

2019 | SUSTAINABILITY REPORT

ENFERMAGEM





Cover photo: Nursing assistant *Maria Aparecida Rosário de Lima*, a professional at *Paulo Sacramento Hospital and Maternity Ward* in *Jundiaí* for the last 26 years.

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How to read this report

This is the 1st Sustainability Report for the NotreDame Intermédica Group, which will be published annually. Intended for partners, customers, employees, vendors, shareholders, and other stakeholders, the report presents management's results and initiatives regarding environmental, social and economic aspects of the Company for the period of January 1 to December 31, 2019.

This report was prepared in accordance with the GRI Standards: Essential Option, and has not been subjected to an external verification process. Since this is the first edition, results from 2017 and 2018 will be presented for comparison purposes.



Message from the CEO



Irlau Machado Filho,
CEO of the NotreDame Intermédica
Group



We live in a country with over 210 million inhabitants, of which only 47 million are health plan beneficiaries¹. We want to be agents of a structural change and contribute to progressively expanding access to quality healthcare for an increasing number of Brazilians. "

*¹ANS Data
(December/2019)*

The year 2019 was filled with major achievements for the NotreDame Intermédica Group (GNDI). In the period, we advanced strongly in our growth strategy with six new acquisitions (GreenLine Group, Mediplan Group, Hospital AMIU, Belo Dente Group, SMEDSJ Group and Ghelfond Group), which added a total of 911,000 new beneficiaries and 886 new hospital beds, contributing to expand our capacity to offer beds, exams and outpatient therapies. In addition, 29 works were delivered and we integrated most of the new operations. And we still have a way to go, with about 40 more ventures underway and completion expected in the next 18 to 24 months.

In a major effort by the Investor Relations area in the market, we conducted two follow-ons (a process where a company that is already publicly traded issues new securities), involving more than three thousand investors in over 300 meetings. It was an intense and coordinated endeavor by our staff, a competent, integrated team that shares our mission of **Making quality healthcare accessible to generations of Brazilians.**

The year 2019 was also positive in terms of economic results, marked by the impetus of organic sales. We pushed well beyond our organic growth goal and closed the year with more than 250,000 new health beneficiaries. We also experienced major qualitative advances, such as the launch of Notrelife 50+, an innovative individual health insurance concept focused on those over the age of 49, which represents an important milestone in our growth strategy.

We joined our Clinical Staff to promote a comprehensive relationship program with doctors – NotreMedical – which involves training, qualification, and various approximation initiatives to assist and engage this professional in the concept of patient care, behavior that should guide the actions of each GNDI employee.

The Company's dynamic growth presents numerous challenges as it evolves within a verticalization strategy to expand its structure and Provider Network. During this second transformation stage, we returned our focus to consolidating an organizational structure that functions on a regional level, maintaining quality standards, commitments to comprehensive patient care and alignment to generate results.

It is also necessary to contemplate the challenge of growing in the face of the Brazilian economic scenario, which is still reacting in a timid manner. We see every crisis as an opportunity to rethink processes, develop new lines of reasoning, test their compatibility with the scenario and cut costs whenever necessary. Looking back, there is no doubt that we were well prepared in terms of quality, care, facilities and medical technology to meet the concerns of a population in offering quality health services at affordable prices. After all, this is our mission.

And the concept of sustainability at GNDI is born precisely under the context of this purpose and is part of our DNA. Our commitment drives us to find balance between social, economic and environmental aspects, directing management focused on sustainability. This is the message that we constantly deliver to all our stakeholders.

Applying this concept in practice means monitoring costs, eliminating waste, seeking effective solutions for treatments supported by medical protocols proven to be valid and assertive. It implies pursuing engineering solutions based on eco-efficient materials, monitoring and reducing energy and water consumption, and promoting appropriate waste management.

When inserting a new business into our portfolio through our acquisitions, we incorporate our medical protocols, guidelines, performance indicators, efficiency goals, sustainability in purchases, and more efficient technologies. These are aspects that converge to a sustainable health service system, both for our Company and all beneficiaries. We generate value for our Customers as we

contribute to their quality of life. And when it comes to corporate customers, this turns into productivity.

We are still facing many challenges, and I emphasize what has not only been our voice, but that of the country's entire supplementary health system. We remain steadfast in the objective of expanding the dialogue with society for a better understanding of what a health plan represents. We also reaffirm our commitment to broaden the offer of distinctive plans that attend to the profiles and satisfy the real needs of beneficiaries, so that more people have access to a quality supplementary health service that places the individual at the center of its strategy.

We need to unleash more creativity in this process and generate security for the sector to foster a greater offering of individual plans, which is a huge challenge for healthcare companies. Nevertheless, we foresee a bright future. This includes greater understanding, transparency, and availability of information across various channels provided by technology, all to be used as a basis for people to make conscious decisions. And this tends to generate more sustainable products with higher added value.

Over the last few years, our Company has achieved something that I would venture to call "magical" in the midst of a bleak scenario marked by one of the worst macroeconomic crises: while the market suffered an 8% retraction, GNDI grew 28%. The future becomes even more promising as the economy rebounds and employment becomes more accessible, which is extremely important in our business, since about 80% of health plans sold on the market are to corporate customers.

In this heartening scenario, we will follow our growth strategy to ensure we fulfill the mission of offering affordable quality healthcare to the Brazilian population.

Enjoy your reading!





CURRENT TIMES

In 2020, we are facing a unique challenge with the pandemic outbreak of the new Coronavirus (COVID-19). This unprecedented situation on a global scale puts human lives at risk as well as the sustainability of world economic development. Despite all difficulties, our focus on planning has been fundamental in continuing to execute our strategy thus far, within a more controlled environment that causes less impacts to our stakeholders (beneficiaries, employees, community and shareholders).

Since the beginning of the year, we have been monitoring the evolution of the new Coronavirus around the world and we quickly instituted an action plan with the intent to better prepare ourselves for an extreme scenario. We created a Crisis Management Committee specific to this topic, developed a transparent communication plan to align our entire Dedicated Network structure regarding the evolution of the virus and updating medical protocols. We also instructed our employees and customers on prevention and the efficient use of our Network. We trained our Homecare

and Preventive Programs medical teams (those that work directly with the main risk group, consisting of the elderly and chronic patients). We reinforced our stock of materials for treating the symptoms, including PPE and medication. We established a standard care protocol for possible cases of COVID-19 and segregated some of our Dedicated Network service units for exclusive care in the event of hospitalizations. Later, when authorized by the regulatory agent (ANS), we began to reschedule elective medical procedures (non-emergency), thus reducing possible contagions and increasing the availability of our beds. We also launched our telemedicine platform (also available in our app) to effectively guide and provide continuity of medical care for our beneficiaries unable to leave home. Thus, with a team of excellence in Health and a large and modern Dedicated Network, combined with a corporate culture that values and encourages planning, we will follow our growth strategy so that we can fulfill the mission of offering affordable quality healthcare to generations of Brazilians.

About the report

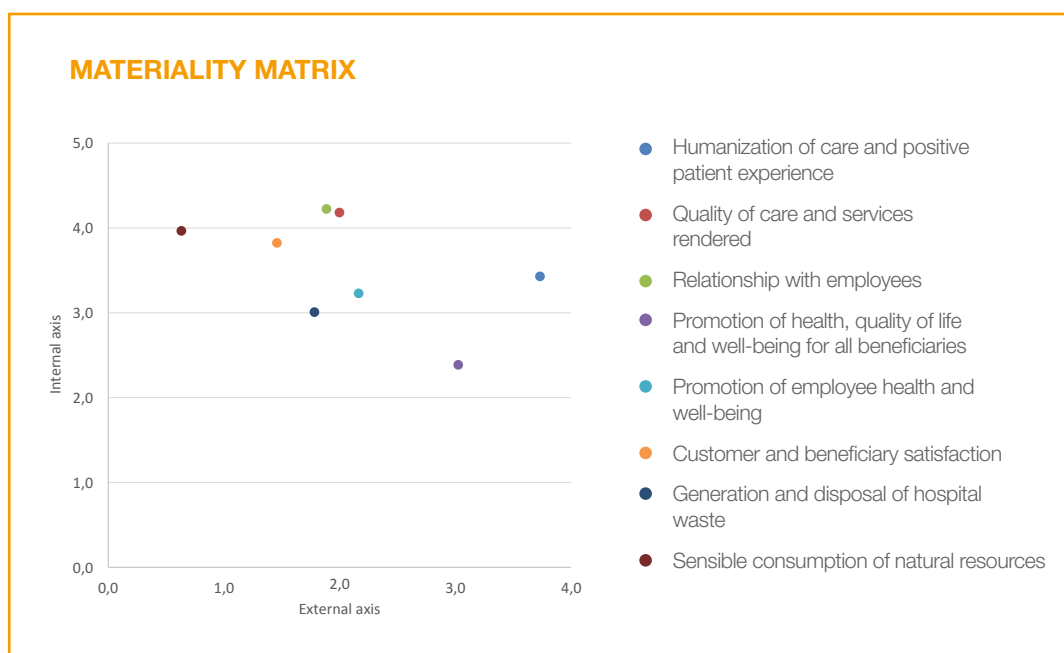
The production of this report was guided by material topics defined between 2018 and 2019 in conjunction with our key stakeholders. Material topics are those that are most relevant to the sustainability of our business: the ones that influence our position and guide all decision-making processes. In this document, they relate to the reported GRI aspects and to our main initiatives in the social, economic and environmental aspects.

Collective work

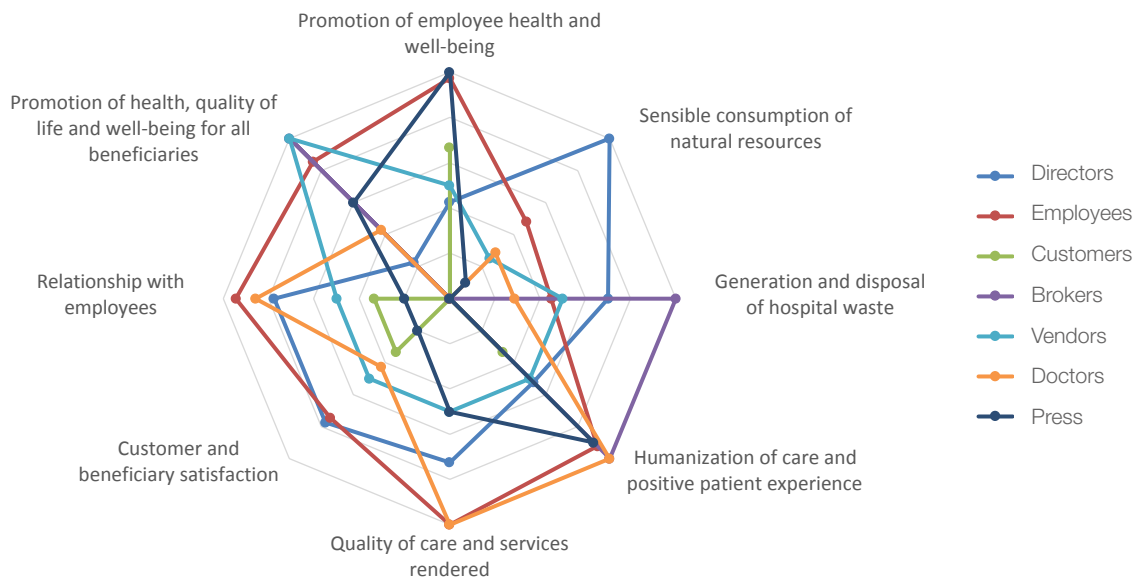
The criteria to define which stakeholders to consult for mapping and prioritizing topics considered the group's relevance to the organization, the relationship's level of maturity and the available communication channels. GNDI worked with these stakeholders

through individual interviews, online consultations and analyses of internal communications to list the topics most relevant to each one. The average of the final weighting of the internal and external axes was used to prioritize them, resulting in the following aspects:

- Humanization of care and positive patient experience
- Quality of care and services rendered
- Relationship with employees
- Promotion of health, quality of life and well-being for all beneficiaries
- Promotion of employee health and well-being
- Customer and beneficiary satisfaction
- Generation and disposal of hospital waste
- Sensible consumption of natural resources



CORRELATION OF TOPICS BY STAKEHOLDER GROUP



The material topics above have been consolidated under four topics for reporting purposes. After analyzing the organization, the Corporate Governance topic was also included due to its relevance, resulting in five topics that guide the production of this document.

Limits of material aspects

The GNDI sustainability team conducted an analysis of the impact limits considering the results of the materiality process. This analysis sought to understand whether the Company's relationship with the impacts is direct through the Company's operations (shown in table 1 – in **Attachments** – as 'cause') and/or through its commercial relations (shown in table 1 – in **Attachments** – as 'contributes').



Audit technical team, at GNDI Headquarters in São Paulo

Material topics



RESPONSIBLE CORPORATE GOVERNANCE

Ensure rectitude through mechanisms to fight misconduct to minimize risks and promote ethical behavior.



HEALTH PROMOTION AND DISEASE PREVENTION

Promote the health, quality of life and well-being of all beneficiaries and Customers, as well as prevent disease and disseminate information.



POSITIVE RELATIONSHIP WITH EMPLOYEES

Maintain a proactive and transparent relationship with employees that is focused on recruiting and retaining talent, the professional development of doctors and employees and combating all forms of harassment and discrimination.



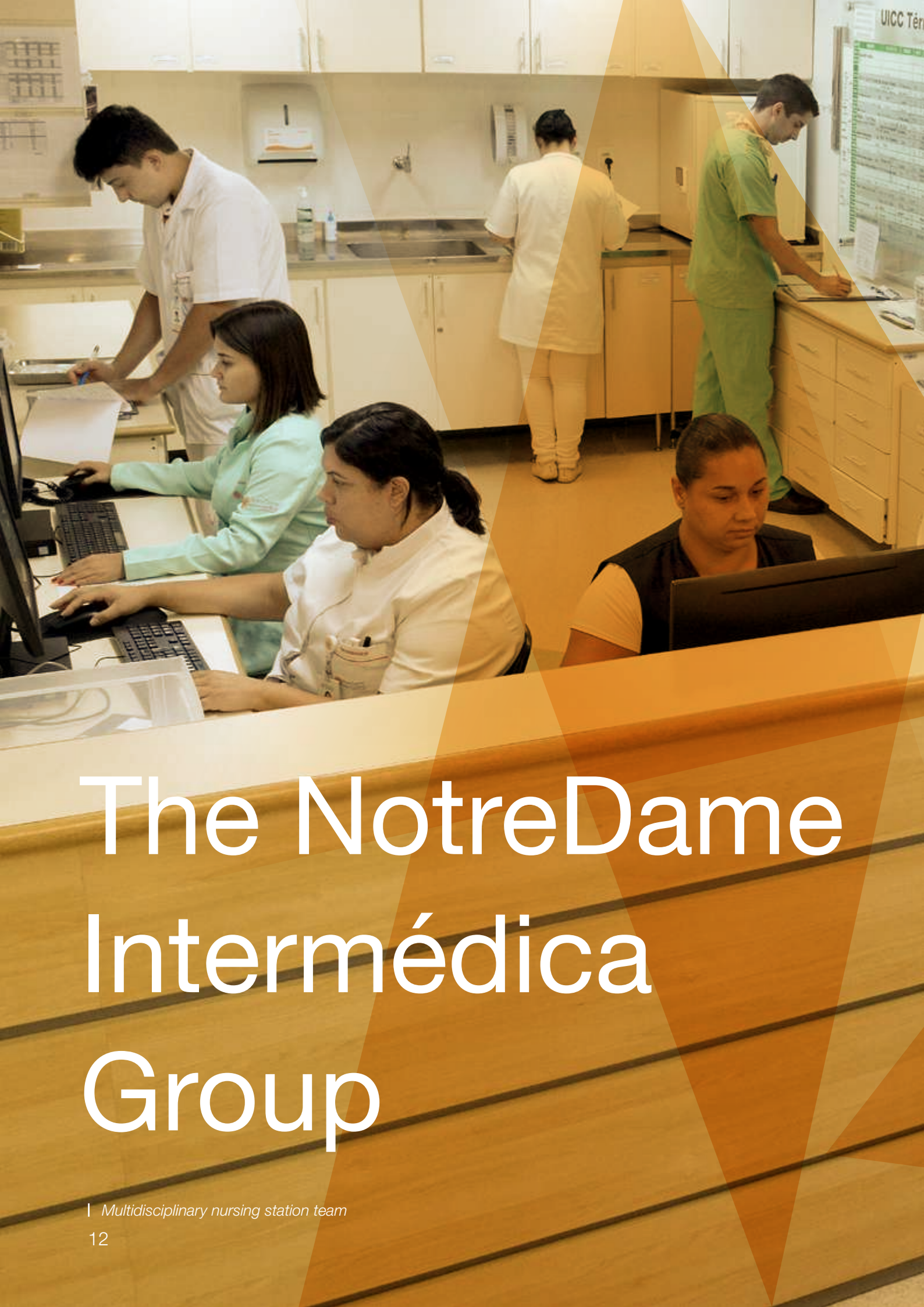
ECO-EFFICIENCY AND WASTE MANAGEMENT

Seek sensible and efficient consumption of natural resources, with an emphasis on hospital waste management.



HUMANIZATION OF CARE

Guarantee a positive experience for the patient, focusing on the quality of care, quality of services rendered, appropriate infrastructure and the satisfaction of Customers and beneficiaries.



The NotreDame Intermédica Group

| *Multidisciplinary nursing station team*



Pioneer in Preventive Medicine



Over 50 years of operations in Brazil



26,326 own, third-party and independent employees



5.5 million beneficiaries (3 million in Health and 2.5 million in Dental)

Who we are and what we do

*We strive for excellence
in service management
as well as patient care
and safety.*

Renowned for its pioneering spirit in Preventive Medicine and for offering the best solutions in healthcare and dentistry for individual and corporate Customers, NotreDame Intermédica Participações S.A., which controls the NotreDame Intermédica Group (GNDI), is a publicly-held company headquartered in São Paulo (SP) and operates throughout Brazil.

