrics with a 24-hour urgent and emergency service.

We finalized the acquisition of Grupo Hospitalar de Londrina with two hospitals in the city: Paes Leme and Bela Suíça.

GNDI Minas Gerais

We concluded the acquisition of the MediSanitas do Brasil Group, integrated the Santa Mônica Saúde operation and took over Hospital Life Center; we closed a lease agreement with an option to purchase the Santa Helena Hospital, in Contagem; we selected a property for the creation of the Betim Clinical Center; we concluded the acquisition of Serpram in the region of Alfenas and Varginha, and began the process of integrating and capturing synergies from Climepe.

GNDI Rio

We completed the acquisition of Hospital Santa Martha (RJ), a high-complexity general unit that increases service capacity through its own network in Rio de Janeiro.

In February 2022, we acquired Hospital do Coração de Duque de Caxias (HSCOR).



 **Notre Dame
Intermedica**
Hospital e Maternidade
Paulo Sacramento

OPERATIONAL PERFORMANCE

IN 2021:

NET REVENUE
BRL 12.6 billion

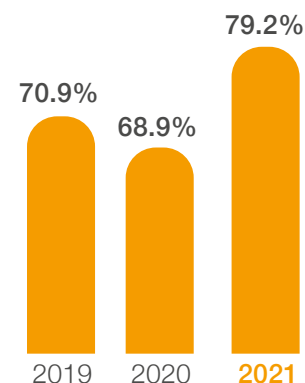
EBITDA FROM OPERATIONS
BRL 718.7 million

NET DEBT AND LEVERAGE LEVEL
BRL 1.9 billion and 2.7x
(Net Debt/Adjusted EBITDA)

The new coronavirus pandemic continued to challenge the supplementary health sector in 2021. The increase in the number of cases and hospitalizations in the first quarter of last year, higher than the scenario experienced in 2020, required different strategies for opening new beds, purchasing inputs amid the scarcity of products and a scenario of inflation and care for employees and third parties in our units.

Another challenge was the need to meet a large number of requests for exams and elective procedures that had been postponed in the previous year. As a result, our claims rate remained at 79.2%.

Loss Ratio (MLR)



On the other hand, the greater concern of society with the health issue, together with the movement of acquisitions, contributed to the growth of our beneficiary base of 18.7% compared to 2020. Approximately 20.5% of the total new customers were added to the base through organic growth, excluding the effects of M&As.

This combination of factors caused the company's total net revenue to grow 17.9% in the annual comparison. On the other hand, we recorded a 59.9% drop in EBITDA and a net loss of BRL 171.5 million, due to the general increase in costs and disbursements for the conclusion of acquisitions. The added value generated and distributed totaled BRL 1.8 billion, a reduction of 31.6% in the annual comparison.

Data related to the year's acquisitions*

	2021	2020
Total net revenue (BRL million)	1,264	1,131
Beneficiaries – health and dental	607,274	566,836
Beds	758	468

*2020 data restated.

Statement of Added Value (BRL thousand) – main lines

	2021	2020
A. Economic value generated		
Revenue	12,894,505	10,970,193
Inputs purchased from third parties	-10,928,599	-8,069,023
Gross added value	1,956,906	2,901,170
Depreciation and amortization	-393,331	-343,883
Net added value	1,572,575	2,557,287
Added value received in transfer	273,760	144,083
Total added value	1,846,335	2,701,370
B. Distribution of added value		
Personal	-769,701	-655,601
Taxes, fees and contributions	-637,909	-1,025,529
Compensation of third-party capital	-610,232	-284,495
Own capital compensation	171,507	-735,745



ESG
VISION



Our business philosophy and the management mechanisms we adopt make our corporate strategy contribute, directly and indirectly, to the promotion of sustainable development in the regions where we operate. We base our decisions on full respect for human rights and assess how investments and business movements can be connected to the goals proposed within the scope of the Sustainable Development Goals (SDGs) and the 2030 Agenda. Our Sustainability Policy, approved in 2021, formalizes the GNDI's commitment to the 17 SDGs and scores 11 of them as most closely connected with business strategy and global trends in ESG aspects.

Based on international publications and tools, we analyze our main impacts and contributions to each of the 17 SDGs. This assessment was mainly supported by the study SDG Compass—Guidelines for the implementation of SDGs in business strategy, developed by the Global Compact in partnership with the Global Reporting Initiative (GRI) and the World Business Council for Sustainable Development (WBCSD), and in the SDG Action Manager tool, provided by the Global Compact in partnership with B Lab.

Our mission to make quality healthcare accessible to generations of Brazilians is closely related to the ambitions of **SDG 3: Health and Well-being** and **SDG 10: Reduced Inequalities**. Through our services, we contribute to the prevention and treatment of various

Our business philosophy guides a corporate strategy aligned with the commitments proposed by the Sustainable Development Goals (SDGs)

diseases. With the same commitment, we take care of our employees, promoting a safe, healthy, respectful and inclusive work environment. Internal actions to promote diversity and combat any form of discrimination strengthen our work in favor of **SDG 5: Gender Equality**.

Since 2020, we have made progress in managing the risks and opportunities associated with climate change, expanding the presence of renewable sources in our energy matrix and mitigating our greenhouse gas (GHG) emissions. In this context, we are aligned with the goals proposed by **SDG 7: Affordable and Clean Energy** and **SDG 13: Climate Action**. In addition, we continually improve the management of our environmental impacts, guided by **SDG 12: Responsible Consumption and Production**. In addition to complying with applicable legal requirements, we seek innovative initiatives and raise awareness among our stakeholders to adopt sustainable habits.













Global Compact

The UN initiative aims to promote the integration of ten universal principles on anti-corruption, environmental protection, decent work and respect for human rights in the strategic agenda of organizations. It also works to publicize and consolidate the companies' commitment to the goals and objectives of the 17 SDGs, proposed by the UN under the 2030 Agenda.

We have been signatories of the Global Compact since 2018. As of 2020, the company also participates in the **Climate Action** platform, aimed at integrating the climate agenda—actions to mitigate and adapt to climate change—into corporate strategies.



GNDI follows the 10 Universal Principles of the Global Compact

Human Rights	Labour	Environment	Anti-Corruption
<p>1  Businesses should support and respect the protection of internationally proclaimed human rights; and</p>	<p>3  Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining</p>	<p>7  Businesses should support a precautionary approach to environmental challenges</p>	<p>10  Businesses should work against corruption in all its forms, including extortion and bribery</p>
<p>2  Make sure that they are not complicit in human rights abuses</p>	<p>4  The elimination of all forms of forced and compulsory labour</p>	<p>8  Undertake initiatives to promote greater environmental responsibility</p>	
	<p>5  The effective abolition of child labour</p>	<p>9  Encourage the development and diffusion of environmentally friendly technologies</p>	
	<p>6  The elimination of discrimination in respect of employment and occupation</p>		

Our voluntary commitments and work in sector entities contribute to extending our ESG vision to the value chain and society

Global Agenda for Green and Healthy Hospitals (AGHVS)

The AGHVS movement is an initiative of the Healthy Hospitals Project (PHS), a non-profit association dedicated to mobilizing the health sector to develop actions focused on environmental protection and the safety of health professionals. Since 2020, we have been part of the Global Network of Green and Healthy Hospitals (RHV), which brings together companies in the sector dedicated to the movement.

Women's Empowerment Principles – UN Women

Since 2019, we have been signatories of the UN Women platform, which developed and disseminates the 7 Women's Empowerment Principles, which aim to promote gender equity and female empowerment in business and corporate strategies.

Brazilian Business Council for Sustainable Development (CEBDS)

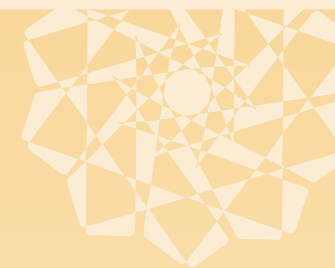
CEBDS is a Brazilian non-profit organization recognized nationally for engaging the corporate universe in the vision of sustainable development with economic prosperity. GNDI has participated in the movement since 2020, having been the first company in the health sector to join the Council.

CEO Irlau Machado is a member of the Board of Leaders and we also participate in thematic chambers that discuss relevant ESG aspects.

Sectoral entities and associations

In addition to these voluntary initiatives, we integrate different associations that represent companies in the supplementary health sector and contribute to the dialogue with government agencies and regulatory agents for the evolution of legal frameworks and other relevant guidelines for business growth and quality service to beneficiaries. Among these associations, the following stand out:

- National Federation of Health Plans (Fenasaúde) – we hold the positions of Chief Executive Officer, Vice President and President of the entity's Technical Committee, in addition to having representatives in all other committees
- National Confederation of Insurance, Pensions and Capitalization (CNseg)
- Institute of Supplementary Health Studies (IESS) – participation in the Board of Directors
- National Union of Group Dentistry (Sinog) – participation in technical committees
- National Union of Health Plans (Sinamge) – we hold the position of Executive Director of the entity
- National Association of Health Plans (Abramge) – presence on the entity's Board of Directors



Engagement initiatives

E-mails

Daily

Sent to employees who have corporate email, with the main GNDI guidelines

Contributor's Blog

Twice a week

Available to all employees via the Intranet/Extranet. Publishes articles of an institutional nature and others that address the daily life of the employee

LinkedIn

Two to three times a week

Disclosure of institutional information, such as openings and campaigns, specific commemorative dates in the health area

Murals

Daily

Available in all care units to spread news to those who do not have access to e-mail

NotreDame Intermédica Group website

It gathers different information about the Business Units and their services, health tips, work with us, service channels, general news about the company, consultation of the Own and Accredited Networks and areas of exclusive access to beneficiaries, customers and brokers. It provides communications aimed at beneficiaries, customers, brokers, prospects, accredited and other audiences

YouTube

Monthly

Dissemination of current and already published actions, as well as lectures on Preventive Medicine. Videos are divided into several playlists

Corporate TV

Daily

Broadcast in places with a large circulation of employees, with institutional information, photos and videos of internal campaigns

Health Blog

Monthly

Aimed at beneficiaries, customers, brokers, prospects, affiliates and other audiences that travel through the channel. It brings information about disease prevention and health promotion, tips, health agenda, physical activity, healthy eating, curiosities etc.

Releases

On demand

Aimed at journalists and communication vehicles, they aim to publicize acquisitions, changes, among other news of interest to the press and the sector

Intranet/ Extranet

Daily

Available to all employees (via the corporate network in the case of the intranet) for the dissemination of internal campaigns

E-mail Marketing

On demand

Organized, fast and assertive communication on matters of interest to the different GNDI audiences

ESG Notices

4 compliance notices
27 of sustainability
12 of data governance and privacy

GNDI South engagement initiatives

Posts on Instagram and Facebook containing health tips, information about services and professionals available in our hospitals, as well as posts about products

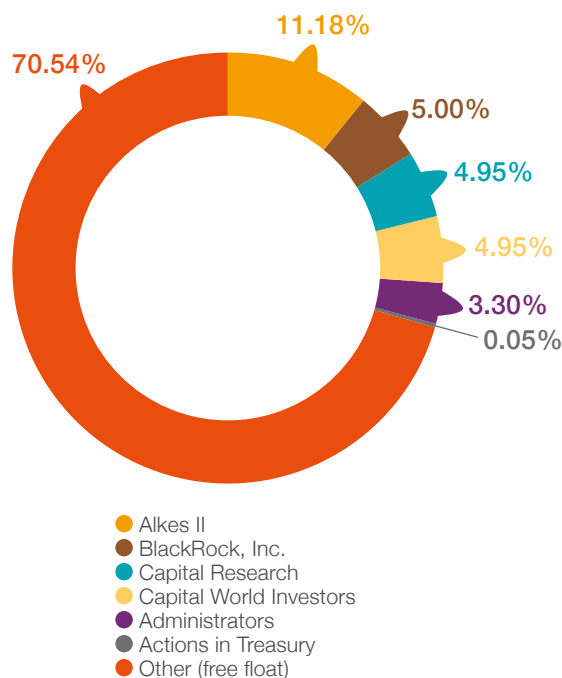


CORPORATE GOVERNANCE

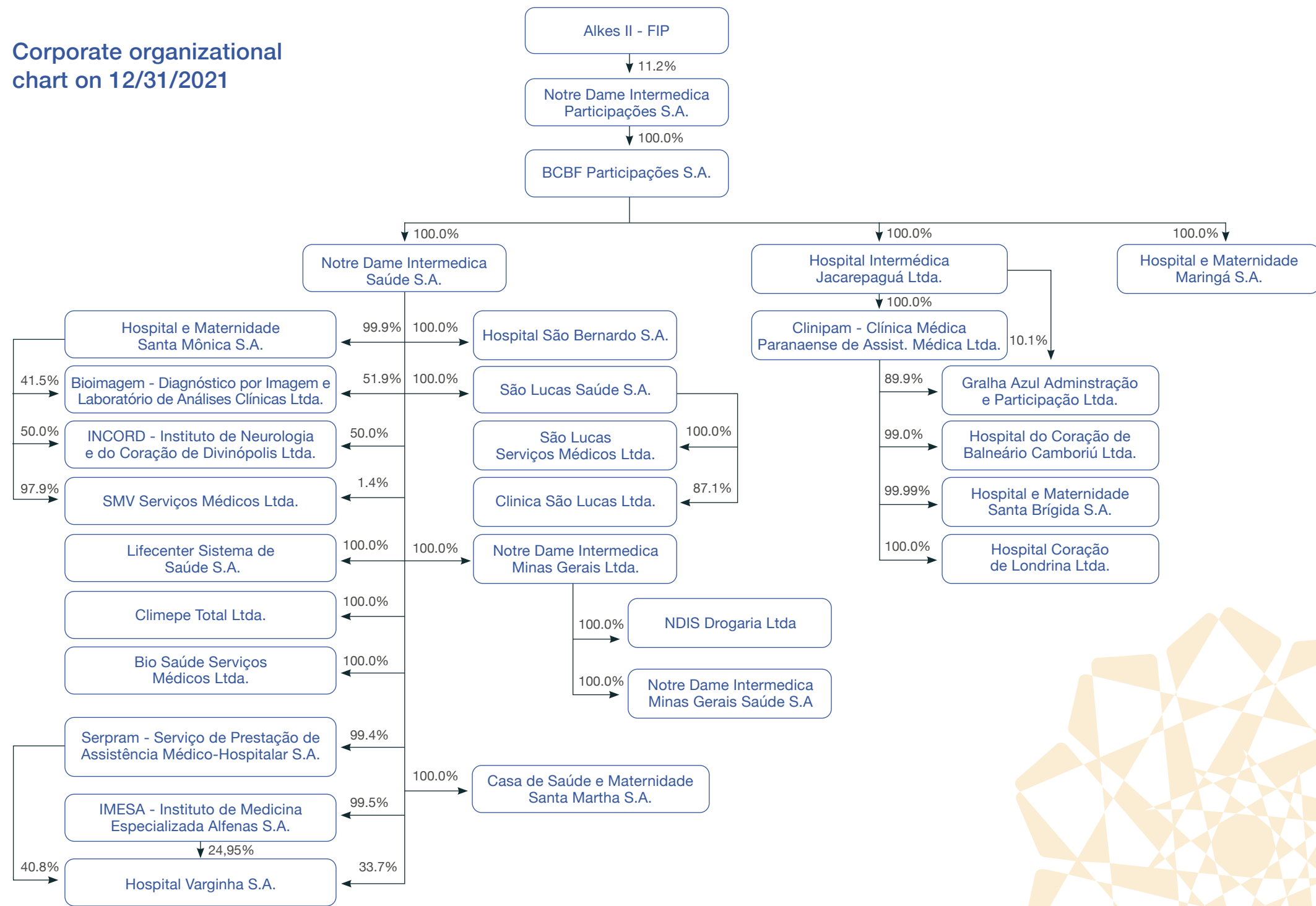
Our company has been publicly traded on the São Paulo stock exchange, B3, since 2018, and the shares (GNDI3) were traded, until February 11 of 2022, on Novo Mercado, a listing segment that has the highest regulations and corporate governance requirements.

We have different types of shareholder profiles in our base and a free float capital of 70.54%—above the minimum of 25% required by the B3 regulation. Moreover, we also exceeded the required minimum percentage of independent members on the Board of Directors. Three directors with this classification are part of our highest deliberative body, made up of seven members, making up 43% of the total (the Novo Mercado requires at least 20% of independents).

Shareholding composition



Corporate organizational chart on 12/31/2021



Governance structure



Our Board of Directors, the highest decision-making body in our governance structure, is made up of seven members elected by the General Meeting for a two-year term. The Board is responsible for defining strategic guidelines for business growth and development, including the assessment of risks and opportunities related to ESG aspects.

The Audit Committee, made up of three members, advises the Board of Directors in monitoring internal audit and corporate risk management activities.

We also have a Fiscal Council, made up of three independent members elected for a one-year term with the responsibility of inspecting the actions of the managers and analyzing the company's financial statements. The installation of the Fiscal Council is not permanent in our governance structure, being required by the shareholders.

The Executive Board is responsible for the strategy, development and monitoring of action plans and corporate projects. We have

the Chief Executive Officer and nine other executives, elected by the Board of Directors for a unified two-year term.

The diverse experience and multidisciplinary of the executives who make up our Executive Board contribute to a better assessment of operational risks and action plans necessary for business growth with the aim of expanding access to quality healthcare.

The appointment of the members of the Board of Directors, of the Committees and of the Executive Board observes the guidelines established by the Appointment Policy that we have as a normative of our corporate governance. We also have formal mechanisms for evaluating the performance of directors and executives aimed at continuous management improvement. Annually, Board members carry out a self-assessment of their activities. Every two years, there is a formal analysis of the company's results and the performance of the Executive Board, the Board of Directors, the Advisory Committees and each of their respective members, individually.



