



2020

SUSTAINABILITY  
REPORT





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## STAFF

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# Presentation

This is GNDI's second Sustainability Report. Intended for partners, customers, employees, vendors, shareholders and other stakeholders, the annual document presents our results and management initiatives regarding environmental, social and governance (ESG) aspects for the period of January 1 to December 31, 2020.

This report was prepared in accordance with the GRI Standards: Essential Option, and subjected to an external verification process.

Due to the company's growth as the result of several acquisitions in 2020, the scope of units covered here was broadened when compared to the 2019 publication. Our Materiality Matrix was also adjusted for the same reason, also considering the current industry context due to the Covid-19 pandemic caused by the new coronavirus.







# Message from the CEO

**T**his has perhaps been the most challenging year for our entire generation. And we're still fighting this battle. At GNDI, we endeavor a great degree of professionalism in tackling the Covid-19 pandemic. We were extremely cautious in taking the necessary measures to continue business even when faced with the crisis.

We performed all the necessary actions, both in ensuring input supply and in expanding ICU beds, to prepare for a possible acceleration of cases, which actually occurred. We had hospitals dedicated to Covid-19 care. We focused on awareness, flow and work methodologies in an effort to care for our employees and beneficiaries. All of this while concerned with our business continuity.

We accelerated the verticalization strategy, thus allowing us to continue offering business plans with less need for adjustments.

We voluntarily froze readjustments to individual plans in April, even before the ANS discussions.

We are a citizen company and we want to make our contribution in the best way possible. We also accelerated our M&A program with 11 new acquisitions – a historical record for us. And that is how we took the lead in terms of volume of beneficiaries in Brazil.

We entered new markets – Minas Gerais, Paraná and Santa Catarina – and, with a much broader geographical position, we now have the opportunity to capture new contracts, as well as expand the current ones with client companies that maintain beneficiaries in these markets.

The year 2020 was also a year marked by a major innovation from the technology point of view, in order to handle social distancing. We stood up our telemedicine arm within four days after legal authorization.

“

In the first nine months of 2020 alone, we added almost 150,000 new beneficiaries, not counting the acquisitions.”

Irlau Machado Filho,  
CEO of the NotreDame  
Intermédica Group



The magnitude of the human tragedy with the health crisis is terrible, but it has left teachings on the need to be prudent and how we deal with the environment.”

By the end of 2020, over 550,000 appointments had been conducted in this format. We also implemented a system for marketing our plans online, to ensure that there was no physical contact. This increased everyone’s safety and provided us with an opportunity to prospect even further. The entire process of implanting new beneficiaries and companies shifted to a completely online format.

We also expanded our laboratory testing capacity, both for Covid and for other types of exams. That means we now have the capacity to absorb 4 million exams per month.

We created an ESG, Risks and Compliance Vice-Presidency, as we believe in the importance of this area and this structuring represents not only the commitment of GNDI as a citizen company, but as a way of

showing that good organizations with ESG practices can be more valuable and more profitable than others that are not concerned with the topic. Incorporating ESG aspects has become a premise for all companies. We also want each employee to actively participate in this journey. And the Vice-Presidency, integrated into the organization’s Executive Committee, shows that it was not a step taken at random, but one that was taken seriously, as a way to demonstrate the importance that top management attributes to the topic.

While many companies lost significant volumes of customers in 2020, GNDI managed to grow organically. In the first nine months alone, we added almost 150,000 new beneficiaries, not counting the acquisitions. Another striking fact is that, despite the large number of employees working under

the home office system, we managed to disseminate our culture in a more powerful way. Our organizational climate has improved. I am happy to say that we are in the ranking of the Best Workplaces (GPTW), an unprecedented fact for a healthcare operator in Brazil. It is important proof that the work that started almost six years ago has proven effective. Culture, training, qualification and development are aspects that we constantly pursue and are now bearing fruit. It shows that, despite a challenging year, we reached the end of this period as winners, with an even more solid team and an even more intelligent process of plan marketing, customer service, primary care and health prevention.

I am optimistic when looking to the future. We learned a lot from this health crisis. The magnitude of the human tragedy is terrible,

but it has left teachings on the need to be prudent, about how we deal with the environment. It left no doubt about the needs for productive capacity with regard to medical equipment and supplies, the level of contingency that each country must have and the number of beds, among so many other lessons learned.

For us at GNDI, I see a promising future. We are very well prepared and are now present in new geographies with major opportunities to capture market share. We became stronger, today ranking first or second in all the areas where we operate. We have almost 23,000 employees with a strong sense of team spirit. We are a company that knows how to get ahead of issues and react dynamically, which gives us a competitive advantage of scale, control, and provides the strength to continue with our growth strategy.

# Main highlights

**11** M&A transactions, the largest number of mergers and acquisitions in GNDI history.

**22,403**

own employees and 16,228 third parties joined our workforce at the end of 2020, respectively 54% and 38% above the 2019 figures.

GNDI receives **top rating** in performance by the ANS

**+550,000**

Telemedicine appointments conducted.

**2.9** 

million Saúde em Casa (Health at Home) emails sent to beneficiaries with health and wellness content.

**Creation of the Teaching and Research Institute, in São Paulo (SP):**

structure that stimulates and promotes conditions for conducting scientific work.



**7.4 million**

hours dedicated to training on policies and/or procedures.

**Composting project implemented:**

organic waste (leftover food in general) is processed into fertilizer.

**One ton of uniforms discarded**

and transformed into refuse-derived fuel (RDF), creating a new value chain.

**Scope of the GNDI greenhouse gas emissions inventory:**

extended to all units and verified through a third party audit.



**22** assistance units with ONA Accreditation.

Reduction of hospitalization rates in preventive medicine programs:

**69%** in hospitalization of chronic patients

**68%** the elderly

**59%** oncology patients

# About the report

## HOW CONTENT WAS DEFINED

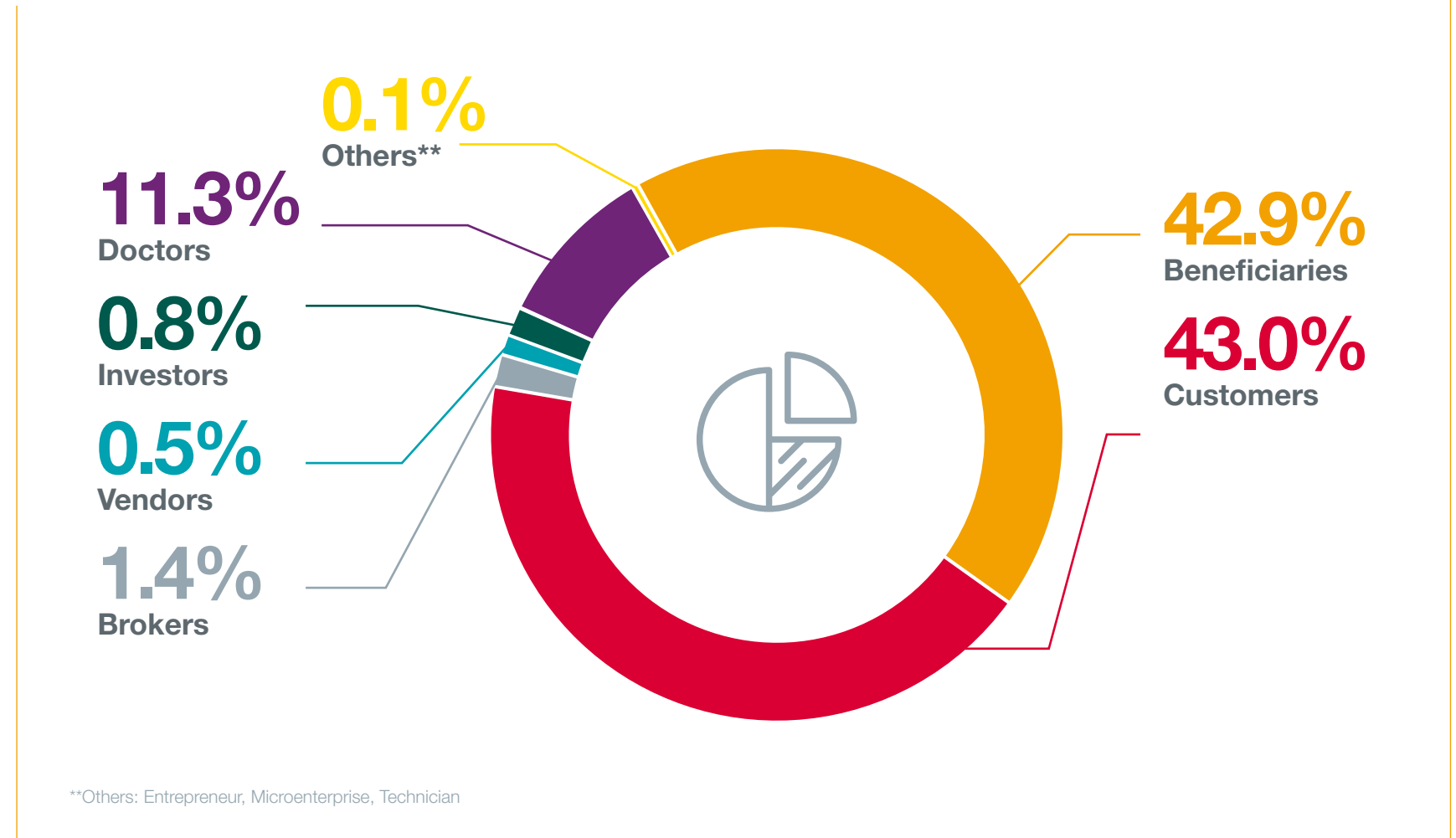
This report was prepared based on the **material topics**, defined during the 2020 materiality review process. The stakeholders with which we relate include: employees, prospects, clinical staff, brokers, customers, beneficiaries, accredited entities, vendors, the press, communities, unions, investors, counterparts, health entities, shareholders, third parties and regulatory bodies.

The materiality process was supported by representatives of the main stakeholder categories. Three surveys were conducted: one for the **internal** audience, one for the **external** audience, and one in English, for **investors**. Participation was anonymous, which promoted greater openness to receive contributions from the different stakeholders.

In this publication, the topics are related to the GRI aspects reported and to our main initiatives in the ESG scopes, which guide the chapter division.

Material topics are those that are most relevant to the sustainability of our business, which also consider the aspirations of our stakeholders and guide our positioning and decision-making processes.

## STAKEHOLDERS REPRESENTED



# Material topics



The GRI disclosure items related to each material topic are indicated throughout the document (example: GRI 201-1), as well as own indicators (example: GNDI-11). Check the Indicators Center for a detailed listing including the origin and limits to the extent of each topic (inside and/or outside the organization).



# WHO WE ARE



**6.4 million**

beneficiaries:



**3.7 million**

in Health and



**2.7 million**

in Dental



**BRL 10.6 billions**

in Net revenue in 2020

# The NotreDame Intermédica Group (GNDI)



**Foundation:** 1968

**Parent Company:** NotreDame Intermédica Participações S.A., which operates healthcare plans through NotreDame Intermédica and dental plans through Interodonto.



**Headquarters:** São Paulo (Capital City)

**Branches:** São Paulo (covers units outside the Capital), Rio de Janeiro, Minas Gerais, Sul do Brasil (Santa Catarina and Paraná)

**Coverage:** throughout Brazil, through its dedicated and accredited network



**Capital:** GNDI is listed on B3-Brasil's Novo Mercado, under the ticker GNDI3, and practices quarterly distribution of results to shareholders.



Largest healthcare operator in Brazil in number of beneficiaries



Concept of excellence in service management based on patient comfort and safety



We are recognized for our pioneering spirit in Preventive Medicine and for offering the best solutions in health and dentistry in Brazil



We offer comprehensive solutions for individual and business customers, designed for each stage of service and for different needs

Learn more about our products and services: [www.gndi.com.br](http://www.gndi.com.br)

## BRANDS AND PRODUCTS



Corporate brand associated with the entire line of products and services



Healthcare operator



Dental plan operator



Clinical Analysis Laboratory

**Individual products:** Green Senior health plan, focused on people over 40 years of age; and NotreLife 50+, for customers over the age of 50.

**Corporate products:** Smart, Advance, Premium and Infinity categories.

# The NotreDame Intermédica Group (GNDI)

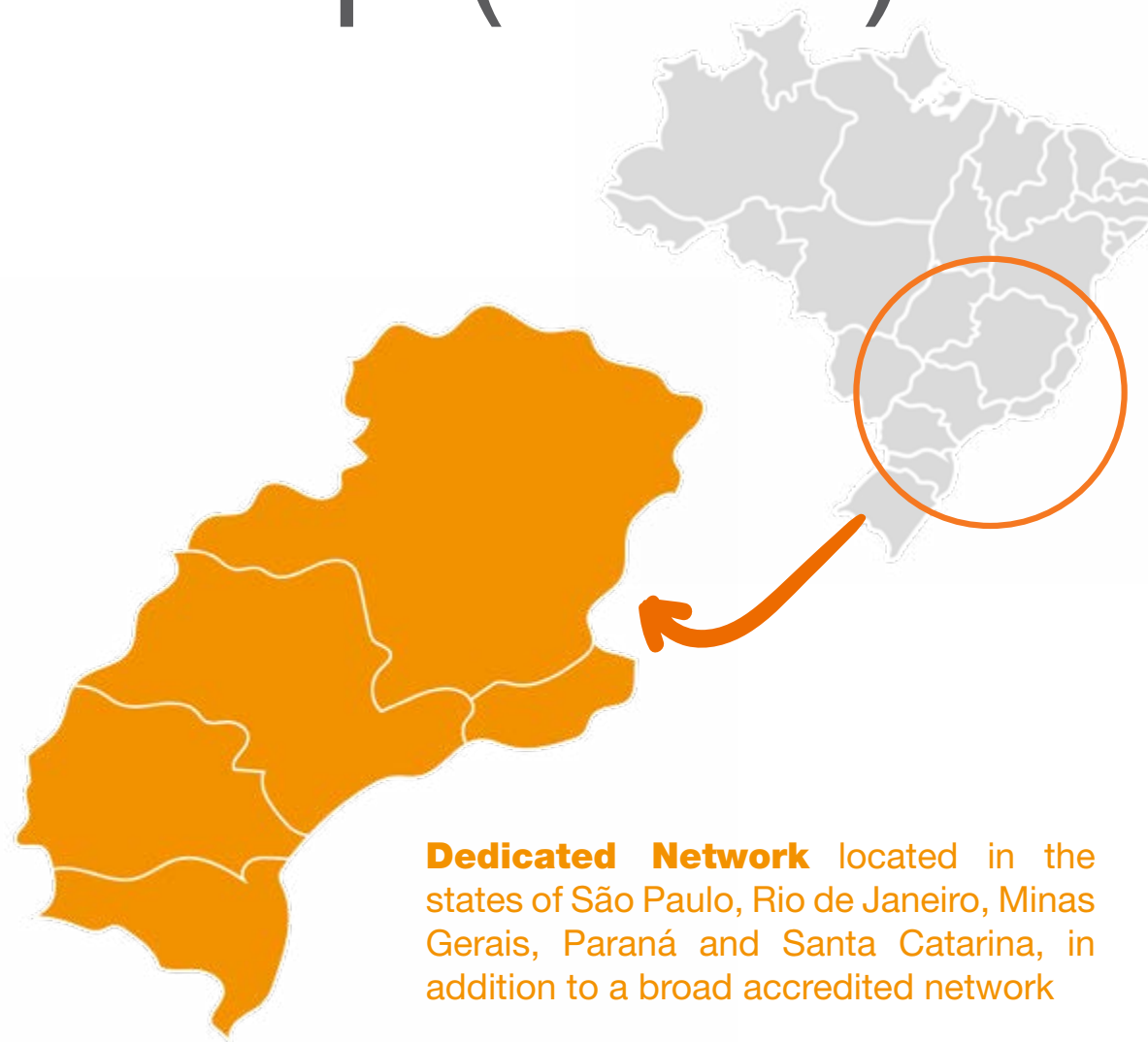
**28** hospitals      **88** clinical centers

**23** autonomous urgent care facilities      **12** units for imaging exams

**14** preventive medicine centers      **2** exclusive NotreLife 50+ health centers

**86** clinical analysis collection points      Over **16,000** accredited dentists

\*This report includes information on all units, with a base date of December 2020, located in the states of São Paulo and Rio de Janeiro, in addition to Clinipam, in Paraná, and Hospital do Coração, in Santa Catarina.



**Dedicated Network** located in the states of São Paulo, Rio de Janeiro, Minas Gerais, Paraná and Santa Catarina, in addition to a broad accredited network

## STRATEGIC PILLARS OF OUR OPERATION

- **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:** involves the promotion of well-being and quality of life for all beneficiaries and, consequently, sustainability for customers. Quality must be perceived directly by the patient and must 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.
- **Dedicated Network:** having everything the beneficiary needs “in-house” is the path adopted to take good care of our patients.

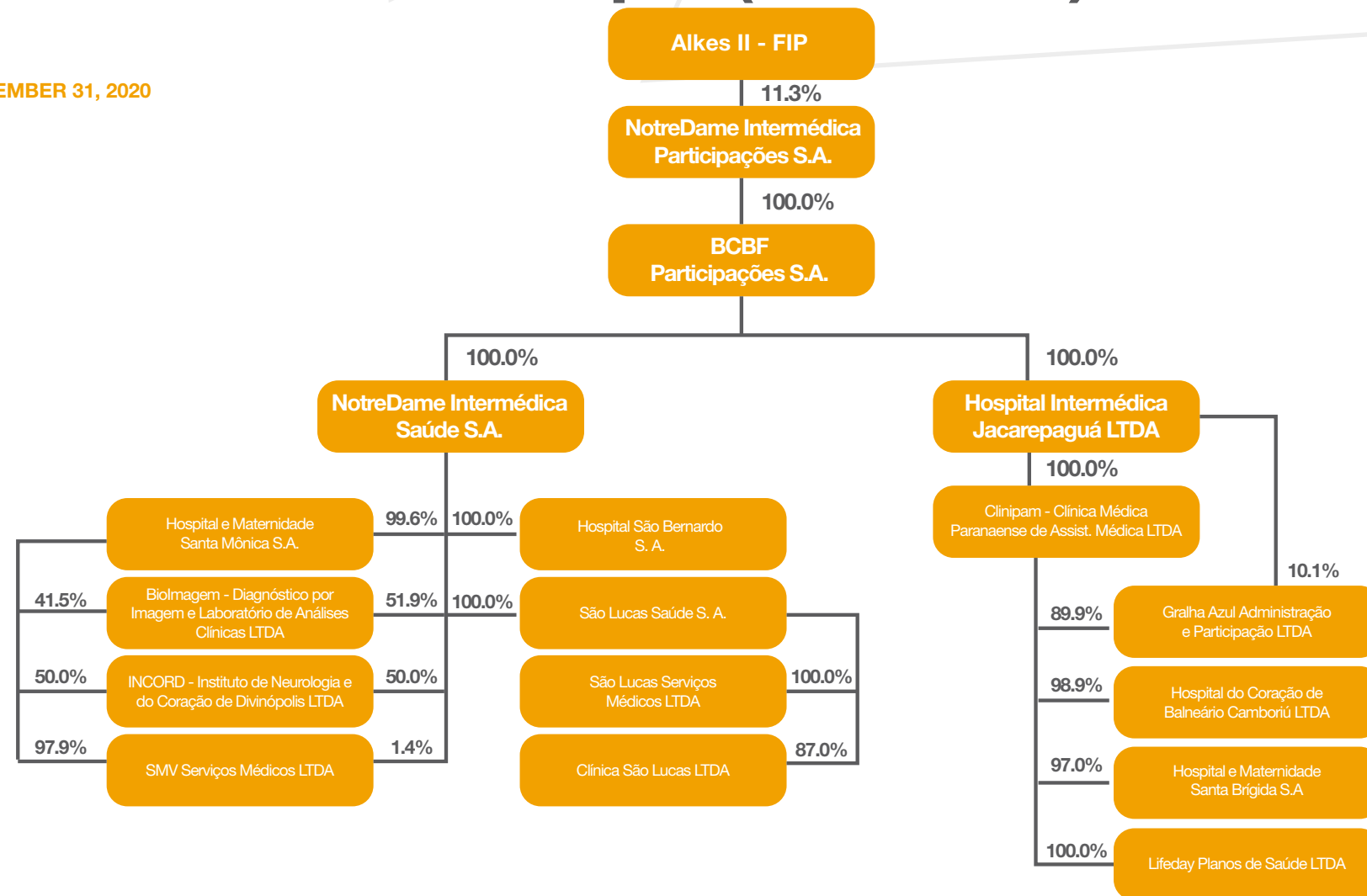
● Learn more about the expansion, modernization and qualification of our Dedicated Network



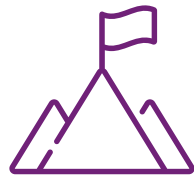


# The NotreDame Intermédica Group (GNDI)

GNDI CORPORATE STRUCTURE ON DECEMBER 31, 2020



# 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:

Leadership with courage and conviction, engagement and accountability, openness and objectivity, entrepreneurship and efficiency, trust relationships, and proactive learning.



# Growth strategy

The growth of operations is extremely important for the continuity of our business plan and is based on a successful verticalization strategy. Directly related to the corporate values of entrepreneurship, efficiency and proactive responsibility, this model supports improvements to the quality of care, with more affordable costs.

In order to address this strategy, we restructured our Integration Executive Board, uniting the cores responsible for integrating the business and operational areas. The synergy resulting from this merger enhances the team's dynamics, allowing a broader range of projects to be conducted.

We also structured four branches – São Paulo (covers units outside the capital), Rio de Janeiro, Southern Brazil (covers the states of Santa Catarina and Paraná) and Minas Gerais – which fall under the newly created Operational Vice-Presidency of Branches. The policies and governance model of this new structure consolidate GNDI's position as a national company.

## INTEGRATION PROCESS

Each unit that we acquire is subjected to a complete and thorough assessment of all processes, controls, regulations and systems to ensure internal procedure standardization and convergence with the GNDI corporate values, promoting adjustments in the event of local particularities. This process is essential to ensure quality standards and a commitment to comprehensive patient care.

Integrations are conducted by the New Business area, which employs the best efficiency practices, conferring a high degree of professionalism to the process. This contributes to ensuring the continuity and sustainability of the business.

The integrations are supported by a consultancy specialized in the formulation of business plans and in the verification of the results obtained in each process. This partnership has resulted in consistent results following the mergers (see the company's financial performance observed between 2016 and 2020).

GNDI is reformulating its integration model through an aggressive acquisition strategy for the coming years, merging the operational integration team with the business integration team and creating a center responsible for consolidating and sustaining the deployed integration model.

The integration process is divided into four major phases: planning, deployment, consolidation and support. The integration time may vary according to the Unit. The deployment phase in which all actions to implement policies and processes are conducted, as well as regulatory and risk actions, is completed within 100 days.

● See the **Indicators Center** for further details on the integration phases.

## THE NEW BUSINESS AREA:

- Features a team of 26 members specialized in operations and/or the GNDI business model;
- Has the purpose of guaranteeing the deployment of the GNDI Model and its supporting policies, promoting change when there are local peculiarities that require specific adjustments;
- Ensures that the same quality present within the Group is extended to the acquired assets by implementing the GNDI Policies;
- Seeks national and international certification of hospital units by qualifying standards and processes in health management and giving credibility to the Hospitals, ensuring safety in patient care;
- Seeks operational efficiency and synergies in costs and expenses;
- Establishes targets according to the acquired asset's indicators, using the Group's results as a benchmark, enhancing the expected outcome and outlined by the objectives;
- Establishes the culture of accountability;
- Holds weekly meetings to monitor the projects and gather suggestions and points for improvement for more effective and objective performance.