We are one of the largest healthcare operators in Brazil and the largest healthcare company in the state of São Paulo, with approximately 5.5 million beneficiaries (3 million in Healthcare and 2.5 million in Dental).

We strive for excellence in service management as well as patient care and safety. Our customers rely on a Dedicated Network of clinical centers, hospitals, emergency rooms, maternity wards, laboratories with outpatient collection points, diagnostic imaging centers, spaces for senior citizens to interact and preventive medicine units, in addition to an Accredited Network and Dental Clinics (see the text **The Group**).

We operate based on four strategic pillars



Care: building positive experiences for the Customer or for the patient adds positive experiences for employees as well and fosters a beneficial environment for everyone.



Quality: promoting well-being and quality of life for all beneficiaries and, consequently, sustainability for Customers. Quality must be perceived directly by the patient and, in the administrative area, be considered for decision-making on behalf of all stakeholders.



Verticalization: the way we take ownership and encourage our beneficiaries to use our Dedicated Network. We focus on promoting quality of life and well-being, which also involves administrative matters.



Dedicated Network: having own resources and services that the beneficiary needs for medical and hospital care, within our obligations under the scope of ANS regulations. This is the path embraced to take good care of our patients.

With an economically sound, socially responsible and constantly improving business model, we serve Customers who seek quality healthcare services at affordable costs.

The Group

- The Group consists of **NotreDame Intermédica (Healthcare) + Interodonto (Dentistry)**
- Dedicated Network: **20** Hospitals, **20** Independent emergency rooms, **73** Clinical Centers, **11** Preventive Medicine Units, **63** collection points for clinical analyses e **11** Imaging units.
- **Over 16,000** accredited dentists
- **14,576** own employees¹
- **11,750** third-party and independent employees²
- **Plans offered** to small, medium and large companies
- **NotreLife50+**: exclusive plan for individuals over 49 years of age

Our operations



¹ Data for the year 2019, considering the scope of this report, which does not cover Units acquired and integrated after the month of March 2019: GreenLine Group, Mediplan Group, Hospital AMIU, Belo Dente Group, SMEDSJ Group and Ghelfond Group.

² Includes cleaning, concierge, security, nutrition, engineering, transportation, physicians, IT and digitalization professionals.

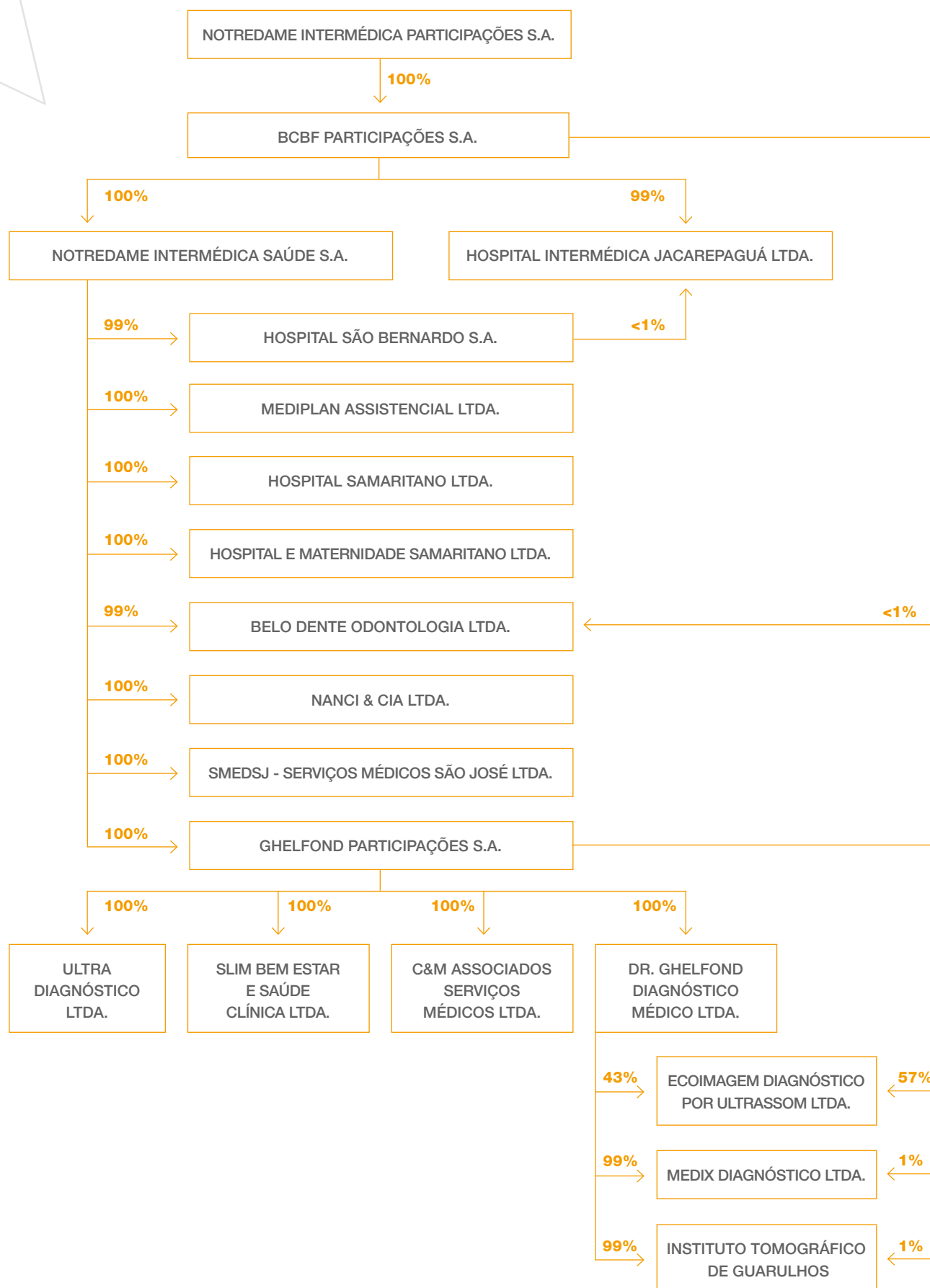
NotreLife 50+

Ideal for people over the age of 49, the individual NotreLife 50+ plan offers coverage for doctors' appointments, exams and hospitalizations at the NotreDame Intermédica Dedicated Network at competitive prices, mindful of the beneficiaries' well-being. In NotreLife 50+ spaces, the Customer has access to wellness services at no additional cost, such as Cyber Café, a reading area, art workshops, yoga, meditation, stretching and Integrative Medicine. The plan is currently offered in Jundiaí and Sorocaba.



Niegy Elisa de Moraes Cavalcante, from NotreLife 50+ in Sorocaba

GNDI CORPORATE STRUCTURE IN DECEMBER 2019





Interodonto is one of the largest dental plan operators in Brazil. It operates through a broad Accredited Network of clinics distributed throughout Brazil, with highly qualified dentists who employ the most modern techniques and technologies.

In 2019, Interodonto experienced growth both organically and through acquisitions, reaching more than 2,500,000 dental beneficiaries. According to ANS data, Interodonto currently occupies 2nd place in the ranking of dental operators, considering the inclusion of Belo Dente members. The use of cross selling with the health portfolio is also worth mentioning, which exceeded 70%.

MISSION, VISION AND VALUES

Mission

Make quality healthcare accessible to generations of Brazilians.

Vision

To be a protagonist of innovation in health management, guaranteeing quality and sustainable care for our Customers.

Values



Growth

We have stood out over the years for our quick and constant evolution in the Health area. The verticalization strategy, which results in mergers and acquisitions,

supports improvements to quality of care and the offering of more affordable costs. **Learn some milestones in our history:**



NotreDame Intermédica Group's parent company is listed on the Novo Mercado of the B3 (Brasil, Bolsa, Balcão), with the practice of quarterly disclosure of results to the market.



Financial results in 2019¹



NET REVENUES:
BRL 8,412.4 million
up 37,1%
from 2018.



BRL 2,502.6 MILLION IN NET CASH,
even after the acquisitions of the SMEDSJ
Group and Ghelfond, as well as investments
to improve the Dedicated Network.

¹ Units acquired and integrated after the month of March 2019, although included in the financial statements, were not considered in this report. They include: GreenLine Group, Mediplan Group, Hospital AMIU, Belo Dente Group, SMEDSJ Group and Ghelfond Group.

Supply chain

We rely on vendors whose conduct is aligned with our values. Each of their support is fundamental for offering quality services focused on the patient. They can be divided into three major sectors:

Administrative

- **366 vendors** with current contracts.
- Mainly located in **São Paulo**.
- **Provision of services** for sanitation and cleaning, security, medical equipment lease and fleet rental, for example.

Engineering

- **147 vendors** with current contracts > up **33%** in 2019, in step with GNDI's growth.
- **Small and medium-sized** companies.
- Mainly located in **São Paulo and Rio de Janeiro**.

Provision of services in units that require building maintenance, public water and electricity services, as well as specialized services in equipment.

Supplies

- **Heterogeneous chain** with current contracts and hirings.
- Mainly located in the **Southeastern** and **Midwest** regions of Brazil.
- Chain mostly composed of the **pharmaceutical and hospital materials industry**. Critical vendors, with contributions of approximately **BRL 500 million per year**.



Recognition

We have earned national and international certifications as a result of our obstinacy in quality and excellence in health service provision, reiterating our commitment to offering high quality solutions to our beneficiaries:



- Diamond Certification in the Qmentum International Accreditation Program;



- Certification from the Brazilian National Accreditation Organization (ONA) at Level 1 (Accredited), 2 (Fully accredited) and 3 (Accredited with excellence);



- Quality Management Systems of the Regulatory Area, NotreDame's Ombudsman and Interodonto certified by NBR ISO Standard 9001:2015;



- Unicef Award for the Hospital Amigo da Criança (Child-Friendly Hospital) initiative, focused on encouraging breastfeeding, developed at Hospital e Maternidade Paulo Sacramento (Jundiaí-SP) and Hospital Modelo (Sorocaba-SP).



Jacqueline Rampazzo Rodrigues,
Neonatal ICU nursing coordinator at
Hospital Modelo in Sorocaba

How we operate

We take pride in how we have been working in an upstanding and honest manner for over 50 years. Management, employees and other professionals who perform activities on behalf of GNDI must always be guided by the principles of legality, justice, impersonality, morality, publicity, transparency, probity, efficiency, honesty, loyalty and by the correct alignment of the principles, values and social objectives reflected in the Code of Ethical Conduct and in all policies that help shape the Group.

Sustainability at GNDI

The commitment to sustainability is inherent to our activities and considered a fundamental aspect for the growth and advancement of the Healthcare segment in Brazil. Our actions are guided by the

MASS Policy (Environment, Sustainability and Workplace Safety), which establishes, for example, responsibilities and criteria for instituting integrated management of these three major aspects. The guidelines are applicable to all employees of the Group's business units, with specific responsibilities being defined for Senior and Middle Management. We also seek to ensure that partners and vendors are aligned with GNDI's commitments and values.

Safety: our directive is compliance with legal requirements. We have a specialized team to manage activities in the Units, such as inspections and accident analysis, among others. We invest in the prevention and employee awareness through actions of the Internal Commission on Accident Prevention (CIPA) and improvement programs. Direct and outsourced professionals can report unsafe activities to risk management leaders.



Yoga class at Notrelife 50+ Sorocaba

Environment and Sustainability: we operate with a focus on the environmental, social and economic pillars, in compliance with national and international legal requirements, as well as the principles of business ethics. Our commitments include the management of positive and negative environmental impacts; environmentally appropriate disposal of all solid and liquid waste; conscious use of natural resources; provision of information to our stakeholders; and implementation of social responsibility actions in line with the business strategy.

Aware that the healthcare sector is intrinsically associated with the strong performance of social, economic and environmental indicators, we became signatories to the Principles of the UN Global Compact in 2018 and are engaged in contributing to the 17 Sustainable Development Goals (SDGs). We prioritized six SDGs based on the results of the Materiality Matrix.



To further improve our knowledge on the subject and its application to our routine, we participate in the SDG Thematic Working Group.



Roberta Salim de Almeida, nursing assistant at the Arujá Clinical Center

Contemplation of risks

Aware of factors capable of impacting business, the NotreDame Intermédica Group employs the best practices of the market and the sector in its rigorous dedication to risk monitoring. Instruments such as the Risk Management Policy, the Risk Manual and process auditing guide the Company's management of the topic. We maintain continuous risk mapping based on the ISO 31000: 2018 and COSO guidelines.

In addition, we seek to be aligned, albeit informally, with the **Precautionary Principle**, which also guides environmental management, especially with regard to health service waste management and the organization's workplace safety. Continuous analyses are conducted from strategic planning through orientation on policies and practices in the organization.

Established at the Rio de Janeiro Earth Summit in 1992, the Precautionary Principle is the guarantee against potential risks that, according to the current state of knowledge, cannot yet be identified. This Principle states that when formal scientific certainty is lacking where there is a risk of serious or irreversible damage, measures must be implemented that can predict such damage.







MORE ON THE WEB



Responsible Corporate Governance

Our practices and processes are aligned with the highest principles of transparency, equity, accountability, ethics and corporate and socio-environmental responsibility. GNDI's shares are traded on the São Paulo Stock Exchange (B3), on the Novo Mercado, a special listing segment that requires the adoption of the highest standards of Corporate Governance.

The Corporate Governance structure comprises the Executive Board, Audit Committee and Board of Directors, the latter being responsible for making decisions regarding environmental, social and economic matters, pursuant to the Bylaws and Internal Regulations.

Highly qualified professionals with proven technical, professional and/or academic

experience are appointed to serve on the Board, in line with the Company's values and culture.

For the purpose of continuously improving management, the members of the Board self-assess their activities annually and formally analyze the Company's results and the performance of the Executive Board, the Board of Directors itself, the Advisory Committees and each of their respective members on an individual basis every two years.

The details of the performance of each body are available in the ATTACHMENTS: *Table 2. Duties of the Board of Directors, Audit Committee and Executive Board.*



MORE ON THE WEB



All guidelines regarding the performance and appointment of members of Corporate Governance are available in the Bylaws, Board of Directors' Internal Regulations, Code of Ethical Conduct and Compliance Program. The files can be consulted using the QR Code to the side.



Since our IPO in 2018, we have adhered to the Novo Mercado – B3 listing segment that requires compliance with the highest standards of Corporate Governance in the Brazilian capital market. We also chose to adopt the main practices recommended by the Brazilian Institute of Corporate Governance (IBGC).



BOARD OF DIRECTORS¹

Christopher Riley Gordon	Chairman
Irlau Machado Filho	Board Member
Michel David Freund	Board Member
T. Devin O'Reillyr	Board Member
Wayne Scott De Veydt	Board Member
José Luiz Teixeira Rossi	Independent Member of the Board
Plínio Villares Musetti	Independent Member of the Board

¹ Comprised of at least five and no more than seven members, shareholders or otherwise, residents in Brazil or abroad. Of this total, at least two or 20% must be independent advisors.



EXECUTIVE BOARD²

Irlau Machado Filho	CEO
Marcelo Marques Moreira Filho	CFO
Anderlei Gerhardt Buzelli	Integration Director
Glauco Desiderio	Investor Relations Director
João Alceu Amoroso Lima	COO Dental
Joel de Sousa	COO Healthcare
Luiz Celso Dias Lopes	Technical Director
Lino José Rodrigues Alves	Legal Director
Nilo Sergio Silveira Carvalho	Commercial Director
Pedro Guilherme Calandrino	Mergers & Acquisitions Director

² Comprised of at least two and no more than 10 members, including a Chief Executive Officer, Investor Relations Director, Financial Director, Operational Director, Commercial Director and the other Directors without specific designation.



AUDIT COMMITTEE³

Wayne Scott De Veydt

José Luiz Teixeira Rossi

Plínio Villares Musetti

³ Comprised of three members, at least one of whom is an independent member and one must have recognized experience in corporate accounting matters.



Gêssica Moreira Varjão, administrative assistant at Guarulhos Hospital and Maternity Ward

Stakeholder engagement

We continuously promote engagement initiatives with various stakeholders that are part of the business chain: employees, clinical staff, brokers, Customers, beneficiaries, accredited entities, vendors, the press, communities, unions, investors, counterparts, health entities, shareholders, third parties and regulatory bodies.

Communication outlets, designed according to the characteristics and needs of each audience, are important tools to strengthen the relationship.





Communication is key

STAKEHOLDER 	COMMUNICATION OUTLETS 	CONTENT BROADCAST 	PERIODICITY 
GNDI Employee	Emails, Murals, Corporate TV, Intranet/Extranet/ <i>Seu Espaço</i> [Your Space]	Group Guidelines, further development of institutional information, internal campaigns, daily employee matters.	Daily
	Employee Blog		Twice a week
Beneficiaries, Customers, brokers, prospects, accredited entities and others	Site	Information on Business Units, health services, health tips, Work With Us and service channels. Areas exclusively accessed by beneficiaries, Customers, accredited entities, investors, press and brokers.	Weekly (or according to demand)
	Health Blog	Information on disease prevention and health promotion.	Monthly
	FAQ	Technical information and general questions on health and dental plans, from hiring to beneficiary use.	Monthly
Employees, beneficiaries and other followers	LinkedIn	Institutional information, employer branding, job vacancies, HR campaigns, notes about inaugurations, campaigns, commemorative dates for the healthcare area.	Two to three times a week
Followers	YouTube	GNDI actions, lectures on Preventive Medicine, medical guidance, self-service.	On demand
Press	Releases, notes, consumer protection	Group news, acquisitions, Company changes, among other matters of interest to the press and the segment, in addition to consumer protection cases.	On demand
Beneficiaries, Customers, Brokers	Email marketing	Daily affairs of the different stakeholders.	On demand

The application of **surveys** is another important initiative. Employees participate in an Internal Communication Channels Survey annually and periodically in Internal Actions Satisfaction Surveys.