Composition of the Board of Directors

	Position
Christopher Riley Gordon	President
Irlau Machado Filho	Board Member
Michel David Freund	Board Member
T. Devin O'Reilly	Board Member
José Luiz Teixeira Rossi	Independent Board Member
Plínio Villares Musetti	Independent Board Member
Ana Paula De Assis Bógus	Independent Board Member

Composition of the Audit Committee

	Position
José Luiz Teixeira Rossi	Independent Member
Plinio Villares Musetti	Independent Member
Michel David Freund	Board Member
Ana Paula De Assis Bógus	Independent Member

Composition of the Fiscal Council

	Position
Adelino Dias Pinho	President
Sergio Vicente Bicicchi	Effective Member
João Verner Jueneman	Effective Member
Olavo Fortes Campos Rodrigues Junior	Alternate
Anna Carolina Morizot Tourinho	Alternate
Geraldo Affonso Ferreira Filho	Alternate

Composição da Diretoria Executiva

	Position
Irlau Machado Filho	CEO
Marcelo Marques Moreira Filho	CFO
Glauco Desiderio	Investor Relations Director
João Alceu Amoroso Lima	ESG Vice-President
Joel De Sousa	COO
Luiz Celso Dias Lopes	Regulatory Director
Lino José Rodrigues Alves	Legal Director
Nilo Sergio Silveira Carvalho	Sales Director
Pedro Guilherme Calandrino	M&A Director
Silvia Carame Estefan	Medical Accounts and Care Costs Director

Advisory Committees

Our governance structure is strengthened with the existence of Advisory Committees, groups that involve senior leadership and are the result of our continuous investment to improve management processes and ensure the highest efficiency of the business.

There are 13 executive committees in our company, which cover all segments of the company and act in accordance with the legislation and policies established in the company.

The committees are as follows:

- Health Committee
- Results Committee
- Executive committee
- Business Committee
- Legal Committee
- Audit Committee
- Quality Committee
- HR Committee
- Works Committee
- Sustainability Committee
- Procurement Committee
- Diversity Committee
- IT Committee
- Innovation Committee

We also held two periodic meetings to assess expenses and meet with the leader of the financial area (CFO), as a complement to the company's other transparency and efficiency practices.

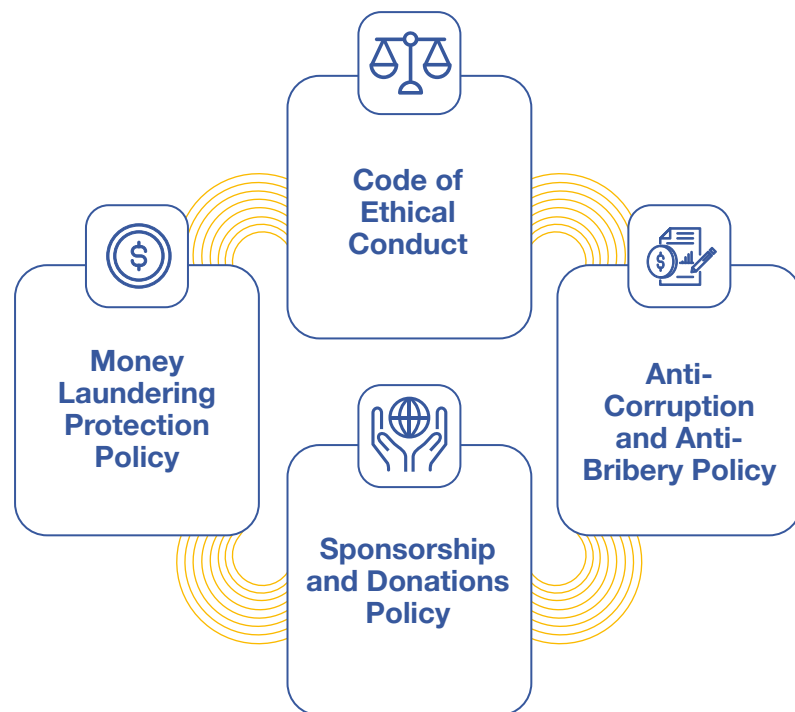
Compliance is a priority

In conducting our business and in the relationship we establish with different stakeholders, ethics and integrity are values of our corporate governance that support decision-making. The performance of managers, employees and third parties representing our company is guided by the ethical principles that we express in our Code of Ethical Conduct and in the different compliance policies we have.

Respect for fundamental human rights and repudiation of any type of discrimination are at the base of our conduct and the culture of ethics and integrity that has been reinforced since we became signatories of the United Nations Global Compact in 2018.



Compliance guidelines



Know [Click here to access our Code of Ethical Conduct](#)

Know [Click here and access our policies](#)

To ensure alignment with our company's values and principles, we have a Compliance Program, with processes and practices that go beyond the provisions of the Anti-Corruption Law (Law 12,846/13 and Decree 8,420/15), including extended anti-corruption measures for the private initiative. The management of the Compliance Program is conducted by the Vice-Presidency of ESG, Risks and Compliance and annually assessed by the External and Internal Audits, the Audit Committee and the Fiscal Council.

We promote decent work, complying with Brazilian legislation that prohibits the work of children and adolescents under the age of 18, except in cases that fall under the Young Apprentice Law (Law no. 10,097/2000), which allows the hiring of young people from

14 years of age as long as the work does not have characteristics of insalubrity and dangerousness.

All our employees are committed to helping to eliminate any form of forced or slave-like labor and to report violators in case of suspicion of this type of practice, in line with our Code of Ethical Conduct. Raising the teams' awareness of the topic is a continuous effort that covers 100% of employees, through communication actions about our values and guidelines, participation in forums and external associations. In 2021, the schedule of disclosures in December was worthy of mention, in reference to the International Day to Combat Corruption (09/12), established by the United Nations Convention in 2003.



We extend this stance to our suppliers, requiring these partners to act in accordance with the Compliance Program, which expressly prohibits all types of discrimination. In 2021, more than 5,000 customers, partners and suppliers were informed about our anti-corruption guidelines.

Every year we conduct different training and qualification actions for employees on our Compliance Program, with the objective of reinforcing the guidelines of the Code of Ethical Conduct and policies, as well as strengthening the culture of integrity that we practice. When the teams from acquired companies are integrated, we also promote specific compliance training, in which the issue of fighting corruption is widely addressed. In 2021, 61.26% of employees completed compliance training.

Conducting compliance training at our corporate university (UniGNDI) is mandatory for all employees.

Communicated Partners of Anti-Corruption Guidelines*

	2021		2020	
	Number	Percentage	Number	Percentage
Customers				
Southeast	754	54.1%	464	100%
South	90	53.3%	ND	ND
Partners				
Southeast	1,808	92.9%	1,425	100%
South	159	28.2%	ND	ND
Suppliers				
Southeast	2,945	100%	1,121	100%
South	ND	ND	97	100%

*Source: contracts from the Legal, Technical and Commercial areas (brokers).

Employees communicated in anti-corruption policies and practices*

	2021		2020	
	Number	Percentage	Número	Percentage
Governance Members	0	0%	0	0%
Executive Board	136	100%	118	100%
Management	399	100%	336	100%
Coordination	494	100%	384	100%
Supervision	624	100%	545	100%
Specialist/Analyst	5,596	100%	4,833	100%
Assistant/Operational Technician	15,955	100%	14,156	100%
Intern	318	100%	97	100%
Apprentice	104	100%	22	100%

*Data were obtained from the HR employee base (see units covered in the GRI 102-8 content) and registered at the Corporate University of the NotreDame Intermédica Group (UniGNDI).

Employees trained in anti-corruption policies and practices*

	2021		2020	
	Number	Percentage	Number	Percentage
Governance Members	0	0%	4	66.70%
Executive Board	112	82.40%	44	37%
Management	297	74.40%	167	50%
Coordination	366	74.10%	224	58%
Supervision	509	81.60%	426	78%
Specialist/Analyst	2,905	51.90%	3,357	69%
Assistant/Operational Technician	8,042	50.40%	10,802	76%
Intern	40	38.50%	88	91%
Apprentice	117	36.80%	22	100%
Total	12.388	61.26%	15.130	70%

*Data were obtained from the HR employee base (see units covered in the GRI 102-8 content) and registered at the Corporate University of the NotreDame Intermédica Group (UniGNDI).

Integrity Program

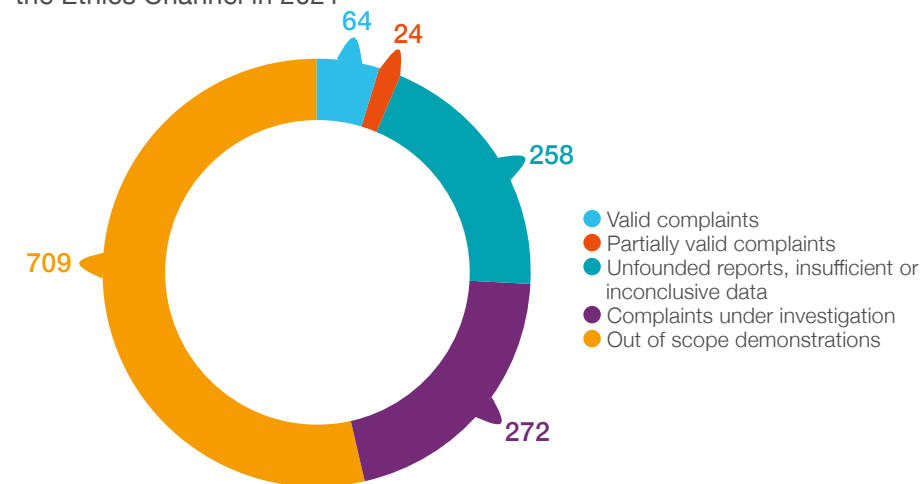
Our Integrity Program has the Ethics Channel, a platform for receiving complaints about acts of corruption, fraud or any other type of behavior that is in disagreement with the Code of Ethical Conduct, compliance policies or the Brazilian legislation.

The Channel is managed by an external and independent company, and is available in Portuguese and English. All communications have their confidentiality protected and the communicators can even make the complaints anonymously, if they wish. All complaints are filed and the author can consult the progress of the investigation through the Ethics Channel portal.

The GNDI and its collaborators were not the target of legal proceedings related to the topic. To curb corruption, our company is guided by the Code of Ethical Conduct and the Anti-Corruption Policy, based on Brazilian and international laws, rules and regulations related to the fight against corruption and bribery—in particular the Anti-Corruption Law (12,846/2013 and Decree 8420/2015), the United States’ Foreign Corrupt Practices Act (FCPA), and the United Kingdom’s Bribery Act.



Complaints received by the Ethics Channel in 2021



Through the Ethics Channel, we also investigate possible cases of discrimination in the company. In 2021, eleven such complaints were received, three of which were concluded as unfounded, five as inconclusive and three are still under investigation. For cases concluded as valid, there is the convening of the Disciplinary Measures Committee, created in 2021, which, among other tasks, appraises the case and decides on the educational or punitive measures to be applied. This committee is composed of representatives from the Human Resources, Legal and Compliance areas.

The Compliance area has interactions with several areas of the GNDI for inquiries or requests for opinions through the email compliance@intermedica.com.br. These requests can be the most varied, from approval to receive or offer gifts outside the policy, review of materials with sensitive information and that will be published, response to Compliance from suppliers, customers and partners, questions about compliance policies or flows established and requests for guidance on resolving conflicts of interest, among others.

+ To access the Ethics Channel:

gndi@canaldedenuncia.com.br
canaldeetica.gndi@e-denuncias.com.br
<https://canaldedenuncia.com.br/gndi/>
 Phone: 0800 025 8856

Corporate risk management



The management of risks that may significantly impact our business is guided by the Risk Management Policy and the Risk Manual. We follow the recommendations of the Committee of Sponsoring Organizations of the Treadway Commission (COSO) to establish responsibilities for the management and mitigation of each prioritized risk, in the financial and non-financial scope, with a focus on business continuity and value creation. The Risk Management Policy was established taking into account the ISO 31001 standard, the Code of Ethical Conduct and other governance procedures.

Risk management is carried out in an integrated manner in our business, with the participation of the Board of Directors, Executive Board, Internal Audit, Risk Area and Compliance Area, with the participation of other employees for risk management in their areas of activity.

With this management model, we assess and deal with all the risks to which our company is exposed, covering economic, social and environmental aspects of our operation. Moreover, we seek to be aligned, albeit informally, with the Precautionary Principle, which also guides environmental management, especially with regard to the management of health service waste, and the organization's work safety.

Three phases of protection

We apply the concept of Three Lines of Defense, in order to standardize and coordinate risk management

1

The first line is made up of employees and managers from the business and support areas, responsible for detecting any types of daily risks

2

The second is organized by the Risk, Compliance, Internal Controls, Controllershship, Quality and other areas that act independently

3

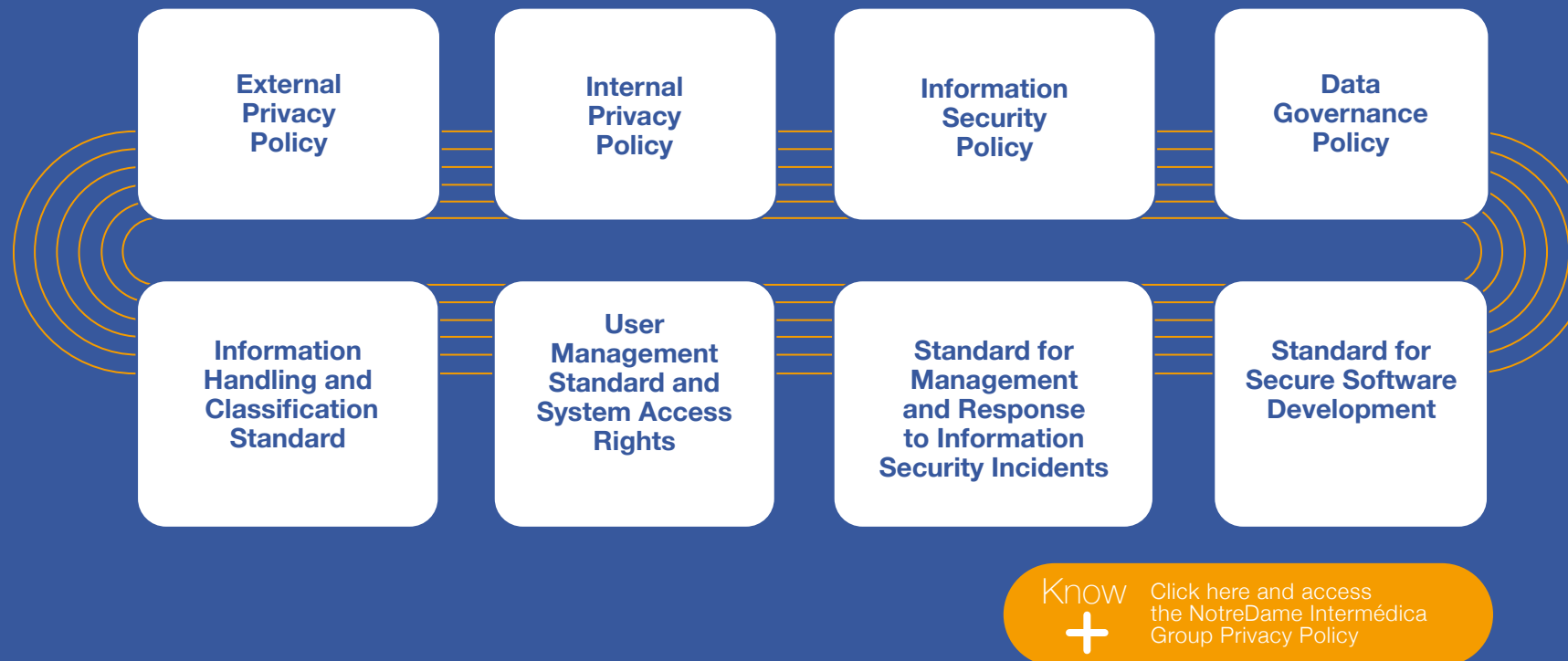
The third line consists of the Internal Audit and has an opinion on the effectiveness and risk management

Information security

The protection of sensitive information and data of our beneficiaries, employees and other types of agents is a priority for our company. Since 2020, we have been in full compliance with the General Personal Data Protection Act (GPDPA), and we are working to further strengthen the protection of personal information and sensitive data.

The Governance and Privacy management, as part of the Vice-Presidency of ESG, Risks and Compliance, coordinates the holding of several workshops with executives and leaders, in addition to business areas. In 2021, an awareness campaign and training on Security and Privacy were launched, which provides for the creation of online training to be included in the learning path of UniGNDI—our corporate university.

Privacy and Personal Data Protection Policies



Encryption strengthens our security

The data we receive is stored on encrypted file servers (storages) with logical access control. The information is imported into the GNDI listening systems and is permanently purged from the file servers.

In our systems, all accesses are controlled via “username and password”, and access profiles are limited to the functions performed.

Our internal processes provide for measures to be taken in case of leakage of personal data of beneficiaries or employees, including the investigation of the causes of the incident and the definition of action plans to prevent further occurrences. In 2021, we did not record any event of this nature.

We are also not involved in any legal proceeding, assessment or another type of penalty related to data security and privacy.

2 thousand professionals, approximately, were engaged in training actions on data security and privacy in 2021

800 employees trained in GPDPA in the year



Atenção

1. Não é permitida a permanência de acompanhantes no sala durante o exame radiológico, salvo quando estritamente necessário e autorizado;
2. Acompanhante, quando houver necessidade de continência do paciente, deve usar constantemente a vestimenta plúmbea para sua proteção;
3. Nesta sala somente pode permanecer um paciente de cada vez;
4. Mulheres grávidas ou com suspeita de gravidez, deve informar ao médico ou ao técnico antes do exame.

INNOVATION AND DIGITIZATION

The healthcare industry is a sector where the emergence of new technological tools and the growth of digitization provide advances and benefits for the entire value chain. Therefore, we continually invest in efforts in the field of health innovation to promote the best alternatives to our beneficiaries. We have an Innovation Committee, made up of members from the areas of operations, technology, products and new businesses, responsible for leading the best practices in the segment and creating possibilities for our company and customers.

We worked, for example, on digitizing our medical records and took steps to modernize our scheduling system. The two actions allow doctors to receive the necessary information more quickly and, consequently, increase the efficiency of care.

Startup investment

Reinforcing our purpose of being more and more protagonists in innovation, we invested in the healthtech NeuralMed. The investment provides for a 9.29% equity interest in the Brazilian startup, a company that focuses on optimizing service time and assertiveness of medical decisions through artificial intelligence.

Supporting the growth of the partnership, we expanded our strategic positioning of adopting innovative solutions in the healthcare segment with quality and efficiency, two of our main mottos.



Investments in digital solutions

The development and use of telemedicine is also worth mentioning in the GNDI, especially as it has gained even more relevance in a period of pandemic, characterized by the existence of numerous challenges. We mobilize professionals and the structure to serve our beneficiaries in the most efficient way possible through telemedicine, ensuring quality and accessible healthcare (learn more on page 53).

Law no. 13,989/2020 authorizes the practice of telemedicine for all areas of health while the new coronavirus crisis lasts



Health research and innovation

The GNDI Research Institute was structured to boost our capacity for scientific research and to create solutions that contribute to making quality health accessible to generations of Brazilians. Located in the city of São Paulo, in the unit of the Higienópolis neighborhood, the Institute has an exclusive wing to offer a humanized service, with comfort and well-being to the participants.