# Financial performance

## GRI 201-1 – Economic value generated and distributed (em millions of BRL)

	2020
<b>I. Direct economic value generated</b>	<b>10,673</b>
Revenue (gross revenue from sales of products and services and other revenue and provisions for credit)	10,673
<b>II. Economic value distributed</b>	<b>8,718</b>
Operating costs	7,562
Employee wages and benefits	471.83
Payments to providers of capital (shareholders)	174.88
Payments to Government	509.40
Community investments	0.46
<b>III. Economic value retained 'direct economic value generated' less 'economic value distributed'</b>	<b>1,955</b>

Note: The information was obtained from the Annual Individual and Consolidated Financial Statements.

The Company's performance has increased year after year, as a result of geographic expansions and organic sales growth.



**BRL 10,673.3 million**  
in Net revenue



**BRL 3,561.3 million**  
in Gross debt



**BRL 7,098.7 million**  
in Shareholders' Equity

The year 2020 was when we conducted the most M&A transactions (mergers and acquisitions) in the history of GNDI: 11 in total. In the period, we recorded growth of more than 10% in the number of beneficiaries and beds compared to 2019.

GNDI-10 Profitability of growth of operations	2020
Total net revenue (BRL MM)	1,131,230
Beneficiaries – Health and dental	566,836
Beds	468
Total net revenue / beneficiary	1,996
Total net revenue / bed	2,417

Note: The indicator considers all acquisitions effectively made (transfer of control) in 2020. The information was received from the sellers during due diligence and the ANS's public databases.

Note: Labclin, Hospital do Coração and Santa Brígida are not applicable to the calculation of beneficiaries. AMR-Ecole, Labclin and Lifeday are not applicable to the calculation of the number of beds.

# Innovation

In 2020, two important fronts marked the evolution of innovation at GNDI. We structured the innovation committee, consisting of members from the operations, technology, products and new business areas, and deployed a corporate venture cell to analyze market opportunities and invest in startups.

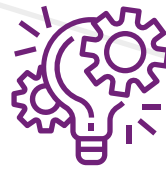
In order to maintain competitiveness and continue to fulfill our mission in a sustainable manner in the long run, innovation at GNDI is one of the main investment pillars. In addition to guiding new developments to the market, innovation promotes technical improvement of the team and expands the company's positive visibility in the sector and among healthcare professionals. Scientific research also generates innovation, which can positively impact economic results and customer satisfaction.

We seek greater approximation to key players in the innovation ecosystem (Venture Capital funds, investment boutiques, accelerators and hubs) to maintain alignment with the main trends in the Health segment, analyzing commercial partnerships and/or investing in startups that present disruptive solutions or efficient applications for GNDI.

Our executive body, especially the directors, are encouraged to submit new innovation projects, both to address internal technological challenges (bottlenecks, process improvement, new opportunities in product offerings, qualification of service to the beneficiary and improvements in patient safety) and to participate, in general, in the development of disruptive technologies in the segment. The projects are subjected to evaluation and, once their feasibility is confirmed, are deployed and monitored in meetings.

The Innovation Committee is responsible for assessing the adherence of new technologies to the Group's business model and technological infrastructure. Performance assessment and incentive mechanisms have not yet been implemented, and such opportunities are analyzed when they arise. The innovation projects related to quality improvement and economic results, developed by the area directors, are evaluated based on targets established at the beginning of each project.

## HOW WE BENEFIT FROM INNOVATION



### Aggregate innovation:

Ghelfond, incorporated in December 2019, brought the management expertise of the Diagnostic Imaging Centers.



**BRL 2 million per year** is the approximate cost reduction after the renegotiation of contracts, centralization of services and replanning after studying current contracts on imaging equipment.



### Replacing

chemical development x-ray equipment by digital radiography improves the quality of services and reduces environmental impacts.



**BRL 863,000 per year** represent the approximate financial gains with the replacement of chemical development x-ray equipment with digital versions.

# Health research

Our newly created Teaching and Research Institute, located in the capital of São Paulo, stimulates and promotes conditions for conducting scientific work. We are committed to scientific production under ethical standards and promoting the education of health professionals, considering regulatory standards.

In 2020, we promoted a seminar on scientific research and gathered all the medical directors to discuss new projects in the area. For 2022, we aim to develop a medical residency program.

In addition to developing our own innovation and research projects, we participate in studies and partnerships in collaboration with agents from the Pharmaceutical Industry, including **multicenter** studies.

Our contribution and interface with other players in the sector is also through participation in congresses and publications in specialized magazines.

Clinical studies conducted according to a single protocol, simultaneously across several research centers.

## Partnerships and collaboration in 2020 GNDI-12, GNDI-13, GNDI-14, GNDI-15, GNDI-16

Participation in multicenter studies	<p><b>Pharmaceutical Industry Projects:</b></p> <ul style="list-style-type: none"> <li>• Efficacy of using rivaroxaban + ASA in secondary prophylaxis for CAD patients. Sponsor: Bayer. Scheduled start: January/2021.</li> <li>• Melatonin 3 mg and 5 mg compared to cognitive-behavioral therapy for insomnia (CBT-I) in the treatment of insomnia. Sponsor: Ache. Scheduled start: February/2021.</li> <li>• Phase III, randomized, double-blind, placebo-controlled, multicenter trial on the efficacy and safety of atezolizumab + chemotherapy for patients with recurrent early relapse (locally advanced inoperable or metastatic) in triple-negative breast cancer. Sponsor: Roche. Scheduled start: February/2021.</li> </ul> <p><b>Other projects:</b></p> <ul style="list-style-type: none"> <li>• Outcome in breast surgeries during the Sars-Covid-19 pandemic. Status: underway (approved by the ERC).</li> <li>• Surgical outcomes in patients infected by Covid-19: an international cohort study (CovidSurg). Status: underway (approved by the ERC).</li> <li>• Covid-19: Clinical and epidemiological characterization of patients treated in Curitiba-PR. Status: in submission to the ERC.</li> <li>• Indicators of quality and progression of chronic kidney disease in outpatient nephrology clinics. Status: in submission to the ERC.</li> </ul>
Participation in Congresses – Posters	<ul style="list-style-type: none"> <li>• Performance evaluation for the trial on total antibodies against SARS-CoV-2 (COV2T) in inpatient samples. Support: Siemens. Brazilian Congress of Clinical Pathology.</li> </ul>
Publication in specialized journals	<ul style="list-style-type: none"> <li>• Breast care in a healthcare operator: primary prevention, early screening and treatment. Status: article in production (approved by the ERC).</li> <li>• Management of injectable antimicrobials for outpatients: results in the first year of implementation of prescription evaluation by an infectious disease specialist. Status: article in production (approved by the ERC).</li> </ul>

Note: In 2020, we did not participate in congresses with original works.





# Our vendors

In 2020, we recorded expressive growth in the number of vendors, with the acquisition of new companies and incorporation of units in the Southern Region (Paraná and Santa Catarina), in addition to significant growth in the Minas Gerais region.

At the end of 2020, our supply chain was made up of 360 vendors, encompassing 743 contracts in force.

## SUPPLY CHAIN SUSTAINABILITY

In 2020, we began structuring the vendor evaluation process, in partnership with a consultancy specialized in document analysis. The objective is to ensure that our vendors are legally constituted and with their corporate obligations up to date, in the tax, labor, technical, financial and socio-environmental aspects, including health and safety, attesting to their suitability and ability to render services to GNDI.

Documents are managed through an online platform, which gives us access to the status of each requested approval and documents analyzed, facilitating the negotiation process. During the period, we conducted homologation tests for some service provider companies. The analysis of vendors in the infrastructure service area is planned for 2021.



Vendors of services for Clinical Maintenance/ Engineering and Works make up the bulk of the supply chain, with **a total of 165 formal contracts.**



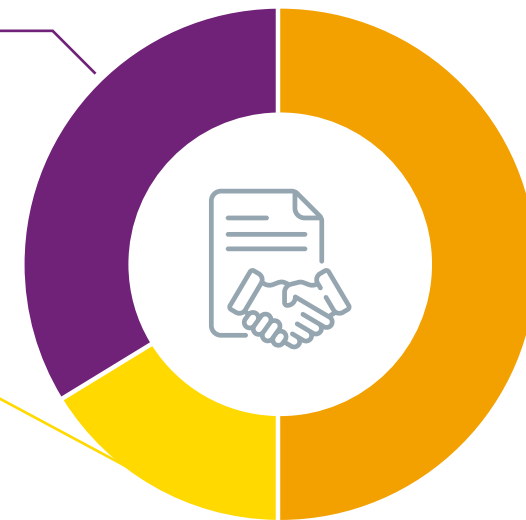
## CONTRACTS FORMALIZED IN 2020

**56**

Other contracts – Supplies, Call Center, Medical Assistance and Hospitalization Center, Nutrition, Hospital Management and others

**26**

Administrative Infrastructure – the majority in São Paulo



**83**

Clinical Maintenance/ Engineering and works

## They are service providers specialized

in equipment, contractors and/ or building maintenance and construction; vendors of various parts and materials for the maintenance of equipment, facilities and building structures; and public utility providers (water, electricity and natural gas concessionaires).

## National companies

operating in the region of São Paulo and surrounding areas, in addition to Rio de Janeiro.





# TACKLING THE PANDEMIC



**Speed** in structuring a multidisciplinary committee to respond to internal and external demands, always in compliance with legislation and advocating ethics.



**We mapped all the flows of the Patient Journey in the Covid units,** training professionals in specific safety and emergency care techniques.



**We mobilized our team for the proper segregation,** movement and disposal of infectious waste in the units, in addition to implementing new protocols and training.



# Caution and agility to ensure safe care

In a year that challenged all of humanity, especially the health sector, it took agility and professionalism for timely adaptation to face a completely unprecedented scenario. We were cautious to ensure the protection offered to our team, to keep promoting health care for our beneficiaries and to continue the business.

We quickly stood up a multidisciplinary committee to respond to internal and external demands, with the application of the necessary measures, always in compliance with legislation and advocating ethics. The initiatives involved ensuring the provision of PPE to all employees, adapting the facilities and units dedicated exclusively to Covid-19, deploying Telemedicine, and promoting intensive and continuous communication actions as a form of information and recognition.







# Employee Monitoring Center (EMC)

We created a structure for monitoring employees with suspected/confirmed cases of Covid-19, in an effort that involves the medical, nursing, laboratory and occupational health areas. Flows and protocols for care and conduct were defined, ensuring isolation of suspected and confirmed cases with follow-up by phone and post-evaluation. For all employees on leave due to Covid-19 suspicion or confirmation, we provided emotional support and psychological assistance by psychologists and psychiatrists 24 hours a day through the Conte Comigo (Lean on Me) program, in addition to legal and financial assistance.

We deployed an occupational examination flow for all employees in order to obtain, record and analyze information as a basis for the creation of appropriate health programs, in addition to guiding them individually during appointments. The activities were conducted by fixed teams in the units (doctors, nurses and technicians) in an integrated manner and aligned with the area's processes, under the coordination of the corporate team.

We reformulated processes and made flows more flexible, such as receiving certificates and other required documents by digital means, always respecting ethical and legal principles, in a continuous effort to reduce face-to-face contact. We remain attentive to distancing limitations and their flexibility, in successive measures imposed by states and municipalities, adopting mixed models with remote as well as on-site assistance, when possible.

Care teams working on the front lines in caring for Covid patients received special attention considering the strain and concern with all the issues involved in the pandemic. We emphasized caution and prompt routing for care and guidance (reception), not only with respect to the risk of contamination, but also related to the new working condition, the social effects of the pandemic and the employee's mental health.

We created an orientation and guidance channel (Hotline), in addition to training and intensified dissemination of protective measures (PPE and its correct use, distancing, personal and workspace hygiene measures), and rules of behavior to ensure the protection of all.



# Humanization actions

## WORKING FROM HOME OFFICE

We made adaptations in record time to place part of our team in the home office work regime. For that, it was necessary to adapt IT and Information Security systems, acquire laptops, licenses and promote all the necessary configurations for remote work. The biggest challenge was related to our Call Center structure, which represents a major contingent of employees in an on-site regime.

We allocated professionals belonging to risk groups to remote work, as part of a wide range of technological adaptations and technical and communication support. We also altered the on-site environment to comply with health protocols, including changes in scale to avoid agglomerations during shift changes.

## FOCUS ON PATIENTS AND FAMILY MEMBERS

We implemented specific humanization actions in the care units to favor communication between patients and their families, through the use of robots and tablets for virtual visits to patients with Covid, medical updates to family members by phone, celebration and tributes to patients at the time of discharge.



# Resumption plan for exams and surgeries

In order to ensure that elective exams and surgeries are performed safely and maintain humanization of care, we promoted specific actions during preparation, patient admission and discharge.

These guidelines include the preparation of an exam schedule with premises to avoid agglomerations, time for cleaning the rooms and surveys, during scheduling, on respiratory signs and symptoms. We implemented a Telemedicine appointment in the pre-surgical procedure and sent an institutional video containing preoperative information in the 24 hours preceding the surgery.

For patient admission, we reinforced measures and guidelines with our professionals on the flow of exams and hospitalization, patient allocation, checklist application, room cleaning processes, among others.

**582,000**

Telemedicine medical appointments conducted

between March 26 and December 31, 2020.



**2.9**   
**million**

Saúde em Casa (Health at Home) emails sent to beneficiaries with health and wellness content.

For discharged patients, we provided guidelines for social isolation, application of a checklist on signs and symptoms of Covid and a survey on the sense of safety during the surgical process.





# Communication actions on the GNDI website related to the pandemic

Communication for the dissemination of Telemedicine to replace on-site consultations

**312,610** total page views

**236,451** unique page views

Available at [www.gndi.com.br/telemedicina](http://www.gndi.com.br/telemedicina)

Creation and updating of the Digital Library for client companies, with communication pieces for guidance and internal disclosures:

**50,194**

total page views

**40,075**

unique page views

Available at [www.gndi.com.br/bibliotecadigital](http://www.gndi.com.br/bibliotecadigital)

Communication to update different stakeholders on changes to the Dedicated Network and to understand the flow of care for beneficiaries with suspected or confirmed cases of coronavirus and the Todos Cuidam de Todos (Everyone Cares for Everyone) campaign, which aims to provide beneficiaries and non-beneficiaries with tips on good habits.

**545,860**

total page views

**458,747**

unique page views

Available at [www.gndi.com.br/coronavirus](http://www.gndi.com.br/coronavirus)

“Somos Um” (We are One) campaign, with disclosure on the GNDI Portal and broadcast TV:

**51,947**

total page views

**44,296**

unique page views

Available at [www.gndi.com.br/somosum](http://www.gndi.com.br/somosum)  
\*Measurement period: March to November 2020.

Communication for social integration activities in a digital environment to replace the on-site activities of NotreLife 50+ (Health at Home):

**103,215**

total page views

**85,413**

unique page views

Available at [www.gndi.com.br/saudeemcasa](http://www.gndi.com.br/saudeemcasa)

# ESG, OUR COMMITMENT



“

This moment further awakens the need for active management of our engagement as a company and employees in assuming our responsibility in socio-environmental issues. What we are looking to do now is to take an even greater leap in management focused on ESG aspects.”

The NotreDame Intermédica Group has been rapidly expanding its operations in the supplementary healthcare market, having taken the lead in the sector, and we cannot separate this operational growth from responsible performance, from the social and environmental points of view. For every new undertaking, we consider impact management and value generation for that location.

GNDI already had a strong and structured governance with several management committees based on collegiate decision-making, just as in the aspects of Compliance, supply chain integrity, Code of Ethics and anti-corruption measures, and a fully independent Internal Audit. With the structuring of the **ESG, Risk and Compliance Vice-Presidency**, we added other fronts such as a more robust structure for risk management, as well as privacy and personal data protection as set forth in the Brazilian General Data Protection Law – LGPD.

The creation of the ESG Vice-Presidency is a clear sign of GNDI’s progress regarding sustainability with engagement actions for

all our employees, valuing diversity, gender equality and unequivocal inclusion with respect to racial issues and LGBTQI+ minorities.

The year 2020 posed enormous challenges for the entire world, but also provided learning opportunities, whether due to the impacts of Covid-19 and all the adaptations that were necessary to face such an unusual situation that none of us had ever experienced before, or for the climate issues that have been intensifying year after year. For many, this climate change could be more clearly perceived, such as in the fires that devastated the Amazon, the Pantanal and other biomes that are highly relevant for climate balance.

This moment further awakens the need for active management of our engagement as a company and employees in assuming our responsibility in socio-environmental issues. What we are looking to do now is to take an even greater leap in management focused on ESG aspects,

providing opportunities to increase our contribution to society, our employees and shareholders by performing our sustainability and social responsibility actions under a clear and systematic strategic vision.

Our frequent acquisitions require a thorough analysis of risks related to ESG aspects and our team has been working hard to guarantee the legal, financial, environmental and social security of the businesses that are aggregated. The group’s growth rate and its expansion to geographic regions further from its core, which is São Paulo, pose additional challenges.

The more prepared we are, the greater our contribution to the sector and society will be, as we consolidate, at the national level, a company model geared towards sustainable development.

**Anderlei Gerhardt Buzelli,**  
**Vice President of ESG, Risk and Compliance**

# GNDI and the Sustainable Development Goals

The NotreDame Intermédica Group's sustainability strategy recognizes the company's role in generating relevant impacts for our different stakeholders. As such, guided by global principles and commitments for sustainability, this strategy places us in a leading role to make changes required to overcome the current challenges. Among the agendas that collaborate with the definition of actions and priorities within the group is the UN's 2030 Agenda on the Sustainable Development Goals (SDGs).

With the help of publications and tools from international organizations, such as the study "SDG Compass – The guide for business action on the SDGs"\* and the "SDG Action Manager" tool\*\*, we were able to identify our main impacts and contributions with each one of the



17 SDGs, thus aligning our sustainability strategy with our greatest opportunities for transformation and contribution to the established global goals.

As a healthcare company, our biggest contributions refer to the goals of SDG 3 – Health and Well-Being and SDG 10 – Reduced Inequalities. Making quality

healthcare accessible to generations of Brazilians is the company's mission and, through the various services offered, we also contribute to the prevention and treatment of various diseases. Likewise, we value the health and well-being of our employees. In addition to ensuring a safe, healthy and respectful environment, the company stands out in internal actions that promote equality regardless of age, gender, disability, race, ethnicity, origin, religion, economic condition or other factors. GNDI is a signatory to UN Women (WEP – Women's Empowerment Principles), reaffirming its commitment to the development of actions that contribute to SDG 5 – Gender Equality.

Also in 2020, we expanded our focus on SDG 7 – Affordable and Clean Energy, conducting studies on improving our energy matrix and looking for sustainable and clean solutions. The same applies to

SDG 13 – Climate Action, in which GNDI, aware of its contribution, advanced in information control and management, as published in this report (see text on Climate change), and the 2021 agenda will gain a strategic space in discussions by senior management.

Also aware of the important impacts we have on the environment, we are strongly guided by the challenges of SDG 12 – Responsible Consumption and Production. Our operations, in addition to ensuring compliance with legal requirements, seek to efficiently dispose of waste and, above all else, to raise awareness among our stakeholders on the adoption of sustainable practices. We are engaged in identifying opportunities for improvement and in developing innovative projects, which are addressed and discussed by multidisciplinary company professionals in periodic meetings.

\*Study developed by the UN Global Compact in partnership with the Global Reporting Initiative (GRI) and World Business Council for Sustainable Development (WBCSD)

\*\* tool developed by the Global Compact and B Lab



# GOVERNANCE



## 100%

of the leaders sign the Politically Exposed Person Declaration every year, assuming and formalizing the commitment to compliance at GNDI.



## Shares in the B3:

practices and processes aligned with the best principles of transparency, equity, accountability, ethics and corporate and socio-environmental responsibility.

# High standard of corporate governance

We have shares 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. Thus, our practices and processes are aligned with the best principles of transparency, equity, accountability, ethics, and corporate and socio-environmental responsibility.

The Company's governance structure consists of the Executive Board, Audit Committee, Fiscal Council and Board of Directors, the latter being the body responsible for making decisions on environmental, social and economic topics, pursuant to the Bylaws and Internal Regulations.

As a practice for 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 following is a detailed composition of the governance bodies.

● The details of the operation of each body, selection and appointment processes and performance evaluation processes for the highest governance body are available in the **Indicators Center**.

Board of Directors – 2020	
Christopher Riley Gordon	Chairman
Irlau Machado Filho	Member
Michel David Freund	Member
T. Devin O'Reillyr	Member
José Luiz Teixeira Rossi	Independent Member
Plínio Villares Musetti	Independent Member

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. Highly qualified professionals with proven technical, professional and/or academic experience are appointed to serve on the Board, in line with GNDI's values and culture.

Fiscal Council – 2020	
João Ricardo Pereira da Costa	CEO
Adelino Dias Pinho	Full Member
Sérgio Vicente Bicocchi	Full Member
Olavo Fortes Campos Rodrigues Júnior	Alternate
Anna Carolina Morizot Tourinho	Alternate
Hugo Di Biasi Souza Costa	Alternate

Audit Committee – 2020	
Michel David Freund	
José Luiz Teixeira Rossi	
Plínio Villares Musetti	

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

See a brief resume of the members here.



Executive Board – 2020	
Irlau Machado Filho	CEO
Marcelo Marques Moreira Filho	CFO
Anderlei Gerhardt Buzelli	Vice President of ESG, Risk and Compliance
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

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



# Risk management

**A**ware 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 guidelines of ISO 31000:2018 and the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

We informally apply the Precautionary Principle in risk management and in the construction of strategic planning and company policies. Environmental management as well as occupational safety stand out for following the guidelines of this principle in risk prevention.

## COMMITMENT TO ETHICS

Stakeholder relations are based on ethics and honesty, values that underpin the Company's decision-making. The guidelines for these relationships are expressed in our Code of Ethical Conduct and reinforced through initiatives that make up the Compliance Program.

Management, employees, attorneys-in-fact and all who perform activities for GNDI or on behalf of the company must be guided by the principles of legality, justice, impersonality, morality, publicity, transparency, probity, efficiency, honesty, and loyalty, in alignment with the principles, values and social objectives reflected in the Code of Ethical Conduct and in all policies that have helped shape GNDI throughout these years of operation.



## OUR TOOLS

- Internal policies: Anti-Corruption and Anti-Bribery Policy, Money Laundering Prevention Policy, Supplier Integrity Policy and Sponsorship and Donation Policy.
- Training through the Corporate University (UniGNDI) on fighting corruption, money laundering, Code of Ethical Conduct.
- Compliance training for all new companies acquired.
- Integrity analysis of all vendors with which we signed a contract, including reputational risk. Ethics Channel managed by an independent audit company to receive reports of violations of the Code

of Ethical Conduct, internal policies, the Compliance Program and Brazilian legislation. It is available to internal and external audiences, with the possibility of anonymity.

- Contacts: e-mail: [canaldeetica.gndi@e-denuncias.com.br](mailto:canaldeetica.gndi@e-denuncias.com.br), site: <http://www.gndi.com.br>, intranet or phone 0800 717 7789.

● Access our policies at:  
<https://www.gndi.com.br/grupo/politicas-gndi>



# Compliance is a priority

Compliance-related issues are managed by the Vice-Presidency of ESG, Risk and Compliance, created in 2020, with annual assessment by the following bodies: External and Internal Audits, Audit Committee, Fiscal Council and Ethics Channel. We have a Compliance Program with a scope beyond the provisions of the Anti-Corruption legislation (Law 12.846/13 and Decree 8.420/15), with measures to fight corruption extended to the private sector.

We believe in the effectiveness of our Compliance Program, with extensive adherence by employees, based on the training offered on the topic.