Highlights of the results of consultations made in 2019 include the intranet/extranet standing out with favorability of 65% as the preferred means of internal communication among respondents, followed by corporate email (21%); and the classification with a score higher than 8 among 85% of respondents for the Environment Month, which was conducted at the Company for the first time.

There are also specific engagement programs. The clinical staff relies on **NotreMedical**, which was launched in 2019 and aims to: strengthen the relationship with doctors; ensure that all relevant information, training, protocols and

content reach doctors in a timely manner and in clear language; provide benefits offered by GNDI partners; share data on the Group's growth; recognize and appreciate good practices, in addition to being a channel for criticism and suggestions.

Initiatives that make up the program include the creation of an exclusive application, which provides a network for connections and knowledge exchange and already has more than 1,100 users; and "Meeting with the Manager", which brings together executives and doctors to talk about the routine and perspectives for the future.

Interligados, which is intended for brokers, consists of six pillars: events, training, services, rewards, quality of life and sales campaigns. Beginning in 2016, the program was formatted to gather and organize actions with brokers and stimulate increased sales. Blitz in the brokerage houses, Sales Campaigns, Happy Hours, training, relationship events and tours through Units of the GNDI Dedicated Network are some of the actions developed.



Dr. Cristian Abel Morales, in the Hemodynamics Room at Paulo Sacramento Hospital and Maternity Ward in Jundiaí

Anti-corruption

GNDI's ethical values are present in decisions made for the business, in Corporate Governance and in relationships with all stakeholders. Based on mechanisms to combat corruption, minimize risks and promote ethical behavior, we strive to ensure the rectitude of the business.

Our Code of Ethical Conduct establishes integrity standards that guide the conduct of those who represent GNDI in professional activities and daily relationships. We also have the Compliance Program, which sets forth the rules to be observed by our vendors and Customers, as well as the work of employees to promote the fight against corruption and bribery.

Upon joining GNDI, employees agree to the Code of Ethical Conduct and are trained in its application through the Corporate University.

Adherence to the Compliance Program by vendors is monitored through prior approval of the vendor and becomes a clause in the instruments signed by GNDI. For the Company, the alignment between the organization and the vendor needs to be based not only on the quality of the products and services purchased, but on ethical values above all else.

The Code of Ethical Conduct and the Compliance Program are widely disseminated to all audiences through the electronic address <https://ri.gndi.com.br/governanca/estatuto-social-politicas-e-codigo-de-conduta>.

GNDI also has specific policies such as the Anti-Corruption and Anti-Bribery Policy, the Money Laundering Prevention Policy and the Sponsorship and Donation Policy.

Following our commitment to the ten Principles of the UN Global Compact and with the intention to improve our processes even more, we annually report our performance in fighting corruption through the Communication on Progress (COP).



Further advances

- In 2017, we began to perform due diligence on our main vendors who need to be previously approved in order to work with the GNDI. In 2019, we began to conduct integrity analyses on all agreements with our vendors and business partners to assess reputational risk involving corruption, fraud, tax evasion, money laundering, socio-environmental crimes and terrorism, among others.
- Since 2017, the Compliance area has been providing online training to employees regarding the GNDI Compliance Program; Code of Ethical Conduct; Ethics Channel; Conflict of Interests; Gifts; Moral and Sexual Harassment; Combating Corruption and Money Laundering.
- Since 2017, we have also guaranteed the circulation of PEP (Politically Exposed Person) and Conflict of Interest statements among our managers.
- For 2020, we plan to implement new courses for employees regarding the General Data Protection Law.



Dialogue channels

Reports regarding the violation of laws, regulations, Code of Ethical Conduct and other GNDI policies can and should be reported to the Company's Ethics Channel, available to internal and external stakeholders through **independent channels**.

The confidentiality of the information and the anonymity of the informant are ensured.

 canaldeetica.gndi@e-denuncias.com.br

 www.gndi.com.br

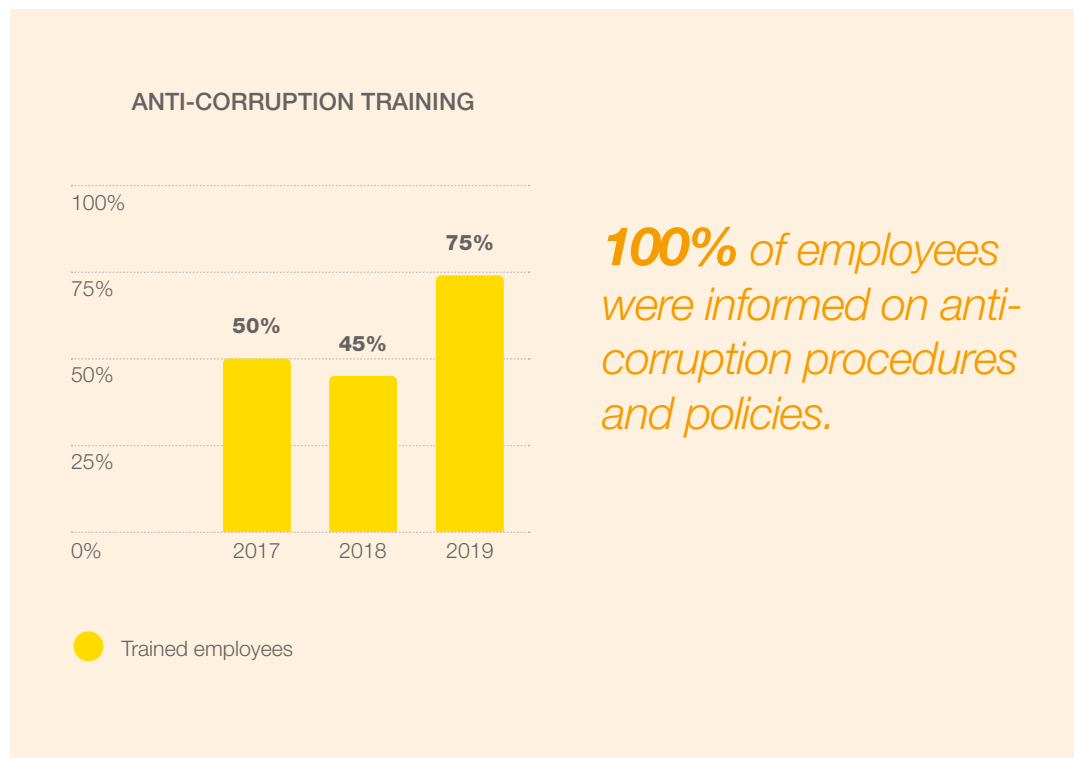
 intranet.gndi.com.br

 0800 717 7789

COMMUNICATION AND TRAINING ABOUT ANTICORRUPTION POLICIES AND PROCEDURES

Whether through training offered on the UniGNDI training platform or in internal communication outlets, all employees have been

informed about anti-corruption policies and procedures since 2017, as shown on the following chart.





*Mariana Danezi Ferreira
Pimpão, Call Center
service operator*

In 2019, 100% of the GNDI governance members (Board of Directors and Audit Committee) were notified and trained on anti-corruption procedures. During the period, representatives from GNDI's business areas were trained in person by the Compliance area and made aware of the importance of conducting the integrity analysis of vendors and business partners, opportunities in which the "fight against corruption" theme was addressed once again.

The GNDI Compliance Program and the Anti-Corruption and Bribery Policy are widely disseminated to the external public through the GNDI Portal (www.gndi.com.br). As of 2017, new contracts and contractual amendments began to include clauses on adherence to the Compliance Program, which also addresses the fight against corruption.

In 2019, 1,055 contractual documents were formalized with vendors that foresaw adherence to the GNDI Compliance Program.



COMMUNICATION OF POLICIES AND PROCEDURES AND TRAINING ON THE TOPIC OF FIGHTING CORRUPTION BY EMPLOYEE CATEGORY

Number and percentage of employees informed and/or trained on anti-corruption procedures – by employee category and workforce on 12/31/2019*

	TOTAL NUMBER OF EMPLOYEES	INFORMED	%	TRAINED	%
Executive Board	91	91	100	72	79
Management	256	256	100	177	69
Supervisor / Coordinator	671	671	100	539	80
Specialist	2,253	2,253	100	1,818	81
Technician / Analyst	1,244	1,244	100	847	68
Technician / Mid-Level	5,105	5,105	100	3,922	77
Administrative	2,954	2,954	100	2,165	73
Operational	1,601	1,601	100	1,141	71
Intern	120	120	100	73	61
Total	14,295	14,295	100	10,754	75

1. All employees are located in the Southeastern region.

2. GNDI has been offering training on the Anti-Corruption Law since 2017. The number of trained employees refers to the base of employees in Dec/19 who have taken the course since its provision

3. Employees working in the GNDI Operational area were also trained in the same manner as those in the administrative area.

4. Regarding interns, the indicator is impacted due to the fact that 60% of the total joined the Company

at the end of the second half of 2019, so there was no time to complete the mandatory Compliance course track.

5. For the Young Apprentice category, which was not counted because it is outsourced, we are implementing a tool to be made available in 2020.

6. As for anti-corruption training at the Corporate University, employees in the health/operational area do not have a corporate login and password, nor do they use a computer to perform their work activity, which is why access to training is reduced.

Gabriela Santos de Campos, outpatient nursing assistant at Arujá Clinical Center



Doctors' office visit
with gerontologist Paola
Campo at Notrelife
50+ Sorocaba



Nurture



80% of the workforce is made up of women



People management: talent retention, development and promotion of diversity



Clinical View: care guided by the health profile of each employee



Corporate University: organizational culture and development platform

Nurturing those who care

In order to guarantee the provision of services with quality and excellence, we adopted the promotion of equal treatment and the recognition of the desired attitudes and skills as premises of people management. We understand that building positive relationships with our employees implies promoting an environment of respect, in which everyone “feels a sense of belonging” and finds synergy with their personal purposes within the Company.

Our people management practices focus on talent retention, the professional development of doctors and employees, caring for the health and safety of our people and combating all forms of discrimination and harassment.

Transparent communication

Transparency and promoting open dialogue permeate relationships in the Company. To that end, we provide communication channels such as the Intranet, *Seu Espaço* [Your Space] and the Ethics Channel, among others, and encourage free expression and communication with the Human Resources department of any management practice that represents deviations from what the Group advocates.

The Organizational Development and Human Resources Consultancy Department maintains direct contact with Unit managers to monitor, guide and report any situation that requires action from other management areas or levels.

The Corporate University (UniGNDI), through the Learning Tracks, also contributes to promoting an environment based on positive work relationships by offering content that values uniqueness and teamwork at the same time. Learn more about channels and communication opportunities in How we operate.

Caring and engaging

In order to care for our Customers, we first need to care for our employees. Therefore we are guided by the People Management Policy in all of our actions, which includes care as one of its pillars.

The care topic has been reinforced in internal communication initiatives and has important engagement interfaces at the Communication Agents. The Group consists of employees chosen by their own colleagues through a public vote open to all, which is then validated by the leadership in each GNDI Hospital Unit and by Corporate HR, and their performance contributes to ensuring that the communication initiatives reach everyone.



Nursing techniques of Hospital Modelo in Sorocaba: Luciana Gazate, Tamiris de Moraes and Paula Antunes

In light of recent acquisitions, one of our greatest challenges has been the engagement of these new employees in the GNDI culture. To that end, we have been focusing efforts on the development of our leaders, so that they are committed to the engagement of their teams.

The leadership's performance is supported by an important platform for the integration of our employees: UniGNDI, where the Company's practices, policies and protocols come together to focus on the strategic pillar of "Care".

In our work environment, in addition to promoting care, we also encourage protagonism.

Starting in 2020, employees who score higher in the evaluations of self-development actions will be recognized as a way of encouraging engagement.

All people management work includes monthly monitoring of indicators, which are reported and discussed with the leadership.

Who makes up GNDI

At the end of 2019, the GNDI workforce contained 14,576 own employees (active and on leave)*. All employees hired under the CLT regime are covered by collective bargaining agreements.

The significant variation of the workforce in relation to previous years (see tables below) is specifically explained by the acquisitions made in the period.

Part of our activities is conducted by third-party and independent workers: professionals working in the areas of cleaning, concierge, security, nutrition, engineering, transportation and others. This group represented 11,750 workers in 2019.

* The total considers the scope of this report, which does not cover data regarding Units acquired and integrated after the month of March 2019: GreenLine Group, Mediplan Group, Hospital AMIU, Belo Dente Group, SMEDSJ Group and Ghelfond Group.

Workforce



2017 11,596
2018 13,052
2019 14,576



2017 9,569
2018 9,870
2019 11,750

Own employees by type of job and gender	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Full-time regime	2,121	8,942	11,063	2,313	10,180	12,493	2,534	11,474	14,008
Part-time regime (up to 25 hours per week)	301	232	533	335	224	559	367	201	568
Total	2,422	9,174	11,596	2,648	10,404	13,052	2,901	11,675	14,576

Own employees by contract type, gender and region ¹	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Contract for an indefinite term	2,360	8,954	11,314	2,574	10,176	12,750	2,797	11,377	14,174
Contract for a fixed term or temporary basis	62	220	282	74	228	302	104	298	402
Total	2,422	9,174	11,596	2,648	10,404	13,052	2,901	11,675	14,576

¹ Only the Southeastern region was maintained, considering that GNDI only has operations in this region.

Hiring rate by gender and age group¹

	2017					2018					2019				
	Age group				Rate: gender	Age group				Rate: gender	Age group				Rate: gender
	<30	30-50	>50	Total		<30	30-50	>50	Total		<30	30-50	>50	Total	
Men	339	387	46	772	23%	423	336	20	779	21%	524	428	27	979	21%
Women	1,003	1,463	76	2,542	77%	1,239	1,645	64	2,948	79%	1,613	2,003	114	3,730	79%
Total	1,342	1,850	122	3,314	100%	1,662	1,981	84	3,727	100%	2,137	2,431	141	4,709	100%
Rate: age group	40%	56%	4%	100%	-	45%	53%	2%	100%	-	45%	52%	3%	100%	-

¹ The employee base at the end of the period was considered. The numbers considered for hires only refer to external hires and not to the integrations conducted in 2017, 2018 and 2019.

Turnover rate by gender and age group²

	2017					2018					2019				
	Age group				Rate: gender	Age group				Rate: gender	Age group				Rate: gender
	<30	30-50	>50	Total		<30	30-50	>50	Total		<30	30-50	>50	Total	
Men	278	434	97	809	2%	289	347	52	688	1%	340	407	46	793	2%
Women	790	1,735	194	2,719	6%	773	1,475	158	2,406	5%	896	1,672	206	2,774	6%
Total	1,068	2,169	291	3,528	8%	1,062	1,822	210	3,094	7%	1,236	2,079	252	3,567	7%
Rate: age group	3%	5%	0%	8%	-	3%	4%	0%	7%	-	3%	4%	0%	7%	-

² The turnover rate considered the average number of employees hired and dismissed divided by the average number of employees at the end of the period.



Parental leave^{1 2}

Parental leave is granted in accordance with current legislation.

Employees entitled to parental leave

	2017	2018	2019
Men	2,422	2,648	2,901
Women	9,174	10,404	11,675
Total	11,596	13,052	14,576

Employees who took parental leave

	2017	2018	2019
Men	69	76	47
Women	308	501	611
Total	377	577	658

Employees who returned to work after parental leave

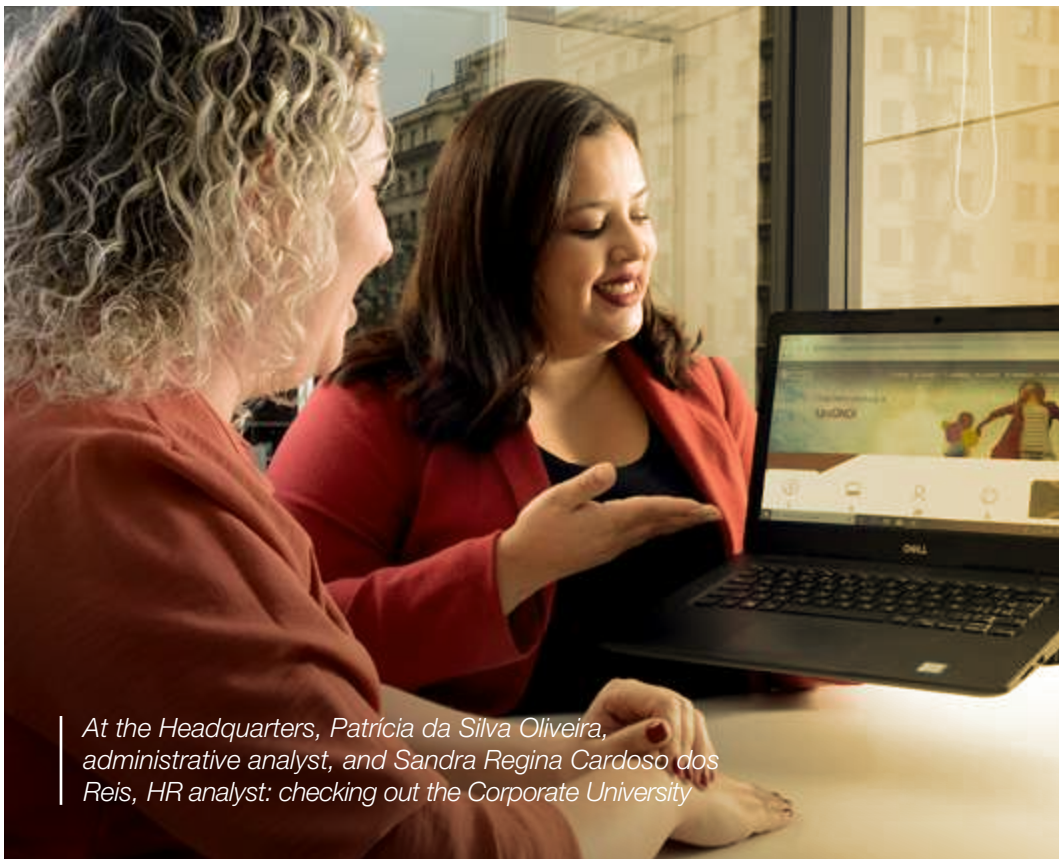
	2018		2019	
	Number	Rate	Number	Rate
Men	76	100%	47	100%
Women	484	96.61%	541	88.54%

Employees who returned to work and remain at the Company after 12 months

	2018		2019	
	Number	Rate	Number	Rate
Men	69	100%	76	100%
Women	294	72.59%	311	64.26%

¹ Employees who took maternity leave in 2018 and remained in the organization until the end of the reporting period are considered.