The Institute works through the development of innovative clinical trials and the establishment of protocols for the development of new medicines and technologies in the health area. Clinical research takes place in partnership with laboratories, the pharmaceutical industry and clinical staff. The institution also holds courses, symposia and encourages the production of scientific articles on health and technology by our company's professionals.

The GNDI Research Institute drives investments in clinical trials, establishment of protocols and development of new drugs and technologies, in addition to engaging the academic and scientific universe

The Institute's production has already involved the performance of 17 studies in the areas of oncology, cardiology, infectology and obstetrics, demonstrating to the medical and scientific community the quality of our care. 5 papers were also published in congresses and journals, 7 international trials (clinical trials) are in progress and 3 new ones have already been approved.

One of the trials developed evaluates how immunotherapy, associated with chemotherapy, contributes to increasing the life expectancy of cancer patients. The work was posted on the U.S. Clinical Trials website. National Library of Medicine, one of the most relevant publications in the field. Currently, 32 patients participate in the Institute's research.

Ethics in clinical research

The research projects of the GNDI Institute are evaluated by a transdisciplinary Research Ethics Committee (CEP), formed by specialists from various areas and representatives of the population.

More complex projects that involve monitoring protocols in special areas, such as genetics and human reproduction, are submitted for evaluation by the National Research Ethics Commission (CONEP) before being started. This approval is also required for studies involving new equipment and procedures, indigenous population and biosafety, among other criteria.

In the development of research, the GNDI Institute ensures the protection of the rights of volunteer patients and the confidentiality of research participants. The institution also guarantees the excellence of services and infrastructure to provide quality of life and welcome to participants, following the specifications of the CEP/CONEP System regulations, Resolution 466/12, Anvisa, ICH, and other applicable requirements.



SOCIAL IMPACT

Our employees

We work continuously to build the best environment for our employees through relationships based on professionalism, acceptance and mutual respect. Our priority is to ensure the safety and health of people during activities and assistance to beneficiaries—an even greater challenge during the Covid-19 pandemic.

We also seek to promote diversity and the provision of equal opportunities for professional development and growth. The appreciation of female entrepreneurship and the training of teams are key pillars for our corporate evolution.

Our people management model is recognized and certified for its excellence. In 2021, our company was recognized, for the second year in a row, as a “great place to work” by the Great Place to Work (GPTW), a global consultancy specializing in HR management.

The recognitions are the result of efforts to strengthen talent retention, promote a culture of opportunities, and foster the development of employees’ capabilities through skills improvement programs.

One of the programs with the greatest adherence by the public in the care segment is the “RH ON”, an initiative in an online format to promote meetings with professionals who bring more well-being and quality of life to our employees, through discussions about stress, food, physical activities, among other examples. In addition, we maintained internal actions in 2021 focused on the safety of our workers, through protective items and efficient practices.

In 2021, we were recognized for the second year in a row as a “great place to work” by the global consultancy GPTW



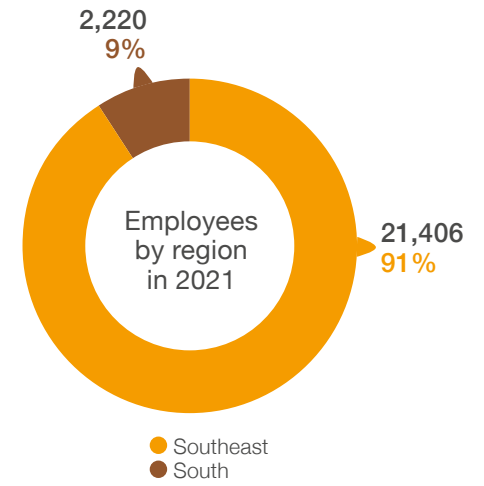
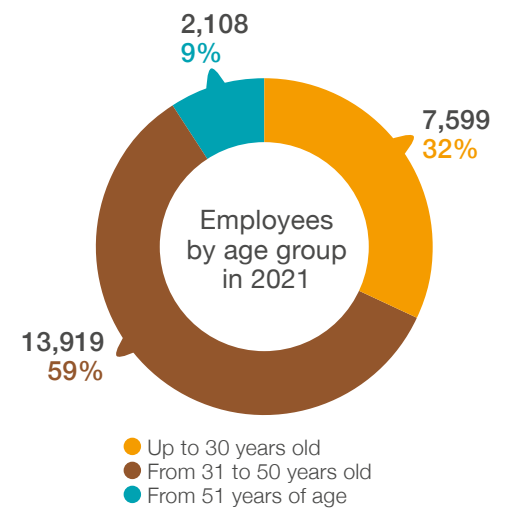
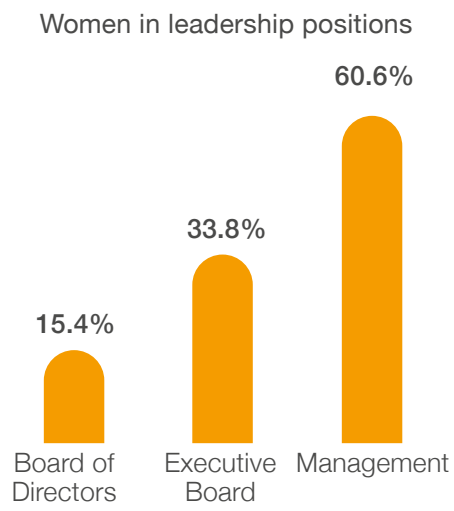
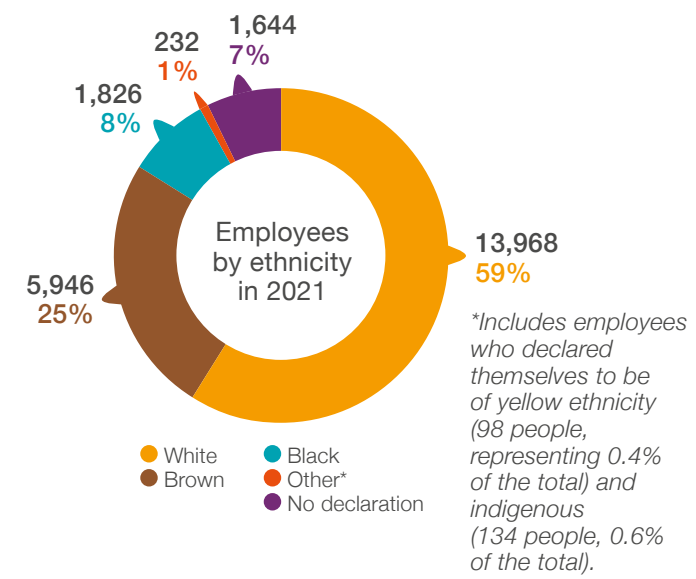
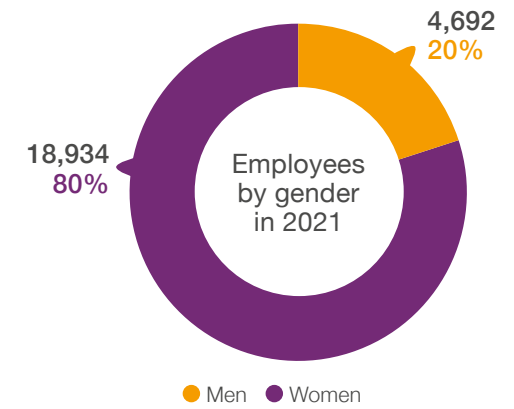
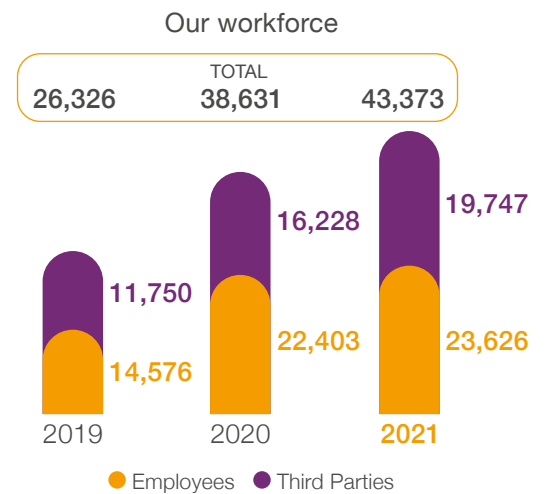
Staff list*

Our team of professionals is made up of approximately 23,600 direct employees, who work with beneficiaries in our own network and in the management of our company's administrative processes. Of this total, 80.1% are women, most of them carrying out their activities in technical and operational areas of our assistance units.

We also have outsourced medical, concierge, security and hygiene companies. These professionals total more than 19,700 people working in our units.

**All quantitative data on this page do not include the following units in 2021: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suiça Hospital.*

100% of employees are represented by an independent union or covered by collective bargaining agreements



Diversity Program

Our Diversity Program, launched in 2020, was strengthened last year with different actions to ensure that respect for human rights, tolerance and collaboration are even more present in our corporate culture. Throughout 2021, we prepared and disseminated guides, in addition to making content available at the GNDI Corporate University. We also launched a page on Diversity and Inclusion on the Intranet/ Extranet and conducted internal and external communication campaigns.

The actions of our Diversity and Inclusion Program are conducted by five Affinity Groups: Gender, LGBTQIA+, PCD, Ethnic-Racial and Generations. The participants are volunteer employees, who propose and discuss initiatives to promote a culture of diversity in all its aspects.

Between the months of November and December, we carried out our 1st Census of Diversity and Inclusion. Open to employees from all branches and doctors hired as a legal entity, the survey had 4,658 respondents, of which 4,524 were employees and 134 were doctors. The results will generate reflections and developments for the planning of the Program's activities in 2022.



The activities are monitored and supervised by the **Diversity and Inclusion Committee**, one of the multidisciplinary management forums that we have in our company to advise the Executive Board

HIGHLIGHT ACTIONS OF THE DIVERSITY AND INCLUSION PROGRAM IN 2021

6 live sessions with the participation of important interlocutors, such as Maria da Penha, Flavia Cintra, Luana Genot and Rita Von Hunty

General training on diversity, aiming at acculturation to the theme, with 2 groups containing 30 participants, with 5 meetings and duration of 3 hours for each group

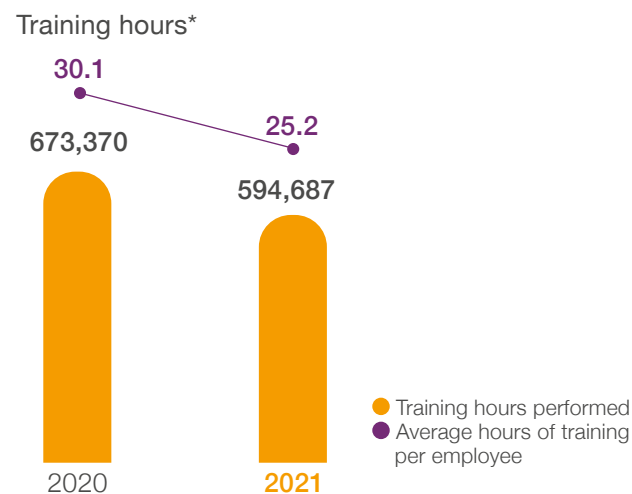
One of the highlights of the year was the Young Apprentice – Be Plural pilot project, aimed at training low-income apprentices, the majority of whom are black, with the aim of directing and expanding the perspective and career interests within the Group and retaining these young talents in the most diverse areas. Every two weeks, participants met with managers or directors from different areas to better understand the work developed by the teams, possible fields of activity and the importance for the business. In these meetings, the Organizational Development team also discussed with the apprentices the technical and behavioral requirements necessary to work in each area, with the support of a dynamic based on the 10 pillars of the Reception Project. The initiative involved 60 apprentices, with the dedication of 580 hours of training per year.

Improvement of skills

Within our corporate university (UniGNDI), we provide a career path in which there are mandatory courses for employees of the assistance team and other specific training in other areas. Moreover, we offer practical classes for training and improving care protocols.

In the new units acquired, UniGNDI contributes to promoting the standardization of processes and protocols that were not internalized by its employees before the acquisition.

The reduction in training hours is due to the unavailability of the corporate university (UniGNDI) as of September, due to the change in the training platform, which provided significant improvements to the tool.



**In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.*



UniGNDI: our corporate university

A platform available to all employees under the CLT regime and physicians registered in a specific training environment. The service is open for webinars and online courses, with the aim of providing excellent knowledge to the target audience. The “learning paths” present mandatory (culture) and optional (self-development) content.

BRL 1.7 million
invested in actions aimed at education

+ 300 contents
available in different media at the corporate university (UniGNDI)

Through educational partnerships, UniGNDI offers postgraduate courses with discount percentages **above 40%**

Continuing Education Program

We promote a series of events with annual and monthly activities to keep our multidisciplinary team in a constant learning process. We apply the program with the aim of improving skills, promoting cognitive and practical growth, and, consequently, improving the assistance provided to our beneficiaries.

Some topics worked on in 2021

- Policy for measuring and interpreting vital signs
- Safe Surgery Program
- Proper use of PPE (dressing and undressing)
- Assistance for cardiorespiratory arrest
- Pain management
- Insulation
- Risk of falling

More than **19 thousand employees** participated in the training of the Continuing Education Program

Internal recruitment and performance evaluation

In addition to continually investing in the training and improvement of our employees, we promote the Internal Recruitment Program in our company, whose objective is to offer opportunities that are open first on our premises and to all employees.

We also have a Performance and Career Management program, in which we evaluate the performance of all our employees, in terms of behavior and task delivery, in addition to mapping internal talents and other employees considered for succession.

In 2021, **1,107 employees** were boosted by the Internal Recruitment Program, having been promoted or transferred to other areas

Relationship with the clinical staff

The Notremedical Program, maintained since 2019, brings together initiatives for the continuous qualification and retention of doctors and health professionals who work in our units. Among them, the holding of biweekly scientific events, the possibility of access to the GNDI Research Institute to conduct studies under the supervision of the Research Ethics Committee (learn more on page 35), participation in live sessions for beneficiaries and tributes on Doctor's Day. Notifications on important topics for the day-to-day activities of the teams and institutional information are also published on a recurring and timely basis.

The governance of the program is conducted by a committee made up of representatives from Operations, Marketing and IT, which meets fortnightly to monitor initiatives to plan developments. Until 2020, actions were centralized in the Notremedical app, which was discontinued in the last year. A new platform for the relationship with physicians and health professionals is under development.

The analysis of the indicator "annual average volunteer turnover among physicians", according to the SASB standard, cannot be

performed. Physicians working in the GNDI are hired through professional companies, which can be uniprofessional or reach hundreds of professionals.

This hiring model determines that, respecting the autonomy of these companies, for reasons not linked to the relationship of these doctors with the GNDI, there are movements of professionals internally in these companies and decisions on their allocation in the various services provided by the companies. This autonomy of the contracted companies compromises the quantification and linking of professionals to the GNDI.

In addition, in recent years, two conditions have imposed recurrent restructuring of assistance and impacted the turnover of professionals: the incorporation processes of companies acquired by GNDI and the impacts of the COVID-19 pandemic. The incorporations determine the restructuring of care activities and, more significantly, the three waves of COVID-19 determined successive expansions and retractions of the care structure with strong effects on the turnover of professionals.

People's health and safety

In our company, the health and safety at work (OSH) of our employees is just as important as that of our beneficiaries. In order to carry out excellent management on this front, we structured and implemented the SOC, which covers 100% of our employees. It is a health and safety management system in which we centralize all risk prevention, communication, training, incident investigation and related documentation processes, such as periodic medical examinations and work-related accident reports. The platform complies with regulatory standards and applicable legislation and also allows the submission and transmission of records to eSocial, the Federal Government's portal.

Through the Environmental Risk Prevention Program (ERPP) and the Occupational Health Medical Control Program (OHMCP), reviewed annually, we consolidate the prioritization of risks to the health and safety of people in our units. Every month, inspections carried out by our technical teams allow us to act in a timely manner to identify and correct unsafe conditions.

Committees installed at the units also play an important role in promoting a safe environment. We have Internal Accident Prevention Commissions (CIPAs), according to legal requirements, as well as Sharps Commissions and Risk Management Committees in Diagnostic Radiology, according to the particularity and services provided at each unit. The members of these forums meet on a monthly basis to discuss topics related to their respective attributions, and may also rely on suggestions and ideas from other employees and third parties. In addition, the CIPAs participate annually in the organization of the Internal Week for the Prevention of Accidents and the Environment (SIPATMA).

The promotion of a culture of health and safety is the focus of recurrent dissemination actions and training on these topics. Employees carry out these trainings within the scope of UniGNDI, our corporate university. Third parties are directly involved by the GNDI in training actions for brigade members, when applicable. We require all outsourced service contractors to present updated OHMCP and Occupational Health Certificates (ASOs) for professionals working in our units.

42.3 thousand hours
of health and safety training delivered
in 2021, five times the total hours of 2020

Action fronts in OSH



Monthly inspections, whose results are measured by indicators, with action plans



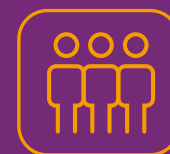
Emergency drills (canceled due to the pandemic)



Quarterly security audits (canceled due to the pandemic)



Monitoring of health and hazard expertise



Internal Commission for the Prevention of Occupational Accidents (CIPAs)



Campaigns and training



Internal Accident Prevention and Environment Week (SIPATMA)



Mapping and risk management



Accident investigation is conducted using standardized forms. In this process, we analyzed the location of the incident and interviewed the employee who had an accident, his manager and any witnesses to propose improvement actions. Action plans may involve reviewing procedures, providing guidance to those involved, or reformulating communication and training initiatives.

In 2021, we recorded 558 accidents involving our own employees, with a frequency rate of 19.48 accidents for every 1 million hours worked. The severity rate, in turn, reached an index of 51.40 days lost for every 1 million hours worked. Among the third parties, there were 131 incidents, resulting in frequency and severity rates, respectively, of 6.87 and 20.55.

The main causes of accidents with employees and third parties at our units are due to interaction with sharp objects, such as needles, and exposure to biological agents. The coronavirus pandemic had its second wave significantly more serious than the first, in 2020, especially between January and May 2021, with a consequent overload on the entire care network. As a result of this situation, we expanded the hiring of third parties and worked more overtime at our units, thus contributing to an increase in the number of accidents.

To prevent such recurrences, we adopt training measures, deliver personal protective equipment and carry out safety inspections.