In 2020, no corruption incidents were reported at GNDI. Sponsorships and donations are analyzed to verify adherence to the specific company policy, as well as the integrity analysis of the parties involved.

**DATA PRIVACY**

The Compliance area’s main project in 2020 involved adapting to the Brazilian General Data Protection Law (LGPD – Law No. 13.709/2018). We deployed a Privacy Program, with initiatives that have been undergoing a systematization process since 2019 and others were still in progress at the closing of this report. Some of them provide for the installation

of Information Technology (IT) security points to prevent information leakage, the acquisition of new equipment, changes to systems and processes and the adoption of monitoring services.

**PARTNERS IN INTEGRITY**

We work with business partners whose conduct is in line with our practices and values. The Compliance Program establishes a set of values focused on combating slave and child labor with vendors. This commitment is also guaranteed by the Integrity Assessment Policy, whereby the vendor affirms that it respects the legislation regarding child/forced labor.



of our employees attended anti-corruption training and 100% were informed about procedures related to the topic.



of the members of the governance bodies (Board of Directors and Audit Committee) were trained.

GRI 205-2 – Communication business partners	2018		2019		2020	
	Number of entities to which it was communicated	%	Number of entities to which it was communicated	%	Number of entities to which it was communicated	%
<b>Customers</b>	Southeast				464	100%
<b>Partners</b>	Southeast	97			1,425	100%
<b>Vendors</b>	Southeast	1,579	1,055		1,121	100%
	South				97	100%

The percentages for the years 2018 and 2019 are not available. Source: contracts in the Legal, Technical and Commercial areas (brokers).

# Communication and training in Compliance



## COMMUNICATION AND TRAINING ON ANTI-CORRUPTION POLICIES AND PROCEDURES

The company's performance in this indicator, which can be seen below, directly reflects our accelerated expansion process through acquisitions and, therefore, reflects a significant increase in our workforce. We added 6,000 new employees in 2020 alone.

The indicator results for some categories are lower than those registered in 2019, which is mainly justified by the change in the work routine imposed by the Covid-19 pandemic, even though the courses were offered online. For 2021, we will reinforce internal campaigns on the importance of adhering to these trainings.

GRI 205-2 – Communication of policies, procedures and training	Informed employees		Employees trained	
	Number	%	Number	%
<b>Director</b>	118	100%	44	37%
<b>Manager</b>	336	100%	167	50%
<b>Coordinator</b>	384	100%	224	58%
<b>Supervisor</b>	545	100%	426	78%
<b>Expert/Analyst</b>	4833	100%	3,357	69%
<b>Technical/Operational Assistant</b>	14156	100%	10,802	76%
<b>Intern</b>	97	100%	88	91%
<b>Apprentice</b>	22	100%	22	100%
<b>Total</b>	20,491	100%	15,130	74%

- Go to the **Indicators Center** to check out the performance of indicators related to communication and training in anti-corruption practices.

# Voluntary participation in external initiatives

Fully aware that the Health area is intrinsically associated with the strong performance of social, economic and environmental indicators, we are signatories to several external initiatives, reinforcing our commitment to environmental, social and governance (ESG) aspects.

## STAKEHOLDER ENGAGEMENT

We promote the engagement of the stakeholder groups that make up the GNDI business chain through advertising campaigns and several communication and relationship initiatives.

These include the annual internal communication survey to measure the quality and perception of employees about our communication channels, periodic surveys on satisfaction with internal actions, in addition to surveys with beneficiaries to assess the service experience in the Dedicated Network.



**Global Compact**  
Signatories since 2018.



**Global Compact Climate Action**  
Since 2020, we have been part of the Brazil Network Global Compact Platform – Climate Action.



**Global Green and Healthy Hospitals Network and Healthy Hospitals Project**  
GNDI has been associated since 2020.

In support of



Established by UN Women and the UN Global Compact Office

**Women's Empowerment Principles**  
We have participated in the UN Women initiative since 2019.



**Sustainable Development Goals (SDGs)**  
We are engaged in contributing to the UN Sustainable Development Goals.



**Brazilian Business Council for Sustainable Development (Conselho Empresarial Brasileiro para o Desenvolvimento Sustentável)**  
We joined in 2020, being pioneers in the health sector.



# Engagement initiatives

 <b>E-mails</b>	Daily periodicity	Sent to employees who have corporate e-mail, with the main guidelines of the organization.	 <b>GNDI Portal</b>	Weekly	Communications focused on beneficiaries, customers, brokers, prospects, accredited entities and other stakeholders.
 <b>Murals</b>	Daily periodicity	Available in all Care Units to disseminate news to those who do not have access to e-mail.	 <b>NotreDame Intermédica Group Website</b>	-----	A space that gathers different information about the Business Units and their services, health tips, work with us, service channels, general news about the company, consultation with the Dedicated and Accredited Networks and exclusive access areas for beneficiaries, customers and brokers.
 <b>Corporate TV</b>	Daily periodicity	Broadcast in places of high employee circulation, with institutional information, photos and videos of internal campaigns.	 <b>Health Blog</b>	Monthly	Focused on beneficiaries, customers, brokers, prospects, accredited entities and other stakeholders that use the channel. It provides information on disease prevention and health promotion, tips, health agenda, physical activity, healthy eating, curiosities etc.
 <b>Intranet/ Extranet</b>	Daily periodicity	Available to all employees, through access to the corporate network, for the dissemination of internal campaigns.	 <b>GNDI News</b>	Monthly	Channel focused on beneficiaries, customers and brokers, with communications about each Business Unit, in addition to health tips, products, events, etc.
 <b>Employee Blog</b>	Twice a week	Available to all employees via the Intranet/Extranet. Articles of an institutional nature and others that address the employee's daily life are published here.	 <b>LinkedIn</b>	Two to three times a week	Dissemination of institutional information, such as inaugurations and campaigns, specific commemorative dates in the healthcare area.
 <b>United and Connected Application</b>	Daily periodicity	Communications to unite employees even further in times of pandemic. It provides informative content, campaigns, polls and quizzes that can be worth prizes.	 <b>YouTube</b>	Monthly	Disclosure of current and previously broadcast actions, as well as lectures on Preventive Medicine. The videos are divided into several playlists.
			 <b>Releases</b>	On demand	Intended for journalists and media outlets, their purpose is to publicize acquisitions, changes, and other news of interest to the press and the sector.
			 <b>Email Marketing</b>	On demand	Organized, quick and assertive communication on matters of interest to the different GNDI audiences.



NotreDame  
Intermédica  
Unidade Avançada Santo André

# ENVIRONMENT



**BRL 7 million,**

on average, are allocated annually for waste management with third parties and also for studying new partnerships.



**Environmental Guardians:**

representatives from each sector provide support in training, inspection and audits on waste disposal processes.



In 2020, the scope of the GNDI greenhouse gas **emissions inventory** was **extended** to all units and verified through a third party audit.



# Responsible management of natural resources

The rational use of natural resources is a basic premise of GNDI's activities. We develop initiatives aimed at reducing the impact of our operations on the environment, for the purpose of a sustainable future.

## WASTE MANAGEMENT

Waste management with a focus on eco-efficiency represents the way to perpetuate our vision of serving Brazilian generations with quality. The impacts of the sector on the environment require attention, especially for the generation of hazardous waste, which requires adequate treatment to ensure the protection of workers, environmental preservation and public health.

We are co-responsible for the entire cycle, from waste generation to final disposal.

The guidelines for this aspect are expressed in the Health Services Waste Management Manual and in compliance with the laws currently in effect at the federal, state and municipal levels.

Waste management is based on comprehensive technical specifications, with clear guidelines and scope for hiring specialized labor for segregation, transshipment and movement of waste; and for the approval of providers contracted for the collection, transportation and partnerships for receiving these materials.

Waste management governance at GNDI follows a clear attribution flow. The application of practices is shared among all employees.

In 2020, we began to rely on the support of Environmental Guardians in the hospitals, representatives from each sector by work shift who support

training, inspection and audits of the waste disposal processes.

Training in the integration of new employees and content available through UniGNDI represents an important engagement front on waste generation and disposal. One of the major challenges during acquisition of new companies is acculturation on the topic, which also involves periodic training and, in parallel, the implementation of new processes.

The concern with issues related to waste management extends to our partners. We signed Service Level Agreements for hygiene and cleaning services performed by third parties, with monthly assessments of compliance with the contracted scope. The general service assistants from these companies receive specific training and assume responsibility for handling waste in the GNDI units.

We maintain a corporate channel for questions, complaints and back office of the daily operation. This management model has allowed us to obtain strong results in incident management and internal customer service. Our main performance factor has been the feedback from these internal customers and occasional audits of the MAS area at the units.

## WASTE GENERATION PROFILE

Based on a study of the waste generation profile in our hospital units and literature, we established a monthly generation target for different waste categories in the last quarter of 2020. The maximum goals established were: 2% in chemical residues, 25% in infectious residues, 50% in common residues, in addition to a minimum target of 23% in recyclable residues. The objective is to improve waste segregation, consequently reducing the percentage of hazardous

and non-hazardous waste generation, as well as encouraging an increase in recycling at our units. The evolution of this study in our operations will be periodically monitored in 2021.

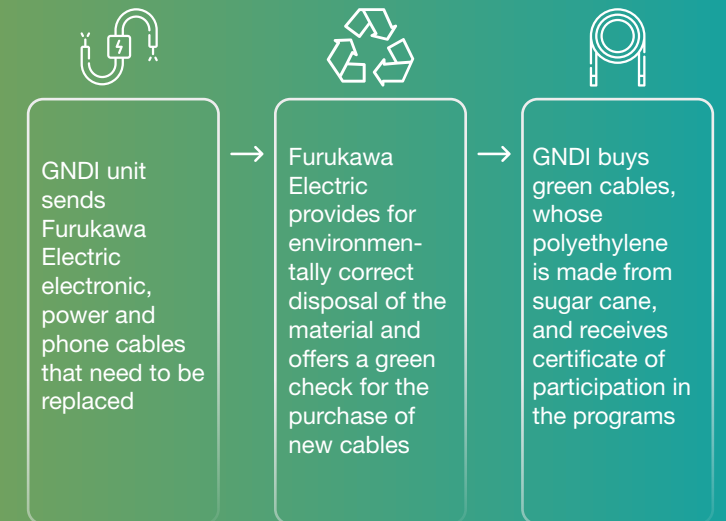
● See detailed information on the waste generation and disposal indicators in the **Indicators Center** at the end of the Waste Generation Profile block.



# KEY PROJECTS WITH A FOCUS ON SUSTAINABILITY

	<p><b>INSTALLATION OF A CARD COLLECTION MACHINE AT HOSPITAL SALVALUS AND THE RJ BRANCH</b></p>	<p>Machine for disposing of cards and/or healthcare cards, old badges and magnetic cards. The material is reused for making new cards or products with low environmental impact, such as planners, notebooks and clipboards, among others. In addition to these two units, we already have a card collection machine at the headquarters in São Paulo. A total of 419.15 kg of cards were collected at GNDI.</p>
	<p><b>UNIFORM DISPOSAL</b></p>	<p>In 2020, we sent a ton of uniforms that were used by our employees to a new disposal process. After being depersonalized, they are sent for sorting, mechanical homogenization and grinding for later transformation into refuse-derived fuel (RDF). RDF can be used in cement industry furnaces, boilers and biomass plants. With it, we eliminate the incineration of uniforms and generate a new value chain.</p>
	<p><b>COMPOSTING</b></p>	<p>Process initiated in 2020, which consists of the transformation of organic waste (leftover food in general) into fertilizer. The project started in six hospitals: Hospital Bosque da Saúde, Hospital e Maternidade NotreCare ABC, Hospital e Maternidade Nossa Senhora do Rosário, Hospital Family, Hospital Modelo and Hospital Santana. The process will be deployed in other hospitals located in the state of São Paulo in 2021.</p>
	<p><b>TONER CARTRIDGE RECYCLING</b></p>	<p>The process consists of separating plastic and toner powder, both sent for processing. The plastic is destined for an extrusion and injection company and the toner powder is processed and sent for addition in the manufacture of rubber, dyeing in general and the application of plastics. In 2020, 70% of the cartridges generated at GNDI were recycled, which is equivalent to 5,407 units. As of 2021, only companies that correctly dispose of printer waste will be hired, reaffirming our environmental commitment.</p>
	<p><b>ELECTRONIC SIGNATURE AND DIGITAL PAYMENT SLIP</b></p>	<p>Computerized processes have a direct impact on reducing waste generation such as paper. In 2020, we implemented the electronic signature in contracts and the digital payment slip, action fronts that proved to be extremely important in a period marked by a new way of interaction through digital means.</p>

## GREEN CABLES



**39** units have green cables, totaling over 419,000 meters of cabling.

# Efficient energy consumption

Electricity is an extremely important topic for environmental management at GNDI and one of the aspects taken into account both in the renovation and construction works and in the daily operations of the units.

Measures that have resulted in a reduction to electricity consumption include the standardization and specification of materials used in works. These guidelines include preferences for sustainability items, more efficient systems and equipment, in addition to monitoring the HVAC systems and the voltage and current levels at the power inputs.

At the end of 2020, the development of a checklist for the assessment of socio-environmental aspects and impacts in new constructions, whose implementation will start in 2021, was defined among the construction engineering and sustainability areas.

● Check the indicators related to energy consumption in the **Indicators Center**.



**64%** of the Clinical and Administrative Centers and

**73%** of Hospitals have LED lighting, which should generate an estimated **48%** reduction in consumption in the system.

**7** of our hospitals have real-time energy consumption monitoring (Follow Energy).

**Savings at Salvalus:** Hospital Salvalus, in São Paulo, has been implementing a series of energy efficiency measures. Among the initiatives underway are the replacement of all fluorescent lamps with low-consumption LEDs, the installation of motion detectors in general-purpose and employee restrooms and an automation project for electric power plants, with smart applications in the chillers. This last initiative alone should generate savings of around 10% in the unit's power consumption.

# Rational use of water

Just as in energy, we adopted standardization and specification of materials related to water consumption used in construction works for our units.

The mechanisms use to streamline consumption in the construction and operating processes include faucets and urinals with automatic electrical or mechanical closing systems, flow restrictors and aerators, and flush systems with reduced flow and differentiated by type of waste in toilets (dual flush), for example.

The building automation system is being implemented in the main Clinical Centers and will allow the monitoring of water consumption and identify possible leaks in an agile manner, resulting in an estimated savings of BRL 183,000 per year.

Almost all the water we use for human consumption, hygiene, cooking and irrigation comes from public utility providers. In some units, the use is complemented by regularized artesian wells.

We collect data and monitor the volumes of water consumed per unit on a monthly basis, through the invoices generated by the respective public utility companies.

The internal water quality standards are based on the specific regulatory standards in force (Ordinance 2.914/11 of the Ministry of Health) and the disposal quality standards follow CONAMA guidelines – Resolution 430/11 and State Decree 8.468/76.

In 2021, we will continue to promote dissemination and awareness campaigns for the rational use of water and electricity.

## EFFLUENT MANAGEMENT

The effluents generated in our operations are disposed of in public sewage collection and treatment networks, with the exception of three units (Hospital Intermédica São Gonçalo, Hospital Family and PS Barueri, which are under construction and are expected to be completed in the second half of 2021). For effluents, we adopt the standards defined by specific regulatory standards, such as CONAMA Resolution 430/11 and State Decree 8.468/76.

- Check the indicators related to water in the Indicators Center.



# 41%

is the estimated reduction in water consumption with these systems.

# 30%

of Clinical Centers and 51% of Hospitals have dual flush systems installed, with a 20% reduction in consumption.

# 31%

of Clinical and Administrative Centers and 67% of Hospitals have self-closing faucets with aerators and flow restrictors.



# Climate change

Climate change and global warming have promoted constant discussions across all sectors of the economy in recent years. Considering the context on the topic, aspects related to greenhouse gas (GHG) emissions are relevant for GNDI.

Issues such as deforestation in the Amazon, for example, although they are not directly related to our operations, are on our radar and lead us to reflect on the dimensions of the environmental impacts of our activities on the climate system. The topic is raised for discussion at the Sustainability Committee and the Executive Committee, linked to the Vice-Presidency of ESG, Risk and Compliance.

## EMISSION REPORTING

We have been monitoring the evolution of greenhouse gas emissions from our operations over the past three years, as well as being committed to contributing to the Paris Agreement to limit the average increase in global temperature to 2°C, through programs and technologies to improve operational efficiency and reduce carbon emissions.

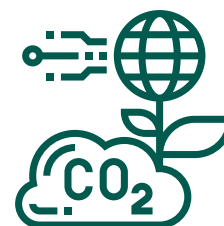
The first GNDI GHG emissions inventory was published in 2018, relating to the Headquarters Building. In 2019, the report also included Hospital e Maternidade Guarulhos and Hospital e Maternidade NotreCare ABC. In the same period, we acquired renewable energy certificates (REC-Brazil) and guaranteed that the energy consumed in that year in the three units came from wind generation. The 8,500 certificates acquired offset the scope 2 emissions of these units, stimulating the production of renewable energy and promoting social and environmental responsibility actions.

Each year, we advance in the collection of data and expansion of the reported scope, which includes stationary combustion, mobile combustion, fugitive emissions, electricity, residues, taxi and air travel.

The Climas System, acquired in 2020 for the management of sustainability indicators, improved emissions control at GNDI. It allows for the collection of qualitative and quantitative data, the automatic calculation of GHG emissions and the generation of dashboards for the analysis of results.

Based on this data, the necessary actions are taken to mitigate emissions in each of the scopes and their respective compensation.

Another advance related to climate change was the verification of a third part in our emissions inventory, lending greater transparency and credibility to the report.



GNDI became **100% carbon neutral** through the acquisition of REDD+ Project carbon credits for scopes 1 and 3, and renewable energy certificates (REC Brazil and I-REC) for scope 2.



GNDI's greenhouse gas emissions inventory in 2020

**was broadened in scope to include**

all units and verified via third party audit.



In the first quarter of 2021, we started the **construction of solar plants**, which will cover 55% of the clinical centers (approximately 60 units) that operate at low voltage, in an area spanning 155,085 m<sup>2</sup> or as large as 15 soccer fields. Investing in self-generating renewable and clean energy is part of GNDI's sustainability commitment to the fight against climate change.

# Emission reporting

## WHAT EACH SCOPE COVERS:

**Scope 1:** direct GHG emissions from sources that are owned or controlled by the company.

**Scope 2:** indirect GHG emissions, accounting for emissions from the generation of electricity acquired or consumed by the company, as well as emissions that occur physically at the site where this electricity is generated.

**Scope 3:** other indirect emissions resulting from the company's activities and that are produced in sources that do not belong to or are not controlled by the organization.



## Assessment of results:

Performance assessment will be better next year, when it will be possible to compare the performance of 100% of the units in the group

### GRI 305-1 Direct (Scope 1) greenhouse gas (GHG) emissions\*

Scope 1	
Direct greenhouse gas emissions (GHG), in tons of CO <sub>2</sub> eq	2020
Stationary combustion	1,174.41
Mobile combustion	31.32
Fugitive emissions	10,495.07
Scope 1 total	11,700.80
Biogenic CO <sub>2</sub> emissions	273.77

### GRI 305-2 Indirect emissions (Scope 2) of greenhouse gases (GHG) resulting from the acquisition of power\*\*

Scope 2	
Indirect greenhouse gas (GHG) emissions, in tons of CO <sub>2</sub> eq	2020
Electricity	8,173.84
Indirect transmission and distribution losses	-
Thermal energy purchase	-
Scope 2 total	8,173.84
What is the energy consumption consolidation approach? Based on the market or location?	Location

### GRI 305-3 Other indirect (Scope 3) greenhouse gas (GHG) emissions\*

Scope 3	
Emissions resulting from the company's operation	2020
Waste generated in operations	7,099.83
Transportation and Distribution (upstream)	408.13
Business travel	569.59
Scope 3 total	8,077.55
Biogenic CO <sub>2</sub> emissions	354.84

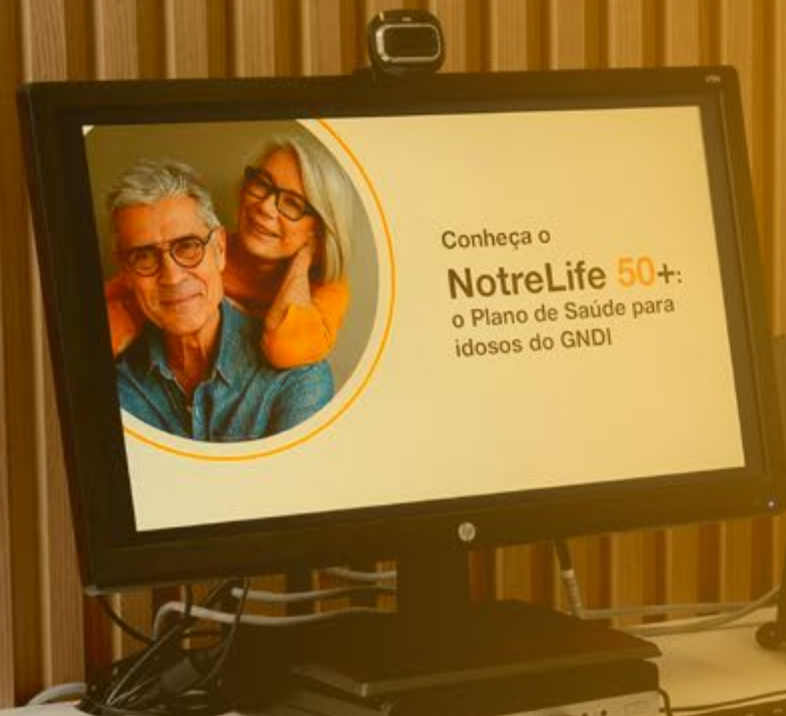
### GRI 305-4 Emission intensity – 2020

Emissions (scope 1 + scope 2)	19,874.64
Denominator (Net operating revenue in millions of Brazilian reais)	10673.30
Scope 1 + Scope 2 / Denominator	1.86

\* Note: The gases included in the calculations are CO<sub>2</sub>, CH<sub>4</sub>, N<sub>2</sub>O and HFCs. The 2019 inventory took into account the emissions from the Administrative Headquarters and two Hospitals (Hospital e Maternidade Guarulhos and Hospital NotreCare ABC). For the 2020 base year inventory, software acquired made it possible to survey and report 100% of our units over which we have operational control. GHG Protocol and IPCC 2006 Methodology.

\*\* Note: The energy consumption consolidation approach is based on location. The gases included in the calculations are CO<sub>2</sub>, CH<sub>4</sub>, N<sub>2</sub>O and HFCs. The 2019 inventory took into account the emissions from the Administrative Headquarters and two Hospitals (Hospital e Maternidade Guarulhos and Hospital NotreCare ABC). For the 2020 base year inventory, software acquired made it possible to survey and report 100% of our units over which we have operational control. GHG Protocol and IPCC 2006 Methodology.

# SOCIAL



## 81% women

made up our workforce in 2020, exceeding the 2019 index by 1%.



## BRL 456,000

invested in social responsibility, socio-educational actions, environmental preservation, food for vulnerable families, inclusion and shelter.



**We follow the 10 Universal Principles of the UN Global Compact,** which express commitments related to aspects of Human Rights, Labor, Environment and Anti-Corruption.



# Appreciating and welcoming people

We seek to build positive relationships with our employees through an environment of respect, sense of belonging and identification of the organizational culture with personal purposes. Equal treatment and recognition of the desired attitudes and skills are premises for people management at the Company.

We adopt practices focused on talent retention, professional development, care regarding health and safety, and combating all forms of discrimination and harassment.

The general guidelines for management from this perspective are expressed in the People Management Policy and in the Welcome Booklet, which presents the 10 main behaviors that express reception to GNDI.