² We are implementing improvements to the controls to enhance information in the next cycle.



At the Headquarters, Patrícia da Silva Oliveira, administrative analyst, and Sandra Regina Cardoso dos Reis, HR analyst: checking out the Corporate University

UniGNDI: stimulating organizational culture and development

We have maintained the Corporate University (UniGNDI) since 2016 and it represents an important platform for knowledge dissemination, professional development and the reinforcement of organizational culture. Available to 100% of the Group's employees under the CLT regime from the time of hiring, the environment is organized into Learning Tracks, with mandatory and elective content, the latter as an opportunity for self-development. It contains over 100 items in different media. The Welcome Program for new employees is already conducted within the platform.

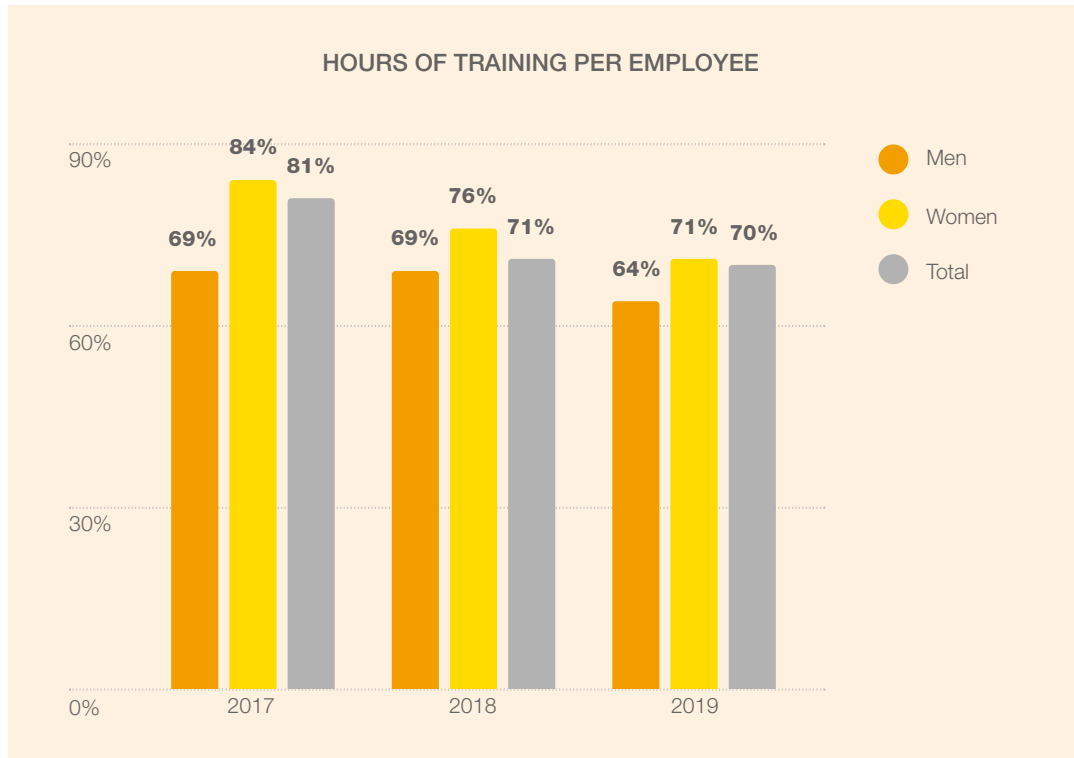
As of 2019, UniGNDI incorporated an environment dedicated to doctors, with technical content, care protocols, shift visualization, among other information.

*In 2019, **70 hours** of training were offered per employee on average, between on-site and online training.*

AVERAGE ANNUAL HOURS OF TRAINING PER YEAR PER EMPLOYEE

The calculation considers on-site and online courses registered with UniGNDI. The performance is considered adequate considering that the Corporate University was created in October 2016. However,

we have identified opportunities on two fronts: improving content production to encourage further engagement and critically analyzing the synergy of courses with the Company's strategy.



*Wesley Rodrigues (administrative assistant),
Simoni da Silva (pharmacy stockroom assistant),
Josiane Rezende (pharmacy stockroom assistant) and
Giovana Apareceda (pharmacy intern) at Hospital Modelo*



**AVERAGE HOURS OF TRAINING PER EMPLOYEE,
HIERARCHICAL LEVEL AND GENDER**

		2017	2018	2019
Executive Board	Men	179	158	101
	Women	162	164	94
	Average	173	160	99
Management	Men	75	92	51
	Women	122	106	61
	Average	102	100	57
Management and Coordination	Men	93	66	73
	Women	119	81	95
	Average	113	78	90
Technician/ Supervisor	Men	31	38	25
	Women	42	50	28
	Average	39	47	27
Administrative	Men	52	50	49
	Women	58	59	56
	Average	57	58	55
Operational	Men	38	47	48
	Women	48	68	56
	Average	45	61	54
Intern/ Trainee	Men	24	55	7
	Women	79	109	13
	Average	72	105	11
Minor/ Young Apprentice	Men	27	28	41
	Women	28	29	34
	Average	28	29	36
All employees	Men	69	69	64
	Women	84	76	71
	Average	81	75	70

Diverse and inclusive work environment

A premise of our operation is to promote diversity in the workplace. As such, we strive to ensure that everyone is treated indistinctly and recognized for their attitudes and skills, and we do not tolerate discrimination or harassment practices. We seek to promote an environment in which everyone – employees, Customers and partners – find conditions of equality and respect.

We are committed to contributing to the achievement of six of the UN's 17 Sustainable Development Goals (SDGs).



One of the targets of **Goal 10**, which addresses with the “Reduction of Inequalities”, is to promote, by 2030, the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.



In 2019, we became signatories to another UN initiative, the **Women's Empowerment Principles** (WEP), which guides companies on best practices for the empowerment of women throughout the world, through seven principles.



MORE ON THE WEB



Monitored management

The GNDI diversity indicators, considering the age group and gender of its employees, are monitored monthly by business area, according to corporate guidelines. Data from other minority groups are presented in specific projects. The participation of women in the workforce stands out among the indicators: 80%, considering all positions. In leadership positions, there is a 30% participation in the Executive Board and 57% in Management positions.

Minority groups considering blacks, indigenous peoples and people with disabilities, totaled 9.4% of the organization's employees in 2019, a result 1% higher than the previous period. We believe that there are opportunities for improvement with respect to the monitoring and accuracy of information about blacks and indigenous peoples. Data collection occurs at the time of the employee's registration and we are currently focusing efforts on re-registration of personal data, which will occur with the implementation of a new Human Resources system in 2020.

80% of our workforce is made up of women.

Diversity Project

In order to educate and raise awareness among our team of the concepts of diversity, we began the GNDI Diversity Project in 2020. The initiative encompasses a calendar of disclosures on concepts, examples of situations and paths for reporting issues related to diversity, in addition to conversation wheels between employees and leadership.

Paloma Marzo Bicario,
Customer Care attendant



DIVERSITY OF GOVERNANCE BODY MEMBERS AND EMPLOYEES

Gender diversity	2017 ¹		2018		2019	
	Men	Women	Men	Women	Men	Women
Governance Body	N/A	N/A	100%	0%	100%	0%
Executive Board	68%	32%	69%	31%	70%	30%
Management	43%	57%	44%	56%	43%	57%
Supervisor / Coordinator	21%	79%	21%	79%	22%	78%
Specialist	16%	84%	15%	85%	15%	85%
Technician / Analyst	26%	74%	26%	74%	27%	73%
Technician / Mid-Level	19%	81%	18%	82%	18%	82%
Administrative	16%	84%	16%	84%	16%	84%
Operational	30%	70%	32%	68%	27%	73%
Intern	12%	88%	6%	94%	18%	83%
Minor/ Young Apprentice	38%	62%	35%	65%	29%	71%
Total	21%	79%	20%	80%	20%	80%

¹ In 2017, the Company did not have a Board of Directors, which justifies the failure to apply the data.

Age group diversity	2017 ¹			2018			2019		
	< 30	30 - 50	> 50	< 30	30 - 50	> 50	< 30	30 - 50	> 50
Governance Body	N/A	N/A	N/A	0%	50%	50%	0%	50%	50%
Executive Board	0%	53%	47%	0%	51%	49%	0%	46%	54%
Management	0.5%	77%	22%	2%	74%	24%	2%	77%	21%
Supervisor / Coordinator	10%	80%	10%	9%	80%	11%	7%	83%	10%
Specialist	19%	74%	7%	17%	76%	7%	18%	75%	7%
Technician / Analyst	27%	65%	8%	26%	64%	10%	26%	64%	10%
Technician / Mid-Level	19%	71%	10%	18%	71%	11%	19%	69%	11%
Administrative	46%	48%	6%	47%	48%	5%	45%	49%	6%
Operational	40%	49%	11%	40%	48%	13%	43%	45%	11%
Intern	96%	4%	0%	97%	3%	0%	98%	3%	0%
Minor/ Young Apprentice	100%	0%	0%	100%	0%	0%	100%	0%	0%
Total	28%	63%	9%	27%	63%	9%	29%	62%	9%

¹ In 2017, the Company did not have a Board of Directors, which justifies the failure to apply the data. The following Governance bodies were considered: Board of Directors and Audit Board, excluding employees.



Dr. Antônio Carlos Braga, in the doctor's office at Arujá Clinical Center

DIVERSITY AMONG MINORITY GROUPS

	2017 ¹			2018			2019		
	Black	Indigenous	Person with disability	Black	Indigenous	Person with disability	Black	Indigenous	Person with disability
Governance Body	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Executive Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Management	0.0%	0.0%	0.9%	0.4%	0.0%	0.8%	0.4%	0.0%	0.4%
Supervisor / Coordinator	1.6%	0.2%	0.7%	2.1%	0.2%	0.8%	2.4%	0.1%	0.7%
Specialist	2.0%	0.2%	1.1%	3.1%	0.1%	0.8%	4.7%	0.2%	0.6%
Technician / Analyst	3.4%	0.2%	2.1%	4.8%	0.2%	2.2%	5.6%	0.2%	1.8%
Technician / Mid-Level	4.3%	0.2%	1.0%	5.7%	0.2%	1.0%	7.3%	0.1%	0.8%
Administrative	3.3%	0.04%	13.1%	4.3%	0.0%	13.7%	5.3%	0.0%	13.4%
Operational	3.3%	0.0%	9.3%	4.5%	0.0%	10.4%	9.0%	0.0%	9.2%
Intern	0.0%	0.0%	0.0%	4.6%	0.0%	0.0%	8.3%	0.0%	0.0%
Minor/ Young Apprentice	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	7.5%	0.0%	0.0%
Total	3.2%	0.1%	4.4%	4.4%	0.12%	4.5%	6.2%	0.1%	4.3%

¹ In 2017, the Company did not have a Board of Directors, which justifies the failure to apply the data.

RATIO OF BASIC SALARY AND REMUNERATION OF WOMEN TO MEN

At the NotreDame Intermédica Group, we are committed to promoting gender equity. Even so, some variations found in the analysis between the ratio of the base salary and the total remuneration by gender are characterized especially by the segmentation of regions due to the scope of the Group's operations, as well as by the business segmentations and market positioning, without taking gender under consideration. We will intensify means to promote gender

balance at work based on the result, in order to minimize these gaps.

The following table shows the ratio of basic salary and remuneration of women to men. The base salary considers the salary paid to employees in December and remuneration covers the salary plus the average of the total amounts of benefits offered, such as bonuses, shares, overtime, transportation, food, childcare assistance, among others.

RATIO OF BASIC SALARY AND REMUNERATION BY GENDER IN EACH EMPLOYEE CATEGORY (WOMEN TO MEN)

	2017 ¹		2018		2019	
	Ratio of base salary of women to men	Ratio of remuneration of women to men	Ratio of base salary of women to men	Ratio of remuneration of women to men	Ratio of base salary of women to men	Ratio of remuneration of women to men
Executive Board	80%	70%	80%	70%	80%	71%
Management	74%	82%	78%	81%	77%	82%
Supervisor / Coordinator	82%	86%	75%	78%	81%	85%
Specialist	81%	82%	80%	83%	77%	80%
Technician / Analyst	91%	93%	90%	92%	84%	88%
Technician / Mid-Level	100%	96%	101%	95%	99%	95%
Administrative	98%	99%	97%	99%	96%	97%
Operational	92%	92%	92%	92%	91%	94%
Intern	120%	114%	101%	104%	97%	99%
Minor/ Young Apprentice	100%	99%	100%	102%	100%	100%
Average	92%	91%	89%	90%	88%	89%

Note: All GNDI operations are in the Southeastern region.

Respect for human rights

Our work is guided by ethics and is focused on the conscious and indispensable practice of preserving human dignity due to political, economic, social and cultural issues.

We continuously promote the awareness of our employees to ensure the protection of internationally recognized human rights. To that end, we have initiatives such as the Diversity Project, which is described in this

chapter. We do not tolerate any sort of discrimination and/or harassment practices based on gender, identity, color, origin, nationality, citizenship, age, religious, philosophical or political beliefs; sexual preference, culture, descent, marital status, disability, socioeconomic status, position or function or any other personal or social characteristic.

All employees, vendors, Customers and beneficiaries can report discriminatory practices they have witnessed. We have communication channels for this purpose, such as **Seu Espaço** [Your Space] and the Ethics Channel. The manifestations received by these channels are monitored assiduously by the HR and Compliance areas and guide the organization's performance in relation to diversity and non-discrimination.

Seu Espaço is an intranet communication channel for suggestions and questions related to Human Resources and Internal Communication matters. Employees can send messages anonymously, but identification is required if they want to receive a response.

COMPLAINTS CHANNEL

Complaints related to violations of laws, regulations, policies, the Code of Ethical Conduct, among others, can be made through the **dialogue channels**.

Reported violations are guaranteed to be handled by a dedicated management structure including the Compliance area and the Conduct Channel, which is managed by a specialized external company that guarantees confidentiality and anonymity to the complainant. All complaints received are recorded and forwarded to the Compliance area, which is responsible for investigating and sharing information with the Audit Committee.

The Channel was implemented in 2017 and received 52 protocols in its first year of operation. In 2018, 163 protocols were received, two of which (1.2% of the total) were related to discrimination. After investigation, one of the reports proved to be valid, and the offender was dismissed.

A total of 444 protocols were registered in 2019, among which four (1% of the total) addressed discrimination. Of these, two were considered valid: one resulted in the dismissal of the accused and the other in training on the Code of Ethical Conduct, with subsequent monitoring of the offender's conduct.



Fernanda Pinto, physical therapist at Guarulhos Hospital and Maternity Ward

Safety and health: focus on prevention



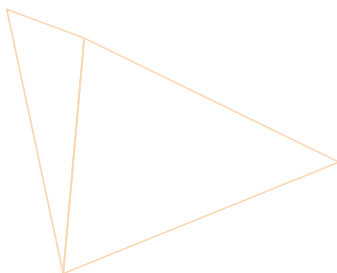
We stop at nothing to ensure the necessary protection of our employees when performing their activities and as such, we follow consolidated and recognized **guidelines** and we adopt actions and programs focused on accident prevention.

We maintain a specialized team in order to promote a safety culture and effectively prevent accidents, which consists of technicians and safety engineers who manage their Business Units using various tools.

The management of workplace safety is oriented towards compliance with legal requirements, which include Regulatory Standards – Ministry of Labor and Employment, Resolution of the Collegiate Board – Anvisa, Conama – Ministry of the Environment, Technical Standards – Cetesb and Normative Instructions – Ibama.

Key tools

- Inspections of work areas and equipment, management of dangerous products, survey of non-conformities and audits.
- Internal Accident Prevention Committee (CIPA).
- Internal Week for the Prevention of Workplace Accidents.
- Radioprotection and piercing-cutting committees.
- Accident investigation and analysis using the Ishikawa Diagram and 5 Whys methodologies.
- Preparation of Preliminary Risk Analysis (APR) and Work Permit (PT).
- Preparation of work order and Personal Protective Equipment (PPE) form.
- Emergency drills.
- Monitoring of unhealthy and dangerous condition investigations.
- Action plans following accidents, with criticality analysis.
- Campaigns and communication pieces.
- Risk mapping in locations, sectors and positions.



Occupational Safety Risk Management

The GNDI safety management system includes procedures for each scope of work to be developed within their respective processes, fulfilling the legal requirements related to Ordinance 3.214/78 – Regulatory Standards (NRs). This system includes all of our Units' employees, as well as third parties, so that we can verify compliance with items related to current legislation.

We rely on tools such as the Ergonomic Work Analysis and the Environmental Risk Prevention Program (PPRA) to assess safety risks, which identify the risks to which employees are exposed and guide actions such as training and infrastructure adaptations to minimize them.