Workplace safety indicators among employees¹

	2021			2020	2019
	Men	Women	Consolidated	Consolidated	Consolidated
Total man-hours worked	5,928,268	22,710,972	28,639,241	37,360,329	31,960,098
Number of recordable accidents	68	490	558	351	390
Recordable accident frequency rate ²	11.47	21.58	19.48	9.39	12.20
Accident severity rate ³	26.65	57.86	51.40	22.93	48.56

¹In 2021, it did not cover the following units: Lifecenter Hospital; Serpram; Climepe; MediSanitas Group; Paes Leme Hospital; Bela Suíça Hospital; Maringá Hospital; Santa Martha Hospital; and Santa Helena Hospital. In the triennium, there were no high-consequence accidents or accidents that resulted in death.
²Considers accidents with and without lost time, including first aid, and is calculated on the factor of 1 million man-hours worked, according to NBR 14,280.
³Considers lost and debited days accounted for as calendar days and is calculated on the factor of 1 million man-hours worked, in accordance with NBR 14,280.

Workplace safety indicators among third parties¹

	2021			2020	2019
	Men	Women	Consolidated	Consolidated	Consolidated
Total man-hours worked	2,416,864	16,655,171	19,072,035	999,294	ND
Number of recordable accidents	22	109	131	48	58
Recordable accident frequency rate ²	9.10	6.54	6.87	48.03	ND
Accident severity rate ³	7.03	22.52	20.55	114.08	ND

¹The data in this table cover 100% of third-party hygiene, property security, maintenance, nutrition (SND), blood bank, third-party laboratories. In the triennium, there were no high-consequence accidents or accidents that resulted in death.
²Accounting for man-hours started in 2020, which prevented the presentation of data and the calculation of rates for the year 2019.
³Considers accidents with and without lost time, including first aid, and is calculated on the factor of 1 million man-hours worked, according to NBR 14,280.
⁴Considers lost and debited days accounted for as calendar days and is calculated on the factor of 1 million man-hours worked, in accordance with NBR 14,280.

Promotion of worker's health

Our employees can carry out specialized monitoring of various diseases, such as arterial hypertension, diabetes, back pain, vascular diseases, psychiatric disorders etc. The referral is made by the Occupational Health area when the problem is identified, through examinations, or by free demand, when the employee notifies the local team and requests the referral.

In 2021, the continuity of the new coronavirus pandemic kept health professionals at the center of the fight against the disease. Therefore, the level of wear and tear on the assistance teams continued, which made us maintain the emotional support initiatives for this group. In this context, we highlight the maintenance, since 2020, of a direct channel with Psychiatry, which includes actions related to the perception and management of stress at work. In the last year, we carried out 139 referrals within the scope of the project.

Among the activities promoted, we highlight the meetings of the RH ON Program, with professionals responsible for bringing greater well-being to the care team by helping with issues such as stress and mental illness. In addition, as a way of providing information and greater peace of mind to professionals, we produced some motivational podcasts for the care team throughout 2021. Another novelty was the Acolhida (Welcoming)



Program, which emerged from a special action to commemorate the International Women's Day, in March, and was consolidated into a permanent care front. In this program, employees are made aware of the importance of preventing breast and gynecological cancer and are referred for care at the units. In 2021, the initiative had 54 members.

To promote the well-being of our employees, we also have agreements with networks

of gyms and physical activity centers that offer discounts on joining exercise programs. All employees and their dependents also have access to the Qualivida preventive medicine program (learn more on page 12).

Through the Seu Espaço (Your Space) channel, professionals can freely express considerations about the occupational health service and send suggestions, complaints and questions.



Safe pregnancy

Since 2020, with the Mãe Coruja (Doting Mother) project, we have offered a benefit to GNDI employees. The initiative accompanies mothers from the beginning of pregnancy to the first pediatric appointment, ensuring the best prenatal care and full support for pregnant women. The initiative had the adhesion of 138 employees.

As provided for by Brazilian legislation, 100% of professionals can take advantage of maternity/paternity leave. In 2021, 980 women and 83 men benefited from the benefit; 100% of men returned to work after the period of leave, and the rate of women who returned was 79%.

Employees who took advantage of the leave	2021	2020	2019
Men	83	121	47
Women	980	900	611
Total	1,063	1,021	658

**In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suiça Hospital.*



Excellence in service

The verticalization and growth of our network allow us to offer quality humanized service at an affordable price. The excellence of our own network is guaranteed through guidelines and protocols that always take into account the reception and security offered to our beneficiaries.

The Acolhimento (Welcoming) Project, with 10 pillars, promotes the development journey of our employees in practices for the humanized care of patients. Through our corporate university, UniGNDI, in 2021 our professionals participated in more than 24 thousand hours of training on the subject.

Among the practices adopted in hospitals, one of the highlights is Nurse Delivery, in which a GNDI employee accompanies the baby and the parents at the time of discharge, from the room to the car. This care contributes to the safety of the beneficiaries and also makes the moment of leaving the maternity hospital more attentive and positive for the parents and the baby.





In 2021, our own network of hospitals carried out **3 million** appointments and **408 thousand** thousand exams, in addition to registering **243 thousand** hospitalizations

Humanization is also a premise for Primary Health Care (PHC). All GNDI teams are trained and engaged to manage patients effectively and resolutely, reinforcing the creation of a bond between the care team and the patient. We know that when a patient seeks health services, she needs not only science and medicine, but also the reception and care of our professionals.

In this way, our PHC program considers the interactions between the patient and the medical and nursing staff as a space also for the discussion of patients' anxieties and questions. Active and attentive listening is practiced in all contacts with beneficiaries, ensuring a space of privacy and welcoming.

The São Paulo and Rio de Janeiro branches also have programs to assist beneficiaries in permanent care units and in the Home Care modality. In the last year, 130 patients were treated in back-up hospitals, palliative and long-stay units. This number grew compared to 2020 mainly because of the admission of patients with post-Covid sequelae. In relation to patients treated in Home Care, the performance in 2021 was similar to that of 2020, with just over 2,200 cases.

The search for excellence in service also includes the monitoring of indicators that show deviations or point out opportunities for improvement. In line with our internal procedures and the unit's certification requirements, we monitor the effectiveness of care in hospitals through a set of metrics.

Training on the humanization of care*

	2021	2020	2019
Number of participations	21,681	18,574	40,820
Number of hours of training	24,191	25,653	24,398
Training hours per employee	1.12	1.38	0.60
Number of communications made to employees	ND	32	11
Number of communications made to beneficiaries	ND	ND	ND

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suiça Hospital.

Damage events

These events correspond to occurrences with negative impacts on patients. They are classified according to the level of damage: mild (slight symptoms and quick duration, resolved with minimal intervention); moderate (symptomatic patient who requires additional intervention, extending the period of hospitalization); and severe (extreme situation in which the intervention is large and the impacts of the event can be permanent or even fatal).

Readmissions

In 2021, among the more than 212 thousand hospitalizations we had, there was a percentage of approximately 0.2% of critical readmissions and approximately 1% of readmissions within 30 days after discharge, with unplanned hospitalizations among these readmissions. All readmissions are analyzed by the medical directors of the units, and the criticisms are monitored biweekly by a committee.



Hospital infection

The Covid-19 pandemic increased the hospital infection rate in care units across the country. The number of infections over total hospital discharges was of 1.51% in 2021.



Hospital infection rate*

	2021	2020
Number of hospital infections	4,643	1,371
Number of hospital discharges	308,432	167,744
Hospital infection rate	1.51%	0.82%

*In 2021, it did not cover Hospital do Coração, in Balneário Camboriú.

We monitor the effectiveness of care in hospitals through a set of metrics



Controlled substance prescriptions

Our Policy on the Safe Use of Medicines determines the guidelines for the application of controlled substances, in line with Ordinance 344/98 of the Ministry of Health. All hospitals have controls to monitor this type of medication, with a daily stock count and a Pharmacy department responsible for handling the substances for application in the treatment of patients. In the case of surgeries and exams, we establish controlled medication kits, which are checked both by the Pharmacy and by anesthesiologists. The operational procedures adopted by hospitals in this area are formalized and ensure the alignment of practices throughout the network. Teams are trained in these procedures through UniGNDI.

One of the challenges in managing this issue is to advance awareness and referral of patients when there is a suspicion of abuse of controlled substances. Currently, the physicians who perform the care refer the patient to psychiatric care if they perceive the patient's risk of having a disorder or addiction to controlled medications. Nevertheless, we are further expanding the program to raise awareness and seek treatment by the beneficiaries themselves.

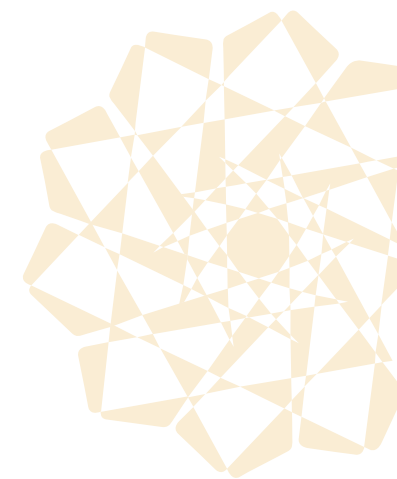
Transparency in billing procedures

Most of the patients treated at our own network units are beneficiaries of GNDI health plans. In addition to them, we also provide services to people who have plans from other accredited operators and private patients.

The values of the procedures performed in the own network are presented to private patients in advance. In addition, we provide tables at the units for consulting the prices of procedures and a Treasury department for clarification. During the period of hospitalization, these patients also monitor the costs of procedures and supplies for their treatment on a daily basis. We also offer conditions to facilitate payment for services, such as credit card installments.

Standardized protocols for handling controlled substances ensure the safety of everyone and the legal compliance of our operations

Patients treated via health plans do not have access to the expenses of the procedures performed. All costs are directed to the operators, and if the client wishes to have information on the subject, they must ask their operator. Our activities do not include care via the Unified Health System (SUS), and we do not have a specific program for free care.





We obtained a **score of excellence in the SHPI in 2021**, with emphasis on the maximum score in the quality criteria in health care and sustainability in the market

Patient experience

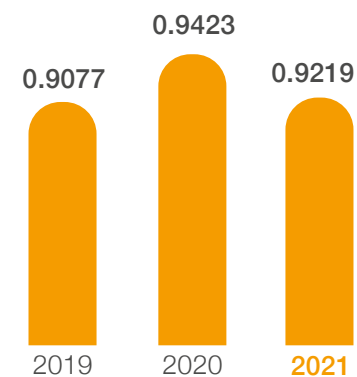
The systemic monitoring of quality indicators, including the parameters established by the National Supplementary Health Agency (ANS), enables the identification of opportunities for continuous improvement. In April 2021, we created the Solutions Forum, whose main objective is to prospect the action plan with the care and non-care areas in the face of variations in indicators.

The most comprehensive indicator monitored by ANS is the Supplementary Health Performance Index (SHPI), within the scope of the Operator Qualification Program (OQP). The SHPI, composed of a set of indicators grouped into four dimensions,

is calculated based on data extracted from ANS information systems or collected from national health information systems.

In the last three years, we have achieved the maximum score in two dimensions and advanced in the others, thanks to the alignment of internal operational processes and improvement in the management of indicators. In the most recent evaluation, which has 2020 as the base year, the performance of the sector as a whole, including that of the GNDI, was worse in the annual comparison, as the context of the pandemic demanded a reduction in elective care, such as appointments, exams and prenatal.

Note on SHPI*



*The SHPI score obtained by GNDI is higher when compared to the market average SHPI value for companies with more than 100 thousand lives: 0.8320 in 2019 and 0.8267 in 2020 (Source: ANS - Qualification System).

ANS Operator Qualification Program Indicators

	2021	2020	2019
Quality of Medical Assistance Provided (QMAP)	1.0000	1.0000	1.0000
Quality and Access to Hospitals, Laboratories and Health Professionals (QLH)	0.7960	0.8362	0.7302
Customer Satisfaction and Health Plan Solidity (CSHS)	1.0000	1.0000	1.0000
Quality of Administrative Management of the Health Plan (QAMH)	0.8317	0.9146	0.8865
Supplementary Health Performance Index (SHPI)	0.9219	0.9423	0.9077

Another indicator monitored by ANS is the General Complaints Index (GCI), which considers the number of complaints received in the last three months for every 10,000 beneficiaries. As our performance in the GCI varied in 2021, we adopted a set of measures, aiming at opportunities for improvement in our processes and the maintenance of this important indicator. Preliminary intermediation notifications (NIPS), a procedure instituted by the ANS to resolve conflicts between beneficiaries and health plan operators, is an important indicator that is intensively monitored by the GNDI Board, and is even analyzed in the Solutions Forum, reinforcing the work

of prospecting for opportunities and improvements in operational processes. This action has the objective of leveraging the satisfaction of our beneficiaries, as well as the mediation of conflicts through the operator's service channels before unfolding to other instances.

The management of its own channels for complaints and requests from customers and beneficiaries has also been improved. We have developed our own indicators for monitoring complaints via the GNDI portal, e-mail, Ombudsman and social networks, classified into two levels. The first corresponds to manifestations formalized

through SAC channels and on the Reclame Aqui portal, for example, while the second level complaints catalog discomforts reported through the Ombudsman.

The handling of requests follows a standardized flow, in which the initial service takes place in the first-level channels, and, if there is no satisfactory solution, the demand can be forwarded to the Ombudsman. An example of this flow is when the beneficiary is denied a service authorization and uses the service channels to request a reassessment. In 2021, 27.6% of requests for reevaluation taken to the Ombudsman were reversed.



General Complaints Index (GCI)*

	2021	2020	2019
January	6.10	3.46	NA
February	5.33	4.45	NA
March	6.74	4.23	NA
April	6.47	4.00	NA
May	7.33	4.00	3.46
June	7.93	3.84	3.22
July	10.60	3.70	3.39
August	9.97	4.57	3.68
September	11.02	6.51	3.85
October	9.94	5.54	4.60
November	9.23	6.22	4.01
December	8.84	6.70	3.84

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Lifecenter Hospital; Serpram; Climepe and MediSanitas Group.

Service authorizations*

	2021	2020	2019
Declined authorizations (absence of coverage and adequacy of the procedure)	78,548	8,539	52,661
Negatives in which the client requested a reassessment request at the Ombudsman	5,463	2,884	2,022
Number of re-evaluation requests accepted by the Ombudsman (reversal of declined authorizations)	1,507	963	355
Percentage of re-evaluation requests accepted by the Ombudsman on the total	27.6%	33.4%	17.6%

*In 2021, it did not cover the Minas Gerais branch.



Our reputation on Reclame Aqui was rated **“good”** in 2021

In 2021, the main customer complaints were related to the delay in scheduling an appointment, delay in authorization, and TDSS (Therapeutic Diagnostic Support Service).

The manifestations related to the humanization in our service are intended for the coordinators and the management responsible for receiving patients. These professionals are responsible for promoting corrective actions and, if necessary, work on the elaboration of new guidelines based on company policies.

We also conducted the Health Plan Beneficiary Satisfaction Survey, which is part of the OQP, whose objective is to encourage customer participation in the evaluation of the quality of services provided by operators in the segment. In 2021, we interviewed 1,000 people, and the general satisfaction rating of beneficiaries was 67% (they responded “very good” and “good”). When asked if they would recommend the health plan to friends and family, the result was 64% who responded that they would.

Complaints and claims*

	2021	2020	2019
Total complaints registered in the period	290,954	192,960	139,156
Specific indicator (complaints/1,000 lives)	6.66	5.25	5.02
Specific indicator (% of complaints/service)	0.4628%	0.4070%	0.3138%
Reclame Aqui – Reputation	Good	Excellent	Excellent

2nd level: complaints formalized in the Ombudsman channel

Total complaints registered in the period	27,119	16,020	9,291
Specific indicator (complaints/1,000 lives)	0.62	0.44	0.34
Specific indicator (% of complaints/service)	0.0431%	0.0338%	0.0210%

Complaints in external bodies: ANS and Procon

Total complaints registered in the period	33,011	16,946	8,362
Specific indicator (complaints/1,000 lives)	0.76	0.46	0.30
Specific indicator (% of complaints/service)	0.0525%	0.0357%	0.0190%

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Lifecenter Hospital; Serpram; Climepe and MediSanitas Group.

Quality and accreditation

We have a Quality area that promotes the alignment of all units with the best service practices and the requirements established corporately. This team participates in committees, commissions and forums in the company, in addition to conducting on-site and remote audits. Quality guidelines and parameters are defined corporately and cover all operations.

One of the main fronts for quality assurance is the accreditation of hospitals and clinical centers. This journey, started in 2018, aims to obtain accreditation for 100% of units of this type.

In Brazil, the National Accreditation Organization (ONA) is the reference on this topic. In 2021, we increased the number of accredited units to 25, at different levels of the standard. As a result, the number of beds in agreement with the ONA also grew to represent 41% of the total.

At the international level, two other accreditation references are worth mentioning: and Quality Accreditation QMENTUM (Accreditation Canada International) and the Joint Commission International (JCI). Since 2019, we already had Qualivida accreditation in the QMENTUM standard, and in 2021 we recertified the Modelo Hospital, both at the Diamond level. In the last year, we also started to have a unit accredited by JCI through the acquisition of Hospital Lifecenter BH, which already had the accreditation seal since March 2020.

We have ISO 9001 certification in the following areas: Management of Dental Plans, Elective Regulation, Emergency Regulation, Regulation of Orthotics, Protheses and Special Materials (OPME) and Ombudsman Processes.