In addition to financial, operational and technological investments in projects for the acquisition of new companies,

we pay special attention to the process of integrating incorporated employees, who undergo immersion in internal policies and procedures and development programs, with continuous assessment and monitoring.

The new employees become part of a structured career plan, with different qualifications and training and are motivated to participate in lectures and awareness, prevention and well-being programs. Everyone has access to the UniGNDI corporate university portal.

## STAFF

At the end of 2020, our workforce consisted of 22,403 own employees and 16,228 outsourced/self-employed. The latter include professionals working in cleaning, concierge, security, nutrition, engineering, transportation, doctors, IT and digitalization. The significant variation in the number of own employees is due to the acquisitions of new companies.

## Own employees per affiliate in 2020

Clinipam	1,662
GNDI	19,010
Hospital do Coração	250
Hospital Jacarepaguá	266
Hospital São Bernardo	790
Hospital São Lucas	425
Total	22,403

Despite the social isolation imposed by the Covid 19 pandemic in 2020, the recruitment and selection processes were conducted normally, privileging opportunities for internal recruitment. The biggest change occurred in the format of the process, which became entirely digital.

- Check the **Indicators Center** for the performance of the human resources indicators.



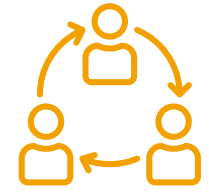
In 2020, we hired

**5,031**  
employees



The total number of dismissals was

**5,277**  
employees

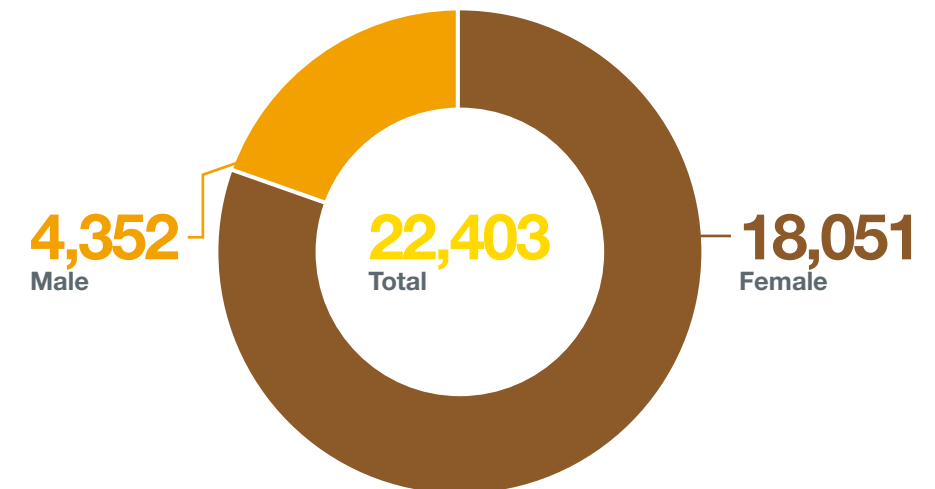


The turnover rate was

**7%**

	2018	2019	2020
Own employees	13,052	14,576	22,403
Outsourced/self-employed	9,870	11,750	16,228

## Own employees by gender in 2020



# Performance management

The performance evaluation process at the Company is based on organizational skills, through expected behaviors, classified by job levels, in addition to performance indicators. The conceptual score, therefore, is the result of expected behaviors versus deliveries. The entire process takes place within the GNDI Connection system, an environment that ensures transparency for leaders and subordinates about the expected and achieved results, feedback and internal opportunities.

Dashboard reports and termination interviews are issued monthly for presentation and discussion between managers. Due to the impacts of the pandemic on the work routine in 2020, it was not possible to establish, as previously predicted, recognition through educational benefits for employees with a higher score in development actions. The focus in the period was on offering technical and mandatory courses. For 2021, we foresee the elaboration of plans for organizational climate management in the business units.

## RECOGNITION

In 2020, people management at GNDI won two important recognitions, which came from Great Place to Work (GPTW),

a renowned consultancy in the publication of rankings, and from Fundação Instituto de Administração (FIA) and Portal UOL, responsible for Incredible Places to Work (*Lugares Incríveis para se Trabalhar*). The main criterion considered by both was the perception of employees from the participating companies about different aspects of the organizational climate.

The awards show to what extent the employees value the opportunities and the work environment offered by GNDI.

## RESPECT FOR HUMAN RIGHTS AND NON-DISCRIMINATION

In all our relationships, we seek to ensure the adoption of respectful, professional, safe, and dignified attitudes free from discrimination and harassment of all kinds. Through our Code of Ethical Conduct and the Compliance Program, we express our respect for Fundamental Human Rights and repudiate any type of discrimination.

We have an Ethics Channel for reporting violations of these principles. This commitment has been reinforced since we became signatories to the United Nations Global Compact in 2018.

We respect and comply with current legislation, which prohibits work by children and adolescents under 18 years of age, except as apprentices as of the age of 14, as long as the work does not have unhealthy and dangerous characteristics. Everyone in the Company is committed to contributing to eliminate all forms of work analogous to slavery and to report offenders in the event of finding this practice.

The awareness of our employees and vendors on the topic is a commitment of the company, demonstrated in communication actions that reaffirm our values and guidelines, as well as our participation in forums with associations that fight discrimination. UniGNDI also offers training on the Code of Ethical Conduct to all employees. At the closing of this report, specific anti-discrimination training was being developed.

All contracts with vendors contain a clause on the alignment with the Code of Ethical Conduct and the Compliance Program, expressly prohibiting any type of discrimination.

No cases of discrimination were registered in our Ethics Channel in 2020.





# Public and voluntary commitment



**G**NDI declares that it follows the 10 Universal Principles of the Global Compact, derived from the Universal Declaration of Human Rights, International Labor Organization

Declaration on Fundamental Principles and Rights at Work, the Rio Declaration on Environment and Development and the United Nations Convention Against Corruption.

## 10 PRINCIPLES

### Human Rights:

- 1** Businesses should support and respect the protection of internationally proclaimed human rights
- 2** Make sure that they are not complicit in human rights abuses

### Labour:

- 3** Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining
- 4** The elimination of all forms of forced and compulsory labour
- 5** The effective abolition of child labour
- 6** The elimination of discrimination in respect of employment and occupation

### Environment:

- 7** Businesses should support a precautionary approach to environmental challenges
- 8** Undertake initiatives to promote greater environmental responsibility
- 9** Encourage the development and diffusion of environmentally friendly technologies

### Anti-Corruption

- 10** Businesses should work against corruption in all its forms, including extortion and bribery



# Diversity at GNDI

Based on the premise that everyone is treated without distinction and recognized for their attitudes and skills, diversity is a relevant issue for the Company. Among the initiatives that reinforce this commitment is affiliation with the Women's Empowerment Principles (WEP) since 2019, which guides companies around the world on best practices related to the topic, through seven principles.

In 2020, we launched the Diversity Program to disseminate inclusive and equal practice at GNDI, fostering culture beyond our walls. "People with disabilities" was the topic chosen for the program's launch, conducted online with a discussion forum, communications, training and a primer on the UniGNDI platform.

In the survey by the Fundação Instituto de Administração (FIA) for the "Incredible Places to Work" ranking, we obtained expressive indices of favorability in the diversity topic.

Go to the **Indicators Center** to check out the performance of indicators related to diversity.



Our workforce stands out for the significant participation of women: **81% at the end of 2020, 1% more than the previous period.**



In leadership positions, **female participation is at 63% in Management positions and 33% in the Executive Board.**



In the groups considered minority, we registered a small increase in staff, totaling **7% blacks at the end of 2020** (1 percentage point above 2019) and **0.1% indigenous people against zero in the previous year.** The only indicator that decreased was people with disabilities, from **4% in 2019 to 3% in 2020.**

Functional category by gender – 2020  
GRI 405-1

Functional category by gender	2020	
	Men %	Women %
Governance Body	100%	0%
Director	67%	33%
Manager	37%	63%
Coordinator	26%	74%
Supervisor	21%	79%
Expert / Analyst	19%	81%
Technical/Operational Assist.	19%	81%
Apprentice	32%	68%
Intern	23%	77%
Total	19%	81%

Functional category by age – 2020  
GRI 405-1

Functional category by age	2020		
	< 30 %	30 - 50 %	> 50 %
Governance Body	0%	33.30%	50.00%
Director	0.00%	53%	47%
Manager	0.80%	78%	21%
Coordinator	3.20%	86%	11%
Supervisor	12%	77%	11%
Expert / Analyst	21%	72%	6%
Technical/Operational Assist.	31%	60%	9%
Apprentice	100%	0.00%	0%
Intern	99%	1.00%	0%
Total	27.60%	64%	9%

Age group data was not available for one of the members of the governance bodies.

Functional category by minority group – 2020  
GRI 405-1

Functional category by age	2020		
	Black %	Indigenous %	Person with disability %
Governance Body	0%	0%	0%
Director	0%	0.00%	0%
Manager	2%	0.00%	0%
Coordinator	3%	0.20%	1%
Supervisor	4%	0.00%	1%
Expert / Analyst	6%	0.20%	1%
Technical/Operational Assist.	8%	0.10%	4%
Apprentice	18%	0.00%	0%
Intern	5%	0.00%	0%
Total	7%	0.10%	3%

# Encouraging proactive learning

We are sure that our achievements, as a company, are the result of the achievements of well-prepared and engaged teams and employees. Proactive learning is one of the GNDI's values, which leads us to offer a series of tools and opportunities for individual and collective growth through investment in education and through open and transparent communication.

Through Learning Tracks, UniGNDI is an important platform that contributes to promoting an environment based on positive work relationships by offering content that values uniqueness and teamwork at the same time. In 2020, a wide variety of content taught in person was adapted to the distance education format. We believe that the program had strong results, but that there are great opportunities for improvement.

Through educational partnerships via InterClube, we offered postgraduate courses at UniGNDI in 2020 with discount rates of over 40%. In the period, we also launched the UniGNDI Channel on the platform (<https://uni.gndi.com.br/>), with the main objective of promoting an environment of collaborative construction of knowledge in an asynchronous manner.

**UniGNDI** – All employees under the CLT regime and legal entity doctors registered in a specific training environment are included in UniGNDI programs. The platform is available for hosting webinars, online courses and registration of on-site courses, featuring objectives, target audience, content and post-training evaluations. The learning tracks have mandatory (Culture) and optional (Self-development) content.



In 2020,  
on  
average,

**33**  
**hours**

of training per  
employee.



More than

**300**

items are  
available in  
different media  
at UniGNDI.

Go to the **Indicators Center** to check out the performance of indicators related to training in 2020 and the historical series.



# Relationship and training of the clinical staff

We have maintained Notremedical since 2019, a relationship program focused on medical professionals, which gathers information, training and protocols, among other quality content – institutional and specific –, many of which are exclusive, in addition to benefits offered by GNDI partners.

A biweekly committee, made up of representatives from Operations, Marketing and IT, promotes the deliberations related to the program in order to expand the access and engagement of professionals. Among the recognition actions are the Notremedical Award for the professionals who present the best performances, as well as tributes on Doctor's Day.

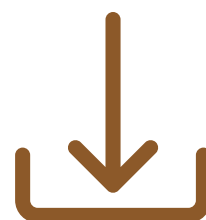
The number of users registered in the application, below the established goal of 3,000, represents a challenge to expand its usability and relevance. Points for improvement and debates on new features of the app are discussed at the biweekly

In 2020, we invested

**BRL 900,000** in Notremedical, considering renovations made to the app, media campaigns and engagement actions.



meetings of the committee, such as the inclusion of the surgery schedule, for example. For the coming months, the intention is for the platform to become more robust and to be the main channel for welcoming new doctors, relationships, sharing protocols of the hospitals of the Dedicated Network, among other objectives of the Company.



The Notremedical app had **2,465** registered users in 2020

**6,664** total downloads in the period





# Social responsibility

We take the issue of prevention to audiences other than beneficiaries and employees, through social responsibility actions whose guidelines, in line with the business strategy and with **UN Sustainable Development Goal 3**, are expressed in GNDI's Environment, Sustainability and Occupational Safety Policy.

In 2020, we supported social responsibility projects focused on environmental preservation, feeding families in situations of vulnerability due to the pandemic, socio-educational actions, initiatives to include people with disabilities and foster care in a long-term institution (see details below). Due to Covid-19, it was not possible to conduct the actions of the social project implemented in 2019 with a focus on promoting oral health and combating childhood obesity in municipal schools located in the cities of Itapevi and Mogi das Cruzes, both in the state of São Paulo.

#### Environmental preservation:


Since 2005, the São Lucas Group, in Americana (SP), has been supporting projects focused on environmental

preservation, with the adoption of Praça Jorge Gustavo Rehder, which receives monthly maintenance. A new landscape project was deployed in 2018. In addition to the actions already conducted, the institution adopted another square in 2019 – still without nomenclature – between Florindo Cibin, Presidente Vargas and Luís Adami streets, with support for monthly maintenance, for a total investment of BRL 7,035.44 in 2020.

**Solidarity Purchase:** Donation of BRL 100,000 for a project in partnership with the Carrefour Brasil Group, for the purpose of contributing to feeding families in an adverse situation due to the Covid-19 pandemic in several Brazilian states. The amount collected was converted into purchase cards or staple food baskets for the preparation of meals. Partner entities were responsible for the distribution to families.

#### Amigo de Valor (Valuable Friend) and Parceiro do Idoso (Elderly Partner) Programs:

Transfer of BRL 349,000 and BRL 149,000, respectively, to programs in partnership with Banco Santander, whose main cause is the contribution to improving the quality of life of children,

**BRL**   
**456,035.44**  
**invested**  
 in social responsibility initiatives in 2020.

adolescents and the elderly whose rights have been violated or threatened. These programs are benefited by incentive laws (Fund for Children and Adolescents and Fund for the Elderly). See details below.

#### Amigo de Valor (Valuable Friend) Program

##### YOUTH ACTION AND CITIZENSHIP PROJECT

**Cause:** socio-educational actions  
**Location:** Guararema (SP)  
 The project covers workshops on communication and writing, photography and film, visual arts, music and skateboarding as a way to combat young people's lack of interest in studies. Capacity for participation is 150 teenagers.

##### ADAPTATION OF THE ELZA MARANEZI DE FIGUEIREDO SPECIALIZED EDUCATIONAL SERVICE CENTER

**Cause:** inclusion of people with disabilities  
**Location:** Varginha (MG)  
 Through the municipal, state and private education network, the project provides specialized assistance in the areas of health, education, social assistance and culture for children and adolescents with disabilities, global developmental disorders, with exceptional abilities and in situations of social risk. Service capacity: 250 children and adolescents.

#### Parceiro do Idoso (Elderly Partner) Program

##### VIDA EM MOVIMENTO (LIFE ON THE MOVE) PROJECT

**Cause:** Embrace – Long-Stay Institution  
**Location:** Cajamar (São Paulo, Brazil)  
 With a capacity to accommodate 10 elderly people, the project offers housing and comprehensive care to people who have experienced a rights violation in situations such as abandonment, neglect and domestic violence.

# Caring for the health of our employees

Providing care and assistance in line with the commitment to look after the health of employees is the building block of occupational health management at GNDI. Our actions on this front are guided by legislation and by a series of management initiatives and tools that seek to integrate occupational activities with prevention and health promotion.

The second questionnaire that integrates the “Olho Clínico” (“Clinical Perspective”) project, scheduled for 2020, was not applied due to changes in routine arising from the Covid-19 pandemic, but it should be applied in 2021. The project consists of a set of specific targeted medical referral and prevention actions focused on fronts identified through surveys, which seek to understand the health profile of employees. The first survey was conducted in 2019.

Even with the questionnaire application postponed, the program carried on

with initiatives to care for the health of employees, some originating from insights collected in the previous survey. Examples include the Mãe Coruja (Proud Mother) project, which monitors pregnant employees from the early stages of pregnancy to the first pediatric appointment; and the creation of a direct channel with Psychiatry, which includes actions that help identify and deal with stress at work.

All employees have access to the QualiVida Preventive Medicine program, and health promotion programs are also offered to their dependents.

Through occupational examinations and evaluations, we identify cases that must be addressed by specific initiatives, and from there, employees are referred to related health programs, such as those for chronic diseases. Our work physician also makes direct referrals to the GNDI Mental Health outpatient clinic for perceived/suspected critical cases.



# 184

Pregnant women were monitored by the Mãe Coruja program in 2020, which comprised assistance and guidance for handling the pregnancy in a more technical and humanized manner. In 2021, the program will be expanded to the states of Rio de Janeiro, Paraná and Santa Catarina, with revamped application, media campaigns and engagement actions.

## OCCUPATIONAL HEALTH

In 2020, we directed efforts towards the integration of the occupational health and integral health fronts, by establishing protocols, adjusting teams, and consolidating the controls. By the time this report was completed, the integration of processes in the SOC System implemented in April 2020 was underway, which will add more agility and safety to the management of our employees’ health analysis indicators.

Under our current Occupational Health management model, we consider the information and opinions received during one-on-one meetings with employees, in addition to records forwarded through our opinion channels, such as Seu Espaço (Your Space).

## WORKFLOW WITH THIRD PARTIES

We require employers of outsourced employees to present an Occupational Health Medical Control Program (PCMSO) and

Occupational Health Certificates (ASOs). That way, we can present our occupational documentation to Customers at which our employees are assigned to work.

## PARENTAL LEAVE

# 100%

of employees are entitled to parental leave

# 900

women and 121 men used the benefit in 2020. All male employees returned to work after the paternal leave, while the return rate among women was 92%.

● See details and historical series in the **Indicators Center**.

# Occupational safety management

A safe work environment is an indispensable condition for our employees to carry out their activities at GNDI. The occupational safety culture is promoted with the support of a specialized team of technicians and engineers at the units and a series of procedures and consolidated tools, always in compliance with legal requirements.

Employees at all levels participate in committees on specific topics (waste, sharp objects, radiology, internal accident prevention and fire brigade) in monthly meetings, with records in minutes and attendance lists, and whose schedules are linked to internal regulations.

In addition to mandatory training for members of Cipa (Internal Commission for the Prevention of Occupational Accidents) and on the NR 32 regulatory standard for teams in the healthcare area, we provide a series of training on an annual basis through UniGNDI. The main training sessions cover occupational accidents; sexually transmitted diseases (STDs), importance of the use of PPE, workplace behavior, and prevention of domestic accidents; civil and criminal liability in occupational accidents; ergonomics and fire fighting.

**7.4**  million was the total number of hours training employees on health and safety policies or procedures in 2020

Our safety management system is primarily guided by regulatory procedures that describe the scope of each task to be carried out in the company.

The investigation of work accidents follows a process that involves interviews, evaluation of the place of occurrence, proposition of improvements in the environment and guidance for employees and their managers. Preventive inspections made by the Maintenance area, and which identify risks to employees, third parties and patients, give rise to reports of non-

conformities to be duly addressed. In addition to document control, we conduct specific inspections together with third parties. This management is supported by the Environment and Occupational Safety Guide for contractors. It also involves specifications and documents required for each activity, Preliminary Risk Analysis (APR), Work Permit (PT) and integration of new professionals.

The types of occurrences related to our activities include accidents with needles, patient secretions and other incidents of a non-biological nature, such as fractures due to falls, for example. We believe that every accident results from human factor, environment and equipment.

Despite the increase in the number of employees in 2020, we reduced the total work-related injuries among our own employees by 15.6% over 2019, and 17.2% among third parties, which also reduced frequency and severity rates. The goal is to keep mitigating risks as much as possible to reach zero accidents and high-consequence injuries – an injury that results in serious damage and from which the worker cannot recover, such as the amputation of a limb.



## ACTION FRONTS

- Monthly inspections, the results of which are measured by indicators, with action plans;
- Quarterly safety audits (suspended due to the pandemic);
- Internal Commission for the Prevention of Occupational Accidents (CIPA);
- Internal Week on Accident Prevention and the Environment (SIPATMA);
- Emergency drills (suspended due to the pandemic);
- Monitoring of unhealthy and hazardous condition investigations;
- Campaigns and training
- Risk mapping and risk management.

- Check the indicators for work-related injuries in the **Indicators Center**.



# The human aspect is a priority in healthcare

Humanization is the main motto of our work. At GNDI, the human aspect is the priority of healthcare, as it combines ethical behavior, technical knowledge and specific care to meet the needs of patients throughout their journey with us.

This humanized care is consolidated in structured programs and processes especially aimed at the training and engagement of our health professionals.

The Acolhimento (Embrace) Project and its 10 pillars are part of the entire employee development journey.

**Pillars of the Embrace Project:**  
Empathy, Care, Simplicity, Respect, Proactivity, Commitment, Quality and Safety, Listening, Kindness and Dialogue.

## GNDI-2 Training on Humanization of Care

Embrace project	2018	2019	2020
Number of participations	48029	40820	18574
Number of training hours	13068.39	24398.15	25653.37
Hours of training per employee	0.27	0.60	1.38
Number of communications made to employees	117	11	32
Number of communications made to beneficiaries	ND	ND	ND

Note: The target audience of the training sessions are all full-time employees and self-employed (legal entity) physicians registered in the medical training environment. Hospital São Lucas is not included in the indicator because it does not have access to the UniGNDI environment yet.

## NURSE DELIVERY PROJECT

One of the humanization projects that stood out in 2020 was Nurse Delivery. We allocated professionals (nurse, nursing assistant and access manager) to transport the binomial/trinomial (mother-baby/father) during hospital discharge and take them to their car. Only at that point, and after all the required checks, is the bracelet removed from the mother and the newborn's arms.

It is an individualized, safe and quality transport, since while the assistant places the newborn in the crib, the nurse transports the puerperal in the wheelchair and the access manager ensures the safety of the trinome and helps with the family's belongings.



In 2020, all actions related to the pandemic scenario were underpinned by the **Embrace** program.



During this period, the initiatives on this front were carried out **online**.

# Primary healthcare

The combination between humanized care and Primary Health Care (PHC) makes perfect sense for GNDI. Therefore, the PHC-based care model, which had already been implemented in the Group, was further configured in 2020, especially because of the Covid-19 pandemic. Thus, we seek to provide care to patients more effectively and accurately.

To consolidate this model, we provided training to the administrative and nursing teams on the principles of coordinated and longitudinal care based on the bond with patients and the response to the various needs that arise as care is being provided.

Nursing professionals – which make up half of the healthcare workforce – have been appointed as the main people responsible for coordinating teams at different Health Care levels. The practices of the interdisciplinary PHC team are not restricted to technical actions. Their work involves active listening, empathy and building loyalty among beneficiaries.

Thus, the Primary Health Care program is also a space for support, discussion and sharing, thus allowing the strengthening of affective bonds.

Patient appointments take place through attentive listening, allowing them to express their concerns or clarify questions, in a quiet environment, where privacy is preserved. The whole process seeks to facilitate the understanding of patients about their diagnosis and the GNDI programs available to assist them.

Go to the **Indicators Center** to check out the performance of primary care indicators.

## HOSPITAL INFECTION RATE

Currently, there is no reference available in the market to measure the performance of this indicator. Therefore, we use our historical series as a parameter. Performance was considered adequate until the beginning of the pandemic, as per our historical series: 2018 (0.76%) vs. 2019 (0.61%) vs. 2020 (0.80%). We considered the results of the first quarter of 2019 vs. 2020 in order to exclude the effects of the pandemic: 2019 (0.74%) x 2020 (0.64%), representing a 14% reduction.