In addition, all employees are instructed to interrupt their tasks by exercising the right to refuse, whenever they see evidence of serious and imminent risk conditions.

Our employees can also engage channels such as *Seu Espaço* [Your Space] to report risks and suggest improvements, without having to identify themselves.

Care begins inside the Company

We guide our occupational health actions based on the requirements of current legislation, with a focus on prevention and the adequate and continuous monitoring of our employees' health.

Based on the risk analysis conducted by the workplace safety area, as well as the respective duties performed by employees, the occupational health area indicates the tests (clinical and complementary) to be performed and their frequency. Compatibility with functions and guidance (employee and management) about possible adjustments to the job or activity performed are observed

and provided during clinical assessments. All employees are supported by the occupational health team.

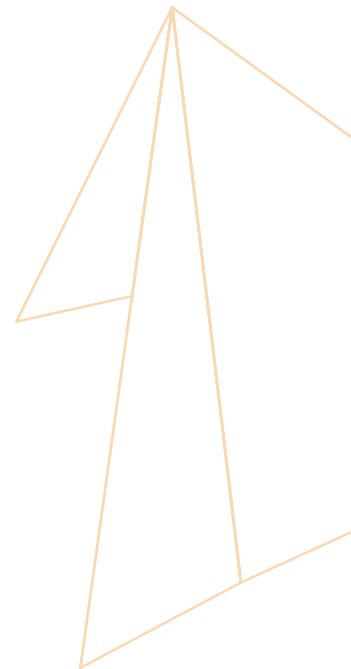
In 2019, we consolidated occupational health management, adjusting teams as well as protocols and controls. In 2020, we will focus more on comprehensive health, with the definition of specific objectives and indicators for this approach.

The Occupational Health Medical Control Program (PCMSO) is present in all of our Units. The periodic occupational exams, which are part of the PCMSO, generate epidemiological and occupational information that guide specific programs, allow control of the group's vaccination status and monitoring and guidance for cases of restriction and readjustment of duties due to health reasons. The occupational health of employees with disabilities is constantly monitored.

How we care for our people

In 2019, based on a survey that sought to understand the health profile of our employees, we implemented the "Clinical View" project, which brings together a set of specific care aspects on two fronts: targeted medical referral and prevention actions focused on communication and engagement for topics such as a sedentary lifestyle and diet. We are planning a new survey for 2020 to refine the monitoring of the profile of our employees. Comparisons with the previous study will guide the continuity of the actions and desired results.

All employees take part in the GNDI health plan and have access to the QualiVida Preventive Medicine program. Employees' dependents also have access to health promotion programs covering a wide variety of topics: nutrition, sleep quality, hypertension, diabetes, healthy habits, women's, men's, elderly and children's health, among others. Learn more on Preventive Medicine programs in the Care **chapter**.





Representation and governance

In the area of workplace safety, consultations take place during monthly meetings on specific topics and at meetings of the Internal Accident Prevention Commission (CIPA) and the Fire Brigade. The recently established occupational health management model considers information and opinions captured during individual contacts with employees, in addition to reports made through communication channels.

Piercing-cutting, radiology and internal accident prevention committees include employee representation, with responsibilities attributed to each member. These groups maintain a regular meeting schedule, which includes instruments such as attendance lists, minutes, schedules and regulations. Similarly, relevant health and safety information is brought to the internal public through communication channels.

Safety training

We provide mandatory safety training, such as NR-32, piercing-cutting materials, fire brigade, CIPA, Radioprotection and occupational accidents. The frequency is annual and the training is available at UniGNDI.

Attention extended to partners

We extend our commitment to maintaining a safe work environment and providing adequate health conditions to third parties. All services performed by vendors at our facilities are preceded by a documentation analysis, inspections and the delivery of a safety guidance manual.

Accidents are handled in the same manner as dealings applied to employees. We also present our occupational documentation to Customers where our employees come to work.

GNDI health and safety figures

Initiatives to eliminate or minimize risks at GNDI consider the following factors as causes of accidents: human, environmental and equipment. The types of occurrences related to our activities include accidents with needles, patient secretions and others of a non-biological nature, such as fractures due to falls, for example. Even so, we have not identified work-related risks that pose a danger of high consequence injury.

In 2019, we observed a small increase in the number of accidents and in their frequency and severity rate as a result of acquisitions and the inauguration of 11 Units that became part of GNDI controls in the period.





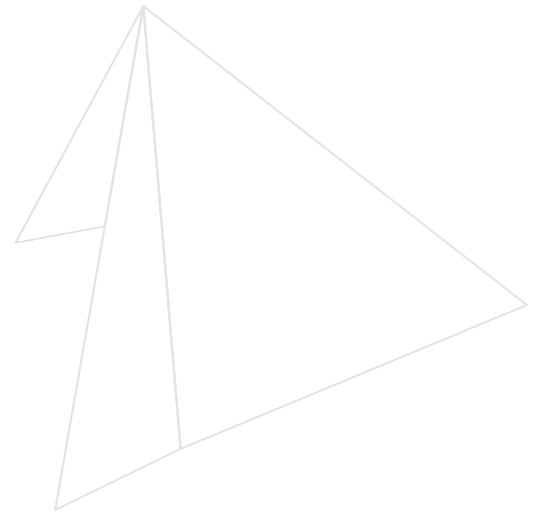
WORK-RELATED INJURIES – OWN EMPLOYEES

	2017	2018	2019	
Number of deaths	0	0	0	
Death rate	0	0	0	
Number of high-consequence injuries (excluding deaths)	0	0	0	
Rate of high-consequence injuries (excluding deaths)	0	0	0	
Number of work-related injuries	299	336	416	
Rate of work-related injuries¹	Frequency rate	9.94	11.15	13.01
	Severity rate	32.39	33.39	48.56
Number of hours worked	30,067,040.45	30,127,533.10	31,960,097.90	

¹ The calculation is performed based on the number of hours worked. Frequency rate = Number of accidents x 1,000,000 / Hours worked and Severity Rate = lost days x 1,000,000 / Hous worked.

WORK-RELATED INJURIES – THIRD PARTIES

For any accident occurring with third parties within our Units, it is the responsibility of the contracted company to provide the necessary support for the analysis and issuance of a possible Work Accident Report (CAT). When necessary, our teams participate in the investigations and immediate assistance. The results presented here cover companies for hygiene, property security, maintenance, nutrition, blood bank and laboratories.



	2017	2018	2019
Number of deaths	0	0	0
Death rate	0	0	0
Number of high-consequence injuries (excluding deaths)	0	0	0
Rate of high-consequence injuries (excluding deaths)	0	0	0
Number of work-related injuries	22	31	58
Rate of work-related injuries	ND	ND	ND
Number of hours worked	ND	ND	ND

Note: information obtained through immediate contact with the local supervisor of each unit, responsible for the contract.



Daniela Mendonca de Lima Aleluia, laboratory analyst at TOC – Notrelabs Technical Operations Center

Luciana Bonilha Carvalho,
nurse at Guarulhos Hospital
and Maternity Ward

Care



Pioneering spirit
in the provision of
Preventive Medicine
services: since 1982



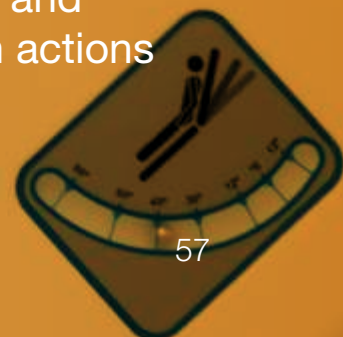
**Qmentum
Certification for
QualiVida:**
international recognition of
standards of excellence




Employee engagement
for Care: more than
24,000 hours of
training offered



1.2 million people
benefited from health
promotion and
prevention actions





Humanize, care and prevent

For GNDI, providing friendly and humanized care means prioritizing ethics in relationships, applying technical knowledge and offering care focused on the needs of the patient.

Humanizing the service requires a focus on the quality of the services provided and the satisfaction of Customers and beneficiaries. These are premises that we practice to fulfill our mission of “Making quality healthcare accessible to generations of Brazilians”.

We have been working hard to materialize this mission, expanding our Dedicated Network with new Units and acquisitions and continuously training our team. We systematically monitor the quality and satisfaction indexes, fundamental indicators that point us down the path to maintain excellence and guarantee positive experiences for Customers.

By placing the patient at the center of attention, we are able to care for their health, going beyond the disease by offering Preventive Medicine programs that consider their history and the trends of occurrences, allowing us to direct care more effectively.

Focus on preparing our people

Employee engagement for the friendly approach is a priority for people

management at GNDI. Most employees, especially those involved in care, have goals related to quality and care in their annual performance evaluation. As a recognition initiative, we award those who stand out. In 2018, five employees were awarded brand new cars.

The Care Project is one of our training fronts, which highlights operations centered on the patient/beneficiary based on 10 pillars: Empathy, Care, Simplicity, Respect, Proactivity, Commitment, Quality and Safety, Listening, Kindness and Dialogue.

The target audiences of this development front are employees working under the CLT regime and doctors registered in the virtual training environment.

A booklet on the topic serves as a beacon for training and recycling actions. They complement the engagement initiatives that comprise a broad strategy of internal communication and endomarketing. The training takes place in the Corporate University environment (UniGNDI).

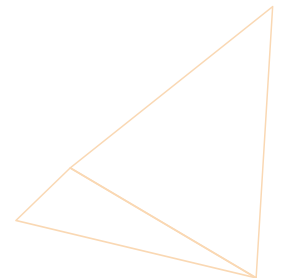
Humanization training

In 2019, we increased the number of training hours per employee, reflecting our commitment to the development of our team.

The goal is to progressively expand the number of people trained to cover all employees.



	2018	2019
Number of participations	48,029	40,820
Number of training hours	13,068.39	24,398.15
Hours of training per employee	0.27	0.60
Number of communications made to employees	117	11



Lecture by the Food Reeducation Group with nutritionist Bruna Buromello at Qualivida (SP)

The voice of the beneficiaries

Democratized access to information has been raising the level of consumer demand. To that end, we consider the volume of complaints from beneficiaries as an important indicator of the quality of our services provided. It is an index monitored daily and shared with the Board and managers of the operational areas, through presentations that detail points of improvement and trends, giving us the chance to address the root cause of many problems.

We monitor the public indicators of our main competitors as a way of assessing whether we are in line with the level of satisfaction of the beneficiaries and we benchmark market indicators, such as Reclame Aqui [Complain Here].

As a result of our commitment to excellence in customer service, our complaint rates have been historically below the industry average for the limits established by the National Supplementary Health Agency (ANS), published monthly (Complaints Index). In addition, we present the best performances in the resolution of NIPs (acronym for Notification of Preliminary Intermediation, which refers to ANS complaints from beneficiaries) and the opening of administrative proceedings for eventual non-compliance with the regulations.

Internally, we have a global goal of reducing complaints. **This goal for 2019 was to register a maximum of 5.5 complaints per 1,000 beneficiaries.** Our performance remained within the established target (see more in this chapter). Areas such as the Call Center link the target to employee performance evaluations. In addition to the overall goal, the Units define their own goals, considering only the amount of demands in their respective location.

Enhanced management

We consider two levels for receiving complaints at GNDI. The first level includes channels such as the SAC, email, GNDI Portal and the Company's social networks, as well as instruments such as *Reclame Aqui* [Complain Here]. The Ombudsman is on the second level. In some cases, it is possible to take preventive and corrective actions immediately after receiving the manifestation, such as resizing schedules for appointments and exams. In 2019, the creation of an area for the evaluation of special cases – such as those related to complex surgeries, which involve greater technical knowledge – improved the treatment process.

In addition to intensifying internal campaigns, investments were also made in the acquisition of tools, such as a robust Customer Relationship Management (CRM) system.

The Salesforce system is a workflow that manages the deadlines for responding to demands, helping to monitor the most relevant complaints and the decision-making process. We also acquired an Audible Response Unit (URA), a structure equipped with features that allow automation of telephone assistance.

The experience accumulated in these processes, aligned with the maturation of the tools that support management, drove us to redefine the goal of 5.5 complaints per 1,000 beneficiaries, to replicate processes that have shown effectiveness, as well as to make adjustments to the points of attention found in analyses throughout 2019.

Our main challenge is in the integration of companies acquired by GNDI, for the purpose of aligning the processes without having an impact on the quality of service, which we have achieved in the most recent integrations.



Call Center service positions and supervisors

Call Center and digital channels



The structure of our Call Center, with more than 700 direct service positions, records an average of 1 million calls per month. This relationship front is considered one of the main means of measuring the Customer experience: through voice interaction. Even so, we have noticed a growing trend of user migration to digital channels, such as the internet and the GNDI Easy application.

*In 2019, **46.2%** of appointments, on average, were made through digital means, an increase of 15 percentage points compared to the previous period, contributing to improving the beneficiary experience of scheduling appointments.*

Complaints registered in the period

The commitment of the problem-solving areas in the Company has contributed to improving the monitoring of the complaint reduction goal and to more precise control of the most relevant types/subtypes of complaints, improving decision-making

to correct identified problems. The main types of complaints are: delay in scheduling appointments, exams, surgeries and authorizations, denial of the Accredited Network, issues related to medical care and the bill/invoice.

	Level 1		Level 2		Complaints in external agencies: ANS and Procon	
	2018	2019	2018	2019	2018	2019
Total complaints registered in the period	146,618	139,156	8,241	9,291	5,961	8,362
Specific indicator (complaints/1,000 members)	5.79	5.02	0.33	0.34	0.24	0.30
Specific indicator (% complaints/service)	0.3665%	0.3138%	0.0206%	0.0210%	0.0149%	0.0189%
Reclame Aqui [Complain Here] – Reputation	Great	Great	-	-	-	-

Note 1: We promoted a change in the concept of complaints registration from 2018 to 2019. As a result of this change, data for 2017 are not available.

Note 2: Level 1 complaints: formalized in the SAC channels, Reclame Aqui, portal, email and social networks. Level 2 complaints: formalized on the Ombudsman channel.

Note 3: In 2018, a total of 40,008,738 services were conducted. We experienced an increase of 10.84% in 2019, totaling 44,344,240 service calls. This service concept includes the sum of outpatient and emergency room visits, hospitalizations and exams.

Experience survey

A pilot research project was conducted in 2019 at the hospitalization unit of Hospital Bosque da Saúde in São Paulo. The purpose was to evaluate the patient's experience in relation to the care provided by employees, as well as their perception of the hospital environment during the hospitalization period and with the instructions received at the time of discharge.

A total of 47 patients were consulted from October to December 2019. Partial data was evaluated each week, generating action plans for the identified improvements. The conclusion of the research indicated, for example, that 33% of patients did not receive information about side effects of the drugs. As a corrective measure, we implemented, the "Incubator" project was launched on one of the floors of the Hospital in October 2019. The initiative provides for the monitoring of newly hired employees for one week during

all procedures, including guidance on side effects of medication. The idea is to include the three inpatient floors in the project.

Another opportunity for improvement was revealed when 27% of patients answered "never" to the question on silence in the environment surrounding the room at night. The action plan to improve this indicator includes measures such as maintenance on the wheels of medication and food transport carts and reformulating the renovation hours on the floor. Actions scheduled for 2020 include a campaign with several initiatives to guarantee silence.

The goal for 2020 is to eliminate complaints in hospitalization units that are due to excessive noise in the vicinity of inpatient rooms and to reduce to 5% the rate of patients without guidance regarding the side effects of medication.

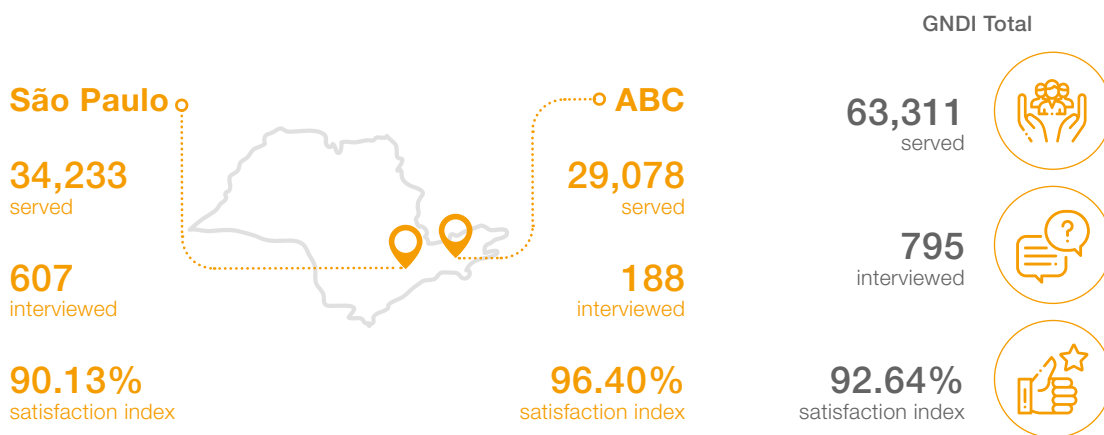
Minute Care Program

A satisfaction survey applied at five GNDI Clinical Centers sought to measure the perception of Customers regarding humanized care: two in the ABC region (Santo André, São Bernardo do Campo and São Caetano) and three in the São Paulo capital (Interlagos, Zona Sul and Anália Franco). Called the Minute Care

Program, the research focused on low and medium-risk patients using the primary network in six specialties.

Opinions were collected immediately after the beneficiary's experience in the outpatient clinics, between March and December 2019, resulting in a total satisfaction rate of 92.64%.

Minute Care Program Survey¹



¹ For the period from March to December 2019.