Number of accredited beds (ONA and QM)*	2021			2020			2019		
Total beds in the network	3,752	3,020	2,121						
Total ONA accredited beds	1,556	1,110	1,123						
% of ONA accredited beds	41%	37%	53%						
Total accredited beds	93	93	93						
% of accredited beds	2%	3%	4%						

**In 2021, it did not cover the following units: Maringá Hospital; Santa Martha Hospital; Lifecenter Hospital; MediSanitas Group; Climepe; Serpram; Santa Helena Hospital; Bela Suiça Hospital and Paes Leme Hospital.*

Qmentum accredited units*	2021	
	Note	Obtaining date
Hospital Modelo	Diamond	Mar/21
Qualivida	Diamond	Dec/19

**In 2021, it did not cover the following units: Maringá Hospital; Santa Martha Hospital; Lifecenter Hospital; MediSanitas Group; Climepe; Serpram; Santa Helena Hospital; Bela Suiça Hospital and Paes Leme Hospital.*

Units accredited by the Joint Commission International (JCI)*	2021	
	Note	Obtaining date
Hospital Lifecenter	Accredited	Mar/20

**In 2021, it did not cover the following units: Maringá Hospital; Santa Martha Hospital; Lifecenter Hospital; MediSanitas Group; Climepe; Serpram; Santa Helena Hospital; Bela Suiça Hospital and Paes Leme Hospital.*

In 2021, an Assistance Quality Board was created

Units accredited by the ONA – National Health Services Assessment Program*	2021	
	Note	Obtaining date
Centro Clínico Campo Grande	Level 1	Jan/21
Centro Clínico Cotia	Level 1	Dec/19
Centro Clínico Diadema	Level 1	Nov/20
Centro Clínico Itu	Level 1	Jul/21
Centro Clínico Ribeirão Pires	Level 1	Nov/20
Centro Clínico Zona Sul	Level 1	Nov/20
Pronto Socorro Barueri	Level 3	Dec/19
Unidade Avançada	Level 1	Dec/19
Unidade Avançada Santo André (Centro Clínico Santo André 1)	Level 1	Nov/20
Ghelfond	Level 2	Apr/21
Hospital Cruzeiro Do Sul	Level 1	Dec/19
Hospital Nova Vida	Level 1	Jun/21
Hospital Samaritano	Level 1	Oct/21
Hospital e Maternidade Guarulhos	Level 2	Feb/21
Hospital Family	Level 2	Dec/19
Hospital Frei Galvão	Level 2	Feb/21
Hospital Notrecare Abc	Level 2	Aug/21
Hospital Santana Mogi Das Cruzes	Level 2	Oct/20
Centro Clínico Itavuvu	Level 3	Jun/21
Hospital Bosque Da Saude	Level 3	Jan/20
Hospital Lifecenter	Level 3	Dec/18
Hospital Maternidade Nossa Senhora Do Rosário	Level 3	Nov/19
Hospital Modelo	Level 3	Jun/19
Hospital Paulo Sacramento	Level 3	Dec/18
Hospital Renascenca Campinas	Level 3	Feb/19

**In 2021, it did not cover the following units: Maringá Hospital; Santa Martha Hospital; Lifecenter Hospital; MediSanitas Group; Climepe; Serpram; Santa Helena Hospital; Bela Suiça Hospital and Paes Leme Hospital.*

Telemedicine

The adoption of telemedicine has accelerated since 2020 due to the Covid-19 pandemic. The first emergency care services began in March of that year, and currently the access includes other types of care, such as medical, psychology and nutrition elective appointments. In 2021, we expanded the specialties served by telemedicine and internalized telepsychotherapy services.

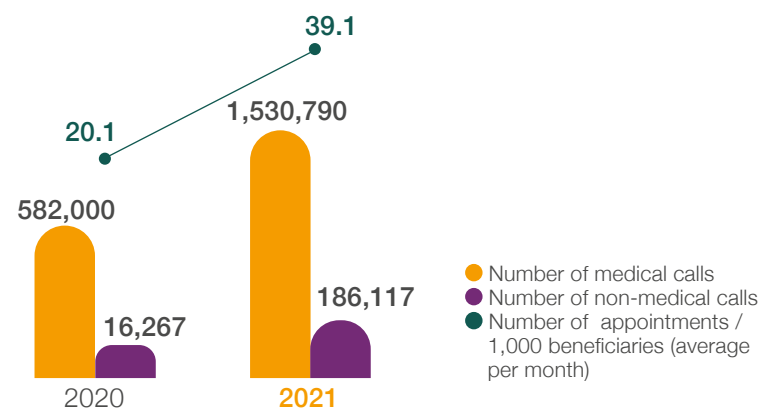
In our operations, we have a management committee to coordinate compliance guidelines. Comprised of a medical director, two medical managers and three administrative assistants, this committee defines the performance parameters of the teams based on instructions from the ANS and guidelines from class councils and the Ministry of Health. The Telemedicine team has two fronts, one for services from its own network and another to integrate the companies acquired in the GNDI telemedicine program.

Calls take place via GNDI Easy, Conexa Saúde and Zoom apps, always in accordance with the guidelines of the Ministry of Health. We also guarantee the adequacy of our platform to HIPAA

Compliance, North American legislation aimed at protecting information in virtual services, considered more mature and broad.

The own indicators that we developed to monitor care via telemedicine show the growth of this modality of access to health services. From 2020 to 2021, the number of medical visits in this modality more than doubled, and the average number of visits (medical and non-medical) for every thousand beneficiaries on this platform grew by 94.5%.

Calls via telemedicine



Telemedicine from the GNDI achieved an NPS of 76.6 in the medical consultations modality. The company Conexa, a telemedicine partner, conducts research in the same standard as the NPS



Operation against Covid-19



At the onset of 2021, the number of cases and hospitalizations due to Covid-19 rose significantly again. The maintenance of the pandemic scenario led us to maintain the actions and plans that we had developed in 2020, to ensure excellent service to all our beneficiaries. We structured a plan to, from the beginning, employ the best scientific and humanitarian practices to meet clinical demands and welcome patients who needed support.

We accelerate the availability of remote consultations (telemedicine) to ensure that other demands are met, with safety and quality for all beneficiaries.

Logistics in the pandemic

To better serve our patients during the critical period of the pandemic, we have structured an action plan to ensure the supply of medicines, equipment and other types of supplies necessary for the care of the population. In this way, we were able to overcome the scenario of scarcity of items such as hospital oxygen and sedatives, speeding up imports of large batches to supply our own network.

With this logistical model, we were able to guarantee service to several locations in the country, in addition to the effective actions we took in the restructuring of a series of contracts. We looked for alternatives throughout the supply chain, and even with the impact of costs, we had a positive response to keep inventories at satisfactory levels to meet demand.

Increase in the group's own bed capacity



Total beds in 2019

1,588

Total beds in 2020 (1st year of pandemic)

2,123

Total beds in 2021 (2nd year of pandemic)

2,048

Supplier management

Overcoming the challenges of the year 2021 required commitment and working in partnership with our suppliers. Especially in the first semester, with the worsening of the pandemic, we strengthened the planning of our purchases and the distribution of materials to the units in order to guarantee the continuity of stocks and the quality of customer service. Moreover, we gained agility in the contracting processes to reduce the waiting time between making a purchase decision and the arrival of inputs. The main factor for the success of this approach was the premise that we share the same values and commitment to excellence with our partners.

Extending the level of good practices that we have adopted internally to this supply chain requires the continuous evolution of our purchasing processes. In 2021, we made progress in implementing the new homologation model developed in the previous year. The new suppliers must go through this new stage of document evaluation, and the current contracts are being integrated in a staggered manner.

In the approval process, suppliers must present a set of documentation that proves compliance with legal and regulatory requirements, such as tax and labor debt clearance certificates, Environmental Risk Prevention Program (ERPP) and Occupational Health Medical Control Program (OHMCP), licenses and permits,

among others. The records are analyzed by a specialized consultancy, and any non-conformities identified can lead to supplier disapproval (when documentation is mandatory) or the recommendation of improvement plans.

The partnership with our suppliers was key for the continuity of services, especially in the first half of 2021, with a new peak of the pandemic





In 2021, our contracts with suppliers totaled BRL 2.1 billion, with 92% of this total related to priority contracts

GRI 102-9

Supply chain profile

Among the main types of services contracted are maintenance, sanitizing and cleaning of the units, waste collection, surveillance and concierge, laundry and other activities to ensure an excellent and humanized service to our customers.

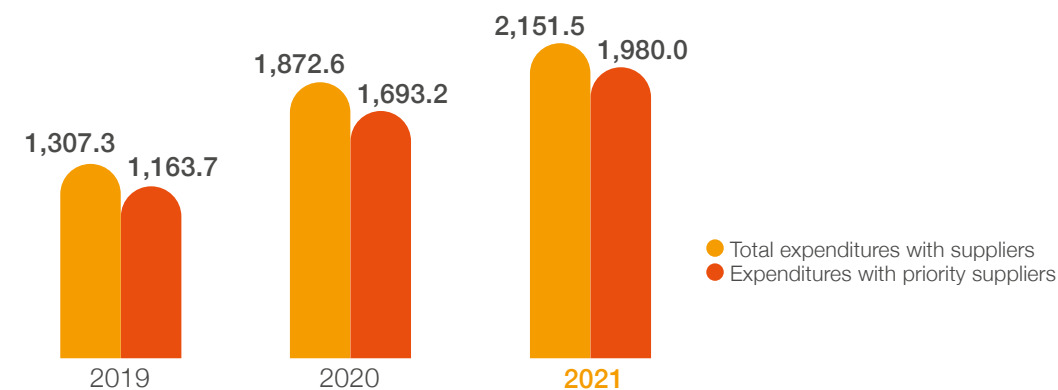
The supplies we acquire are quite diversified, with a prominence of products supplied by the pharmaceutical industries and manufacturers of hospital materials. We also hire service providers specialized in equipment maintenance and contractors or service providers for works and building maintenance.

Most of our suppliers are medium and large companies located in Brazil, with a greater concentration in the Southeast region. Corporate hiring is centralized by the Purchasing area, whose expenditures in 2021 totaled BRL 2.1 billion. Priority is given to contracts worth more than BRL 30,000.

Supply chain size indicators

	2021	2020	2019
Total active suppliers	4,498	4,659	4,267
Priority suppliers	627	621	497
New registered suppliers	1,536	793	754

Expenditures with suppliers (BRL million)



Social investment

In 2021, we support projects focused on food, health and the environment. We continued with initiatives that we already supported and joined new actions with the aim of continuing to promote change in the lives of more and more people. In total, BRL 90.7 thousand were invested in social responsibility actions.

Appreciation of architecture

We sponsored the lighting project for the Joinville Volunteer Fire Department building, a building listed by the city's historic heritage.

New life to uniforms

In partnership with the company Retalhar, we transformed more than 1 ton of GNDI uniforms into 1,180 blankets. With support from the *Ninho Social* Institute and the Salvation Army, the items were donated to people in social vulnerability.

Fertilizer for community gardens

Since 2020, we have made a monthly donation of fertilizer to the *Cidades sem Fome* NGO. The material comes from composting the remains of organic food discarded in cafeterias at our units. The initiative, in addition to helping the environment, contributes to the Community Gardens project, which helps transform several vulnerable families through horticulture, benefiting 60 families. More than 54 tons of fertilizer have already been donated, improving the cultivation of 33 types of vegetables in an area of 14 thousand square meters.



Self-esteem in the fight against cancer

We engage our employees in donating locks of hair to make wigs delivered free of charge to women facing cancer. The action, in partnership with the Institute Amor em Mechas, included 41 urns at GNDI units so that interested employees could make their donations—in units where there were no urns, the material could be sent via pouch. 15 kilos of hair were collected, which allowed the production of 30 wigs. The launch of the initiative featured a special lecture on the RH ON program, in which we also reinforced care to prevent breast cancer and clarified myths and truths on the subject.



NotreDame
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COLETA SELETIVA:
ATITUDE IMPORTA.



COLETA SELETIVA
NO GNDI:
QUE VOCÊ
PELO MEIO
BIENTE
TA PARA
VOCÊ.

RECICLA
TAMBÉM
É CUIDA

ANS nº258043

ENVIRONMENTAL MANAGEMENT



The management of environmental aspects related to our activities aims to mitigate impacts and promote the efficient use of natural resources. Our projects and actions are aimed at contributing to a low-carbon economy and mitigating the effects of climate change, through initiatives aimed at eco-efficiency and awareness among our employees.

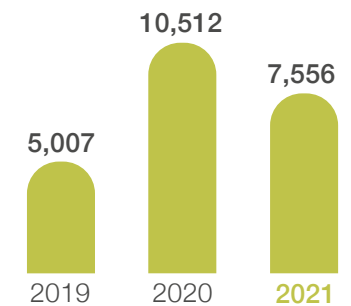
The Environment area has a team dedicated to waste management, being responsible for standardization, guidance and training on this aspect.

In addition, our technical team guides the operation's teams and promotes environmental training. In 2021, 7,600 professionals were trained in environmental aspects, compared to 10,500 in 2020. This reduction was due to the unavailability of the corporate university (UniGNDI) as of September, due to the change in the training platform, which provided significant improvements to the tool.

The practices and procedures cover all the company's units. The standardization of waste management processes in the acquired companies is one of the priorities

that we conduct in the integrations. We also have an internal channel for receiving doubts, complaints and requests, which has contributed to speeding up incident management and facilitating service to internal customers.

Employees trained in waste management*



*In 2021, it did not cover the following units: Lifecenter Hospital; Serpram; Climepe; MediSanitas Group; Paes Leme Hospital; Bela Suiça Hospital; Maringá Hospital; Santa Martha Hospital and Santa Helena Hospital.

Waste management

In our sector of activity, waste is one of the main environmental aspects that require standards of excellence in management. This is because care units generate hazardous waste, which requires adequate treatment to ensure worker protection, environmental preservation and public health. Therefore, we have our Health Services Waste Management Manual, updated in accordance with current legislation, and we demand compliance by all those involved in this process.

At the end of 2020, we conducted a study of the waste generation profile at our units, which established goals for the distribution of waste generated by classification category. According to the survey, the maximum parameters defined were: 2% chemical residues, 25% infectious and 50% common. In addition, we are committed to a minimum percentage of 23% of the generation corresponding to recyclable waste. In 2021, we implemented segmented weighing at the units, in order to validate the percentages established from the study of the literature and the sector. For 2022, the expectation is to move forward in achieving effective reductions in the volumes generated.

BRL 11.2 millions
invested in GNDI's waste management in 2021

88% of our assistance units were audited in waste management in the last year

All our employees are trained on the subject since the integration process through UniGNDI. We also pay special attention to this aspect in the incorporation of new units, applying periodic training and carrying out inspections to guarantee the standardization of processes and the strengthening of our culture. This commitment is extended to service providers who work in the hygiene and cleaning of the units. In addition to training these professionals, we monitor compliance with the scope and contract requirements on a monthly basis.

Waste management flow



In 2021, our operations generated 7,290 tons of waste. Medical waste, predominantly destined for landfills, totaled 7.99 thousand tons. Pharmaceutical waste, on the other hand, totaled 296 tons, being destined for incineration.

Composition of generated waste (tons)*	2021	2020	2019
Group A (potentially infective)	3,419	2,593,476	2,593,476
Group B (chemicals)	303	240,398	240,398
Class I waste subtotal	3,721	2,833,874	1,854
Group D (common) - Classes IIA and IIB	3,569	4,264	3,050
Total waste generated	7,290	2,838,138	4,903

*In 2021, it did not cover the Minas Gerais branch, Hospital de Londrina and the Maringá Hospital.

Generation and disposal of hazardous pharmaceutical waste (tons)*	2021
Total hazardous pharmaceutical waste generated	296
Hazardous pharmaceutical waste destined for incineration	296
% of hazardous pharmaceutical waste destined for incineration	100%

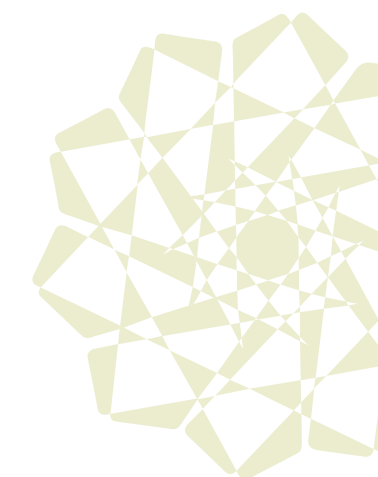
*In 2021, it did not cover the Minas Gerais branch, Hospital de Londrina and the Maringá Hospital.

Generation and disposal of medical waste (tons)*	2021
Total medical waste generated	7,994
Medical waste destined for incineration	296
Medical waste destined for recycling or treatment	1,008
Medical waste destined for landfill	5,835
Medical waste destined by other methods	854
% of medical waste destined for incineration	4%
% of medical waste destined for recycling or treatment	13%
% of medical waste destined for landfill	73%
% of medical waste destined by other methods	11%

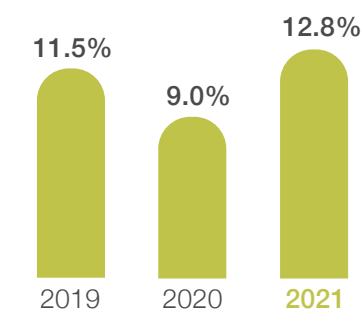
*In 2021, it did not cover the Minas Gerais branch, Hospital de Londrina and the Maringá Hospital.

Waste intensity*	2021	2020
Waste generated (t)	8,366	7,498
Net operating revenue (BRL million)	12,584	10,673
Intensity of waste/revenue	1	1

*In 2021, it did not cover the Minas Gerais branch, Hospital de Londrina and the Maringá Hospital.



Percentage of waste destined for recycling*



*In 2021, it did not cover the Minas Gerais branch, Hospital de Londrina and the Maringá Hospital.

Projects focused on sustainability

Papa Cartão (Card Eater)

A card recycling program (badges, GNDI card, bank cards in general) for the total reuse of material and transformation into new cards or new products with low environmental impact, such as clipboards, diaries and calendars.

3 units
deployed

621 kg of cards
collected in the year

Compost

The project, which was implemented in all of our hospitals in the state of São Paulo, consists of the segregation of organic waste generated in the units' kitchens and cafeterias. We provide bins identified with the necessary information and employees have been trained for the correct disposal of waste.

671 tons
destined for
composting in 2021

100% of organic
waste composted

Reverse floor logistics

The leftovers or flooring burrs used during the execution of works in the units are collected and sent back to the manufacturer. These leftovers are incorporated into the production process of a new floor, thus transforming waste into raw material. So far, 103 kilograms of floors have been collected, thus avoiding 0.017 tonCO₂e.

Digital ticket

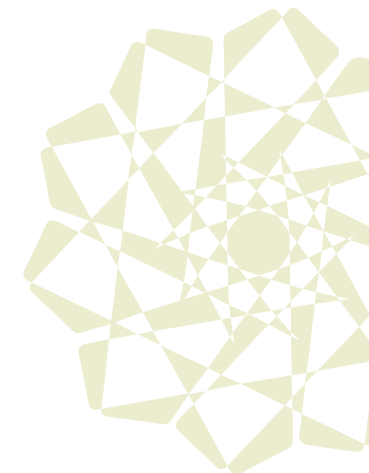
In 2020, the process of sending tickets digitally was started, avoiding the consumption of paper. In 2021, more than 3 million sheets of paper were avoided with the digital bill, which represented savings of almost BRL 6.9 million and also contributed to the reduction of environmental impacts.

Environmental education

With the intention of engaging our value chain in 2021 and promoting environmental knowledge to the beneficiaries, we prepared, through our Marketing, a guidance communication on the disposal of radiography films. We also developed a pilot project at the Frei Galvão and NotreCare ABC hospitals to encourage beneficiaries to segregate recyclable waste in inpatient rooms; thereby, we provide communication materials with guidelines for disposal.