GNDI-17	2020
number of hospital infections	1,371
number of discharges	167,744
Hospital infection rate (%)	0.82%

## OUR PHC-BASED HEALTHCARE MODEL



**Multidisciplinary team**



**Collective management** of care for the beneficiary portfolio



**Individualized care plans**, expanding the offer beyond medical appointments



Integrated face-to-face and **online services**



**Post-discharge outpatient clinics** dedicated to discharged patients



**Integrative outpatient pain clinic**, with care provided by physiotherapists and physiatrists



**Nurse to guide the beneficiary in their management line.**

This professional accompanies and helps organize the entire line of care for the patient, and acts as a point of contact between hospital, patient and their relatives

# Main actions related to humanization

## MARCH

**Telemedicine Structuring:** beginning of medical care via online platform, initially as emergency care, with progressive implementation of elective care in various specialties ( medical clinic, gynecology, pediatrics and nutrition, among others).



## JUNE

**Beginning of pilot PHC projects:** driven by the need to redefine the care model, in view of restrictions imposed by the pandemic, involving face-to-face care and telemedicine, integrating interdisciplinary teams of generalists and specialists.



## APRIL

**Postpartum Schedules:** focused on initial care after hospital discharge of the mother-baby binomial, in a welcoming manner, with timely guidance and greater convenience.



## JULY

**Health Clinic post-discharge Schedule:** focused on embracing beneficiaries after hospital discharge, seeking continuity of care in chronic conditions.

## AUGUST

**Integrative Outpatient Pain Clinic:** interdisciplinary care provided by physiotherapists and physiatrists to beneficiaries with chronic pain, dedicated to pain relief and functional recovery.

### Outpatient Clinic Return via Telemedicine:

intended for beneficiaries returning for re-evaluation via telemedicine, offering greater convenience with no impact on the quality of healthcare.





# Commitments for 2021

**Encantar é Possível (Captivation within Reach) Project:** raising awareness among medical professionals and leaders on the fact that it is possible to captivate patients through experiential actions and change in concepts, with a focus on patient Embrace.

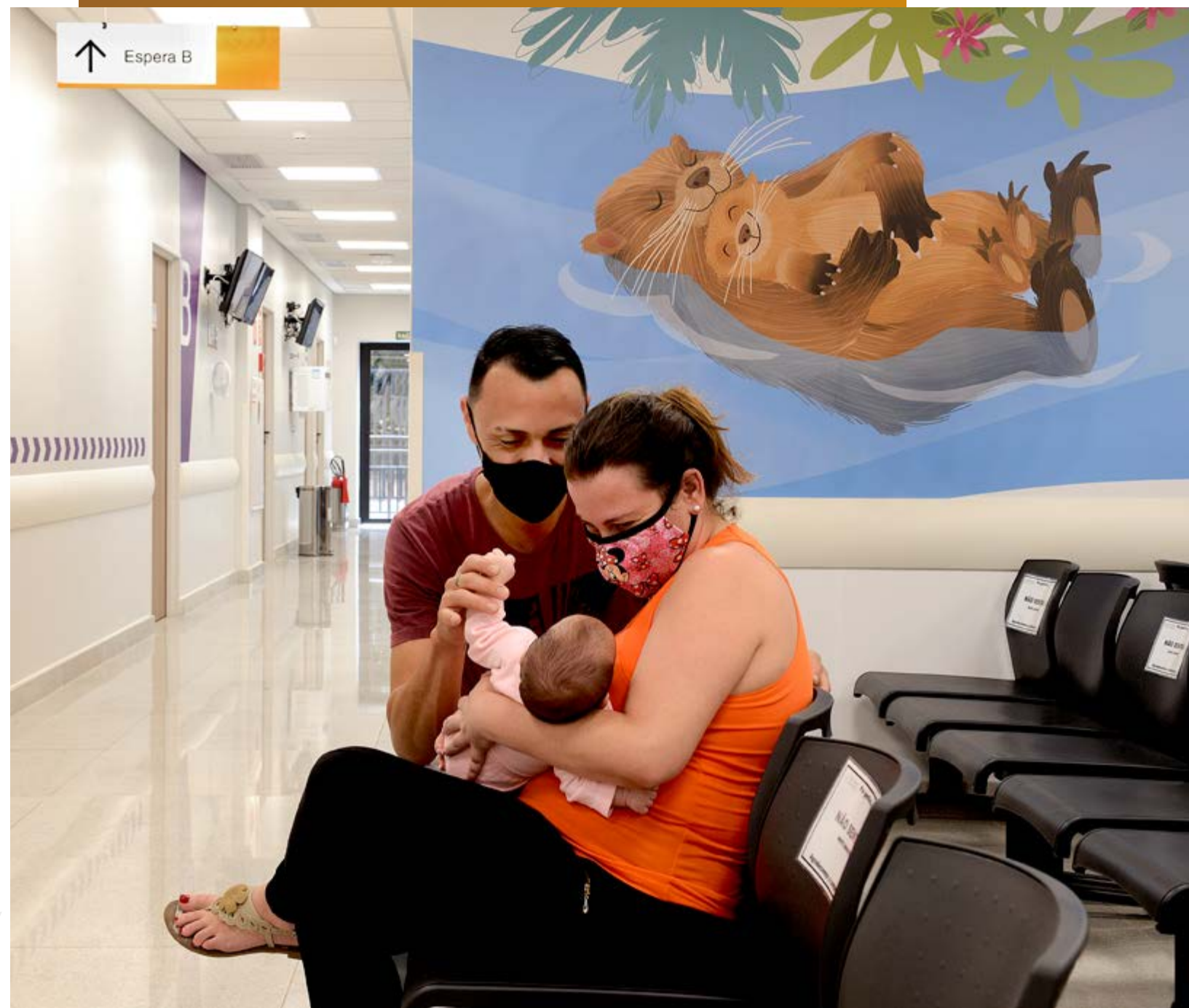
**Mentoring Project:** emphasizes the importance of welcoming the new employees and provides for continuous follow-up, fostering team commitment and quality of care.

**ICU Humanization Project:** covers three fronts – getting closer to the family; greater involvement of medical professionals with chronic/complex patients after discharge from the ICU and practicing silence and comfort, through guidelines, standardization of procedures and interference in the layout of the environment.

**Pediatric Surgical Patient Humanization Project:** seeks to humanize and individualize child care, in addition to giving parents the opportunity to cope with the separation from their children as they are sent to the operating room.

**Surgical Patient Interaction Project:** aims at providing dynamic information to family members regarding the end of the surgery.

**Acolhe+ (Embrace+) Project:** the goal is to reinforce the pillars of the Institutional Embrace Policy with preventive actions, identifying patient needs and/or dissatisfactions before they become major complaints or NIPs (Preliminary Intermediation Notification, which refers to complaints filed by beneficiaries with the Brazilian National Regulatory Agency for Private Health Insurance and Plans (ANS)).



# Patient experience

Regardless of the indicators set out in regulations, we strive to improve our processes to provide quality care, in line with GNDI's mission of "making quality health accessible to many generations of Brazilians." Therefore, we keep track of the indicators publicly disclosed by our main competitors, to assess whether we are meeting the level of satisfaction of our beneficiaries.

In 2020, we conducted a Patient Experience Measurement survey in two hospitals: Hospital Intermédica ABC and Hospital Renascença, in the city of Campinas, São Paulo. For 2021, we scheduled the application of the tool in five other hospitals of the Group. We also conducted a Safety Climate survey in four units: Hospital Paulo Sacramento, Hospital Modelo, Hospital Renascença Campinas and Qualivida Angélica. The surveys were carried out by the GNDI Quality team.

Based on an experience survey applied at Hospital Bosque da Saúde in 2019, we developed an action plan with indicators for the improvements indicated. One of the action fronts resulted in the "Ambiente Show" ("Great Environment") project, with a focus on hospital silence. The actions included maintenance of bedside cart

Most of our employees, especially those involved in care, have goals related to service quality and a welcoming environment in their annual performance assessment.

wheels, reinforcement with the team on the use of rubber shoes, and precautions in the handling of trays, among others. During visits made by the hospital leaders to the patients, we saw an improvement in the indicator, with no records of noise-related complaints.

Another initiative involved guidance to patients, at discharge, and those responsible for accompanying them, on the side effects of medications. Entitled "Incubadora" ("Incubator"), the project did not see its actions completed in 2020, due to the need to hire emergency care staff to meet the increased demand arising from the pandemic. We will resume the project

in 2021, taking a corporate approach to monitor the results through audits and reinforce the subject with new employees.

## RATED CARE

Our quality indicators are systematically monitored and remain within the limits established by the National Regulatory Agency for Private Health Insurance and Plans – ANS. The index for monitoring full compliance with ANS requirements is below the historical market average.

In 2020, we were selected by the entity to participate in the pilot project "Cuidado Integral à Saúde" ("Comprehensive Health Care") for one year, which reinforces our Primary Health Care model. Goals are established, discussed with managers of the operational areas and systematically monitored by senior management. An initiative that integrates the pilot project was carried out in one of the Clinical Centers of Campinas, with a focus on increasing the NPS, and monitored by the company's CEO. We achieved the targets that had been established and the expected improvement in evaluations as a result of intense coordination between the administrative, nursing and medical areas.



# 89.25

was the average satisfaction score in the Patient Experience survey applied at the Hospital Intermédica ABC between June and November/2020.



# 97.96

was the rate obtained in the same survey, applied at Hospital Renascença Campinas, between October and November/2020.



**A significant reduction in** complaints was recorded in the survey conducted at Hospital Bosque da Saúde.

# Tracking satisfaction

Complaints made by beneficiaries are a major indicator of the quality of services and satisfaction with the services provided. We monitor these indicators daily, through controls shared with the GNDI Board and managers of the operational areas, which allows us to work on more assertive action plans.

Complaints are received via Customer Support Service, the Ombudsman channel or public platforms. Complaints related to humanization in care are forwarded to the coordinators and/or managers responsible for engaging with the beneficiaries, who will make corrections and, when necessary, realign the company's policies.

We seek to address the root cause of the issues raised and reply to the beneficiaries about the complaints received, ultimately providing them a more satisfactory experience. Despite the lack of external audit on complaint management indicators, the responsible area and the Board monitor these indicators on a regular and systematic basis, according to the historical series, which provide them a clear view of trends in improvements or decline in the quality of care.

## COMPLAINTS IN 2020

Compared to the previous year, the result is within expectations, even though it does not reach the target of 5 complaints per thousand

memberships on the 1<sup>st</sup> level, taking into account the history of acquisitions during 2020 and the coronavirus pandemic scenario, which had a major influence on the result. In the case of indicators generally applied to the market, such as Reclame Aqui, we benchmark with other players to ensure a strategic positioning for GNDI.

## PRIVATE HEALTH INSURANCE AND PLAN PERFORMANCE INDEX (IDSS)

GNDI ranks among the **top-performing** healthcare maintenance organizations, according to the report of the Quality Assessment Program for Healthcare Maintenance Organizations developed by

Brazil's National Regulatory Agency for Private Health Insurance and Plans (ANS). In the 2020 disclosure (2019 base year), we reached the highest IDSS range, which is 0.8 to 1.0, with a 0.9423 score. This score can range from zero to 1.00 and is obtained by the evaluation of indicators in four aspects. Among the aspects evaluated, the Company also received the highest score for Quality in Health Care (IDQS) and Market Sustainability (IDSM), with a score of 1.0. Also, we scored 0.9146 in Process Management and Regulation (IDGR), and 0.8362 in the Access Guarantee Index (IDGA).

Between 2016 and 2020, our overall score jumped from 0.7581 to 0.9423, a **27%** increase in five years.

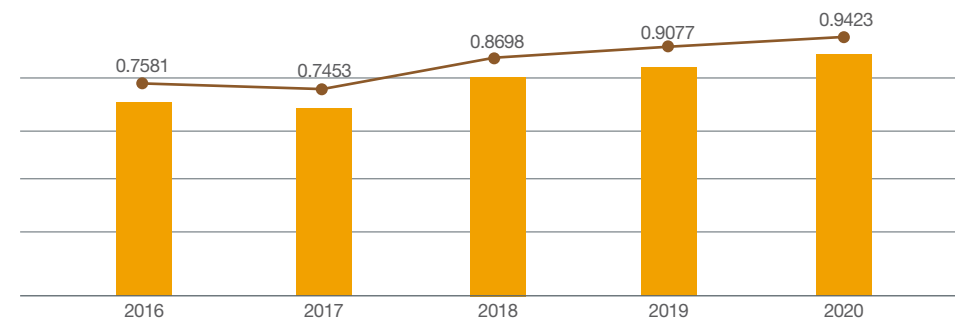


GNDI has the best ANS rating among the major healthcare maintenance organizations without accreditation in the country.

## GNDI-1 Total number of complaints registered

Data source	1 <sup>st</sup> level: Complaints filed via Customer Service Hotline – SAC, RECLAME AQUI, WEB PORTAL, EMAIL and SOCIAL MEDIA CHANNELS.			2 <sup>nd</sup> -level complaints: complaints formalized via the Ombudsman channel.			Complaints filed with external agencies: ANS and PROCON		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Complaints received in the period									
Total complaints registered in the period	146,618	139,156	192,960	8,241	9,291	16,020	5,961	8,362	16,946
Specific indicator (complaints/ 1,000 members)	5.79	5.02	5.25	0.33	0.34	0.44	0.24	0.30	0.46
Specific indicator (% of complaints/calls)	0.3665%	0.3138%	0.4070%	0.0206%	0.0210%	0.0338%	0.0149%	0.019%	0.0357%
Reclame aqui [Complain Here] – Reputation	Great	Great	Great	ND	ND	ND	ND	ND	ND

## IDSS – Evolution





# Safety and quality of care

Humanization implies seeking to provide the best care to meet the expectations and needs of patients and family members and offer better conditions for healthcare professionals. These factors influence the quality of services we provide.

GNDI's Corporate Quality area is equipped with an intelligent, transparent and robust management system based on clear policies, effective methods for planning, assessing and controlling risks, training, and implementation of good practices that lead to results-oriented management.

The goal of the corporate quality area is to define guidelines for maintaining the quality management system with a focus on continuous process improvement while supporting the construction of a safe, effective and measurable health system.

In the corporate sphere, the Quality area is directly involved or provides advice in the various safety committees, commissions, and centers. In the units, it acts on all hierarchical levels and third-party service providers in order to implement, disseminate, and monitor safety and quality care practices.



To this end, the area provides consulting and conducts audits – on-site or remote –, which are monitored via the Quality Assistance application. The app, which is available to all managers of the healthcare network, is the tool used to evaluate management effectiveness.

## KEY ACTIONS

**24 quality** meetings attended by **5,462 people**. Weekly online discussions with expert guests and presentation of video classes on topics related to quality, management and safety, and sharing of experiences.

**1<sup>st</sup> Meeting on Good Practices**, with **121 papers submitted** from the most diverse healthcare, support and administrative areas. We selected **61 works** to be presented in poster format; of these, **31 were selected for presentation at the Quality Meetings**, which took place on a weekly basis in October and November, with **more than 2,000 participants**.

**Banco de Ideias online magazine**, with publication of the **61 selected posters**. The goal is to use the publication as a repository of innovative practices and lessons focused on improving patient safety and experience.

# Accreditation and certification programs

The certification and accreditation programs in which we participate cover aspects beyond regulatory requirements and offer greater credibility to the service provided and effectiveness in management methods. They are also a safe reference for continuous improvement and provide an objective diagnosis on the performance of our processes. At GNDI, the choice of methodologies used in care services is in line with the Company's strategy.

## PROCESS FOLLOW-UP

In 2020, we defined a remote monitoring model every two weeks for accreditation processes and in accredited institutions, including application of structured checklists based on the highest quality standards, process evaluations using the tracer method (evaluation methodology for accreditation of health services), and mandatory guidelines based on legislation.

The tools are applied in a two-month cycle, and non-conformity action plans are drawn up

at the end of the process. The performance of the institutions is presented and discussed in meetings with the Primary Care and Hospital boards.

The allocation of funds for these activities is prepared annually. It includes planning of investments in technological and operational resources for the development of the actions provided for in the Annual Patient Safety Plan, and an estimation of values for contracts for Quality Diagnosis, Certification and Recertification in units participating in the quality program.

## ACCREDITATION METHODOLOGIES



- ONA\* national accreditation: 22 accredited care units, 11 of which are accredited at Level 1, 4 at Level 2 and 7 at Level 3.
- International Accreditation: 2 units (Hospital Modelo and Qualivida) accredited in the Qmentum methodology – Diamond level.
- ISO Certification: Management of dental plans, elective regulation, emergency regulation and

regulation of orthotics, prosthetics and special materials (OPSM), Ombudsman Processes.

- Primary Health Care Certification – ANS Project of the Comprehensive Health Care Program, as the only health maintenance organization selected for this challenge.

\*Accreditation levels: Level 1 – accredited; Level 2 – fully accredited; Level 3 – accredited with excellence.

Approximately

**BRL 1.6 million were allocated in 2020**

Remote monitoring in **35** accredited institutions or in certification programs:

**750** Quality monitoring cases;

**20** remote maintenance visits by the ONA accreditation institution, with the level of certification maintained in all units;

**6** remote certification visits by the ONA accreditation institution;

**4** remote maintenance visits by the ISO accreditation institution;

**21 patient flow designs** for Covid units.

# Accreditation indicators

We kept track of the evolution in accreditation level indicators in 2020. Hospital Family attained Level 2, which explains the variation of Level 1 and Level 2-accredited beds between 2019 and 2020, as shown by the indicators. On the other hand, the rates of accredited care units and beds decreased compared to the previous period.

When evaluating the results, one must consider the 29.7% increase in the number of beds due to the acquisition of new units, such as Hospital Salvalus, and a 52% increase in our 24-hour care units, also related to acquisitions, in addition to adjustments to the healthcare profile and needs of the assisted population.

Given the major challenges faced by all institutions due to the pandemic, ONA determined the shutdown of all activities from March to August 2020. Although visits were resumed in September, the Organization did not authorize the resumption of diagnostic processes or certification of new units.

## GNDI-4 Number of accredited beds (ONA)

GNDI accredited beds	2018	2019	2020
Total Beds in the Network	1888	2121	3020
Total ONA-accredited beds	1148	1123	1110
% of ONA-accredited beds	61%	53%	37%
Total QM-accredited beds	93	93	93
% of QM-accredited beds	5%	4%	3%

## GNDI-4 Number of accredited beds (ONA)

Accredited outpatient units	2019	2020
Total 24-hour outpatient units in the Network	12	23
Total 24-hour outpatient units accredited by ONA	9	8
% of 24-hour outpatient units accredited by ONA	75%	35%

Note: These results cover all GNDI units, including the new acquisitions already incorporated.

## GNDI-4 Number of accredited beds (ONA)

Total 24-hour outpatient units accredited by ONA	2018			2019			2020		
	level 1	level 2	level 3	level 1	level 2	level 3	level 1	level 2	level 3
Total ONA-accredited beds by level	341	449	358	276	259	588	213	325	572

Note: These results cover all units of the Group, including the new acquisitions already incorporated.



# Telemedicine expands access to healthcare

Promoting access to health services is a material topic for GNDI, it is part of the Company's mission and reflects our commitment to providing access to all patients, especially those with reduced mobility, restricted income and vulnerable to the health system. Telemedicine, which has become a key tool in times of the pandemic, was permanently added to our service offer in 2020.

Agreements between areas on remote appointments began in 2019. The first Urgent Care appointments via Telemedicine took place in March 2020. Currently, access also covers Elective Medical Appointments, Urgent Psychological Care, and Elective Appointments with Psychologists and Nutritionists.

A steering committee composed of a medical director, two medical managers and three administrative assistants coordinates healthcare and conduct guidelines based on instructions from the ANS, professional committees, and the Ministry of Health. The telemedicine team manages the service in two ways: the Operations team, when care

is provided by the Proprietary Network to our beneficiaries; and the Integrations team, when incorporated companies start the service in this modality.

For telemedicine calls handled through the GNDI Easy, Conexa Saúde and Zoom applications, we use an electronic platform that follows the guidelines of Brazil's Ministry of Health and of **HIPAA Compliance** – standards adopted in the United States, but which offer more mature and comprehensive guidelines for this type of care.

In order to improve GNDI's journey and digital verticalization and democratize access to the primary health system, we have indicators in place for monitoring telemedicine management activities, which include rates for appointments per thousand beneficiaries, urgent care and effectiveness rates, and satisfaction, absenteeism and complaint rates, among others.

**Health Insurance Portability and Accountability Act (HIPAA)** – a set of standards that U.S. health organizations must comply with in order to protect information.



# Our performance

## 18.80

was the monthly average number of Telemedicine appointments in 2020, calculated by the number of appointments per thousand beneficiaries.



## 20.9%

was the rate of service to low-income people, compared to the total number of calls in the modality. The indicator considers as “low income” all products up to the Smart 200.

NPS of the Conexa Platform, specific for online service:

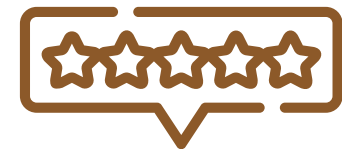
## Score of 70,

**with a 20% response** rate, which was deemed as a satisfactory result.

The results of some indicators point to improvements in the system, such as absenteeism, which represents an unsuccessful attempt at medical contact. The Urgent Care appointment rate was 15%; for elective appointments, the rate was 50%, against the 30% target, which is already applied in face-to-face appointments.

The main complaints are related to the care process, which requires the use of three applications – representing a negative experience for some patients. We are committed to improving both the patient and the health professional’s journey and enabling access to the platform with fewer steps, in addition to integrating medical records and test results.

● Learn more about the Telemedicine indicators in the **Indicators Center**.



## 7.98%

was the effectiveness index, within the 10% target. The indicator represents the percentage of patients who received care via Telemedicine Urgent Care and sought face-to-face assistance after seven days.



# Innovation in preventive medicine

The year 2020 was marked by innovation in GNDI's **Preventive Medicine**, with increased use of the technology in monitoring, attraction and provision of care by medical and multi-disciplinary staff. We developed initiatives for promoting health and prevention against Covid-19 and set up a monitoring center to monitor all suspected and confirmed cases until the resolution of the medical condition.

In Preventive Medicine, the telemedicine service helped in the provision of care to obese, elderly and cardiac patients, accounting for 40% of the total appointments made in the period. Oncology and prenatal care remained in a face-to-face format, with all necessary safety measures to prevent patients and employees from becoming infected.

The programs have defined eligibility criteria in place, with high risk coverage rates and high complexity above 70%, and are approved by ANS and certified by Qmentum.

We develop Health Promotion and Disease Prevention Programs that are implemented in the Network's healthcare service line, targeting the high-risk population, and concentrating efforts in primary (health promotion), secondary and tertiary prevention at Clinical Centers, Notrelabs and Hospitals.

We covered more than **278,000** beneficiaries through the program in 2020, **thus meeting the established target.**

Hospitalization of chronic patients, elderly people, and oncology patients reduced by **69%**, **68%** and **59%**, respectively.

## GNDI-6 Preventive Medicine Program

Preventive Medicine Program	2017	2018	2019	2020
Total number of beneficiaries	2,056,100	2,126,200	2,424,100	3,202,100
Total number of beneficiaries covered by the program	178,524	199,025	213,401	278,029
Coverage rate	8.7%	9.4%	8.8%	8.7%

Note: Data obtained from the PAP system report (number of assets) and from Management/Operational Reports (total population). Scope of the indicator: Qualivida SP, Qualivida ABC, Qualivida Rio de Janeiro, Qualivida Campinas, Qualivida Sorocaba, Qualivida Jundiaí, Qualivida Santos, Qualivida Mogi das Cruzes, Qualivida Higienópolis, Case São Paulo, Case ABC, Case Jundiaí, Case Campinas, Case Santos, Case Sorocaba and Case Rio de Janeiro



**Reduction of prematurity by 49.5% and, consequently, of hospitalizations in neonatal ICU.**

Learn about our Programs





# Safe pregnancy

One of the indicators that show the efficiency of Preventive Medicine is related to the Safe Pregnancy Program. It refers to the number of days in neonatal ICUs for newborns admitted up to the 4<sup>th</sup> day of life. The result presented here encompasses all Regional units (São Paulo and Rio de Janeiro). The indicator is monitored weekly by all Preventive Medicine teams. Coordinated care leads to better maternal and perinatal outcomes, through the improvement of prenatal care, greater patient support, monitoring of complications and high-risk pregnancies, and scheduling of delivery at a safe gestational age.