Reception of NotreLabs Jundiaí (SP)



Thais Santos Rebouças,
nurse at QualiVida (SP)

Accredited quality

Accreditation is a continuous process for evaluating health organizations, which follows internationally recognized standards of excellence to identify points of improvement in patient care, direct the use of resources, increase efficiency, improve the quality and safety of service and reduce risks. At GNDI, we use two methodologies for the accreditation of our Care Units: National Accreditation – ONA (National Accreditation Organization) and International Accreditation – Qmentum (QM).

The purpose of the accreditation programs is a patient-centered care approach that respects their needs and preferences in a humanized and holistic manner. This model of integrated and humanized care directly impacts the quality perceived by our patients.

GNDI's goal is to accredit all of the Network's Units. Currently, 1,130 beds are accredited by the ONA methodology, which represents 60% of a total of 1,891. The projection for 2020 is that 1,623 beds (85% of the total) will achieve ONA Accreditation.

The numbers of the GNDI Accreditation programs

Accredited beds	2018	2019
Total beds in the network	1,888	2,121
Total ONA-accredited beds	1,148	1,123
% of ONA-accredited beds	61%	53%
Total QM-accredited beds	93	93
% of QM-accredited beds	5%	4%

Total ONA-accredited beds per level: Security Management (L1), Integrated Management (L2) and Excellence in Management (N3)

2018			2019		
Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
341	449	358	276	259	588



12

Total 24-hour outpatient units in the Network



9

Total 24-hour outpatient units accredited by ONA



75%

% of 24-hour outpatient units accredited by ONA



QUALIVIDA RECEIVES QMENTUM

In December 2019, the QualiVida Preventive Medicine Program achieved the Qmentum certification. GNDI thus became the first institution dedicated to promoting quality of life, disease prevention

and chronic patient management in Latin America to achieve this status and have its work recognized by international standards of excellence. Learn more in this chapter on Preventive Medicine.



Preventive Medicine: comprehensive health management

Our Preventive Medicine strategy encompasses health promotion and prevention programs since 1982, when we were the pioneers with this activity in Brazil. Our initiatives are part of the Group's assistance line, which means they are part of the Assistance Network operation. They aim to promote health and improve quality of life and well-being for beneficiaries and their families.

The programs are intended for employees, companies (corporate customers) and users of Dedicated Units and follow

eligibility criteria for the recruitment of patients with chronic diseases (hypertension, diabetes, childhood asthma, obesity, heart disease, back problems), pregnant women, the elderly, cancer patients and those with loss of function.

The Preventive Medicine strategy is favored by our vertical and interconnected business model, which allows us to identify eligible patients and refer them to the best care location: our Clinical Centers, Prevention Units (QualiVida and Case), Hospitals and Emergency rooms.

Programs

- **Program for Supporting Patients with Chronic Diseases:** manages the health of these patients with certain chronic diseases and assists them in overall treatment and in any complications. Provides guidance and clarification over the phone.
- **Elderly Assistance Program (PAI):** offers comprehensive care to the elderly with teams made up of geriatricians, physical therapists, nutritionists, psychologists, occupational therapists and speech therapists.
- **Safe Pregnancy Program:** promotes the health of pregnant women with monitoring during pregnancy and in the postpartum period. It features a specialized team for high risk cases.
- **High Complexity Cases (Case):** supports patients with severe chronic diseases in order to help reduce their limitations and improve quality of life.
- **Oncology Program:** manages the health of cancer patients through care protocols, telephone monitoring support and support groups. It features a computerized system that streamlines the resolution of complications and specialized Units for treatments.
- **Endometriosis Program*:** offers multidisciplinary monitoring of women diagnosed with the disease, initiating or optimizing clinical treatment, evaluation of surgical indication and pre- and postoperative follow-up. It seeks to act on pain control, improving quality of life and preserving fertility.
- **Childhood Obesity Program*:** covers dietary re-education of children and their families, weight loss during childhood to avoid complications in adolescence and treatment of the family with a multidisciplinary team.

**Implemented in 2019*

Health promotion and disease prevention

Health promotion actions for patients who are monitored in our Preventive Medicine programs are also intended for corporate customers. An example of this is the health campaigns, **health profile**, workshops and lectures (more than 60 topics), the latter of which are also available to all beneficiaries in our Prevention Units. We also promote communication on various topics focused on prevention through dissemination on the website, Health Blog, videos and email marketing.

Risk mapping for a population conducted using an online tool and application of the questionnaire by a specialized team, which measures the Body Mass Index (BMI), blood pressure and capillary glycemia, among others.



Psiconutri therapy group activity

HEALTH PROMOTION PROGRAMS FOR THE EXTERNAL PUBLIC/ BENEFICIARIES¹

	2017	2018	2019
Total number of participants	331,787	362,080	1,175,975

¹ The indicator covers the number of participants in our actions and the number of accesses to the content of our website (videos, booklets, texts).

Monitoring

Our Preventive Medicine programs are approved by the National Supplementary Health Agency (ANS). Strategic indicators, which are part of the Company's internal controls (number of assets, hospitalizations, among others), are monitored weekly. Our performance is assessed through external and internal audits, feedback from internal and external Customers and shareholders and complaint indicators. We also maintain the Health, Expenditure and Results Committee, in which the Presidency and the Operational Vice-Presidency participate.

Guided by our strategic planning, we will expand the Prevention Units in the coming years to accompany the Company's growth, maintaining coverage for the largest number of beneficiaries possible. In 2019, we inaugurated a QualiVida Unit in the ABC Region, integrated with an Oncology Center. In January 2020, QualiVida Higienópolis began operations in the central region of São Paulo, focusing on the Safe Pregnancy Program. The same structure also houses the Research Institute and the Physical Therapy Center.



Back group with physical educator
Desiree Rodrigues da Veiga



PREVENTIVE MEDICINE FIGURES

Preventive Medicine Program	2017	2018	2019
Total number of beneficiaries	2,056,100	2,126,200	2,424,100
Total number of beneficiaries covered by the program¹	178,524	199,025	213,401
Coverage rate	8.7%	9.4%	8.8%

¹ Units considered: QualiVida SP, QualiVida ABC, QualiVida Onco - ABC, QualiVida Rio de Janeiro, QualiVida Campinas, QualiVida Sorocaba, QualiVida Jundiaí, QualiVida Santos, Case SP, Case ABC, Case Jundiaí.



Oral health activity
at the Auta Cardoso
Municipal School
in Mogi das
Cruzes (SP)

Social responsibility

In addition to health promotion intended for beneficiaries and employees, we promote social responsibility actions to present the prevention issue to other audiences.

In 2019, we implemented a social project in municipal schools in Itapevi and Mogi das Cruzes, both in São Paulo. We use workshops and conversations to promote oral health and fight childhood obesity.

The actions were led by the Environment, Sustainability and Workplace Safety area, under the Human Resources department, in

partnership with the Interodonto and QualiVida business units, which provided a specialized team (dentist and nutritionist) to manage the projects. The target audience consisted of elementary school students (1st to 5th Grade, 6 to 10 years of age).

Another action front was conversations with caregivers (parents and family), with the intent to engage them in the action. To evaluate our projects, we map student participation during activities, receive feedback from school principals and teachers, and consider caregiver participation and feedback.

RESULTS



BRL 260,000

invested in social responsibility actions in 2019.



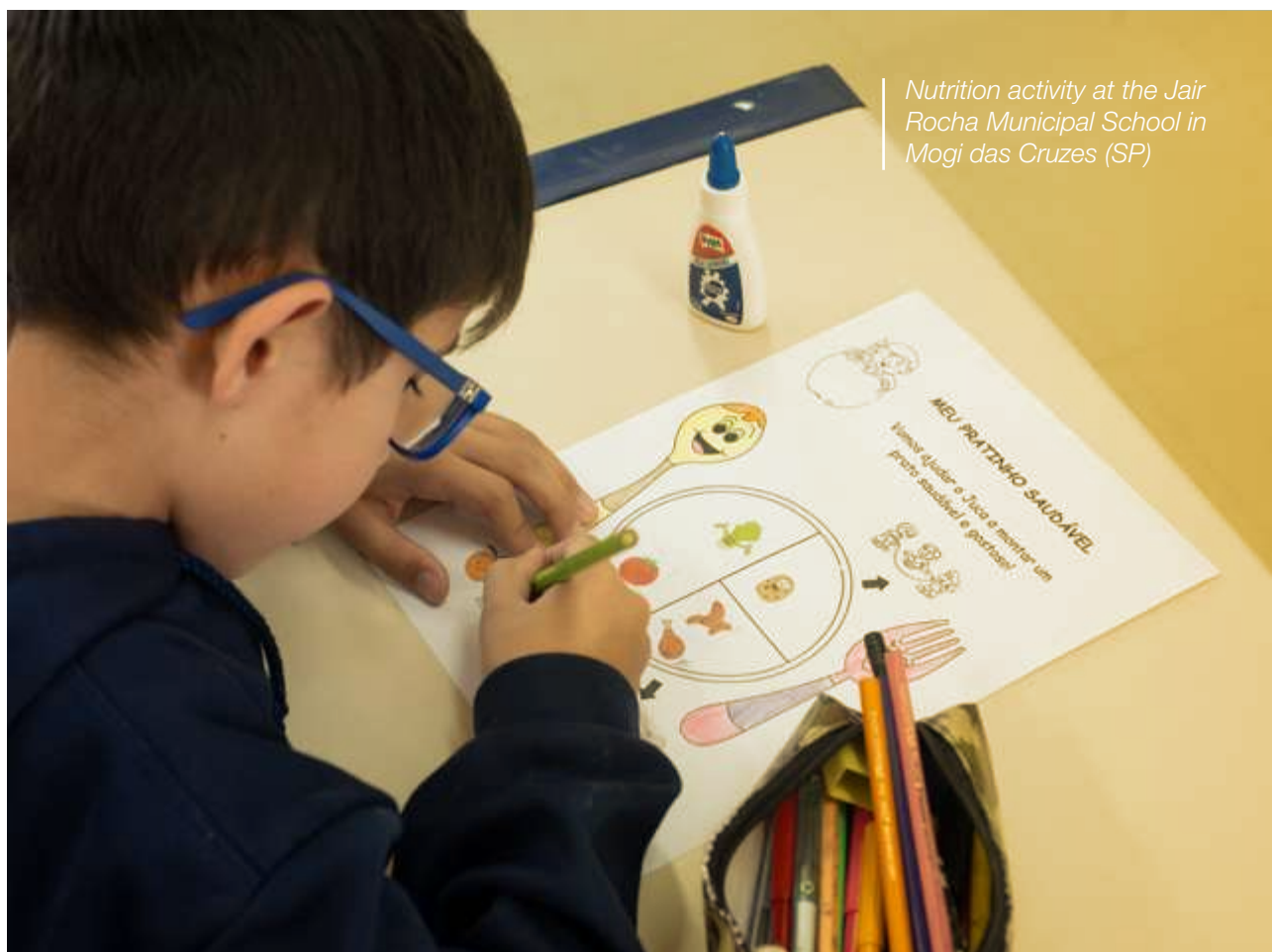
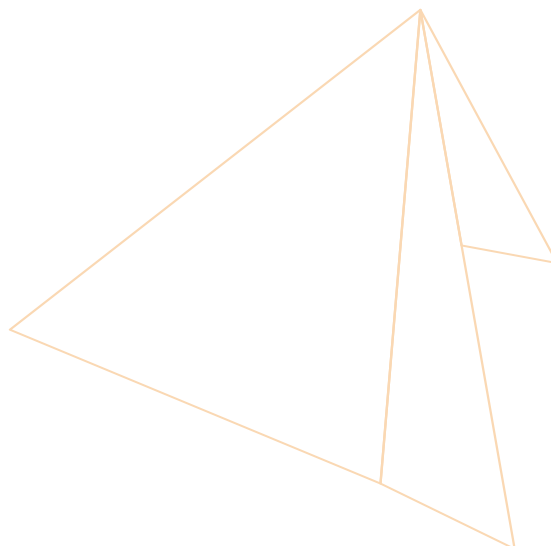
790 students

participated in the activities in Mogi das Cruzes, which involved the municipal schools Professor Auta Cardoso de Mello, Professor Dr. Jair Rocha Batalha and Dr. Waldir Paiva de Oliveira Freitas.



595 students

benefited at the Professor Paulo Freire Municipal Center for Basic Education in Itapevi.



Nutrition activity at the Jair Rocha Municipal School in Mogi das Cruzes (SP)

Patricia Rezende (workplace safety technician) at the Headquarters (SP)

Campanha de Coleta Seletiva no GNDI

Preserve



Waste Management Plan:

clear governance, shared responsibility



About **BRL 7 million** are invested annually in waste management



Project will replace **100% of the lighting** in Hospitals with LED bulbs: focus on reducing electricity consumption



Infrastructure projects take into account aspects of sustainability such as eco-efficiency and proper waste disposal

Performance focused on sustainability

The commitment to sustainability, a fundamental aspect for the growth and advancement of the Healthcare segment in Brazil, is inherent to our activities. In order to offer quality health care at affordable costs to Customers, we must guarantee the maintenance of an economically sound and socially responsible business model, as well as a culture based on environmental values.

Generation and disposal of waste and effluents and energy and water consumption are relevant topics for our activities. The management of these aspects is guided by the GNDI Environment, Sustainability and Workplace Safety Policy (MASS), which establishes responsibilities, criteria and commitments to guide our operations. The organization does not yet have specific goals for these topics and is seeking to consolidate the monitoring of these results.

The concept of humanization in the provision of services is closely linked to sustainability at GNDI. All infrastructure projects – the majority being retrofits (modernization of facilities) – are designed under this perspective, which considers care and eco-efficiency, in addition to adherence to the rules, regulations and legislation that govern the sector. In the recent acquisitions that make up the Company's strategy, these aspects are essential for adaptation of the facilities.



| Notrecare ABC



| Notrecare RJ



MORE ON THE WEB



Commitment by all

A premise of the MASS Policy is promoting awareness and commitment of all Company professionals to sustainability issues. Topics such as eco-efficiency and waste management are the focus of communication and endomarketing actions, which aim to broaden social and environmental awareness not only among the internal public, but also outside the Company. The main means we use for this purpose are marketing emails, the Communication Agents program, corporate TVs and panels.

In 2019, we reinforced this action front by sending 30 bulletins on topics related to selective collection, Global Compact and the SDGs, sustainability concept and practice, Greenhouse Gas (GHG) Emissions Inventory and ecological footprint, among others

In June, we celebrated **environment month** for the first time, in order to foster discussions on sustainability.

Actions included a traveling theater in 24 Units, a quiz about selective collection and disposal that distributed more than 3,000 ecobags made from plastic bottles as a prize and a cultural contest to send photos of sustainable actions practiced in the employees' daily lives.

Energy management: focus on reducing consumption

Electricity is a fundamental aspect when we are talking about sustainability at GNDI.

Our consumption of this input is managed through monthly monitoring of the accounts provided by the concessionaires responsible for its supply.

A real-time automation and monitoring system that is being implemented in our hospitals promises to improve energy and water management at the Company. Called Follow Energy, it allows monitoring power and energy demand, accurately mapping the consumption profile of each Unit. Hospital e Maternidade Guarulhos is where implementation is at a more advanced stage. A project also underway is the replacement of all lighting in 100% of our hospitals with LED bulbs, which consume less energy.

Another gain for management was the creation of a specification and standardization of materials for Unit renovations and construction. The document presents an indication of materials considered sustainable due to their eco-efficiency and which represent the best cost-benefit, such as LED bulbs, faucets with automatic closure and toilets with lower flushing flow, for example.

The practice of comparing water, electricity and medical gas consumption performance between the Units monthly, discontinued in 2016, will be resumed in 2020, allowing the creation of an internal benchmarking with a focus on the evolution of indexes related to eco-efficiency.

Another practice related to cost savings in consumption and opting for materials from renewable sources is related to primarily supplying the vehicle fleet with ethanol, for which guidance is provided to employees through campaigns and communication initiatives. In 2018 and 2019, we already saw an increase in the consumption of renewable energy from ethanol, also due to the growth in the number of Units. The considerable reduction in gasoline consumption is due to the policy of supplying the fleet with ethanol.

ENERGY CONSUMPTION WITHIN THE ORGANIZATION

Fuels from non-renewable sources (in GJ)

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Diesel	-	220,823.46	ND	220,823.46	-	442,262.37	53,339	495,601.37	-	750,722.50	10,258.00	760,979.50
Gasoline	-	0.00	ND	0.00	-	-	319.75	319.74	-	-	183.63	183.63
Natural gas	-	6,130.21	-	6,130.21	-	7,170.44	-	7,170.44	-	6,997.62	-	6,997.62
Liquid gas (LPG)	-	645.31	-	645.31	-	2,452.13	-	2,452.13	-	3,289.26	-	3,289.26
Total non-renewable	0.00	227,598.98	0.00	227,598.98	0.00	451,884.94	53,658.74	505,543.68	0.00	761,008.38	10,441.63	771,450.01

Fuels from renewable sources (in GJ)

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Ethanol	-	-	ND	ND	-	-	1,873.91	1,873.91	-	-	3,835.00	3,835.00
Total renewable	0.00	0.00	0.00	ND	0.00	0.00	1,873.91	1,873.91	0.00	0.00	3,835.00	3,835.00

Electricity consumption (in GJ)

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Electricity	14,710.51	64,454.29	7,893.10	87,057.90	24,972.26	88,609.97	12,834.85	126,417.08	21,448.00	96,895.50	14,912.95	133,256.90
Total	14,710.51	64,454.29	7,893.10	87,057.90	24,972.26	88,609.97	12,834.85	126,417.08	21,448.00	96,895.50	14,912.95	133,256.90



The **43%** reduction in gasoline consumption in 2019 is due to the policy of supplying the fleet with ethanol.