Reverse logistics of enteral diet packaging

In partnership with Nestlé, we started the circular economy project for this type of packaging, currently adopted in nine hospital units. The initiative allows for the reuse of materials and prioritized locations with fewer Covid-19 patients, since all materials used to combat the new coronavirus need to be discarded as infectious. The action demanded investments in the acquisition of specific trash cans, communication actions and training of medical and nursing teams.



Climate change



Across our company, we are engaged in the global effort to combat climate change and transition to a low-carbon economy. Through institutional programs and the application of new technologies, we seek to increase our operational efficiency and reduce greenhouse gas (GHG) emissions.

In 2021, we approved and published our Climate Change Policy. The document strengthens our governance on the subject and improves the guidelines for managing the risks and impacts of climate change, as well as actions to reduce our emissions. In addition, the issue of climate change was classified in the corporate risk matrix as “high risk” and is closely monitored by the areas of sustainability and risk management.

Governance on this topic encompasses our senior leadership and the Board of Directors. Corporately, the Vice-Presidency of ESG, Risks and Compliance is responsible for implementing our strategy, articulating with the other areas the management of risks and opportunities on the subject, implementing initiatives and monitoring results and emissions indicators.

At Board of Directors meetings, the CEO presents the main initiatives and advances in the ESG agenda. In addition, we have a Sustainability Committee made up of the CEO and representatives from different areas, which meets quarterly and advises senior leadership in the strategic definition of matters within its competence, including climate change.

Our Policy to Combat Climate Change, prepared and released in 2021, strengthens our governance and risk and impact management practices on the topic

Adaptation to climate change

In 2021, the GNDI promoted a study of climate risks and opportunities considering the time horizons of 2030 and 2050. In this work, we evaluated the main physical risks associated with global warming and the effects of climate change on the increase in demand for health services, considering the short, medium and long term. From the analyses, we obtained a better understanding and technical information to help decision making in adaptation plans to climate change.

Among the aspects identified in the study, the possible impacts of extreme weather events on the units and facilities and the consequences of climate change on the health of populations and on the search for medical care deserve to be highlighted.

Corporately, two management fronts contribute to mitigating risks to the physical integrity of the units. The Engineering team considers these conditions when planning works and renovations, such as the occurrence of storms, floods, cyclones and hail. In some cases, this team even assesses the possibility of changing the address of an asset in view of the impossibility of adapting the infrastructure to provide service within the safety and quality standards we have established. In addition, insurance policies for GNDI units include coverage for extreme events.

We have been committed to contributing to the Paris Agreement to limit the average increase in global temperature to 2°C. For this, a pilot study was carried out in 2021 to assess the relationship between global warming and the demands for health services. The initiative involved the analysis of hospital admissions for cardiovascular diseases (CVD) at Hospital Bosque da Saúde, located in the city of São Paulo (SP). The objective was to investigate the increase in demand for hospitalizations in relation to the risk of heat waves in the future. In addition, we monitor the increase in cases of respiratory diseases resulting from a drop in temperature or an increase in pollution, cardiovascular diseases due to an increase in temperature and diseases limited to certain geographic areas, such as dengue (whose vector is related to the accumulation of water and can be impacted by the rainfall regime). We also invested in the geographical diversification of our care units, in preventive medicine programs and in educational and awareness-raising actions in the communication channels.



Physical impacts on health infrastructure and consequences of global warming for people's health were the subject of the study of climate risks and opportunities that we developed in 2021

Monitoring and transparency

Since 2018, we have annually prepared our GHG inventory in accordance with the guidelines of the Brazilian GHG Protocol Program, the best market practice for measuring emissions. We continuously improved our monitoring and measurement practices, which allowed us to reach, in 2020, the coverage of all units in the inventory and the submission of data to independent third-party verification, by the company ABNT. As a result, we won the Gold Seal of the Program in the last two reporting cycles.

In 2021, for the second year running, our operations were **carbon neutral**. We offset all GHG emissions by purchasing carbon credits and renewable energy certificates

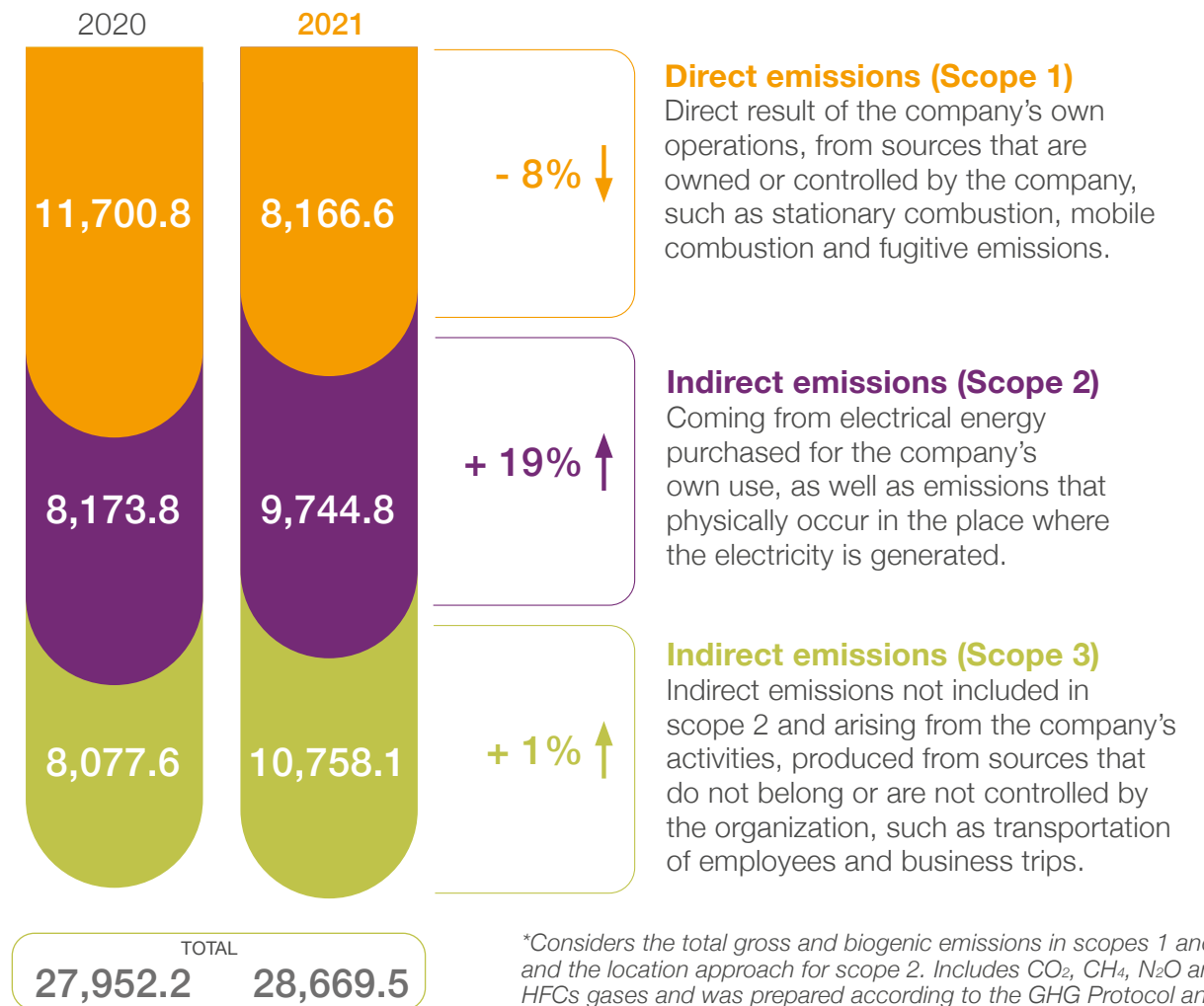
In 2021, we started reporting our governance, strategy, risk and opportunity management and carbon performance to CDP Climate Change. CDP is a global platform that provides information to investors on the management of companies and cities in the areas of climate change, water resources and forests. Participants answer a questionnaire prepared by CDP and receive a grade. In the case of the GNDI, we were rated B- (on a scale from F to A), the highest score by a Brazilian company in the healthcare sector. In addition, we make the responses publicly available, which can be accessed on the CDP website through a user login.

In the last year, we were also selected to integrate, from January 2022, the portfolio of the Carbon Efficient Index (ICO2) of B3. This index, created by the São Paulo stock exchange and the National Bank for Economic and Social Development (BNDES) aims to encourage the incorporation of climate metrics in the capital market. The composition of the index takes into account the level of transparency of companies in relation to their GHG emissions.

Evolution in emissions reporting

2018	2020	2021	2022
Start of preparation of GHG inventory	Gold Seal and coverage of all units in the inventory	Obtaining the best score of the Brazilian health sector in the CDP Climate Change	Participation in ICO2, B3's index that recognizes companies with more transparency in emissions

Our GHG inventory*



Intensity of GHG emissions	2021		2020	
	Value	Unit	Value	Unit
Scope 1 and 2 emissions (tCO ₂ e)	17,911.40	tCO ₂ e	19,874.64	tCO ₂ e
Net operating revenue (BRL million)	12,584.40	BRL million	10,673.30	BRL million
Intensity of GHG emissions (tCO ₂ e/BRL million)	1.63	tCO ₂ e/BRL million	1.86	tCO ₂ e/BRL million

Actions to reduce our emissions

Since 2020, we have made progress on different fronts to mitigate GHG emissions associated with our operations. We have internal targets for projects related to scopes 1 and 2. These projects consider the activities that most contribute to the Group's emissions and are monitored monthly to assess performance and achieve these reduction percentages.



Optimization in the management of anesthetic gases

In 2021, we started implementing measures in hospitals to reduce emissions associated with the use of anesthetic gases. These inputs are essential for performing procedures in surgical centers and the measures adopted ensured the improvement in terms of emissions without interfering with the quality of care provided to patients. The actions were defined by a group of specialists from different areas, who met weekly to discuss the strategy for approaching this topic and monitor the progress of the project.

During the year, 18 hospitals in São Paulo became involved in the project. The results showed the effectiveness of the measures adopted, with an estimated emission reduction of 16% in the annual comparison. In 2022, the plan is to advance the project to the other regions. In addition, as the period of 2020 was atypical due to the context of the pandemic and cancellation of elective surgeries, data from the second year will be important to improve the accuracy in the measurement of avoided emissions.



Diversion of landfill waste

The decomposition of materials in landfills generates emissions of methane, one of the gases that contribute to global warming and is harmful to the environment. In order to avoid this impact, we started to send our infectious waste for treatment, instead of disposal in a landfill. The treatment consists of an Alternative Fuel Production Unit (UPAC), which receives the waste and transforms it, through a reactor, into fuels such as oil, gas and coal. The materials are used by industries and cement companies.

In 2021, 40 units were part of the project, and the expectation is to increase this number in 2022. The impact of this initiative is measured together with the other emitting activities in our value chain (scope 3 of the GHG inventory), which had a reduction of 16% in the annual comparison.



Renewable fuel

Since 2018, we have adopted ethanol as the preferred fuel for our own fleet vehicles. In 2021, the fleet consisted of 148 vehicles, with 90.66% of the fuel consumed being ethanol.



Investment in solar energy

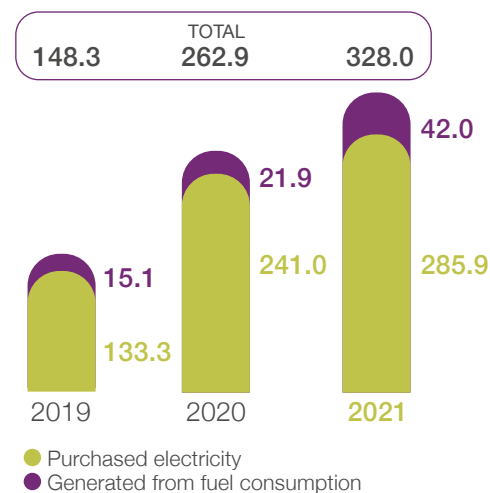
In order to reduce the environmental impact of our activities and encourage a culture of responsible use of natural resources, we started investing in 2021 in the construction of solar plants. The project has six plants and will include approximately 60 own units that operate at low voltage. Together, the plants will total 4.4 MWp of power and will generate around 8,350 MWh per year, equivalent to the consumption of more than 2,700 homes.

Energy consumption

Electric energy is essential for the functioning of our operations, so the efficiency in the use of this resource is strategic to guarantee an excellent service. Every year, we take initiatives to increase our efficiency and reduce energy consumption. Among the measures that have resulted in the reduction of electricity consumption are the standardization and specification of eco-efficient materials used in our works.

In 2021, energy consumption grew by 24.8%, due to the opening of beds for the care of Covid-19 patients, with the installation of equipment that demand greater consumption. The electricity purchased from the grid represented 87.2% of the total. Regarding fuel consumption, the largest share (61.5%) corresponds to natural gas. The percentage of renewables in our energy matrix was 1.4%.

Energy consumption (thousand GJ)*



*Em 2021, não abrange as seguintes unidades: Hospital Santa Martha; Hospital Santa Helena; Hospital Paes Leme; Hospital Bela Suíça; Serpram; Hospital Maringá; e Climepe.

GJ/net operating revenue*

	2021	2020
A. Specific energy consumption (GJ)	327,973	262,899
B. Net operating revenue (BRL million)	12,584	10,673
Energy intensity/revenue (A/B)	26	25

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suíça Hospital; Serpram; Maringá Hospital and Climepe.

Initiatives to reduce energy consumption



Use of LED lamps



Real-time monitoring of energy consumption (Follow Energy)



Equipment with PROCEL seal for energy savings



Presence sensors in strategic locations

Water consumption and effluent management

Water, like energy, is a resource of great importance to our business. Several initiatives already adopted allow for a reduction and a more efficient consumption of water resources. Among them are the installation of faucets and urinals with automatic closing systems, flow restrictors and aerators, dual flush flushing systems, in addition to the use of “dry” inputs and elimination of the use of water in medical gas generation systems. We also promote publicity and awareness campaigns for the rational use of water in all our units.

The water we use to supply our units comes from public service concessionaires (83% of the total in 2021), and some units are complemented by artesian wells granted (17%). We carry out analyzes on a monthly basis to monitor volumes per unit and compare them by efficiency indices, such as water consumption per built area, active beds or offices and number of visits. As a result, we obtain average rates and share best practices among the units to increase efficiency in water consumption. Water quality analyzes are based on specific regulatory standards, such as Ordinance 2,914/11 of the Ministry of Health.

The effluents generated are disposed of in an internal collection network and directed to the public collection and removal network, responsible for the treatment. Specifically in the recently acquired São Gonçalo Hospital, there is currently no public network available. Therefore, we are installing our own Effluent Treatment Station (ETE).

Total water consumption has been increasing – 33% in the last year – due to the expansion of the GNDI and the expansion of the units. On the other hand, we have advanced in efficiency, progressively reducing the intensity of water consumption per built area: 21.7% from 2019 to 2020 and 3.4% from 2020 to 2021.

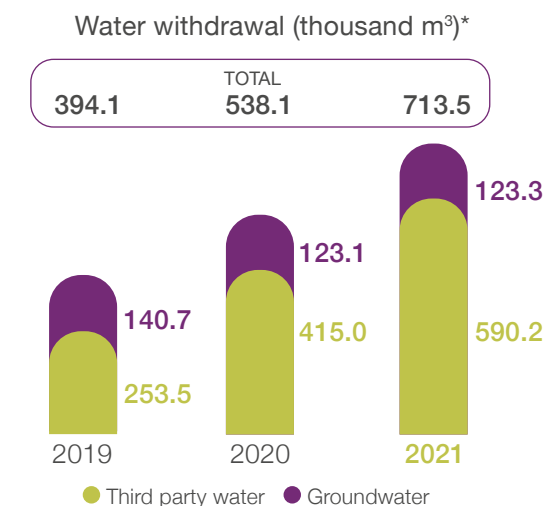


The implementation of the building automation system in our main clinical centers allows the **continuous monitoring** of water consumption, in addition to enabling the identification of possible leaks

Water withdrawn (m³)/net operating revenue*

	2021	2020
A. Total water withdrawn in the period (m ³)	713,311	538,060
B. Net operating revenue (BRL million)	12,584	10,673
Intensity of water withdrawal/revenue (A/B)	57	50

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.



*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.



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REPORT ANNEXES

Complement to GRI contents

GRI 102-8 | Information on employees and other workers

Employees by gender*	2021			2020			2019		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
By employment contract									
Indefinite period	4,602	18,602	23,204	4,321	17,957	22,278	2,797	11,377	14,174
Determined period	90	332	422	31	94	125	104	298	402
Total	4,692	18,934	23,626	4,352	18,051	22,403	2,901	11,675	14,576
By job type									
Full-time	4,140	18,567	22,707	3,841	17,726	21,567	2,534	11,474	14,008
Part-time	552	367	919	511	325	836	367	201	568
Total	4,692	18,934	23,626	4,352	18,051	22,403	2,901	11,675	14,576

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

GRI 302-1 | Energy consumption within the organization

Energy consumption (GJ)*	2021				2020				2019			
	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI
Generated from renewable fuels												
Ethanol	172.1	501.5	4,082.5	4,756.1	8.0	455.2	3,304.3	3,767.5	0.0	0.0	3,835.0	3,835.0
Generated from non-renewable fuels												
Diesel	138.6	3,073.6	354.1	3,566.4	215.6	1,874.0	30.0	2,119.6	761.0	0.0	0.0	761.0
Gasoline	185.0	8.0	175.9	368.9	0.0	0.0	0.0	0.0	0.0	0.0	183.6	183.6
Natural gas	0.0	25,871.0	0.0	25,871.0	0.0	12,874.6	0.0	12,874.6	0.0	6,997.6	0.0	6,997.6
LPG	0.0	7,487.5	0.0	7,487.5	0.0	3,185.4	0.0	3,185.4	0.0	3,289.3	0.0	3,289.3
Total non-renewable	323.7	36,440.1	530.0	37,293.9	215.6	17,934.0	30.0	18,179.6	761.0	10,286.9	183.6	11,231.5
Acquired from third parties												
Purchased electricity	79,341.9	199,091.9	7,488.8	285,922.7	62,670.9	166,751.7	11,529.1	240,951.7	21,448.5	96,895.5	14,913.0	133,256.9

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suíça Hospital; Serpram; Maringá Hospital and Climepe.