We observed better perinatal results after the Program was implemented in the new regions and acquisitions. By comparing Intermédica division's indicator result (0.63) with that of the NotreDame division (1.3), figures 106% higher are noticed in the PPO\* network (in which the beneficiary does not have adequate adherence to the program and has a free choice of provider) than in the HMO network\*\* (pregnant women have greater adherence to the program, especially high-risk pregnant women, with adherence greater than 90%). The difference consolidates the quality of the service provided in the maternal and child care line, from prenatal care to childbirth, puerperium and neonatal follow-up.



## GNDI-8 Days of stay in neonatal ICUs/delivery

	2020
Number of days of stay in neonatal ICUs	1,289
Number of deliveries	2,045
Days of stay in neonatal ICUs/delivery	0.63

\* Preferred Provider Organization: offers reduced costs to members billed in their health insurance plan. Learn more at: <https://ri.gndi.com.br/outras-informacoes/glossario/>

\*\* Health Maintenance Organization: offers employers or groups a means to take care of all healthcare needs of their employees or members at reduced costs by negotiating with specific doctors, hospitals and clinics. Learn more at: <https://ri.gndi.com.br/outras-informacoes/glossario/>.



# Accessible prevention for all

Health promotion initiatives for patients who are monitored in our Preventive Medicine programs include corporate customers. They involve health campaigns, online health profiles, lectures and workshops, which, in 2020, were redesigned into an online format.

The new format, in line with the demands for social distancing, expanded access to the other beneficiaries. Topics were available on our digital platforms, totaling almost 2.9 million accesses to the programs in 2020.

## GNDI-5 Health promotion programs for the external public/beneficiaries

	2017	2018	2019	2020
Total number of program participants	331,787	362,080	1,175,975	2,878,730

**Note:** The number of participants in our actions and the number of accesses to the content of our website are accounted for (videos, booklets, texts). We are present in the following units: Qualivida Angélica, Qualivida Higienópolis, Qualivida Rio de Janeiro, Qualivida Campinas, Qualivida Jundiaí, Qualivida Santos, Qualivida Sorocaba and Qualivida ABC.



## MAIN HIGHLIGHTS

### Introduction of Preventive Medicine

in Mogi das Cruzes, with the opening of the Qualivida Unit.

### Opening of the Oncology Center in the ABC region,

featuring a multidisciplinary team, chemotherapy infusion for the region's population, integration with Notrelabs and Hospital São Bernardo.

### Opening of the Qualivida Higienópolis Unit,

offering the Safe Pregnancy Program – high risk prenatal care, family planning, fetal medicine; the Chronic Patient Support Program – Endometriosis, Spine – integration with clinical, surgical and physical therapy teams, Physiotherapy Center – integration with the Qualivida and Case care lines, featuring orthopedic surgery teams.

For 2021, we plan to consolidate Telemedicine in the Preventive Medicine programs as another tool to promote health improvements. We will also implement the culture of prevention and our lines of care and strategic promotion and prevention programs in new acquisitions. We are

further committed to improving integration with primary care, for the early detection of diseases, especially in the oncology line, in addition to maintaining and expanding the participation of our beneficiaries in online campaigns and lectures.



Grupo  
NotreDame  
Intermedica

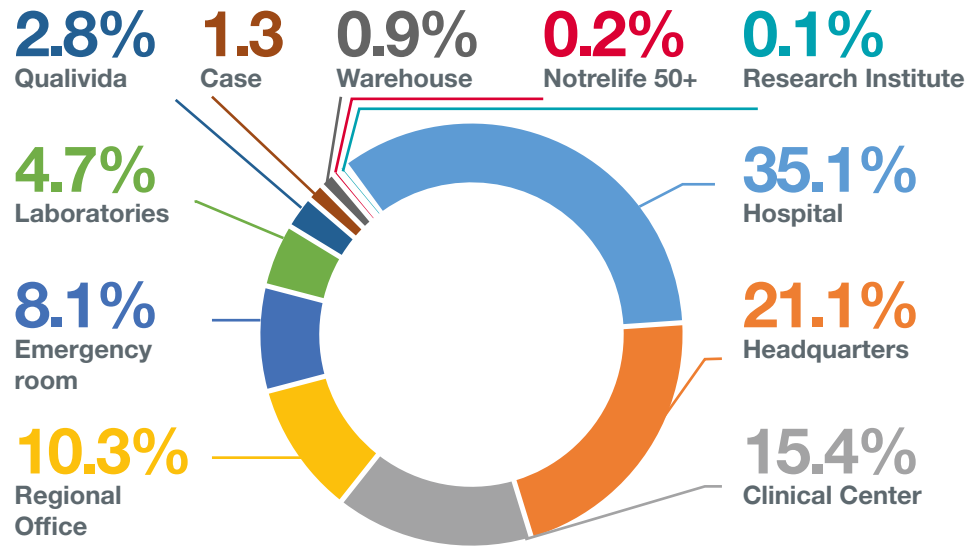
# INDICATORS CENTER



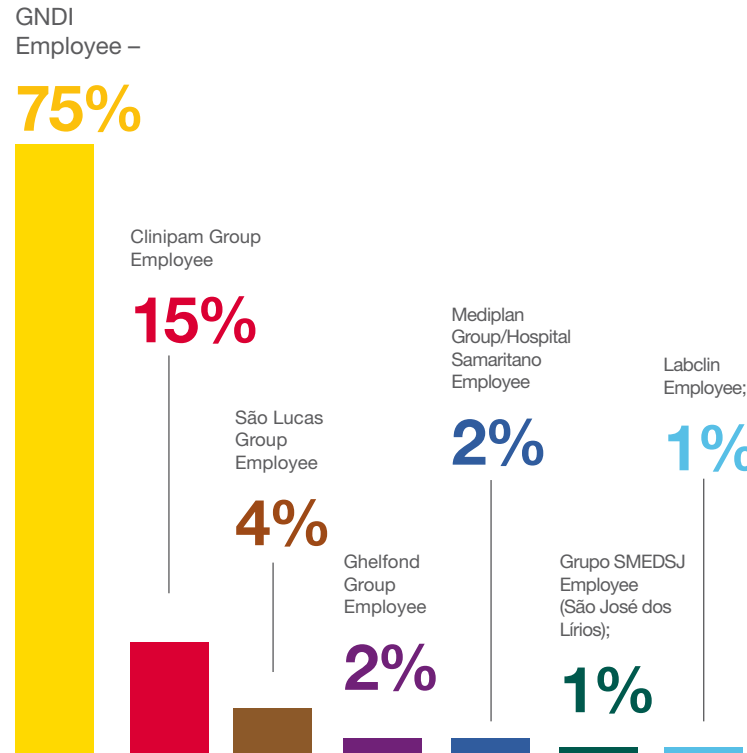
# Indicators center

## MATERIAL TOPICS

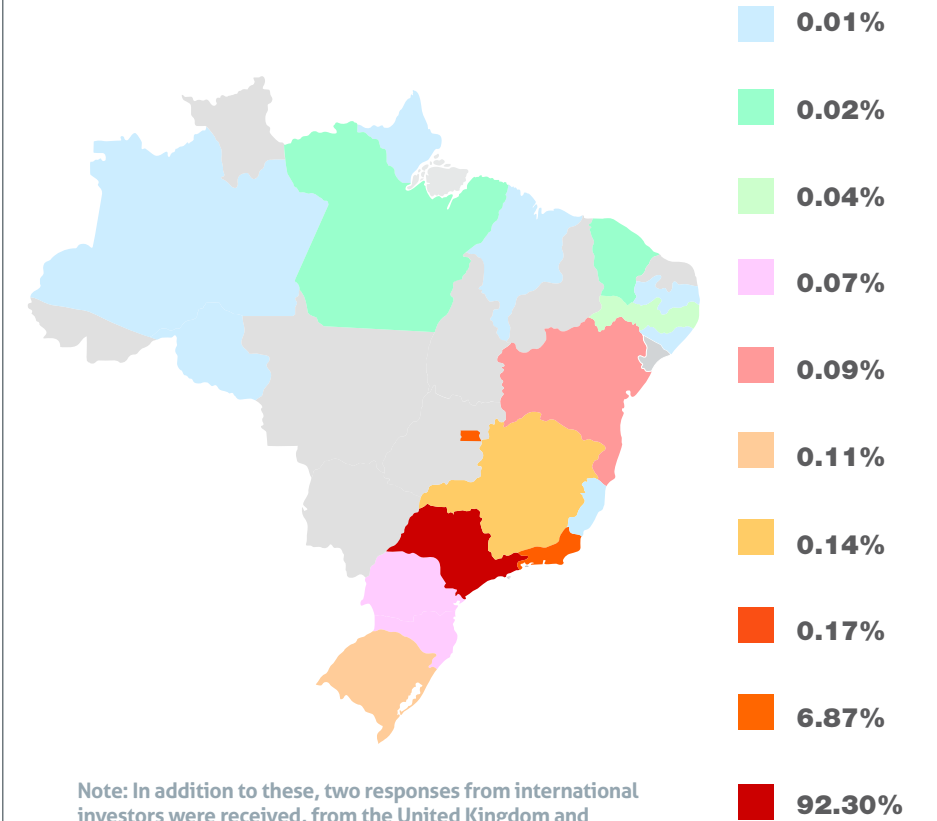
Participating stakeholders through online survey: Internal public – by area



Participating stakeholders through online survey: Internal public – by unit



Distribution of participants



**MATERIAL TOPICS**

Material topic	Related GRI topic	GRI Disclosure Items	SDG goal (directly related to the topic)
Growth of operations	103 Management Approach: 201: Economic performance 2016	201-1: Direct economic value generated and distributed	8.3 Promote development-oriented policies that support productive activities, proper job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro, small and medium-sized companies, including through access to financial services
		GNDI 10: Profitability of growth of operations. [Revenue/no. Lives (and beds)] GNDI 11: Integration stage [Number of companies in each integration stage]	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly increase the participation of industry in the employment sector and in the GDP, considering national circumstances, and double its participation in less developed countries  9.4 By 2030, update infrastructure and make industries sustainable, with increased efficiency in the use of resources and greater adoption of clean and environmental-friendly technologies and industrial processes; have all countries performing according to their corresponding capacities
Health innovation and research	103 Management Approach: Health innovation and research	GNDI 12: Number of Participations in Pharmaceutical Industry Multicenters GNDI 13: Number of Participations in Multicenters – Others GNDI 14: Number of Participations in Conferences – Posters GNDI 15: Number of Participations in Conferences – Original Work GNDI 16: Number of Publications in Specialized Journals	3.b Support research and development of vaccines and medicines for communicable and non-communicable diseases, which mainly affect developing countries, provide access to essential medicines and vaccines at affordable prices, in accordance with the Doha Declaration, which affirms the right of developing countries to make full use of the provisions of the TRIPS agreement on flexibilities to protect public health and, in particular, provide access to medicines for all  9.5 Strengthen scientific research, improve the technological capabilities of industrial sectors in all countries, particularly developing countries, by encouraging innovation and substantially increasing the number of research and development workers per million people and public and private spending in research and development by 2030
Ethics and responsible corporate governance	103 Management Approach: 205: Anti-corruption 2016	205-2: Communication and training about anti-corruption policies and procedures 205-3 Incidents of corruption and actions taken	16.5 Substantially reduce corruption and bribery in all its forms  16.6 Develop effective, accountable and transparent institutions at all levels
Efficiency in the use of water and energy	103 Management Approach: 302: Energy 2016	302-1: Energy consumption within the organization 302-3: Energy intensity	6.4 Substantially increase the efficiency of water use in all sectors and ensure sustainable withdrawals and fresh water supplies to address water scarcity, and substantially reduce the number of people suffering from water scarcity by 2030
	103 Management Approach: 303 Water and effluents 2018	303-1: Interactions with water as a shared resource 303-2: Management of water discharge-related impacts 303-3 Water withdrawal	7.2 Substantially increase the share of renewable energy in the global energy matrix by 2030  7.3 Double the overall rate of improvement in energy efficiency by 2030
Talent appreciation and retention	103 Management Approach: 401: Employment 2016	401-1: New employee hires and employee turnover 401-3: Parental leave	3.c Substantially increase health financing and recruitment, development and training, and retention of health personnel in developing countries, especially in the least developed countries and small island developing states
	103 Management Approach: 406: Non-discrimination 2016	406-1: Incidents of discrimination and corrective actions taken	8.5 Achieve full and productive employment and decent work for all women and men, including young people and people with disabilities, and equal pay for work of equal value by 2030
Professional development of doctors and employees	103 Management Approach: 404: Training and education 2016	404-1: Average hours of training per year per employee 404-2: Programs for upgrading employee skills and transition assistance programs  GNDI 21: NotreMedical – Number of registered doctors and number of downloads performed	4.4 Substantially increase the number of young people and adults with relevant skills, including technical and professional skills, for employment, decent work and entrepreneurship by 2030  3.c Substantially increase health financing and recruitment, development and training, and retention of health personnel in developing countries, especially in the least developed countries and small island developing states
Waste generation and disposal	103 Management Approach: 306: Waste 2020	306-1: Waste generation and significant waste-related impacts	12.4 Achieve environmentally sound handling of chemicals and all residues, throughout their entire life cycle, in accordance with agreed international milestones, and significantly reduce their release into air, water and soil, to minimize their negative impacts on human health and the environment by 2020
		306-2 Management of significant waste-related impacts	
		306-3 Generated waste	12.5 Substantially reduce waste generation through prevention, reduction, recycling and reuse by 2030

**MATERIAL TOPICS**

Material topic	Related GRI topic	GRI Disclosure Items	SDG goal (directly related to the topic)
Employee well-being, health and safety	103 Management Approach: 403: Occupational Health And Safety 2018	403-1: Occupational health and safety management system	8.8 Protect labor rights and promote safe and secure work environments for all workers, including migrant workers, in particular migrant women, and people in precarious jobs  3.9 Substantially reduce the number of deaths and diseases from dangerous chemicals, contamination and pollution of air and soil water by 2030
		403-2: Hazard identification, risk assessment, and incident investigation	
		403-3: Occupational health services	
		403-4: Worker participation, consultation, and communication on occupational health and safety	
		403-5: Worker training on occupational health and safety	
		403-6: Promotion of worker health	
		403-7: Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	
Humanized and quality care	103 Management Approach: Humanized and quality care	GNDI 1 – Total number of complaints registered	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and fight hepatitis, waterborne diseases, and other communicable diseases  3.4 By 2030, reduce premature mortality from noncommunicable diseases by one third, through prevention and treatment, and promote mental health and well-being  3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all
		GNDI 2 – Training on Humanization of Care	
		GNDI 3 – Primary care indicator (general clinician X specialist appointment rate and Primary Care Resolubility)	
		GNDI 4 – Number of accredited beds (ONA)	
		GNDI 17: Hospital infection rate	
Health promotion and disease prevention	103 Management Approach: Health promotion and disease prevention	GNDI-5: Health Promotion Program	3.4 By 2030, reduce premature mortality from noncommunicable diseases by one third, through prevention and treatment, and promote mental health and well-being  3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and fight hepatitis, waterborne diseases, and other communicable diseases
		GNDI-6: Preventive medicine program	
		GNDI 8: Days of stay in neonatal ICUs/delivery	
Access to health services	103 Management approach: Access to health services	GNDI 18: Number of telemedicine consultations performed (medical and non-medical)	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all  10.2 Empower and promote social, economic and political inclusion of all, regardless of age, gender, disability, race, ethnicity, origin, religion, economic condition or other status by 2030
		GNDI 19: Percentage of patients assisted via telemedicine who were referred for face-to-face consultations	
		GNDI 20: Use of telemedicine (or media) for low-income individuals (smart products up to 200)	



## ABOUT US

### GNDI-11 Integration stage [Number of companies in each integration stage]

Stage	Number of companies in each integration stage	Description of the stage
Planning	6	<ol style="list-style-type: none"> <li>1) Evaluation through registered representatives to conduct pre-closing deals, complementing non-sensitive information made available by the M&amp;A sector to quickly assume and implement GNDI's strategy defined through the Plan for each acquired asset.</li> <li>2) Definition of the Executive Committee for the projects of the pre-closing assets and the agenda for promoting a closer contact of the members of this committee with the asset management team.</li> <li>3) Refining pre-closing implementation projects, with a reassessment of business plans and mapping other opportunities through information complementary to those raised by the M&amp;A sector.</li> </ol>
Deployment	2	<ol style="list-style-type: none"> <li>1) Deployment of the matrix and operational policies and processes using permanent management of the acquired asset, introducing managers to the culture, through shared management, to carry out transformations mapped in the business plan and the opportunities raised in the planning process.</li> <li>2) Business risk mitigation actions, be it legal (compliance, licenses/permits), operational (structural) or commercial (retention, medical relationship).</li> </ol>
Consolidation	3	<ol style="list-style-type: none"> <li>1) Daily governance of implemented policies, processes and KPIs, ensuring that they are not affected by the discharge of the deployment team.</li> <li>2) Adherence to the GNDI Committees, through the same reporting routine and standardized KPIs.</li> <li>3) Governance consolidation, ensuring the necessary management maturity of the asset under integration for the transfer of local corporate management.</li> </ol>
Support	0	Monitoring of integrated assets through participation in committees to map improvement opportunities for integration processes and consultative positioning, as needed.



GOVERNANCE

GRI 102-22 Composition of the highest governance body and its committees

Composition of this body/committee, according to:	Board of Directors	Audit Committee	Executive Board	Fiscal Council
i. Executive or non-executive duty;	executive	non-executive (advisory)	executive	non-executive (advisory)
ii. Independence;	Independent	Independent	does not apply	independent
iii. Term of office for members of the Governance body;	term of two (2) years, re-election allowed	term of two (2) years, re-election allowed	term of two (2) years, re-election allowed	The term of office of the members of the Fiscal Council of the Company will correspond to the period between the General Shareholders' Meeting of their election until the Ordinary Shareholders' Meeting immediately thereafter, reelection being allowed.
iv. Number of other important roles and commitments for each individual, as well as the nature of such commitments;	<p>The Board of Directors must establish the general guidelines for the Company's business and its subsidiaries and decide on strategic issues for the purpose of fulfilling the following guidelines:</p> <ul style="list-style-type: none"> <li>(i) promote and observe the Company's corporate purpose and its controlled companies;</li> <li>(ii) ensure the interests of the shareholders, without losing sight of the other stakeholders;</li> <li>(iii) ensure the Company's longevity, within a long-term and sustainability perspective, which incorporates economic, social, environmental and environmental and good corporate governance considerations in the definition of the company's business and operations;</li> <li>(iv) adopt an agile management structure, composed of qualified professionals with excellent reputations;</li> <li>(v) formulate guidelines for management of the Company and its controlled companies, which will be reflected in the annual budget;</li> <li>(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</li> <li>(vii) prevent and manage conflict of interest situations or divergences of opinion, such that the interest of the Company always prevails.</li> </ul>	<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:</p> <ul style="list-style-type: none"> <li>I. business strategy of the business divisions of the Company and its subsidiaries and affiliates;</li> <li>II. operational structure of the businesses, indicating the Director who should be responsible for monitoring each of its divisions;</li> <li>III. budget and target plan for each business division;</li> <li>IV. investment and divestment policy for each business division;</li> <li>V. remuneration of the managers of each business division;</li> <li>VI. capital structure necessary for the execution of the budget and target plan for each business division; and</li> <li>VII. payment planning to pay interest on equity.</li> </ul> <p>It must submit, 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; compromise, waive, withdraw, make agreements, enter into commitments, contract obligations, make investments, acquire, encumber and dispose of assets and grant guarantees, executing 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>	<p>The powers conferred by law on the Fiscal Council constitute unwavering duties for its members, and directors are liable for their non-compliance. Without prejudice to the duties established by law and in the Company's Bylaws, the Fiscal Council is responsible for:</p> <ul style="list-style-type: none"> <li>(i) inspecting, by any of its members, the acts of the administrators and verify the fulfillment of their legal and statutory duties;</li> <li>(ii) expressing opinion on the management's annual report, stating complementary information deemed necessary or useful to be discussed by the General Shareholders' Meeting;</li> <li>(iii) expressing opinion on the proposals of the management bodies to be submitted to the General Shareholder's Meeting regarding the modification of the capital stock, issuance of debentures or subscription bonuses, investment plans or capital budgets, dividend payout, transformation, incorporation, merger or spin-off;</li> <li>(iv) reporting, by any of its members, to the management bodies and, if they do not take the necessary measures to protect the interests of the Company, to the General Shareholders' Meeting, the errors, fraud or crimes they discover, and suggest measures that are effective to the Company;</li> <li>(v) calling the Annual General Shareholders' Meeting, if the management bodies delay this call for more than 1 (one) month, and the Extraordinary General Shareholders' Meeting, whenever there are serious or urgent reasons, including in the agenda of the Meetings the matters deemed necessary;</li> <li>(vi) analyzing, at least quarterly, the trial balance and other financial statements prepared periodically by the Company;</li> <li>(vii) examining the financial statements for the fiscal year and giving an opinion on them;</li> <li>(viii) exercising other attributions related to its supervisory powers, according to the applicable legislation.</li> </ul>
v. Gender;	100% of members are men	100% of members are men	100% of members are men	Composed of three effective members and three alternates, including a woman as an alternate member.
vi. Participation of underrepresented social groups;	N/A: information not applicable	N/A: information not applicable	N/A: information not applicable	N/A: information not applicable

**GOVERNANCE**

**GRI 102-22 Composition of the highest governance body and its committees**

Composition of this body/committee, according to:	Board of Directors	Audit Committee	Executive Board	Fiscal Council
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;	Examine the quarterly financial statements, monitor the risk management process and monitor, ensure the application of internal audit and monitor issues regarding related parties and conflicts of interest.	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;	(i) inspect the acts of the administrators and verify the fulfillment of their legal and statutory duties; (ii) express opinion on the management's annual report; (iii) express opinion on the proposals of the management bodies to be submitted to the General Shareholder's Meeting regarding the modification of the capital stock, issuance of debentures or subscription bonuses, investment plans or capital budgets, dividend payout, transformation, incorporation, merger or spin-off; (iv) report, by any of its members, to the management bodies and, if they do not take the necessary measures to protect the interests of the Company, to the General Shareholders' Meeting, the errors, fraud or crimes they discover, and suggest measures that are effective to the Company; (v) analyze, at least quarterly, the trial balance and other financial statements prepared periodically by the Company; (vi) examine the financial statements for the fiscal year and give an opinion on them.
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;	to act in pursuit of the company's corporate purpose and as a supporting body for the Board of Directors	to act in pursuit of the company's corporate purpose and as a supporting body for the Board of Directors	to act in pursuit of the company's corporate purpose and represent the Board of Directors as a supporting body

**GRI 102-24 Selection and appointment for the highest governance body**

Selection and appointment processes for the highest governance body and its committees	Board of Directors	Audit Committee	Executive Board	Fiscal Council
Selection and appointment process for the highest governance body and its committees.	The Board of Directors shall be composed of a minimum of 5 (five) and maximum 7 (seven) effective members, whether they are shareholders or not, resident in Brazil or abroad, all elected and removable by the General Shareholders' Meeting, with a unified term of 2 (two) years, re-election allowed. The members of the Board of Directors elected at the General Shareholders' Meeting shall not have alternates for their elected and removable positions by the General Meeting.	The members of the Audit Committee are appointed by the Board of Directors	The Executive Board shall be composed of a minimum of 5 (five) and a maximum of 10 (ten) members, whether they are shareholders or not, resident in the country, all elected by the Board of Directors and removed by it at any time	Fiscal Council composed of 3 (three) effective members and 3 (three) alternate members, whether they are shareholders of the Company or not, which shall not work on a permanent basis and shall only be installed by resolution of the General Shareholders' Meeting, or at the request of the shareholders, in the cases provided for in law.