Overview of the Group's Central Warehouse located in São Paulo

Total energy consumption within the organization (in GJ)

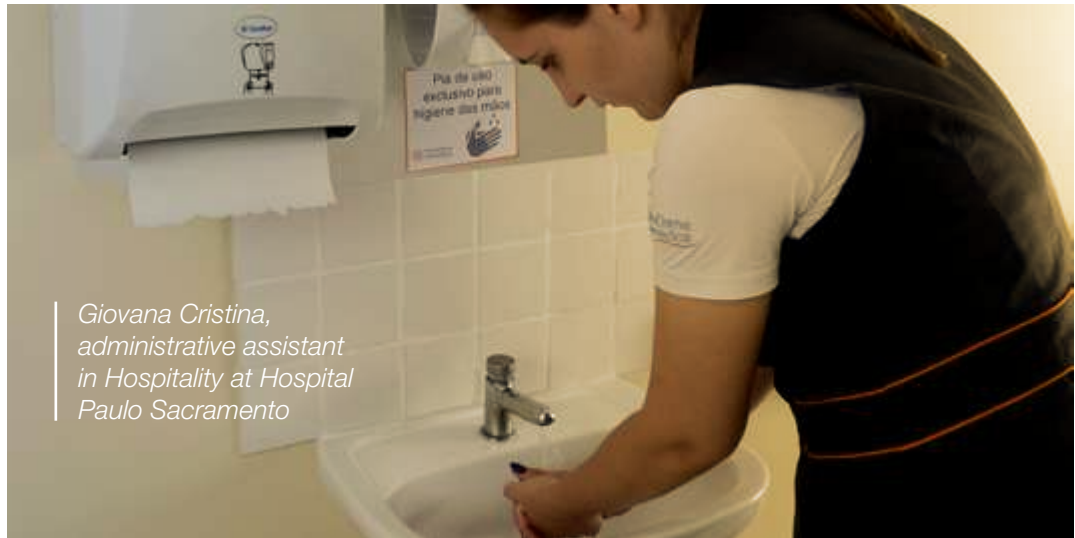
2017				2018				2019			
Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
14,710.51	292,053.27	7,893.10	314,656.87	24,972.26	540,494.92	68,367.50	633,834.67	21,448.00	857,903.88	29,189.58	908,541.91

Energy intensity

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Energy intensity ¹	0.18	3.53	0.39	1.72	0.29	4.55	3.41	2.82	0.24	6.79	1.41	3.86

¹ Energy intensity was calculated considering the total area per business unit (in m²).

² The calculation considers total energy consumption within the organization.



*Giovana Cristina,
administrative assistant
in Hospitality at Hospital
Paulo Sacramento*

Less water in the operations

Most of the water we use in our operations is supplied by public utility concessionaires and supplemented, in some cases, by regularized artesian wells installed in our Units. It is used for human consumption, food preparation, cleaning and irrigation of green areas. Disposal is conducted using the public sewage collection and removal network.

In the same manner as energy management, we monitor the monthly volume consumption through the accounts of the public utility and collection concessionaires in order to identify the impacts related to this aspect.

The management of water and effluents in our Hospitals and Clinical Centers is focused on consumption reduction projects through the use of more efficient accessories: faucets with automatic shut-off valves, toilets with less water consumption, dual flow flushing valves and flow restrictors in washbasins and urinals. We also promote continuous internal campaigns for awareness on smart consumption.

The Engineering area is responsible for managing this aspect and prepares specifications on the eco-efficient equipment and accessories that the Units must use when purchasing new pieces of equipment or replacing old ones. In general, although there is no official replacement program, the specifications are followed.

Effluent disposal

All effluents generated in the Clinical Centers and Hospitals are disposed of in public sewage collection and removal networks, with the exception of the PS Barueri Unit and the Itapevi Clinical Center.

We have our own Effluent Treatment Plant (ETP) at the Barueri Unit, fully operational since 2018, since there was no public sewage collection and supply network available at that time. With the availability of the network as of 2019, it will be necessary to connect it to our Unit, a project that was in the budget phase upon the closing of this report.

At the Itapevi Clinical Center, an integrated medical services complex, an official project to interconnect the unit with the public sewage collection network is underway. The project was also in the process of being approved by the Basic Sanitation Company of the State of São Paulo (Sabesp) at the close of this report.

In these Units, the minimum disposal indices comply with the standards defined by competent bodies (CONAMA – Resolution 430/11 and State Decree 8.468/76), although effluent sampling and analysis is not conducted, as they are not mandatory items. The determination of the disposal quality was made considering Ordinance 2.914/11 of the Ministry of Health.

TOTAL WATER WITHDRAWAL (MEGALITERS)

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Third-party water ¹	67.30	144.60	13.20	225.10	67.99	184.39	14.26	266.64	87.26	152.49	13.71	253.46
Groundwater	0	41.11	0	41	0	133	0	133	0	141	0	141
Total²	67.30	185.71	13.20	266.21	67.99	317.56	14.26	399.81	87.26	293.16	13.71	394.13

Note¹: Corresponds to supply by distributor.

Note²: All water withdrawn by the organization corresponds to freshwater (≤ 1000 mg/L Total dissolved solids). GNDI has no other sources of water withdrawal.

TOTAL WATER WITHDRAWAL FROM AREAS WITH WATER STRESS (MEGALITERS)

Third-party water (distributor supply)

	Hospitals ¹		
	2017	2018	2019
Total ²	0.7642	15.85	13.23
Freshwater (≤ 1000 mg/L total dissolved solids)	0.7642	15.85	13.23
Other water ($> 1,000$ mg / L Total dissolved solids)	0	0	0

¹ In the aforementioned accounting, the consumption of Hospital SAMCI (currently Hospital Notrecare Rio) and the São Francisco Xavier Clinical Center was considered. The other Clinical Centers are located within condominiums, which renders it impossible to account for consumption in these Units.

² Operations that are located in Rio de Janeiro were considered as areas of water stress according to the Aqueduct Water Risk Atlas. – <https://www.wri.org/resources/maps/aqueduct-water-risk-atlas>



Projects for **consumption reduction** through the use of more efficient accessories and awareness campaigns guide the management of water and effluents at GNDI.

WATER WITHDRAWAL PER M²

Despite maintaining our water consumption at the same level in 2018 and 2019, we increased our efficiency considering the specific water consumption per m²

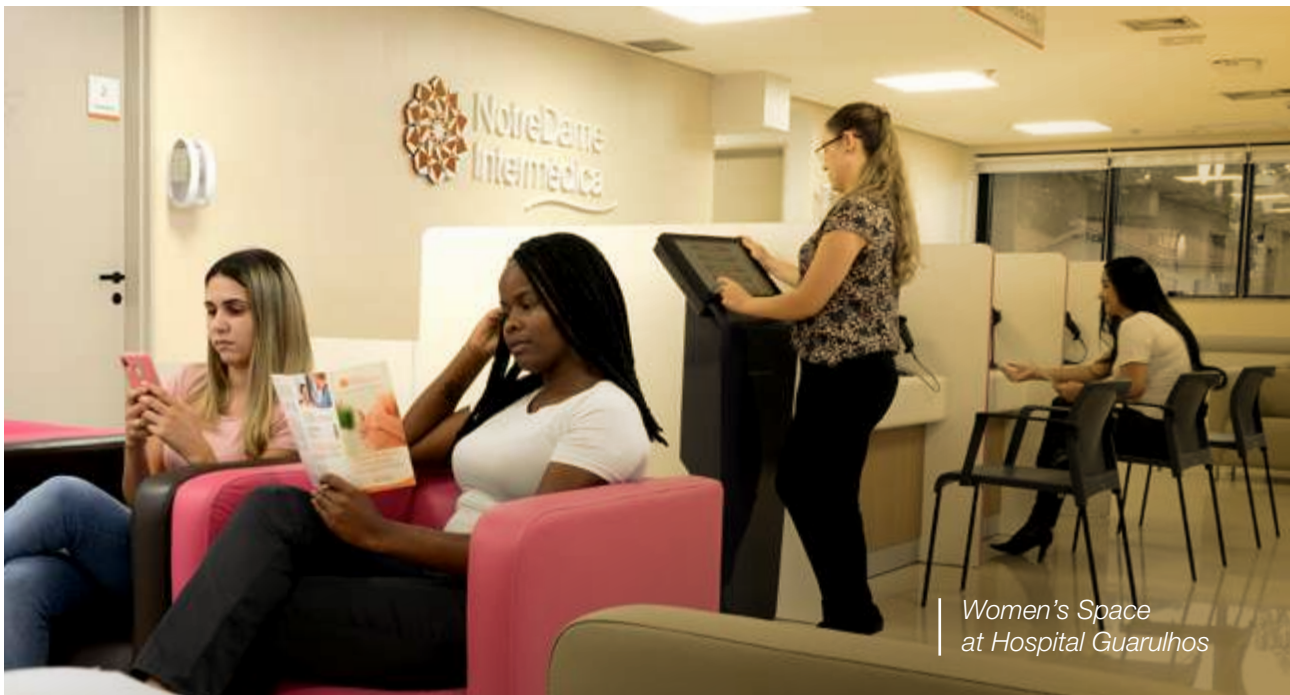
of area in our operations. This shows that, despite the increase in operations, we were able to increase our water withdrawal efficiency.

Water withdrawal per m²

2017				2018				2019			
Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
0.84	2.24	0.66	1.45	0.79	2.67	0.71	1.78	0.99	2.32	0.66	1.68



Water management in our Hospitals and Clinical Centers is geared towards reducing waste



Women's Space
at Hospital Guarulhos

Green cabling

Sustainability is present in the details. Currently, **18 GNDI Units** participate in the “Green – Green Cables” and “Green It” programs, created by partner Furukawa Electric. Under these initiatives, we correctly dispose of heavy metals and modernize our facilities with green cables made from sugar cane. The perspective is that the programs will be implemented in the future in renovation works and during construction of new sites.

Benefits of the programs:

- Polyethylene from the new cables is 100% recyclable, unlike the PVC commonly used, which takes up to 600 years to decompose and can release harmful substances to the atmosphere and soil when burned;
- Use of renewable material;
- This promotes the proper treatment of waste and reduces the use of non-recyclable materials.

Which units use green cables?

Hospitals

- *Notrecare Rio*
- *Cruzeiro do Sul*
- *São Bernardo*
- *Paulo Sacramento*
- *Intermédica ABC*
- *Nossa Senhora do Rosário*
- *Frei Galvão*
- *Renascença Campinas*

Oncologia ABC

- *Sorocaba Administrative Unit*
- *SAMCI Administrative Unit*
- *NotreLife Sorocaba*
- *NotreLife and NotreLabs Jundiaí*

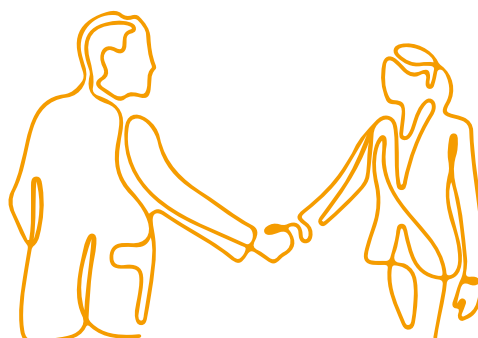
Clinical Centers

- *Diadema*
- *Osasco 3*
- *Itaquera*
- *Cruzeirinho*
- *Itavuvu*
- *Centro Clínico São Francisco Xavier*

Waste: priority topic for management

Correct waste management is an extremely relevant issue for companies in the health sector. At GNDI, we constantly work to move forward on this front, given the importance of properly managing health care waste and seeking to reduce negative environmental impacts.

The Environment, Sustainability and Workplace Safety area has a team dedicated to waste management, which is responsible for standardization, guidance and training on this aspect.



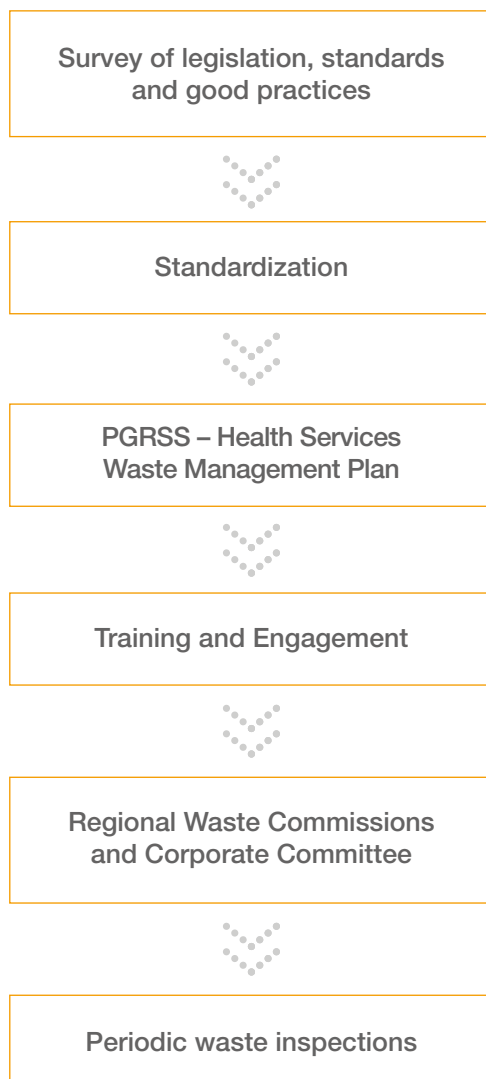
Shared responsibility

The management of the topic follows a robust **workflow**, with a governance structure and clear attributions. Responsibility for the application of practices is shared among all our employees.

Every GNDI Unit has a Waste Commission consisting of those responsible for the sectors, the objectives of which are to discuss waste management issues, outline action plans with a preventive or corrective focus, minimize the production of waste and efficiently provide the generated waste with a safe final disposal.

The Corporate Waste Committee, formed by the Board and Management of the main areas involved with the topic (Operations, Assistance, Engineering and Maintenance, MASS and Infrastructure), is the deliberative body and where forums for discussing projects and communication on sustainability take place, with a quarterly frequency on average.

Waste management inspections are conducted periodically by the MASS team at the Units to assess management criteria, management plans, execution of commissions, correct disposal, storage, internal and external transport. The results of the inspections are discussed in the local Waste Commission for the preparation of action plans and monitored by the Corporate Waste Committee.





Rejania Aguiar and
José Eusivan da Silva
Nascimento, medical
account managers

Training

Training on waste and selective collection is provided to all employees, service providers and third parties allocated to Care Units and can be taken online, via UniGNDI, and on site, through lectures and the “Waste Plant”, a dynamic in which the knowledge obtained in theoretical training is put into practice. In 2019, this dynamic was conducted in Hospital Units and 24-hour Clinical Centers.

All care unit employees are trained on health service waste and selective collection.

Less materials in circulation

The availability of the GNDI Easy application made it possible to reduce the generation of physical health insurance cards, since it offers the option of the online card, reducing the consumption of natural resources and subsequent disposal. In 2019, we installed a “card-eating” machine at the GNDI Headquarters to dispose of materials no longer

suitable for use, such as health insurance cards, badges and magnetic cards.

With this action, 166.35 kg of cards were collected by the end of 2019; 135 kg were destined for the manufacture of gifts distributed in awareness actions at the Company.

Another step forward on this front was the implementation of electronic signatures on agreements in October 2019, thus eliminating the need for physical documents. This format is being used as a pilot in corporate contracts (signed with Legal Entities), which should already be reflected in environmental and cost gains for the Company.

During the period, we also established a pilot contract for the disposal of part of the disposal uniforms in projects for making pencil cases for students participating in the GNDI social responsibility project. For 2020, we are evaluating the implementation of a project with a cooperative in São Paulo to dispose of recyclable, electronics and furniture waste, among others.



Ariane Maria Mota,
nurse at Hospital
Paulo Sacramento

WASTE BY TYPE AND DISPOSAL METHOD

Waste disposal in our operations is compliant with current legislation (RDC No. 222, dated March 29, 2018, CONAMA Resolution No. 358, dated April 29, 2005). The company hired for the service receives information on the types of waste generated and is responsible for advising on proper treatment for disposal through a Letter of Agreement.

The Group's performance in this regard is systematically monitored in more than 90% of the Units. We maintain a training routine with employees to improve this monitoring, in order to ensure correct completion of information.

NON-HAZARDOUS WASTE BY TYPE OF DISPOSAL¹, IN TONS

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Recycling	0	0	0	-	0	0	0	0	111,033	372,569	32,033	515,636
Landfill	296,251	1,341,899	22,540	1,660,690	377,460	2,001,092	88,684	2,467,236	334,291	2,096,231	103,393	2,533,915
Total²	296,251	1,341,899	22,540	1,660,690	377,460	2,001,092	88,684	2,467,236	445,325	2,468,800	135,426	3,049,550

¹No waste was destined for reuse, composting, recovery, incineration or storage at the site.

²In the years 2017 and 2018, even with separation of recyclable waste in some Units, we maintained a conservative position in the numbers due to a failure to control the indicators.

HAZARDOUS WASTE¹ BY TYPE OF DISPOSAL, IN TONS

	2017				2018				2019			
	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI	Clinical Centers	Hospitals	Administrative	Total GNDI
Incineration	8,147	33,572	0	41,719	15,989	62,552	0	78,541	14,427	179,202	0	193,629
Others Microbial deactivation and landfill	139,040	1,073,852	0	1,212,891	202,802	1,156,845	0	1,359,647	157,130	1,502,705	0	1,659,836
Total	147,187	1,107,424	0	1,254,610	218,791	1,219,397	0	1,438,188	171,557	1,681,908	0	1,853,465

¹Hazardous waste included in the table encompasses waste from Groups A and E (infectious and sharp wastes) and Groups B and E (chemical and piercing-cutting waste), according to RDC No. 222/2018

Management with third parties

One of the principles of the MASS policy is to ensure that partners and suppliers are aligned with GNDI's commitments and values. The fundamental elements in the management of this topic are the continuous monitoring of the pre-established hiring standards, consistency in the results and quality service.