Employees by region	2021			2020			2019		
	Southeast	South	Total	Southeast	South	Total	Southeast	South	Total
Indefinite period	21,031	2,173	23,204	20,372	1,906	22,278	14,174	0	14,174
Determined period	375	47	422	119	6	125	402	0	402
Total	21,406	2,220	23,626	20,491	1,912	22,403	14,576	0	14,576

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

GRI 302-3 | Energy intensity

Energy intensity*	2021				2020				2019			
	Clinical centers	Hospitals	Administrative	Total GNDI	Clinical centers	Hospitals	Administrative	Total GNDI	Clinical centers	Hospitals	Administrative	Total GNDI
A. Total energy consumption within the company	79,837.7	236,033.5	12,101.4	327,972.5	62,894.5	185,140.9	14,863.4	262,898.8	21,448.5	857,903.9	29,189.6	908,541.9
B. Total built area (m ²)	188,430.3	331,011.4	41,802.7	561,244.4	175,033.0	209,032.2	24,609.0	408,674.2	88,116.0	126,260.9	20,712.0	235,088.9
Energy intensity (A/B)	0.42	0.71	0.29	0.58	0.36	0.89	0.60	0.64	0.24	6.79	1.41	3.86

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.

GNDI 8

Intensity of water use*	2021	2020	2019
A. Total water withdrawn in the period (m³)			
Clinical center and laboratories	144,759.90	116,480.00	87,256.80
Hospitals (Hosp, Case, Qualivida)	544,573.72	414,100.00	293,158.90
Administrative	24,177.80	7,480.00	13,710.00
Total GNDI	713,511.42	538,060.00	394,125.70
B. Total built area			
Centros clínicos e laboratórios	188,430.34	175,033.00	88,116.00
Hospitais (Hosp, Case, Qualivida)	331,011.37	209,032.23	126,260.92
Administrativo	41,802.66	24,609.00	20,071.00
Total GNDI	561,244.37	408,674.23	234,447.92
Water withdrawal per m² A/B			
Clinical center and laboratories	0.77	0.67	0.99
Hospitals (Hosp, Case, Qualivida)	1.64	1.98	2.32
Administrative	0.57	0.30	0.68
Total GNDI	1.27	1.32	1.68

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.

GRI 305-1 | Direct (Scope 1) GHG emissions

Scope 1 - Direct GHG emissions (tCO ₂ e)	2021
Stationary combustion	2,142.95
Mobile combustion	53.73
Fugitive emissions	8,561.41
Total scope 1	10,578.09
Biogenic CO ₂ emissions	356.92

GRI 305-2 | Energy indirect (Scope 2) GHG emissions

Scope 2 - Indirect GHG emissions (tCO ₂ e)	2021
Electricity	9,744.85
Indirect transmission and distribution losses	-
Thermal energy purchase	-
Total scope 2	9,744.85
What is the energy consumption consolidation approach? Market or location based?	Location

GRI 305-3 | Other indirect (Scope 3) GHG emissions

Scope 3 - Emissions arising from the company's activity (tCO ₂ e)	2021
Waste generated in operations	7,259.71
Transport and distribution (upstream)	406.11
Business trips	500.80
Total scope 3	8,166.63
Biogenic CO ₂ emissions	541.74

GRI 303-3 | Water withdrawal

Water withdrawal per unit (megaliter)*	2021				2020				2019			
	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI
Fresh groundwater	0.0	123.3	0.0	123.3	0.0	123.1	0.0	123.1	0.0	140.7	0.0	140.7
Third party fresh water	144.8	421.3	24.2	590.2	116.5	291.0	7.5	415.0	87.3	152.5	13.7	253.5
Total	144.8	544.6	24.2	713.5	116.5	414.1	7.5	538.1	87.3	293.2	13.7	394.1

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.

Water withdrawal per unit in a water stress area (megaliter)*	2021				2020				2019			
	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI
Fresh groundwater	0.0	25.9	0.0	25.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Third party fresh water	13.3	139.6	6.9	159.8	4.8	52.9	0.0	57.7	0.0	13.2	0.0	13.2
Total	13.3	165.5	6.9	185.8	4.8	52.9	0.0	57.7	0.0	13.2	0.0	13.2

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Helena Hospital; Paes Leme Hospital; Bela Suiça Hospital; Serpram; Maringá Hospital and Climepe.

GRI 306-3 | Waste generated

Composition of hazardous (Class I) and non-hazardous (Class II) waste generated (t)*	2021				2020			
	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI	Clinical centers (Clinical Centers, Laboratories, Qualivida, OS and PA)	Hospitals (Hosp, Case, Qualivida)	Administrative	Total GNDI
Group A (potentially infective)	367.61	3,050.99	0.00	3,418.60	214,592.9	2,378,883.5	0.0	2,593,476.4
Group B (chemicals)	77.31	225.31	0.00	302.62	32,505.2	207,892.3	0.0	240,397.5
Class I waste subtotal	444.92	3,276.30	0.00	3,721.22	247,098.1	2,586,775.8	0.0	2,833,873.9
Group D (common) - Classes IIA and IIB	544.78	2,980.79	43.43	3,569.00	785.9	3,406.2	71.9	4,263.9
Total waste generated	989.70	6,257.09	43.43	7,290.22	247,883.9	2,590,182.0	71.9	2,838,137.8

*In 2021, it did not cover the Minas Gerais branch, Londrina Hospital and Maringá Hospital.

GRI 401-1 | New employee hires and employee turnover

Number of hires and dismissals*	2021		2020		2019	
	Contracted	Dismissed	Contracted	Dismissed	Contracted	Dismissed
By gender						
Men	1,514	1,509	1,101	1,099	979	793
Women	5,939	6,178	3,930	4,178	3,730	2,774
Total	7,453	7,687	5,031	5,277	4,709	3,567
By age group						
Up to 30 years old	3,779	2,957	2,157	1,878	2,137	1,236
From 31 to 50 years old	3,451	4,219	2,736	3,059	2,431	2,079
From 51 years of age	223	511	138	340	141	252
By ethnicity						
Yellow	55	21	16	11	ND	ND
White	4,094	4,387	2,644	2,869	ND	ND
Indigenous	9	56	8	5	ND	ND
Brown	2,566	1,775	1,370	1,183	ND	ND
Black	703	521	391	363	ND	ND
No declaration	26	927	15	67	ND	ND
By region						
Southeast	6,423	6,683	4,616	4,738	4,709	3,567
South	1,030	1,004	415	539	0	0
Minorized groups						
Disabled Person(s)	137	181	99	93	ND	ND

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital; and Bela Suíça Hospital.

Hiring and turnover rates ¹	2021		2020		2019	
	Hiring rate ²	Turnover rate ³	Hiring rate ²	Turnover rate ³	Hiring rate ²	Turnover rate ³
By gender						
Men	20.3%	32.2%	21.9%	25.3%	20.8%	30.5%
Women	79.7%	32.0%	78.1%	22.5%	79.2%	27.9%
Total	100.0%	32.0%	100.0%	23.0%	100.0%	28.4%
By age group						
Up to 30 years old	50.7%	44.3%	42.9%	ND	45.4%	ND
From 31 to 50 years old	46.3%	27.6%	54.4%	ND	51.6%	ND
From 51 years of age	3.0%	17.4%	2.7%	ND	3.0%	ND
By ethnicity						
Yellow	0.7%	38.8%	0.4%	ND	ND	ND
White	54.9%	30.4%	58.2%	ND	ND	ND
Indigenous	0.1%	24.3%	0.2%	ND	ND	ND
Brown	34.4%	36.5%	30.2%	ND	ND	ND
Black	9.4%	33.3%	8.6%	ND	ND	ND
No declaration	0.3%	29.0%	0.3%	ND	ND	ND
By region						
Southeast	86.2%	30.6%	91.8%	22.8%	100.0%	28.4%
South	13.8%	45.8%	8.2%	24.9%	0.0%	NA
Minorized groups						
Disabled Person(s)	1.8%	0.7%	2.0%	0.4%	ND	ND

¹In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital; and Bela Suíça Hospital.

²Calculated as the number of employees in the category over the total number of employees.

³Calculated as the average of hires and dismissals over headcount as of 12/31.

GRI 401-3 | Parental leave**Maternity/paternity leave***

	2021		2020		2019	
	Men	Women	Men	Women	Men	Women
Number of employees eligible for leaves	4,695	18,931	4,352	18,051	2,901	11,675
Number of employees who took leaves in the period	83	980	121	900	47	611
Number of employees who returned from leaves in the period	83	772	121	828	47	541
Number of employees who remained on the job for at least 12 months after returning from leaves	37	582	47	450	76	311
Number of employees who have not remained in employment for at least 12 months after returning from leaves	46	246	0	91	0	173
Return rate	100.0%	78.8%	100.0%	92.0%	100.0%	88.5%
Retention rate	64.2%	70.3%	100.0%	83.2%	100.0%	64.3%

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

GRI 404-1 | Average hours of training per year per employee**Average hours of training per employee***

	2021	2020
By gender		
Men	21.24	24.49
Women	26.15	31.40
Total	25.17	30.06
By functional level		
Director	13.66	16.62
Manager	18.78	18.82
Coordinator	31.72	28.39
Supervisor	31.08	28.63
Specialist/Analyst	23.37	27.05
Technical/Operational	25.85	31.64
Intern	16.04	55.41
Apprentice	17.02	9.52

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

GRI 405-2 | Ratio of basic salary and remuneration of women to men**Equity in compensation (ratio of average amounts of women/men by employee level)***

	2021		2020		2019	
	Base salary	Compensation	Base salary	Compensation	Base salary	Compensation
Director	0.81	0.79	0.83	0.77	0.80	0.71
Manager	0.77	0.77	0.77	0.81	0.77	0.82
Coordinator	0.84	0.93	0.95	0.95	0.81	0.85
Supervisor	0.95	0.95	0.91	0.92		
Specialist/Analyst	0.85	0.86	0.86	0.89	0.80	0.83
Technical/Operational	0.96	0.96	0.92	0.93	0.96	0.95
Intern	0.92	1.00	0.89	0.95	0.97	0.99
Apprentice	1.00	1.07	1.00	1.00	1.00	1.00
Total	0.65	0.48	0.80	0.80	0.60	0.60

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

GRI 405-1 | Diversity of governance bodies and employees**Composition of governance bodies (%)****

	2021	2020	2019
By gender			
Men	84.6%	100.0%	100.0%
Women	15.4%	0.0%	0.0%
By age group			
Up to 30 years old	0.0%	0.0%	0.0%
From 31 to 50 years old	30.8%	33.3%	50.0%
From 51 years of age	69.2%	50.0%	50.0%

**Considers the Board of Directors and Fiscal Council and the Audit Committee in 2021. In previous years, it only considered the Board of Directors and the Audit Committee. There are no other relevant diversity indicators in the composition of the governance bodies.

Composition of functional levels by gender (%)*

	2021		2020		2019	
	Men	Women	Men	Women	Men	Women
Director	66.2%	33.8%	66.9%	33.1%	70.3%	29.7%
Manager	39.3%	60.7%	36.8%	63.2%	43.0%	57.0%
Coordinator	26.9%	73.1%	26.1%	73.9%	22.4%	77.6%
Supervisor	18.6%	81.4%	21.1%	78.9%		
Specialist/Analyst	19.0%	81.0%	19.0%	81.0%	19.0%	81.0%
Technical/Operational	19.1%	80.9%	18.5%	81.5%	18.7%	81.3%
Intern	15.4%	84.6%	32.1%	67.9%	17.5%	82.5%
Apprentice	23.3%	76.7%	22.7%	77.3%	29.2%	70.8%
Total	19.9%	80.1%	19.4%	80.6%	19.9%	80.1%

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

Composition of functional levels by age group (%)*	2021			2020			2019		
	Up to 30 years old	From 31 to 50 years old	From 51 years old	Up to 30 years old	From 31 to 50 years old	From 51 years old	Up to 30 years old	From 31 to 50 years old	From 51 years old
Director	0.0%	55.9%	44.1%	0.0%	52.9%	47.1%	0.0%	46.2%	53.8%
Manager	1.3%	79.2%	19.5%	0.8%	78.1%	21.2%	2.0%	76.6%	21.5%
Coordinator	6.1%	82.6%	11.3%	3.2%	85.7%	11.1%	7.2%	82.9%	10.0%
Supervisor	17.3%	72.9%	9.8%	11.9%	76.9%	11.2%			
Specialist/Analyst	25.4%	67.3%	7.3%	21.4%	72.1%	6.5%	20.6%	71.3%	8.0%
Technical/Operational	35.2%	55.7%	9.1%	31.3%	60.1%	8.6%	31.1%	59.3%	9.6%
Intern	94.2%	5.8%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Apprentice	100.0%	0.0%	0.0%	99.0%	1.0%	0.0%	100.0%	0.0%	0.0%
Total	32.2%	58.9%	8.9%	27.6%	63.8%	8.6%	28.6%	61.9%	9.5%

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

Presence of minorities at functional levels (%)*	2021			2020			2019		
	Blacks	Indigenous	Disabled Person(s)	Blacks	Indigenous	Disabled Person(s)	Blacks	Indigenous	Disabled Person(s)
Director	7.4%	0.0%	0.0%	0%	0%	0%	0%	0%	0%
Manager	7.5%	0.5%	0.3%	2%	0%	0%	0.4%	0%	0.4%
Coordinator	15.8%	0.4%	0.8%	3%	0.2%	1%	2%	0%	1%
Supervisor	22.8%	0.8%	1.0%	4%	0%	1%			
Specialist/Analyst	25.0%	0.8%	0.9%	6%	0.2%	1%	ND	ND	ND
Technical/Operational	35.6%	0.5%	3.9%	8%	0.1%	4%	ND	ND	ND
Intern	34.6%	0.0%	0.0%	5%	0%	0%	8%	0%	0%
Apprentice	53.8%	0.0%	0.0%	18%	0%	0%	7%	0%	0%
Total	32.0%	0.6%	2.9%	7%	0.1%	3%	6%	0%	4%

*In 2021, it did not cover the following units: Santa Martha Hospital; Santa Monica Group; Serpram; Climepe; MediSanitas Group; Santa Helena Hospital; Maringá Hospital; Londrina Hospital; Paes Leme Hospital and Bela Suíça Hospital.

Complement to SASB indicators

SASB HC-DY-230a.1 | Percentage of patient records that are Electronic Health Records (EHR) that meet “meaningful use” requirements

In 2021, 84% of the patient records maintained by the Minas Gerais GNDI subsidiary hospitals were in electronic format. In the other branches, it was not possible to determine the data.

HC-DY-260a.2 | Percentage of controlled substance prescriptions written for which a prescription drug monitoring program (PDMP) database was queried

Controlled substance prescription indicators*

	2021
Number of prescriptions for controlled substances carried out in the period	16,344
Number of prescriptions for controlled substances for which there was prior consultation of the patient’s history on the use of controlled substances (national or company database)	11,074
% of prescriptions for controlled substances with prior consultation in a database on the patient’s history regarding the use of controlled substances	67.8%

SASB HC-DY-320a.1 | (1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate

Health and safety indicators for employees*

	2021	2020	2019
Number of man-hours worked	28,639,241	37,360,329	31,960,098
Number of recordable accidents (with and without lost time, except first aid)	558	351	390
Number of days lost/debited	1,472	1,178	1,235
Recordable accident frequency rate	3.90	1.88	2.44
Accident severity rate	10.28	6.31	7.73

*The data in this table do not cover the following units: Londrina Clinical Center; Clinical Center; Contagem Clinical Center; Uberlândia Clinical Center; Venda Nova Clinical Center; Montes Claros Clinical Center; Barreiro Clinical Center; Integrated Clinical Center; Pouso Alegre Clinical Center (Serpram); Paraguaçu Clinical Center; Machado Clinical Center; Monte Belo Clinical Center; Barreiro Clinical Center; Paes Leme Hospital; Bela Suiça Hospital; Maringá Hospital; Lifecenter BH Hospital; Barreiro Hospital; Poços de Caldas Hospital; Imesa Hospital – Alfenas; Varginha Hospital; Santa Martha Hospital and Maternity; ADM – Lifeday; ADM – Londrina; ADM – Climepe; ADM – Vitallis; ADM – Serpram; Norelabs Garagens. Rates calculated on the factor of 200 thousand man-hours worked.

SASB HC-DY-450a.2 | Percentage of health care facilities that comply with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule

Emergency preparedness indicators

	2021	2020	2019
A. Number of medical and hospital care units maintained by the company	121	115	93
B. Number of units that have an emergency preparedness and response plan	22	22	13
% units that have an emergency preparedness and response plan (B/A)	18.2%	19.1%	14.0%

HC-MC-240a.3 | Percentage of proposed rate increases receiving “not unreasonable” designation from Health and Human Services (HHS) review or state review

Plan readjustment indicators	2021	2020	2019
Readjustment index applied to individual plans	-2.95%	7.90%	8.17%
Maximum percentage of readjustment of individual plans established by ANS	-8.19%	8.14%	7.35%
Average readjustment index applied to collective plans (business or membership)	6.79%	7.38%	9.42%

HC-DY-270a.3 | Number of the entity’s 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent

Indicators of procedures/treatments	2021	2020	2019
A. Total number of services performed in the service network	54,038,733	46,452,305	43,081,600
B. Number of visits for the 25 most performed procedures/treatments	34,028,035	30,416,010	28,699,808
% attendances of the 25 most performed procedures/treatments over the total (B/A)	62.9%	65.5%	66.6%

HC-MC-250a.2 | Enrollee retention rate by plan type, including: (1) HMO, (2) local PPO, (3) regional PPO, (4) PFFS, and (5) SNP

Beneficiary retention indicators	2021		2020		2019	
	Health	Dental	Health	Dental	Health	Dental
A. Total beneficiaries at the end of the period	4,340,096	3,269,760	3,729,935	2,723,040	3,031,929	2,551,229
B. New beneficiaries added during the period	617,450	933,510	728,944	758,173	655,612	662,491
C. Total beneficiaries at the end of the previous period	3,729,935	2,723,040	3,031,929	2,551,229	2,210,744	1,883,785
D. Beneficiaries involuntarily terminated in the period—those whose plans were terminated by the entity due to fraud or intentional misrepresentation of material facts	500,620	321,578	395,006	502,949	303,511	279,515
E. Beneficiaries terminated in business plans due to employer turnover	26,719	65,212	201,823	95,633	100,296	78,333
Beneficiary Retention Index (A-B)/(C-D-E)	1.16	1.00	1.23	1.01	1.32	1.24

GRI content index

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	102-5 Ownership and legal form	25	-	-	-
	102-6 Markets served	10 and 11	-	-	-
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	103-2 The management approach and its components	59, 60, 61, 62, 67 and 68	-	-	-
	103-3 Evaluation of the management approach	59, 60, 61, 62, 67 and 68	-	-	-
GRI 302 Energy 2016	302-1 Energy consumption within the organization	67 e 70	-	7 and 8	7, 8, 12 and 13
	302-3 Energy intensity	71	-	8	7, 8, 12 and 13
GRI 303 Water and effluents 2018	303-1 Interactions with water as a shared resource	68	-	8	6 and 12
	303-2 Management of water discharge-related impacts	68	-	8	6
	303-3 Water withdrawal	68 and 72	-	7 and 8	6
GRI 306 Waste 2020	303-1 Interactions with water as a shared resource	60 and 62	-	8	3, 6, 11 and 12
	303-2 Management of water discharge-related impacts	60 and 62	-	8	3, 6, 11 and 12
	303-3 Water withdrawal	61 and 72	-	8	3, 11 and 12
GNDI indicators	GNDI 3 Percentage of organic waste destined for composting	62	-	-	-
	GNDI 7 Number of employees trained in waste management	59	-	-	-
	GNDI 8 Intensity of water use	71	-	-	-
	GNDI 13 GJ / net operating revenue	67	-	-	-
	GNDI 14 m ³ withdrawn / net operating revenue	68	-	-	-
	GNDI 15 Percentage of waste recycled	61	-	-	-
	GNDI 16 Tons of waste generated / net operating revenue	61	-	-	-
MATERIAL TOPIC CLIMATE CHANGE					
GRI 103 Management approach 2016	103-1 Explanation of the material topic and its Boundary	63, 64, 65 and 66	-	-	-
	103-2 The management approach and its components	63, 64, 65 and 66	-	-	-
	103-3 Evaluation of the management approach	63, 64, 65 and 66	-	-	-
GRI 305 Emissions 2016	305-1 Direct (Scope 1) GHG emissions	65 and 71	-	7 and 8	3, 12, 13, 14 and 15
	305-2 Energy indirect (Scope 2) GHG emissions	65 and 71	-	7 and 8	3, 12, 13, 14 and 15
	305-3 Other indirect (Scope 3) GHG emissions	65 and 71	-	7 and 8	3, 12, 13, 14 and 15
	305-4 GHG emissions intensity	65	-	8	13, 14 and 15

¹The management approach refers to all GRI topics and GNDI indicators within the topic Management of environmental impacts (water, energy and waste).