**GOVERNANCE**

**GRI 102-24 – Selection and appointment for the highest governance body**

Selection and appointment processes for the highest governance body and its committees	Board of Directors	Audit Committee	Executive Board	Fiscal Council
<p>Criteria used for appointment and selection</p>	<p>(i) have an unblemished reputation; (ii) be in line with and committed to the Company's values and culture; (iii) hold academic training at recognized Brazilian or international educational institutions; (iv) have professional experience of at least 10 (ten) years, working in strategic business management positions; (v) have no conflicts of interest with the Company; (vi) not hold a position in a company or entity that may be considered a competitor to the Company; and (vii) have reasonable time availability. Highly qualified professionals with proven technical, professional and academic experience should be selected, in line with the Company's values and culture. In addition, criteria such as complementarity of experiences, academic training and time availability for the function and diversity should be considered. It is noteworthy that at least two (2) members or 20% (twenty percent), whichever greater, shall be independent members, who shall be expressly characterized based on the criteria and requirements established by the Novo Mercado Regulations, and the characterization of those in the minutes of the general meeting of their election, and the member(s) elected through the requirements provided for in article 141, sections 4 and 5, of the Brazilian Corporate Law shall be also deemed independent.</p>	<p>The Company's Audit Committee shall be composed of a minimum 3 (three) members, of whom: (i) at least 1 (one) of them must be a Company independent member; (ii) at least 1 (one) of them must have recognized experience in corporate accounting matters, under the terms of the regulations issued by the Securities and Exchange Commission, which provides for the registration and exercise of the independent audit activity within the scope of the securities market and defines the duties and responsibilities of the administrators of the audited entities in their relationship with the independent auditors; and (iii) the same member of the Audit Committee may accumulate the two characteristics in items (i) and (ii) above. The appointment of members of the Advisory Committees to the Board of Directors must observe, at least, the following criteria: (i) have an unblemished reputation; (ii) be in line with and committed to the Company's values and culture; (iii) hold academic training at recognized Brazilian or international educational institutions; (iv) have no conflicts of interest with the Company; (v) not hold a position in a company or entity that may be considered a competitor to the Company; and (vi) have reasonable time available to properly dedicate to the role and responsibility assumed. The appointment of members of the Advisory Committees to the Board of Directors must observe, at least, the following criteria: (i) have an unblemished reputation; (ii) be in line with and committed to the Company's values and culture; (iii) hold academic training at recognized Brazilian or international educational institutions; (iv) have no conflicts of interest with the Company; (v) not hold a position in a company or entity that may be considered a competitor to the Company; and (vi) have reasonable time available to properly dedicate to the role and responsibility assumed.</p>	<p>The appointment of members must observe, at least, the following criteria: (i) have an unblemished reputation; (ii) be in line with and committed to the Company's values and culture; (iii) hold academic training at recognized Brazilian or international educational institutions; (iv) have professional experience of at least 5 (five) years, working in strategic business management positions; (v) have the skills to implement the strategies, face the challenges and achieve the Company's goals; (vi) have no conflicts of interest with the Company; (vii) not hold a position in a company or entity that may be considered a competitor to the Company; and (viii) have reasonable time available to properly dedicate to the role and responsibility assumed.</p>	<p>Individuals residing in the country, who are legally qualified to be elected to the position of member of the Company's Fiscal Council who maintains a relationship with a company that may be considered a competitor of the Company ("Competitor"), being prohibited, among others, the election of the person who: (i) is an employee, partner, shareholder or member of the administrative, technical, advisory or fiscal body of a Competitor or Controller, Subsidiary or a company under common Control with a Competitor; (ii) is a spouse or relative up to the second degree of a partner, shareholder or member of the administrative, technical, advisory or fiscal body of a Competitor or Controller, Subsidiary or a company under common Control with a Competitor; and (iii) is a direct or indirect supplier or purchaser of services and/or products of the Company, to a degree that implies loss of independence. The appointment of members of the Advisory Committees to the Board of Directors must observe, at least, the following criteria: (i) have an unblemished reputation; (ii) be in line with and committed to the Company's values and culture; (iii) hold academic training at recognized Brazilian or international educational institutions; (iv) have no conflicts of interest with the Company; (v) not hold a position in a company or entity that may be considered a competitor to the Company; and (vi) have reasonable time available to properly dedicate to the role and responsibility assumed.</p>

**GRI 102-28 Performance evaluation of the highest governance body**

Processes for evaluating the highest governance body's performance	Board of Directors	Audit Committee	Executive Board	Fiscal Council
<p>a. Performance assessment processes of the highest governance body in relation to the governance of economic, environmental and social issues.</p>	<p>The Board of Directors shall conduct its self-assessment every 2 (two) years. The Chairman of the Board is responsible for ensuring the effectiveness of the assessment. In addition, its members may be removed by the General Meeting.</p>	<p>Every 2 (two) years, the Board of Directors shall conduct a formal assessment of the Company's results and the performance of the Audit Committee and each of its respective members, individually.</p>	<p>Every 2 (two) years, the Board of Directors shall conduct a formal assessment of the Executive Board and each of its respective members, individually.</p>	<p>Every 2 (two) years, the Board of Directors conducts an assessment of the performance of the Fiscal Council and each of its respective members, individually.</p>
<p>b. Inform whether the evaluation is independent and what its frequency is.</p>	<p>Annual self-assessment and formal assessment every two years.</p>	<p>Evaluation carried out by the Board of Directors, which is composed of independent directors and annual self-assessment</p>	<p>Evaluation carried out by the Board of Directors, which is composed of independent directors</p>	<p>Evaluation carried out by the Board of Directors, which is composed of independent directors</p>
<p>c. Inform whether such an assessment is a self-assessment.</p>	<p>Self-assessment and the company is audited by an independent audit.</p>	<p>Self-assessment and evaluation by the Board</p>	<p>Self-assessment and evaluation by the Board</p>	<p>Self-assessment and evaluation by the Board</p>
<p>d. Actions taken in response to assessing the performance of the highest governance body with respect to the governance of economic, environmental and social topics, including, at a minimum, changes in adherence and organizational practice.</p>	<p>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;</p>			

## GOVERNANCE

GRI 205-2 – Communication and training for members of the governance body	2018				2019				2020			
	Informed members	% of informed members	Trained members	% of trained Members	Informed members	% of informed members	Trained members	% of trained Members	Informed members	% of informed members	Trained members	% of trained Members
Members of the Governance body (Board of Directors and Audit Committee)	8	100%	8	100%	8	100%	8	100%	0	0%	4	67%

Notes: The members of the Board and Committee are responsible for reviewing and approving the Code of Ethical Conduct, Compliance Program and Anti-Corruption Policy at the General Meeting. For the year 2020, there are three members who coincide on the Board of Directors and the Audit Committee. There are only members of the Council in the Southeast region.

GRI 205-2 – Communication of policies and procedures and training per employee category	2018					2019				
	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees
Senior Executive Board	88	88	100%	16	18%	91	91	100%	36	40%
Management	246	246	100%	53	22%	256	256	100%	125	49%
Supervisor / Coordinator	620	620	100%	192	31%	671	671	100%	482	72%
Specialist	2129	2129	100%	1062	50%	2253	2253	100%	1926	85%
Technician / Analyst	1052	1052	100%	295	28%	1244	1244	100%	624	50%
Technical / Mid-level	4714	4714	100%	1330	28%	5105	5105	100%	3947	77%
Administrative	2677	2677	100%	1610	60%	2954	2954	100%	2179	74%
Operational	1223	1223	100%	1110	91%	1601	1601	100%	1171	73%
Intern	108	108	100%	88	81%	120	120	100%	120	100%
Minor/ Young Apprentice	195	195	100%	75	38%	281	281	100%	159	57%
Total	13052	13052	100%	5831	45%	14576	14576	100%	10769	74%

GRI 205-2 – Communication of policies and procedures and training per employee category	2020				
	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees
Director	118	118	100%	45	38%
Manager	336	336	100%	167	50%
Coordinator	384	384	100%	257	67%
Supervisor	545	545	100%	422	77%
Expert/Analyst	4833	4833	100%	3254	67%
Technical/Operational Assistant	14156	14156	100%	10467	74%
Intern	97	97	100%	88	91%
Apprentice	22	22	100%	22	100%
Total	20491	20491	100%	14722	72%

Notes: Functional categories changed from 2019 to 2020. Data were obtained from the HR's employee base and employees registered at the NotreDame Intermédica Group's Corporate University (UniGNDI). We did not consider Clinipam and companies acquired by this it for training calculation purposes, as UniGNDI became available to employees as of the end of August 2020, and there was not enough time to launch more than one course advertising campaign. Nevertheless, the GNDI Code of Ethical Conduct, which prohibits any act of corruption, was disseminated across Clipan through a leadership training and disclosed through the Company's website and intranet.

**GOVERNANCE**

Communication of policies and procedures and training per employee category	2018					2019					2020				
	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees	Total number of employees	Informed employees	% informed employees	Trained employees	% of trained employees
Southeast	13052	13,052	100%	5831	45%	14576	14576	100%	10769	74%	20491	20491	100%	15130	74%

Notes: Data were obtained from the HR's employee base and employees registered at UniGNDI. We did not consider Clinipam and companies acquired by this it for training calculation purposes, as UniGNDI became available to employees as of the end of August 2020, and there was not enough time to launch more than one course advertising campaign. Nevertheless, the GNDI Code of Ethical Conduct, which prohibits any act of corruption, was disseminated across Clipan through a leadership training and disclosed through the Company's website and intranet. There are employees only in the Southeast region.



## ENVIRONMENT

### GRI 306-3 – Performance of waste generation and disposal in 2020

	2020												
	Waste generated				Waste intended for recovery				Waste not intended for recovery				
	Clinical Centers (Clinical Centers, Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	Total waste generated	Clinical Centers (Clinical Centers, Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	Total waste intended for recovery	Clinical Centers (Clinical Centers, Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	Total waste not intended for recovery	
Hazardous waste (Class I)	417.69	2810.98	5.78	3234.46	NA	0	0	0	417.70	2810.98	5.78	3234.46	Infectious, Sharp – Group A and E Medicated chemicals, liquids and corresponding packaging Lamps and Batteries
Non-hazardous waste (Class II)	785.88	3406.18	71.88	4263.95	190.35	592.25	23.59	806.18	595.53	2813.94	48.30	3457.77	
Non-inert (Class II A)	785.88	3406.18	71.88	4263.95	190.35	592.25	23.59	806.18	595.53	2813.94	48.30	3457.77	Common (D), Paper, Cardboard, Plastics, Glass and Metal
Inert (Class II B)	0	0	0	0	0	0	0	0	0	0	0	0	
Total	1203.57	6217.16	77.67	7498.41	190.35	592.25	23.59	806.18	1013.23	5624.92	54.08	6692.23	

**Note 1:** All waste intended for recovery is recycled outside the organization. Information is obtained through daily measurements entered in each unit and submitted to corporate for consolidation. Due to the pandemic, some units are subject to service suspension periods, as well as the integration of new acquisitions, which were partially contemplated in the overall volume of the group. Compared to 2019's scope, units from the Mogi regional were added, and the RJ acquisitions in Jacarepaguá, and Samaritano in Sorocaba.

### GNDI-24 – Own indicator: Percentage of recycled waste

Percentage of waste destined for recycling in 2020:

# 9%

Considering the entirety of information obtained from control and management of the topic, performance was satisfactory given the large number of units and regional dispersion of the group. The pandemic did not have a major impact on the group's overall performance, we noticed focus decentralization on routine operational issues, however, the continuous discipline exercised in the units regarding the importance of proper waste management and attention to new segregation and disposal protocols contributed to keep the topic in evidence.

## ENVIRONMENT

### Results of the former GRI 306-2 indicator (2016)

#### Non-hazardous waste by type of disposal, in tons

	2018				2019			
	Clinical Centers	Hospitals	Administrative	GNDI Total	Clinical Centers	Hospitals	Administrative	GNDI Total
Recycling	0	0	0	0	111.033	372.569	32.033	515.636
Landfill	377.460	2,001.092	88.684	2,467.236	334.291	2,096.231	103.393	2,533.915
Total	377.460	2,001.092	88.684	2,467.236	445.325	2,468.800	135.426	3,049.550

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

<sup>2</sup>In 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

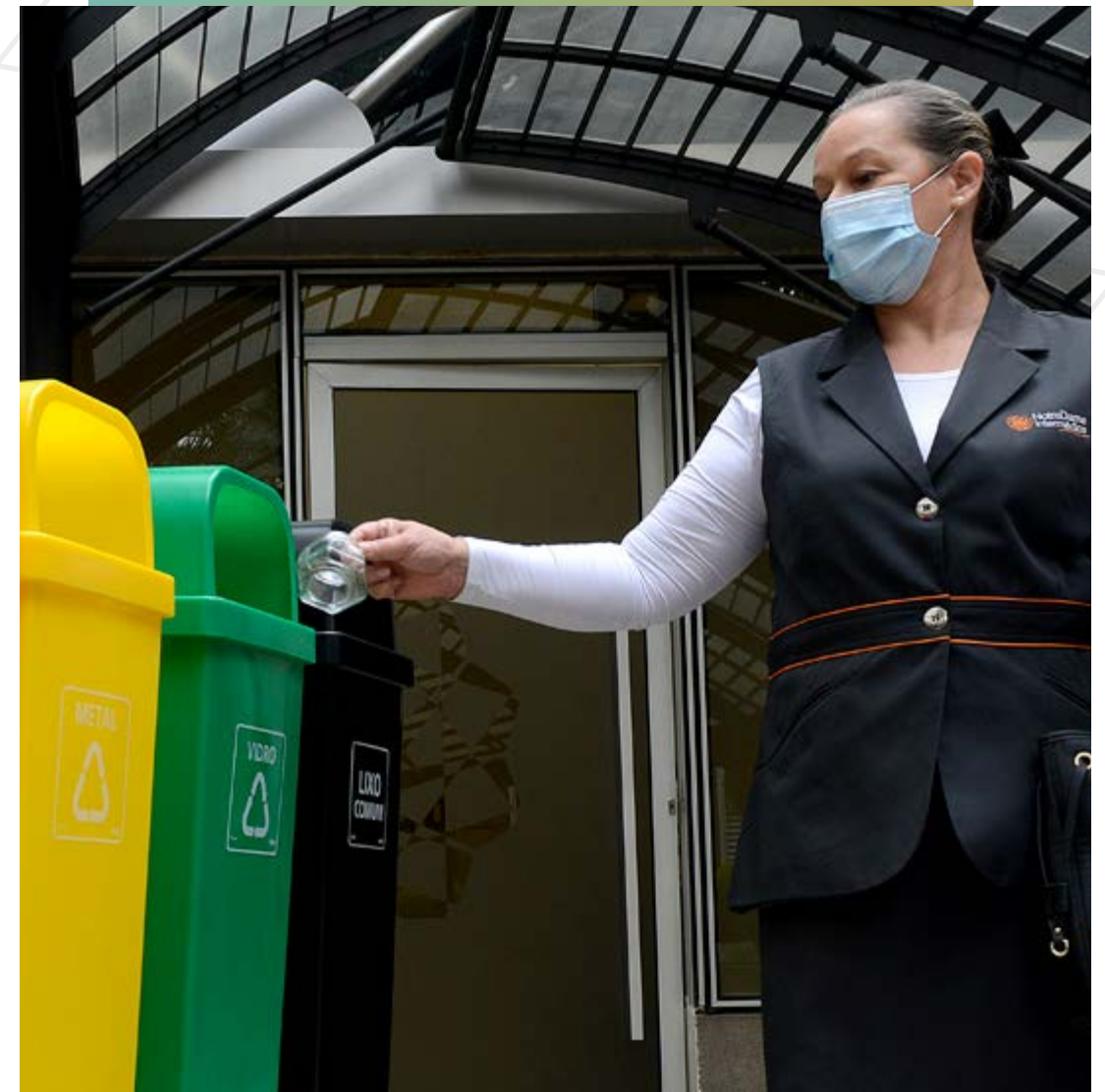
#### Hazardous waste by type of disposal, in tons

	2018				2019			
	Clinical Centers	Hospitals	Administrative	GNDI Total	Clinical Centers	Hospitals	Administrative	GNDI Total
Recycling	15.989	62.552	0	78.541	14.427	179.202	0	193.629
Landfill	202.802	1,156.845	0	1,359.647	157.130	1,502.705	0	1,659.836
Total	218.791	1,219.397	0	1,438.188	171.557	1,681.908	1,691.908	1,853.465

<sup>1</sup>Hazardous 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

#### GNDI-25 – Own indicator: tons of waste generated/net operating revenue

	2020
Waste generated (t)	7498.42
Net revenue (in BRL millions)	10673.30
Waste/Net Revenue	0.70



## ENVIRONMENT

### 306-1 – Waste generation and significant waste-related impacts

Inputs: receipt of administrative and healthcare inputs. Increase of waste from disposable packaging.

Our units generate waste from groups A, B, C, D and E, according to RDC 222/2018, and the healthcare areas are those predominantly generating hazardous waste (infectious and chemical waste).

#### Impacts on administrative areas:

- Impact on the large generation of paper and plastic waste, as some units that do not have a selective collection contract send the material to landfills.

#### Impacts on healthcare areas:

- Generation of infectious waste (biological risk): incorrect segregation can occur in dumps of common and recyclable waste, with a risk of environmental (soil and water) and biological contamination for employees of the hygiene team. In the segregation of waste from patients in isolation, especially in the cases of Covid-19, there is a risk of biological contamination and cross-flow.
- Generation of sharp waste: irregular packaging can occur, with the risk of biological or toxic contamination for the hygiene team; and irregular segregation, with fines for the company, environmental contamination (soil and water), in addition to potential accidents at the workplace.
- Generation of chemical waste: incorrect segregation can occur, with risk of toxicity for the hygiene team and environmental contamination (soil and water).
- Generation of common waste: incorrect segregation can occur in recyclable waste dumps, with increased waste in landfills and reduced selective collection. In the case of improper packaging, there are risks of odor generation and attraction of vectors.

**Outputs:** building maintenance activities.

Transport of waste to disposal, with impacts of emission of vehicular gases, causing air pollution.

### GRI 306-2 – Management of significant waste-related impacts

The topic is handled in a shared manner between the Contract Management and Environment Management areas. Third parties are responsible for the obligations related to the transportation and disposal of waste, and they are duly certified for their responsibilities in contracting the services.

A monthly waste generation target was established in the last quarter of 2020, based on a study of the waste generation profile of the GNDI hospital units. This study was carried out by MAS' Environment area and was based on literature.

In 2021, there will be periodic monitoring of the evolution of waste generation at the units by MAS and the hospital board.

#### Management measures applied:

- Scales for daily weighing of waste separated by class, in the units, for control and compliance with regulatory standards.

- Volumetries entered in spreadsheets and consolidated, generating management reports.

- Routine training with the generating units and the respective professionals linked to the segregation and collection of these wastes for responsible use of resources and assertiveness in disposal.

- Actions with cleaning service providers with the implementation of new technologies and more effective sanitizing products, prioritizing the hiring of companies aware of their sustainable obligations, such as laundry providers that, in their upstream process, have controls and technologies for treatment and recovery of waste generated in its production plants.

- Packaging alternatives, such as reusable plastic boxes, avoiding the consumption of cardboard and plastic in the transportation of small volume inputs.

Standardization Committee, representing the MAS (Environment and Workplace Safety) area, to choose materials that reduce environmental impacts.

- Waste disposal only for companies regulated by environmental agencies.

- Selective collection awareness project for employees.

- Control of regulatory documents with the competent bodies.

- Internal and regional waste commissions to monitor the waste management of the units, together with the technicians in charge.

- Introduction of the Guardião do Meio Ambiente [Guardian of the Environment] project to engage employees in the waste management process.

### GRI 302-1 – Efficient energy consumption

#### a. Total consumption of fuels from non-renewable sources in joules or their multiples, including the types of fuels used.

Non-renewable sources	Unit of measure	2018				2019				2020			
		Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total
Diesel	Gigajoule	0	442,262.37	53,339.00	495,601.37	0	750,721.50	10,258.00	760,979.50	215,612.65	1,874,014.00	29,951.90	2,119,578.55
Gasoline	Gigajoule	0	0	319.74	319.74	0	0	183.63	183.63	0	0	0	-
Natural gas	Gigajoule	0	7,170.44	0	7,170.44	0	6,997.62	0	6,997.62	-	12,874.60	-	12,874.60
Liquid gas (LPG)	Gigajoule	0	2,452.13		2,452.13	0	3,289.26		3,289.26	-	3,185.41	-	3,185.41
Total non-renewable	Gigajoule	-	451,884.94	53,658.74	505,543.68	-	761,008.38	10,441.63	771,450.01	215,612.65	1,890,074.01	29,951.90	2,135,638.56



## ENVIRONMENT

### GRI 302-1 – Efficient energy consumption

#### b. Total consumption of fuels from renewable sources in joules or their multiples, including the types of fuels used.

Renewable sources	Unit of measure	2018				2019				2020			
		Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total
Ethanol	Gigajoule	0	0	1,873.91	1,873.91	0	0	3,835.00	3,835.00	7.966	455.23	3,304.27	3,767.47
Total renewable	Gigajoule	-	-	1,873.91	1,873.91	-	-	3,835.00	3,835.00	7.966	455.23	3304.27	3,767.47

#### c. Total energy consumption within the organization in joules or multiples.

Energy consumed	Unit of measure	2018				2019				2020			
		Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total	Clinical Centers (Laboratories, Qualivida, ER and EC)	Hospitals (Hosp, Case)	Administrative	GNDI Total
Electricity	Gigajoule	24,972.26	88,609.97	12,834.85	126,417.08	21,448.45	96,895.50	14,912.95	133,256.90	62,670.88	166,751.66	11,529.14	240,951.68
Total energy consumption	Gigajoule	24,972.26	88,609.97	12,834.85	126,417.08	21,448.45	96,895.50	14,912.95	133,256.90	62,670.88	166,751.66	11,529.14	240,951.68

Note: The adopted methodology was the generation of spreadsheets, in Excel, of the consumption of all the units and later conversion of the units of measures. Value conversions were based on information found on the following websites: <https://www.converter-unidades.info/conversor-de-unidades.php?tipo=equivalente-de-petroleo>; fonte <https://www.energir.com/en/major-industries/conversion-factors/>; fonte <https://www.converter-unidades.info/conversor-de-unidades.php?tipo=equivalente-de-petroleo>. Conversions were: 1kwh (electricity) to 0.0036 GJ; 1m³ (natural gas) to 0.037 GJ; 1kg (GLP) 0.029 GJ; 1L (diesel oil) for 41.03GJ and 1l (ethanol) for 20 MJ, with 1 MJ = 0.001 GJ.

GNDI does not sell power. The results cover all operating units contained in the 2020 scope. The changes that occurred were: return of Hospital Santa Cecília, addition of Grupo São Lucas, Hospital do Coração, NotreLife Jundiaí, Unidade Avançada Santo André, Ghelfond Group, Clinipam Group and LabClin. Information about the Hospitals was obtained from the invoices of the corresponding concessionaires, with the unit engineer responsible for controlling consumption. The surveys for the SP and RJ Clinical Centers and administrative units were obtained from the real estate administration sector. Regarding the PR and SC units, data were provided by the local administration. Information is in line with the data entered and extracted from the CLIMAS system.