We invest BRL 7.3 million annually to fulfill waste management.

These processes have opened several initiatives for new technologies applied in outsourced services. One example is the cleaning service, which uses technology with differentiated chemical products to control waste and speed of the activity. As a result, we have been able to reduce the use of water in the dissolution of active substances, resulting in more agility in preparing beds and clean water savings.

The contracted laundry services are renowned companies in the field of hospital hygiene and are committed to meeting the technical specifications that we have established, as well as the facility and regulatory requirements.

These companies are committed to reducing the consumption of potable water and disposing of chemical washing residues, guaranteed by equipment such as filters and tanks for the decontamination of waste and the reuse of washing water in primary decontamination tunnels.

These technological resources directly impact operating costs and the environment in the regions in which these companies operate, which makes them represent strong

options in the conscious and sustainable hiring conducted by GNDI.

Monitored clothing and accessories

GNDI's clothing and bedding lease contracts include Radio-Frequency Identification (RFID) control, whereby each set of surgical clothing or bedding has a chip attached, which allows tracking of the piece at the service provider's plant or in the Hospitals, in order to monitor and control the duration of the clothing and bedding, location of the pieces and provide consumption studies.

Our challenges

Efficiently integrating the companies newly acquired by the Group represents a major challenge for our management, since we are growing in regions where the municipal environmental process is still adapting and the offering of providers with expertise in these regions is lacking and does not meet the standard already established by GNDI.

When making an acquisition, we technically evaluate service providers that are already part of the supply chain of the new Unit and, when possible, maintain agreements with these companies, which can provide operational gains and synergy. However, those that do not meet GNDI specifications and standards have their contracts terminated.





| Lourdes Mara de Oliveira, collection assistant at Notrelabs Jundiá

Summary of GRI content

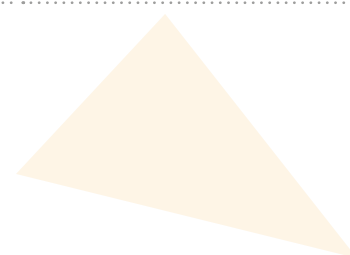
GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/ OR LINK	ANSWER/ REASON FOR OMISSION
GRI 101: Foundation 2016				
1. ORGANIZATIONAL PROFILE				
GRI 102: General Disclosures 2016	102-1	Name of the organization	14	
GRI 102: General Disclosures 2016	102-2	Activities, brands, products, and services	14	
GRI 102: General Disclosures 2016	102-3	Location of headquarters	14	
GRI 102: General Disclosures 2016	102-4	Location of operations	14	
GRI 102: General Disclosures 2016	102-5	Ownership and legal form	14	
GRI 102: General Disclosures 2016	102-6	Markets served	15	
GRI 102: General Disclosures 2016	102-7	Scale of the organization	13, 15, 19	
GRI 102: General Disclosures 2016	102-8	Information on employees and other workers	38	
GRI 102: General Disclosures 2016	102-9	Supply chain	20	
GRI 102: General Disclosures 2016	102-10	Significant changes to the organization and its supply chain	18, 20	
GRI 102: General Disclosures 2016	102-11	Precautionary principle or approach	23	
GRI 102: General Disclosures 2016	102-12	External initiatives	22	
GRI 102: General Disclosures 2016	102-13	Membership of associations	87	Fenasaúde: National Federation of Supplementary Health
2. STRATEGY				
GRI 102: General Disclosures 2016	102-14	Statement from senior decision-maker	6, 7	
3. ETHICS AND INTEGRITY				
GRI 102: General Disclosures 2016	102-16	Values, principles, standards and norms of behavior	17	
4. GOVERNANCE				
GRI 102: General Disclosures 2016	102-18	Governance structure	24, 25, 92	
GRI 102: General Disclosures 2016	102-22	Composition of the highest governance body and its committees	24, 92	
GRI 102: General Disclosures 2016	102-24	Selection and appointment processes for the highest governance body and its committees	24	
GRI 102: General Disclosures 2016	102-28	Processes for evaluating the highest governance body's performance	24	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/ OR LINK	ANSWER/ REASON FOR OMISSION
5. STAKEHOLDER ENGAGEMENT				
GRI 102: General Disclosures 2016	102-40	List of stakeholder groups	9, 26	
GRI 102: General Disclosures 2016	102-41	Collective bargaining agreements	38	
GRI 102: General Disclosures 2016	102-42	Identifying and selecting stakeholders	9, 26	
GRI 102: General Disclosures 2016	102-43	Approach to stakeholder engagement	9, 26-28	
GRI 102: General Disclosures 2016	102-44	Key topics and concerns raised	26, 28	
6. REPORTING PRACTICES				
GRI 102: General Disclosures 2016	102-45	Entities included in the consolidated financial statements	16	
GRI 102: General Disclosures 2016	102-46	Defining report content and topic boundaries	10, 92	
GRI 102: General Disclosures 2016	102-47	List of material topics	11	
GRI 102: General Disclosures 2016	102-48	Restatements of information	5	
GRI 102: General Disclosures 2016	102-49	Changes in reporting	5	
GRI 102: General Disclosures 2016	102-50	Reporting period	5	
GRI 102: General Disclosures 2016	102-51	Date of most recent report	5	
GRI 102: General Disclosures 2016	102-52	Reporting cycle	5	
GRI 102: General Disclosures 2016	102-53	Contact point for questions regarding the report	88	If you have any questions or suggestions for this document, contact IR ri.gndi.com.br or outras-informacoes@fale-com-o-ri.com.br
GRI 102: General Disclosures 2016	102-54	Claims of reporting in accordance with the GRI Standards	5	
GRI 102: General Disclosures 2016	102-55	GRI content index	87-91	
GRI 102: General Disclosures 2016	102-56	External assurance	5	
Material topic: Responsible corporate governance				
Topic – 205: Anti-corruption				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	29	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 205: Anti-corruption 2016	205-2	205-2: Communication and training about anti-corruption policies and procedures	31	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/ OR LINK	ANSWER/ REASON FOR OMISSION
Material topic: Eco-efficiency and waste management				
Topic – 302: Energy				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	75	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 302: Energy 2016	302-1	Energy consumption within the organization	76-77	
GRI 302: Energy 2016	302-3	Energy intensity	77	
Topic - 303: Water and Effluents				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	78	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 303: Water and Effluents 2018	303-1	Interactions with water as a shared resource	78	
GRI 303: Water and Effluents 2018	303-2	Management of water discharge-related impacts	78	
GRI 303: Water and Effluents 2018	303-3	Water withdrawal	79	
Own indicator	GNDI-7	Water consumption intensity	80	
Topic – 306: Waste				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	81-83	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 306: Waste 2016	306-2	Total weight of waste, broken down by type and disposal method	84	
GRI 306: Waste 2016	306-4	Transport of hazardous waste	84	All hazardous waste is transported and sent for treatment by companies hired by GNDI. This transport primarily uses trucks and vans appropriate for the activity, according to the technical specification contained in the hiring agreement. The premise for choosing this type of transport and compliance with legislation that regulates disposal are expressed in supplier agreements.
Material topic: Positive relationship with employees				
Topic – 401: Employment				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	36, 37	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/ OR LINK	ANSWER/ REASON FOR OMISSION
GRI 401: Employment 2016	401-1	New employee hires and employee turnover	39	
GRI 401: Employment 2016	401-3	Parental leave	40	
Topic – 403: Occupational health and safety				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	50	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 403: Occupational health and safety 2018	403-1	Occupational health and safety management system	51	
GRI 403: Occupational health and safety 2018	403-2	Hazard identification, risk assessment, and incident investigation	51	
GRI 403: Occupational health and safety 2018	403-3	Occupational health services	51, 52	
GRI 403: Occupational health and safety 2018	403-4	Worker participation, consultation, and communication on occupational health and safety	52	
GRI 403: Occupational health and safety 2018	403-5	Worker training on occupational health and safety	52	
GRI 403: Occupational health and safety 2018	403-6	Promotion of worker health	51	
GRI 403: Occupational health and safety 2018	403-7	Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	52	
GRI 403: Occupational health and safety 2018	403-9	Work-related injuries	52, 54	
Topic – 404: Training and education				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	36, 37	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 404: Training and education	404-1	Average hours of training per year per employee	42, 43	
GRI 404: Training and education	404-2	Programs for upgrading employee skills and transition assistance programs	41	Other programs for the purpose of providing career transition assistance are not available.
Topic – 405: Diversity and equal opportunity 2016				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	44	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/ OR LINK	ANSWER/ REASON FOR OMISSION
GRI 405: Diversity and equal opportunity 2016	405-1	Diversity of governance bodies and employees	45-47	
GRI 405: Diversity and equal opportunity 2016	405-2	Ratio of basic salary and remuneration of women to men	47	
Topic – 406: Non-discrimination				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	48, 49	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
GRI 406: Non-discrimination 2016	406-1	Incidents of discrimination and corrective actions taken	49	
Material topic: Humanization of care				
Own topic: Humanization of care				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	58, 62	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
Own topic: Humanization of care	GNDI-1	Registered complaints	62	
Own topic: Humanization of care	GNDI-2	Training on Humanization of Care	52	
Own topic: Humanization of care	GNDI-3	Minute Care Program	63	
Own topic: Humanization of care	GNDI-4	Number and percentage of accredited beds (ONA and QMENTUM)	64, 65	
Material topic: Health promotion and disease prevention				
Own topic: Health promotion and disease prevention				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary		
GRI 103 Management Approach 2016	103-2	The management approach and its components	66	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach		
Own topic: Health promotion and disease prevention	GNDI-5	Health Promotion Program	67, 68	
Own topic: Health promotion and disease prevention	GNDI-6	Preventive medicine program	69	



Attachments

Table 1: Limits of material aspects

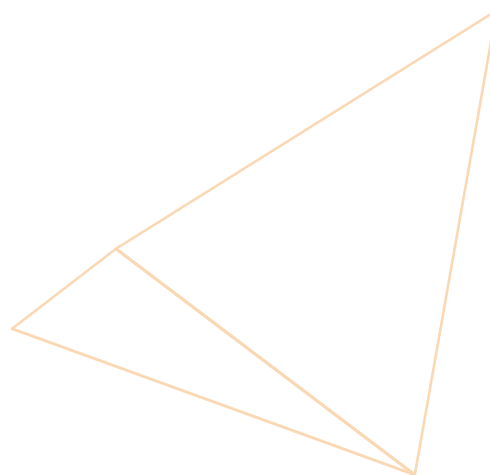
GNDI MATERIAL TOPIC	RELATED MATERIAL TOPIC	LIMIT OF THE TOPIC	INVOLVEMENT OF THE ORGANIZATION WITH THE IMPACT
Humanization of care	Own topic: Humanization of care	Within the Organization	Causes and contributes
	401: Employment	Within the Organization	Causes
	405: Diversity and Equality of Opportunities	Within the Organization	Causes
Positive relationship with employees	406: Non-discrimination	Within the Organization	Causes and contributes
	404: Training and Education	Within the Organization	Causes
	403: Occupational Health and Safety	Inside and outside the organization	Causes and contributes
Health promotion and disease prevention	Own topic: Health promotion and disease prevention	Inside and outside the organization	Causes and contributes
Eco-efficiency and waste management	306: Waste	Inside and outside the organization	Causes and contributes
	302: Energy	Inside and outside the organization	Causes and contributes
	303: Water and Effluents	Inside and outside the organization	Causes and contributes
Responsible corporate governance	205: Anti-corruption	Inside and outside the organization	Causes and contributes
	General Disclosures: 102-22; 102-24; 102-28	Within the Organization	Causes

Table 2: Duties of the Board of Directors, Audit Committee and Executive Board

COMPOSITION ACCORDING TO:	BOARD OF DIRECTORS	AUDIT COMMITTEE	EXECUTIVE BOARD
i. Executive or non-executive duty;	Executive duty	Non-executive (advisory)	Executive duty
ii. Independence;	Independent	Operational autonomy	-
iii. Term of office for members of the Governance body;	Term of 2 (two) years, re-election allowed	Term of 2 (two) years, re-election allowed	Term of 2 (two) years, re-election allowed

COMPOSITION ACCORDING TO:	BOARD OF DIRECTORS	AUDIT COMMITTEE	EXECUTIVE BOARD
<p>iv. Number of other important roles and commitments for each individual, as well as the nature of such commitments;</p>	<p>The Board of Directors must establish the general guidelines for the Company's business and that of its subsidiaries and decide on strategic issues for the purpose of fulfilling the following guidelines: (i) promote and observe the corporate purpose of the Company and its controlled companies; (ii) ensure the interests of the shareholders, without losing sight of other stakeholders; (iii) ensure the Company's longevity, within a long-term and sustainability perspective, which incorporates economic, social, environmental and good Corporate Governance considerations in the definition of the Company's business and operations; (iv) adopt an agile management structure, composed of qualified professionals with excellent reputations; (v) formulate guidelines for management of the Company and its controlled companies, which will be reflected in the annual budget; (vi) ensure that the strategies and guidelines are effectively implemented by the Company's Executive Board, without, however, interfering in operational or executive matters; and (vii) prevent and manage conflict of interest situations or divergences of opinion, such that the interest of the Company always prevails.</p>	<p>The Audit Committee, as an advisory and support body to the Board of Directors, will have the following duties and responsibilities: (i) issue opinions on the hiring and dismissal of independent audit services; (ii) evaluate the quarterly information, interim statements and financial statements; (iii) evaluate, monitor and recommend to management the correction or improvement of internal policies, as well as have means for receiving and handling information on non-compliance with applicable legal and regulatory provisions; (iv) monitor the evolution and update of the risk mapping; (v) monitor all stages of the risk management process; (vi) monitor and ensure the application and reliability of the internal audit and internal controls; (vii) evaluate, monitor and recommend the correction or improvement of the Company's internal policies, including the Related Party Transactions Policy; (viii) have the means to receive and handle information on non-compliance with legal and regulatory provisions applicable to the Company, in addition to internal regulations and codes, including provisions for specific procedures to protect the provider and the confidentiality of information; (ix) ensure the Company's clarity and adherence to its mission, vision, values, strategic guidelines, Code of Ethical Conduct, internal policies, procedures and processes; (x) check and monitor transactions with related parties; (xi) identify conflicts of interest; (xii) identify opportunities and continuous improvement; (xiii) coordinate and monitor the Company's reporting and ombudsman channels, ensuring smooth operation with independence, secrecy, confidentiality and lack of retaliation; (xiv) investigate and monitor events that put the Company's internal controls or compliance at risk; (xv) ensure the training and qualification of personnel, enabling them to identify, anticipate, measure, monitor and, if applicable, mitigate risks; and (xvi) ensure that the structure is dimensioned to fulfill the role of good Corporate Governance.</p>	<p>It is incumbent upon the Company's Executive Board, in general, according to the Bylaws, to exercise the attributions assigned by the Law and Bylaws assign to ensure the full and regular functioning of the Company and its subsidiaries, affiliates and business divisions; annually submit, by the end of each fiscal year, to the appreciation of the Board of Directors, a proposal for the general direction of the Company's business and that of its subsidiaries and business divisions, relating to the following year, including: I. business strategy of the business divisions of the Company and its subsidiaries and affiliates; II. operational structure of the businesses, indicating the Director who should be responsible for monitoring each of its divisions; III. budget and target plan for each business division; IV. investment and divestment policy for each business division; V. remuneration of the managers of each business division; VI. capital structure necessary for the execution of the budget and target plan for each business division; and VII. payment planning to pay interest on equity. It must present, annually, in the 3 (three) months following the end of the fiscal year, for the appreciation of the Board of Directors and shareholders, its report and other documents pertinent to the fiscal year accounts, as well as a proposal for the allocation of net income; election and dismissal of the directors of the controlled and subsidiary companies in accordance with the indications made by the Board of Directors; open and close branches, warehouses, offices or representations in any location in Brazil and abroad, according to the evolution of the business plan and as indicated by targets reached, if necessary; open, operate and close bank and investment accounts; to compromise, resign, give up, make agreements, enter into commitments, contract obligations, make investments, acquire, encumber and dispose of assets and grant guarantees, signing the respective terms and contracts; and represent the Company, in or out of court, actively and passively, before any third parties, including government agencies or federal, state or municipal authorities.</p>

COMPOSITION ACCORDING TO:	BOARD OF DIRECTORS	AUDIT COMMITTEE	EXECUTIVE BOARD
v. Gender;	100% of members are men	100% of members are men	100% of members are men
vi. Participation of underrepresented social groups;	N/A: information not applicable	N/A: information not applicable	N/A: information not applicable
vii. Skills related to economic, environmental and social impacts;	It is incumbent upon the Board of Directors to ensure the Company's longevity, within a long-term and sustainability perspective, which incorporates economic, social, environmental and good Corporate Governance considerations in the definition of the Company's business and operations;	Risk mapping and categorization by nature (strategic, operational, financial, image), type (macroeconomic, environmental, social, technological, legal, labor, civil, tax, financial, compliance) and origin (internal or external).	It is incumbent upon the Company's Executive Board, in general, according to the Bylaws, to exercise the attributions assigned by the Law and Bylaws to ensure the full and regular functioning of the Company and its subsidiaries, affiliates and business divisions;
viii. Stakeholder representation.	It is incumbent upon the Board of Directors to ensure the interests of the shareholders, without losing sight of the other stakeholders.	The Audit Committee's Rules of Procedure apply to all employees, leaders, managers, directors and board members, although they may involve other stakeholders (stakeholders), within the legal limits of its performance.	It is incumbent upon the Executive Board to represent the Company in or out of court, actively and passively, before any third parties, including government offices or federal, state or municipal authorities.





Stephanie Freitas Aranha (training analyst), Marcia Alves Barbosa Viana (administrative assistant) and Elani Soares dos Santos (quality analyst) in the feedback area at the Call Center