GRI Standard	Disclosure	Page	Omissions	Global Compact	SDG
MATERIAL TOPIC EXCELLENCE IN CARE, ACCESS AND HEALTH PROMOTION					
GRI 103 Management approach 2016	103-1 Explanation of the material topic and its Boundary	12, 13, 14, 45, 46, 47, 48, 49, 50, 51, 52 and 53	-	-	-
	103-2 The management approach and its components	12, 13, 14, 45, 46, 47, 48, 49, 50, 51, 52 and 53	-	-	-
	103-3 Evaluation of the management approach	12, 13, 14, 45, 46, 47, 48, 49, 50, 51, 52 and 53	-	-	-
GNDI indicators	GNDI 1 Total complaints registered	51	-	-	-
	GNDI 2 Trainings on humanization of care	46	-	-	-
	GNDI 4 Number of accredited beds (ONA)	52	-	-	-
	GNDI 5 Health promotion programs for the external public/beneficiaries	13	-	-	-
	GNDI 6 Preventive medicine program	13	-	-	-
	GNDI 10 Hospital infection rate	47	-	-	-
	GNDI 11 Number of visits performed via telemedicine (medical and non-medical)	53	-	-	-
MATERIAL TOPIC VALUING AND WELL-BEING OF EMPLOYEES AND MEDICAL TEAMS					
GRI 103 Management approach 2016²	103-1 Explanation of the material topic and its Boundary	37, 38, 39, 40, 41, 42, 43 and 44	-	-	-
	103-2 The management approach and its components	37, 38, 39, 40, 41, 42, 43 and 44	-	-	-
	103-3 Evaluation of the management approach	37, 38, 39, 40, 41, 42, 43 and 44	-	-	-
GRI 401 Employment 2016	401-1 New employee hires and employee turnover	38 and 73	-	6	5, 8 and 10
	401-3 Parental leave	44 and 74	-	6	5 and 8
GRI 403 Occupational health and safety 2018	403-1 Occupational health and safety management system	42	-	-	8
	403-2 Hazard identification, risk assessment, and incident investigation	42 and 43	-	-	8
	403-3 Occupational health services	42	-	-	8
	403-4 Worker participation, consultation, and communication on occupational health and safety	42	-	-	8 and 16
	403-5 Worker training on occupational health and safety	42	-	-	8
	403-6 Promotion of worker health	44	-	-	3
	403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	42	-	-	8
	403-8 Workers covered by an occupational health and safety management system	42	-	-	8
	403-9 Work-related injuries	43	-	-	3, 8 and 16
GRI 404 Training and education 2016	404-1 Average hours of training per year per employee	40 and 74	-	6	4, 5, 8 and 10
	404-2 Programs for upgrading employee skills and transition assistance programs	40	-	-	8
GRI 405 Diversity and equal opportunity 2016	405-1 Diversity of governance bodies and employees	38 and 75	-	6	5 and 8
	405-2 Ratio of basic salary and remuneration of women to men	74	-	6	5, 8 and 10
GNDI indicators	GNDI 17 Health and safety training	42	-	-	-

²The management approach refers to all GRI topics and GNDI indicators within the topic Valuing and well-being of employees and medical teams.

GRI Standard	Disclosure	Page	Omissions	Global Compact	SDG
MATERIAL TOPIC INNOVATION AND HEALTH RESEARCH					
GRI 103 Management approach 2016	103-1 Explanation of the material topic and its Boundary	34 and 35	-	-	-
	103-2 The management approach and its components	34 and 35	-	-	-
	103-3 Evaluation of the management approach	34 and 35	-	-	-
GNDI indicators	GNDI 12 Number of participations in events and publications	35	-	-	-
MATERIAL TOPIC ETHICS AND RESPONSIBLE CORPORATE GOVERNANCE					
GRI 103 Management approach 2016³	103-1 Explanation of the material topic and its Boundary	25, 26, 27, 28, 29, 30, 31 and 32	-	-	-
	103-2 The management approach and its components	25, 26, 27, 28, 29, 30, 31 and 32	-	-	-
	103-3 Evaluation of the management approach	25, 26, 27, 28, 29, 30, 31 and 32	-	-	-
GRI 205 Anti-corruption 2016	205-2 Communication and training about anti-corruption policies and procedures	28 and 29	-	10	16
	205-3 Confirmed incidents of corruption and actions taken	30	-	10	16
GRI 406 Non-discrimination 2016	406-1 Incidents of discrimination and corrective actions taken	30	-	6	5 and 8
MATERIAL TOPIC SUSTAINABLE GROWTH OF OPERATIONS					
GRI 103 Management approach 2016⁴	103-1 Explanation of the material topic and its Boundary	15, 16 and 18	-	-	-
	103-2 The management approach and its components	15, 16 and 18	-	-	-
	103-3 Evaluation of the management approach	15, 16 and 18	-	-	-
GRI 201 Economic performance 2016	201-1 Direct economic value generated and distributed	18	-	-	8 and 9
GNDI indicators	GNDI 9 Profitability from operations growth. [Revenue / no. Lives (and beds)]	18	-	-	-

³The management approach refers to all GRI topics within the topic Ethics and responsible corporate governance.

⁴The management approach refers to all GRI topics and GNDI indicators within the topic Sustainable growth of operations.

SASB content index

HEALTH CARE DELIVERY

SASB Topic	SASB Code	Metrics requested by SASB	Page
Energy Management	HC-DY-130a.1	(1) Total energy consumed, (2) percentage grid electricity, (3) percentage renewable	67
Waste Management	HC-DY-150a.1	Total amount of medical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	61
	HC-DY-150a.2	Total amount of: (1) hazardous and (2) nonhazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	61
Patient Privacy & Electronic Health Records	HC-DY-230a.1	Percentage of patient records that are Electronic Health Records (EHR) that meet "meaningful use" requirements	77
	HC-DY-230a.2	Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	32
	HC-DY-230a.3	(1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI	32
	HC-DY-230a.4	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	32
Access for Low-Income Patients	HC-DY-240a.1	Discussion of strategy to manage the mix of patient insurance status	45, 46, 47 and 48
	HC-DY-240a.2	Amount of Medicare Disproportionate Share Hospital (DSH) adjustment payments received	Not applicable, as the GNDI does not serve patients via the Unified Health System (SUS).
Quality of Care & Patient Satisfaction	HC-DY-250a.1	Average Hospital Value-Based Purchasing Total Performance Score and domain score, across all facilities	52
	HC-DY-250a.2	Number of Serious Reportable Events (SREs) as defined by the National Quality Forum (NQF)	47
	HC-DY-250a.3	Hospital-Acquired Condition (HAC) Score per hospital	52
	HC-DY-250a.4	Excess readmission ratio per hospital	47
	HC-DY-250a.5	Magnitude of readmissions payment adjustment as part of the Hospital Readmissions Reduction Program (HRRP)	It does not apply to the Brazilian healthcare sector.
Management of Controlled Substances	HC-DY-260a.1	Description of policies and practices to manage the number of prescriptions issued for controlled substances	48
	HC-DY-260a.2	Percentage of controlled substance prescriptions written for which a prescription drug monitoring program (PDMP) database was queried	77
Pricing & Billing Transparency	HC-DY-270a.1	Description of policies or initiatives to ensure that patients are adequately informed about price before undergoing a procedure	48
	HC-DY-270a.2	Discussion of how pricing information for services is made publicly available	48
	HC-DY-270a.3	Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent	78
Employee Health & Safety	HC-DY-320a.1	(1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate	77
Employee Recruitment, Development & Retention	HC-DY-330a.1	(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician health care practitioners, and (c) all other employees	41
	HC-DY-330a.2	Description of talent recruitment and retention efforts for health care practitioners	41
Climate Change Impacts on Human Health & Infrastructure	HC-DY-450a.1	Description of policies and practices to address: (1) the physical risks due to an increased frequency and intensity of extreme weather events and (2) changes in the morbidity and mortality rates of illnesses and diseases, associated with climate change	63 and 64
	HC-DY-450a.2	Percentage of health care facilities that comply with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule	77
Fraud & Unnecessary Procedures	HC-DY-510a.1	Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid fraud under the False Claims Act	It does not apply to the Brazilian healthcare sector.
Activity Metrics	HC-DY-000.A	Number of (1) facilities and (2) beds, by type	10
	HC-DY-000.B	Number of (1) inpatient admissions and (2) outpatient visits	46

MANAGED CARE

SASB Topic	SASB Code	Metrics requested by SASB	Page
Customer Privacy & Technology Standards	HC-MC-230a.1	Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	32
	HC-MC-230a.2	(1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI	32
	HC-MC-230a.3	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	32
Access to Coverage	HC-MC-240a.1	Medical Loss Ratio (MLR)	18
	HC-MC-240a.2	Total amount of rebates accrued and paid due to non-compliance with the Patient Protection and Affordable Care Act for Medical Loss Ratio (MLR)	It does not apply to the Brazilian healthcare sector.
	HC-MC-240a.3	Percentage of proposed rate increases receiving "not unreasonable" designation from Health and Human Services (HHS) review or state review	78
Plan Performance	HC-MC-250a.1	Average Medicare Advantage plan rating for each of the following plan types: (1) HMO, (2) local PPO, (3) regional PPO, (4) PFFS, and (5) SNP	49
	HC-MC-250a.2	Enrollee retention rate by plan type, including: (1) HMO, (2) local PPO, (3) regional PPO, (4) PFFS, and (5) SNP	78
	HC-MC-250a.3	Percentage of claims denied that were appealed by customers and ultimately reversed	50
	HC-MC-250a.4	Plan enrollee grievance rate	50
Improved Outcomes	HC-MC-260a.1	Percentage of enrollees in wellness programs by type: (1) diet and nutrition, (2) exercise, (3) stress management, (4) mental health, (5) smoking or alcohol cessation, or (6) other	13
	HC-MC-260a.2	Total coverage for preventive health services with no cost sharing for the enrollees, total coverage for preventive health services requiring cost-sharing by the enrollee, percentage of enrollees receiving Initial Preventive Physical Examinations (IPEE) or Annual Wellness Visits (AWV)	12, 13 and 14
	HC-MC-260a.3	Number of customers receiving care from Accountable Care Organizations or enrolled in Patient-Centered Medical Home programs	46
Climate Change Impacts on Human Health	HC-MC-450a.1	Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographic incidence, morbidity, and mortality of illnesses and diseases are incorporated into risk models	63 and 64
Activity Metrics	HC-MC-000.A	Number of enrollees by plan type	9

TCFD content index

KEY ELEMENTS OF DISCLOSURES ON CLIMATE RISKS AND OPPORTUNITIES RECOMMENDED BY TCFD

TCFD Recommendations	Page
Governance	
a. Describe the board's oversight of climate-related risks and opportunities.	63
b. Describe management's role in assessing and managing climate-related risks and opportunities.	63
Strategy	
a. Describe the climate-related risks and opportunities the organization has identified over the short, medium, and long term.	64
b. Describe the impact of climate-related risks and opportunities on the organization's businesses, strategy, and financial planning.	64
c. Describe the resilience of the organization's strategy, taking into consideration different climate-related scenarios, including a 2°C or lower scenario.	64
Risk Management	
a. Describe the organization's processes for identifying and assessing climate-related risks.	63 and 64
b. Describe the organization's processes for managing climate-related risks.	65 and 66
c. Describe how processes for identifying, assessing, and managing climate-related risks are integrated into the organization's overall risk management.	64
Metrics and Targets	
a. Disclose the metrics used by the organization to assess climate-related risks and opportunities in line with its strategy and risk management process.	65
b. Disclose Scope 1, Scope 2 and, if appropriate, Scope 3 greenhouse gas (GHG) emissions and the related risks.	65
c. Describe the targets used by the organization to manage climate-related risks and opportunities and performance against targets.	65

Assurance report

ASSURANCE STATEMENT - BUREAU VERITAS



INTRODUCTION

Bureau Veritas Certification Brazil ('Bureau Veritas') was engaged by Grupo NotreDame Intermédica (GNDI), to conduct an independent assurance of its Annual and Sustainability Report for the year 2021 (hereinafter referred to as the Report).

The information published in the report is the sole responsibility of GNDI's management. Our responsibility is defined according to the scope below.

SCOPE OF WORK

The scope of this verification encompassed the Standards and Principles¹ of the Global Reporting Initiative™GRI for Sustainability Reports, simultaneously, the patterns were also verified of Sustainability Accounting Standards Board (SASB) and Task Force on Climate-Related Financial Disclosures (TCFD) for the period from 1 January to 31 December 2021.

GNDI AND BUREAU VERITAS RESPONSIBILITIES

The collection, calculation and presentation of the data published in the report are GNDI's management sole responsibility. Bureau Veritas is responsible for providing an independent opinion to the Stakeholders, pursuant to the scope of work defined in this declaration.

METHODOLOGY

The Assurance covered the following activities:

1. Interviews with the personnel responsible for material issues and involved in the Report content, including GRI, SASB and TCFD indicators associated with material topics;
2. Review of documentary evidence provided by GNDI in relation to the reporting period (2021);
3. Evaluation of the systems used for data compilation;
4. Analysis of GNDI's stakeholder engagement activities; and
5. Evaluation of the method used to define material issues included in the Report, taking into account the sustainability context and the scope of the information published.

The level of verification adopted was Limited, according to the requirements of the ISAE 3000 Standard², which were incorporated to the internal assessment protocols of Bureau Veritas.

LIMITATIONS AND EXCLUSIONS

Excluded from the scope of this work was any assessment of information related to:

- Activities outside the defined assessment period;
- Statements of position (expressions of opinion, beliefs, goals, or future intentions) on the part of GNDI;
- Economic and financial information contained in this Report which has been taken from financial statements verified by independent financial auditors.

2. International Standard on Assurance Engagements 3000 – Assurance Engagements other than Audits or Reviews of Historical Financial Information

The following limitations apply for this assurance engagement:

- The principles of Accuracy and Reliability were limited to data samples related to material aspects published within the Report;
- Economic and financial data presented within the report were assessed against the GRI reporting principle of Balance;

TECHNICAL OPINION

- In 2021, the GNDI conducted a materiality review that resulted in seven material topics, this review was supported by consultancy and validated by the senior leadership of the GNDI. In our opinion, the selected topics and subtopics made it possible to prepare a balanced Report in a current sustainability context;
- The Report adequately presents the indicators associated with the Essential option of GRI;
- The Report adequately presents the indicators of SASB and TCFD;
- In our understanding, the GNDI Report presents the impacts of the organization's activities in a balanced way;
- The inconsistencies found in the Report, in relation to one or more GRI Principles, have been satisfactorily corrected.

CONCLUSION

As a result of our assurance nothing has come to our attention that would indicate that:

- The information presented in the Report is not balanced, consistent and reliable;
- GNDI has not established appropriate systems for the collection, aggregation and analysis of quantitative and qualitative data used in the Report;
- The Report does not adhere to the Principles for defining report content and quality of the GRI Standards, SASB Standards and TCFD Standards and does not meet its Core level.

DECLARATION OF INDEPENDENCE AND IMPARTIALITY

Bureau Veritas Certification is an independent professional services firm specializing in Quality, Health, Safety, Social and Environmental Management, with more than 185 years' experience in independent assessment.

Bureau Veritas has a quality management system that is certified by a third party, according to which policies and documented procedures are maintained for the compliance with ethic, professional and legal requirements.

The assessment team has no links with GNDI and the assessment is performed independently.

Bureau Veritas implemented and follows a Code of Ethics throughout its business, in order to assure that its staff preserve high ethical, integrity, objectivity, confidentiality and competence/professional attitude standards in the performance of their activities. At the end of the assessment, a detailed report was drawn up, ensuring traceability of the process. This Report is kept as a Bureau Veritas management system record.

CONTACT

Bureau Veritas Certification is available for further clarification on www.bureauveritascertification.com.br/faleconosco.asp or by telephone (55 11) 2655-9000.

São Paulo, Brazil, April 1, 2022.

Nelson Luiz Magalhães Bastos
Lead Auditor Assurance Sustainability Reports (ASR)
Bureau Veritas Certification – Brazil

1. Materiality, Stakeholder Inclusiveness, Sustainability Context, Completeness, Balance, Comparability, Accuracy, Periodicity, Clarity, and Reliability

Credits

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