#### GRI 302-3 Energy intensity (total energy consumed per m²)

Specific energy consumption	2018				2019				2020			
	Clinical Centers	Hospitals	Administrative	GNDI Total	Clinical Centers	Hospitals	Administrative	GNDI Total	Clinical Centers	Hospitals	Administrative	GNDI Total
	24972.26	540494.92	68367.50	633834.67	21448.45	857903.88	29189.58	908541.91	278,283.53	2,056,825.67	41,481.04	2,376,590.24
Total area (m²)	85797.00	118837.92	20071.00	224705.92	88116.00	126260.92	20712.00	235088.92	175033.00	209032.23	24609.00	408674.23
Energy intensity	0.29	4.55	3.41	2.82	0.24	6.79	1.41	3.86	1.59	9.84	1.69	5.82

Note: This calculation included consumption of: diesel, natural gas, LPG, electricity and ethanol, all converted into GJ.

#### Analysis of results

The spikes in energy consumption (electricity, diesel, NG and LPG) in some Hospitals and Clinical Centers are justified by the increase in visits and admissions due to the COVID-19 pandemic. The administrative units reduced their electricity consumption due to the home office system applied. Fleet ethanol consumption is measured per headquarters' office (administrative unit) and per business unit; its performance is adequate due to the decrease in displacements between units, in some periods of 2020, following the COVID-19 pandemic.

#### GNDI-22 – Own indicator: GJ/net operating revenue

	2020
Specific energy consumption (GJ)	2373059
Net operating revenue (BRL in millions)	10673.3
Energy intensity/revenue	222.34

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GRI 303-3 – Water Management

a. Total water withdrawal, by source (megaliters)		2018				2019				2020				Unit of measure
		Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	
Third-party water (e.g. city supply)	Total	67.99	184.39	14.26	266.64	87.26	152.49	13.71	253.46	116.5	291	7.5	415.0	megaliters
	Freshwater (≤1000 mg/L total dissolved solids)	67.99	184.39	14.26	266.64	87.26	152.49	13.71	253.46	116.48	291.03	7.5*	415.0	megaliters
	Other water (≤1.000 mg/L total dissolved solids)	0	0	0	0	0	0	0	0	0	0	0	0	megaliters
Groundwater	Total	0	133.17	0	133.17	0	140.67	0	140.67	0	123.1	0	123.1	megaliters
	Freshwater (≤1000 mg/L total dissolved solids)	0	133	0	133	0	141	0	141	0	123.07	0	123.1	megaliters
	Other water (≤1.000 mg/L total dissolved solids)	0	0	0	0	0	0	0	0	0	0	0	0	megaliters
Total water withdrawal	Total water withdrawn	67.99	317.56	14.26	399.81	87.26	293.16	13.71	394.13	116.5	414.1	7.5	538.1	megaliters
	Total freshwater withdrawn	67.99	317.56	14.26	399.81	87.26	293.16	13.71	394.13	116.5	414.1	7.5	538.1	megaliters
	Total other water withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	megaliters

\*For the consumption of the administrative units, only the consumption values of the Corporate Headquarters in SP were included. In the other administrative units, consumption is the responsibility of the condominium.

b. Total water withdrawal from areas with water stress by source (megaliters)		2018				2019				2020				Unit of measure
		Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	
Third-party water (e.g. city supply)	Total	0	15.85	0	15.85	0	13.23	0	13.23	4.82	52.9	0	57.72	megaliters
	Freshwater (≤1000 mg/L total dissolved solids)	0	15.85	0	15.85	0	13.23	0	13.23	4.82	52.9	0	57.72	megaliters
	Other water (≤1.000 mg/L total dissolved solids)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0	megaliters
Total water withdrawn from areas with water stress	Total water withdrawn	0	15.85	0	15.85	0	13.23	0	13.23	4.8	52.9	0	57.7	megaliters
	Total freshwater withdrawn	0	15.85	0	15.85	0	13.23	0	13.23	4.8	52.9	0	57.7	megaliters
	Total other water withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	megaliters

## ENVIRONMENT

### GNDI-9 Water use intensity

GNDI-9: Water consumption intensity per m <sup>2</sup>	2018				2019				2020			
	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total	Clinical Centers (Clinical centers, Laboratories)	Hospitals (Hosp, Case, Qualivida)	Administrative	GNDI Total
Total water withdrawn in the period (m <sup>3</sup> )	67,990.00	317,560.00	14,260.00	399,810.00	87,256.80	293,158.90	13,710.00	394,125.70	116,480.00	414,100.00	7,480.00	538,060.00
Total built area (m <sup>2</sup> )	85,797.00	118,837.92	20,071.00	224,705.92	88,116.00	126,260.92	20,071.00	234,447.92	175,033.00	209,032.23	24,609.00	408,674.23
Water withdrawal per m <sup>2</sup>	0.79	2.67	0.71	1.78	0.99	2.32	0.68	1.68	0.6	2.0	0.3	1.3

### GNDI-23 – Own indicator: m<sup>3</sup> withdrawn/net operating revenue

Water consumption intensity per revenue	2020
Total water withdrawn in the period (m <sup>3</sup> )	538,060.0
Net operating revenue (BRL in millions)	10673.30
Water withdrawal per revenue	50.41



**SOCIAL**

**GRI 102-8 – Staff**

Total own employees by type of job and gender	2018			2019			2020		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Own employees in full-time regime	2,313	10,18	12,493	2,534	11,474	14,008	3,841	17,726	21,567
Own employees in part-time regime (up to 25 hours/week)	335	224	559	367	201	568	511	325	836

Total employees by type of contract and gender	2018			2019			2020		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Own employees with contracts for an indefinite term	2,574	10176	12,750	2,797	11,377	14,174	4,321	17,957	22,278
Own employees with contracts for a fixed term or temporary basis	74	228	302	104	298	402	31	94	125

Total own employees by type of contract and region	2018		2019		2020		
	Southeast	Total	Southeast	Total	South	Southeast	Total
Own employees with contracts for an indefinite term	12,750	12,750	14,174	14,174	1,906	20,372	22,278
Own employees with contracts for a fixed term or temporary basis	302	302	402	402	6	119	2,025
Total	13,052	13,052	14,576	14,576	1,912	20,491	24,303

Notes: Only the Southeastern region was maintained until 2019, considering that GNDI only had operations in this region. In 2020, employees from the South Region were accounted for, including affiliate Clinipam and Hospital do Coração.

Information was extracted from the HR system's employee base and information from affiliates was sent by the units' local HRs, according to the systems used in each region.

For the 2020 data, the statuses of employees were reviewed and only "active ones" were considered. Active employees plus those on leave would previously be accounted for in the indicators. Measurement changed due to the impact of considering employees on leave in the analysis of remuneration-related indicators.

## SOCIAL

### GRI 401-1

#### Employee turnover – by Geographical Distribution

Geographical distribution	Gender	2018					2019					2020				
		Age group			Turnover by gender and region	Age group			Turnover by gender and region	Age group			Turnover by gender and region			
		<30	30-50	>50		Total	<30	30-50		>50	Total	<30		30-50	>50	Total
Southeast	Men	289	347	52	688	1%	340	407	46	793	2%	414	520	75	1,009	5%
	Women	773	1,475	158	2,406	5%	896	1,672	206	2,774	6%	1,277	2,218	234	3,729	20%
	Total	1,062	1,822	210	3,094	7%	1,236	2,079	252	3,567	7%	1,691	2,738	309	4,738	25%
South	Men	0	0	0	0	0%	0	0	0	0	0%	39	46	5	90	0%
	Women	0	0	0	0	0%	0	0	0	0	0%	148	275	26	449	2%
	Total	0	0	0	0	0%	0	0	0	0	0%	187	321	31	539	3%
Total		1,062	1,822	210	3,094		1,236	2,079	252	3,567		1,878	3,059	340	5,277	
Turnover by age group		3%	4%	0%	7%		3%	4%	0%	7%		2.70%	3.90%	0.30%	7.00%	

**Action plan:** As the affiliate units are already using the HR system, internal actions will be promoted so that employees can update their registration data, which should happen by May 2021.

**Analysis of results:** A greater number of layoffs was recorded this year due to the dismissal of employees in the outsourced workforce of affiliates.

#### Employee turnover – by functional category and ethnic group

Functional category by ethnic group	2020 Ethnic group							Total	Turnover by functional category
	White	Black	Yellow	Brown	Indigenous	PWD	No declaration		
Governance Body	0	0	0	0	0	0	0	0	0.0%
Director	10	0	0	0	0	0	0	10	0.1%
Manager	36	1	0	7	0	0	3	47	0.3%
Coordinator	53	2	0	11	0	0	0	66	0.3%
Supervisor	91	11	0	25	0	1	2	130	0.6%
Expert/Analyst	677	46	2	195	3	3	12	938	5.4%
Technical/Operational Assist.	1,795	275	9	841	2	89	48	3,059	16.7%
Apprentice	137	18	0	82	0	0	1	238	0.8%
Intern	70	10	0	22	0	0	1	103	0.5%
Total	2,869	363	11	1,183	5	93	67	4,591	24.7%
Turnover by ethnic group	3.7%	0.5%	0%	1.7%	0%	0.1%	0.1%		

**Notes:**

The data accounted for in this table refer only to GNDI (a total of 4,543 admissions considered). The other affiliates do report these data on payroll. For the 2020 data, the statuses of employees were reviewed and only "active ones" were considered. Active employees plus those on leave would previously be accounted for in the indicators.

The turnover rate we considered was calculated as follows: average number of hired employees + number of dismissed employees divided by the average of total employees at the end of the year + total at the beginning of the year.

GNDI data was extracted from the HR systems. Data from the following affiliates were sent by each unit's payroll officer: Hospital São Lucas, Clinipam and Hospital do Coração. Admission figures considered refer to external hires and not to integrations carried out in 2020. The following affiliates do not have ethnicity data, therefore, only GNDI data were accounted for: Hospital São Lucas, Clinipam and Hospital do Coração.

## SOCIAL

### GRI 401-1

#### Employee hires – by Geographical Distribution

Geographical distribution	Gender	2018					2019					2020				
		Age group			Hiring rate by gender and region	Age group			Hiring rate by gender and region	Age group			Hiring rate by gender and region			
		<30	30-50	>50		Total	<30	30-50		>50	Total	<30		30-50	>50	Total
Southeast	Men	423	336	20	779	21%	524	428	27	979	21%	484	505	32	1,021	22%
	Women	1,239	1,645	64	2,948	79%	1,613	2,003	114	3,730	79%	1,521	1,978	96	3,595	78%
	Total	1,662	1,981	84	3,727	100%	2,137	2,431	141	4,709	100%	2,005	2,483	128	4,616	92%
South	Men	0	0	0	0	0%	0	0	0	0	0%	29	48	3	80	19%
	Women	0	0	0	0	0%	0	0	0	0	0%	123	205	7	335	81%
	Subtotal	0	0	0	0	0%	0	0	0	0	0%	152	253	10	415	8%
Total		1,662	1,981	84	3,727		2,137	2,431	141	4,709		2,157	2,736	138	5,031	
Turnover rate by age group		45%	53%	2%			45%	52%	3%			42.9%	54.4%	2.7%		

Note: for hiring rates, we consider the number of hires per gender/region divided by the total number of hires. Please contact the advisory firm if the organization adopts another calculation.

#### Hiring of employees – by Functional Category and Ethnic Group

Functional category by ethnic group	2020							Total	Turnover by functional category
	White	Black	Yellow	Brown	Indigenous	PWD	No declaration		
Director	17	0	1	1	0	0	0	19	0.4%
Manager	59	3	0	4	0	0	1	67	1.5%
Coordinator	37	1	0	11	0	0	0	49	1.1%
Supervisor	63	4	0	19	0	0	1	87	1.9%
Expert/Analyst	715	58	3	269	3	2	6	1,056	23.2%
Technical/Operational Assist.	1,653	313	12	1,045	5	97	7	3,132	68.9%
Apprentice	40	9	0	9	0	0	0	58	1.3%
Intern	60	3	0	12	0	0	0	75	1.7%
Total	2,644	391	16	1,370	8	99	15	4,543	100.0%
Hiring rate by ethnic group	58.20%	8.61%	0.35%	30.16%	0.18%	2.18%	0.33%		

The data accounted for in this table refer only to GNDI (a total of 4,543 admissions considered). The other affiliates do report these data on payroll. Hospital do Coração's employee data is controlled by an accounting firm. There were no admissions at Hospital São Lucas in Oct and Dec/20



## SOCIAL

### GRI 405-1 – Diversity at GNDI

#### Functional category – by gender

Functional category by gender	2018		2019	
	Men %	Women %	Men %	Women %
Governance Body	100%	0%	100%	0%
Senior Executive Board	69%	31%	70%	30%
Management	44%	56%	43%	57%
Supervisor / Coordinator	21%	79%	22%	78%
Specialist	15%	85%	15%	85%
Technician / Analyst	26%	74%	27%	73%
Technical / Mid-level	18%	82%	18%	82%
Administrative	16%	84%	16%	84%
Operational	32%	68%	27%	73%
Intern	6%	94%	18%	83%
Minor/ Young Apprentice	35%	65%	29%	71%
Total	20%	80%	20%	80%

#### Functional category – by age

Functional category by age	2018			2019		
	< 30%	30 - 50%	> 50%	< 30%	30 - 50%	> 50%
Governance Body	0%	0%	0	0%	50%	50%
Senior Executive Board	0%	51%	49%	0%	46%	54%
Management	2%	74%	24%	2%	77%	21%
Supervisor / Coordinator	9%	80%	11%	7%	83%	10%
Specialist	17%	76%	7%	18%	75%	7%
Technician / Analyst	26%	64%	10%	26%	64%	10%
Technical / Mid-level	18%	71%	11%	19%	69%	11%
Administrative	47%	48%	5%	45%	49%	6%
Operational	40%	48%	13%	43%	45%	11%
Intern	97%	3%	0%	98%	3%	0%
Minor/ Young Apprentice	100%	0%	0%	100%	0%	0%
Total	27%	63%	9%	29%	62%	9%

Functional category by gender	2020	
	Men %	Women %
Governance Body	100%	0%
Director	67%	33%
Manager	37%	63%
Coordinator	26%	74%
Supervisor	21%	79%
Expert/Analyst	19%	81%
Technical/Operational Assist.	19%	81%
Apprentice	32%	68%
Intern	23%	77%
Total	19%	81%

In previous years, submitted data considered “active” employees plus employees “on leave”. In 2020, only active employees were considered, due to the impact of including employees on leave, which can be observed when analyzing remuneration-related collection forms. There was also a change in the functional category from 2019 to 2020. Data were extracted from the HR systems for the GNDI (Grupo NotreDame Intermédica), HJP (Hospital Jacarepaguá) and HSB (Hospital São Bernardo). Regarding the data from the affiliates, the information was received from the unit’s HR managers (Hospital São Lucas, Clinipam and Hospital do Coração). For the governance body, the members of the Board of Directors, Audit Committee and Fiscal Council were considered. As three professionals among those considered participated in the same two councils, seven professionals were considered in total.

Functional category by age	2020		
	< 30	30 - 50	> 50
Governance Body	0%	33.30%	50.00%
Director	0.00%	53%	47%
Manager	0.80%	78%	21%
Coordinator	3.20%	86%	11%
Supervisor	12%	77%	11%
Expert/Analyst	21%	72%	6%
Technical/Operational Assist.	31%	60%	9%
Apprentice	100%	0.00%	0%
Intern	99%	1.00%	0%
Total	27.60%	64%	9%

Note: In previous years, the data considered “active” employees plus employees “on leave”. In 2020, only active employees were considered, due to the impact of including employees on leave, which can be observed when analyzing remuneration-related collection forms. There was also a change in the functional category from 2019 to 2020. Data were extracted from the HR systems for Grupo NotreDame Intermédica, Hospital Jacarepaguá and Hospital São Bernardo. Regarding the data from the affiliates, the information was received from the unit’s HR managers (Hospital São Lucas, Clinipam and Hospital do Coração). For the governance body, the members of the Board of Directors and Audit Committee were considered. As three professionals among those considered participated in the same two councils, seven professionals were considered in total. Regarding the data from the Governance Body, as we the date of birth of one of the members is missing, we considered only seven members in the age group table.

## SOCIAL

### GRI 405-1

#### Functional category – by minority group

Functional category by minority group	2018			2019		
	Black %	Indigenous %	Person with disability %	Black %	Indigenous %	Person with disability %
Senior Executive Board	0%	0%	0%	0%	0%	0%
Management	0.40%	0%	1%	0.40%	0%	0.40%
Supervisor / Coordinator	2%	0.20%	1%	2%	0%	1%
Specialist	3%	0.10%	1%	5%	0%	1%
Technician / Analyst	5%	0.20%	2%	6%	0%	2%
Technical / Mid-level	6%	0.20%	1%	7%	0%	1%
Administrative	4%	0.00%	14%	5%	0%	13%
Operational	4%	0.00%	10%	9%	0%	9%
Intern	5%	0.00%	0%	8%	0%	0%
Minor/ Young Apprentice	2%	0.00%	0%	7%	0%	0%
Total	4.40%	0.12%	4%	6%	0%	4%

Functional category by minority group	2020		
	Black %	Indigenous %	Person with disability %
Governance Body	0%	0%	0%
Director	0%	0.00%	0%
Manager	2%	0.00%	0%
Coordinator	3%	0.20%	1%
Supervisor	4%	0.00%	1%
Expert/Analyst	6%	0.20%	1%
Technical/Operational Assist.	8%	0.10%	4%
Apprentice	18%	0.00%	0%
Intern	5%	0.00%	0%
Total	7%	0.10%	3%

Note: In previous years, the data considered "active" employees plus employees "on leave". In 2020, only active employees were considered, due to the impact of including employees on leave, which can be observed when analyzing remuneration-related indicators. There was also a change in the functional category from 2019 to 2020. This table shows only GNDI data, where we have our employees' self-declarations on ethnicity. The following affiliates are not accounted for, as they do not have information on minority groups: Hospital São Lucas, Clinipam and Hospital do Coração. As these employees' data integration is underway in 2021, the system will be updated by May/21.

### GRI 405-2

#### Ratio of basic salary and remuneration of women to men

GNDI + Affiliates Functional category	2018		2019	
	Base salary	Remuneration	Base salary	Remuneration
Senior Executive Board	0.8	0.7	0.8	0.7
Management	0.8	0.8	0.8	0.8
Supervisor / Coordinator	0.7	0.8	0.8	0.8
Specialist	0.8	0.8	0.8	0.8
Technician / Analyst	0.9	0.9	0.8	0.9
Technical / Mid-level	1.0	1.0	1.0	0.9
Administrative	1.0	1.0	1.0	1.0
Operational	0.9	0.9	0.9	0.9
Intern	1.0	1.0	1.0	1.0
Minor/ Young Apprentice	1.0	1.0	1.0	1.0
Total	0.6	0.6	0.6	0.6

Corporate + other units Functional category	2020	
	Base salary	Remuneration
Director	0.8	0.8
Manager	0.8	0.8
Coordinator	0.9	1.0
Supervisor	0.9	0.9
Expert/Analyst	0.9	0.9
Technical/Operational Assist.	0.9	0.9
Intern	0.9	1.0
Apprentice	1.0	1.0
Total	0.8	0.8

Note: For 2020, the HR system's employee base for the month of December was considered. The base of the acquired companies (Clinipam, Hospital do Coração and Hospital São Lucas) is not yet integrated into the system. Only employees with "active" status were considered, unlike 2019, in which "active" employees, as well as employees "on leave" were accounted for. Consideration changed due to impacts on remuneration. For the ratio calculation, the average salary and remuneration between Corporate and the other units was taken into account. There was also a change in the functional category in 2020 compared to 2019.

Note: Age group data for one of the members of governance bodies was not available.

## SOCIAL

### GRI 401-3 – Parental leave

	Gender	2018	2019	2020
Number of employees entitled to parental leave	Men	2,648	2,901	4,352
	Women	10,404	11,675	18,051
	Total	13,052	14,576	22,403
Number of employees who took parental leave	Men	76	47	121
	Women	501	611	900
	Total	577	658	1,021
Number of employees who returned to work after parental leave	Men	76	47	121
	Women	484	541	828
	Total	560	588	949
Number of employees who returned to work and remain at the Company after 12 months*	Men	69	76	47
	Women	294	311	450
	Total	363	387	497
Return to work rate Recommended calculation: No. of employees who returned from a leave over No. of employees who experienced a leave.*	Men	100.00%	100.00%	100.00%
	Women	96.61%	88.54%	92.00%
	Total	97.05%	89.36%	92.95%
Retention rate (12 months) Recommended calculation: No. of employees who remained for 12 months after a leave over No. of employees who returned from their leave in the previous period.*	Men	100.00%	100.00%	100.00%
	Women	72.59%	64.26%	83.18%
	Total	76.58%	69.11%	84.52%

Note: Number of employees entitled to parental leave are 100% of the workforce. Data were obtained from Dashboard Reports and HR indicators. Parental leave is granted in accordance with current legislation.

\*For these indicators, there are no controls for calculating the item in Clinipam, Hospital do Coração and São Lucas

### GRI 404-1 - Encouraging proactive learning

	Average training hours	2018	2019
Senior Executive Board	Men	158	85
	Women	164	71
	Total	160	81
Management	Men	92	45
	Women	106	49
	Total	100	47
Supervisor / Coordinator	Men	66	60
	Women	81	75
	Total	78	72
Specialist	Men	84	62
	Women	86	71
	Total	86	69
Technician/Analyst	Men	313	20
	Women	478	22
	Total	434	21
Technical / Mid-level	Men	88	66
	Women	86	64
	Total	87	65
Administrative	Men	50	38
	Women	59	44
	Total	58	43
Operational	Men	47	36
	Women	68	40
	Total	61	39
Intern/Trainee	Men	55	7
	Women	109	12
	Total	105	11
Minor/ Young Apprentice	Men	28	27
	Women	29	26
	Total	29	26
TOTAL	Men	98	49
	Women	108	55
	Total	106	54

	Average training hours	2020
Director	Men	15.79
	Women	19.01
	Total	16.90
Manager	Men	13.74
	Women	22.00
	Total	18.98
Coordinator	Men	25.17
	Women	29.68
	Total	28.52
Supervisor	Men	29.72
	Women	29.10
	Total	29.23
Expert/Analyst	Men	20.30
	Women	29.03
	Total	27.42
Technical/Operational Assistant	Men	27.52
	Women	33.43
	Total	32.34
Intern	Men	14.10
	Women	16.84
	Total	16.16
Apprentice	Men	30.06
	Women	33.92
	Total	32.97
Total	Men	25.16
	Women	31.95
	Total	30.64

Note: All classroom and online courses registered on the LMS (Learning Management System) platform of UniGNDI (GNDI's Corporate University) and the employee base updated weekly via integration of the payroll system with the LMS platform were considered for the calculation. The courses were registered by title, with identification of purpose, content, target audience and course load. Hospital São Lucas' employees did not have access to the UniGNDI environment by the closing of this report and, therefore, are not included in the hours of training reported basis. Data were obtained from a consolidated report requested to the LMS administrator (Webtraining company). The report considers the data registered on the platform that can be obtained separately via: weekly load of employees, Online Achievement Report and On-site Registration Report. Data consider all units integrated to the group during the year 2020. There was also a change in the functional categories from 2019 to 2020, which explains the lack of comparison with previous years.



**SOCIAL**

**GRI 403-9 – Work safety management**

**Work-related injuries – own employees**

	2018	2019	2020
Number of fatalities due to work-related injuries	0	0	0
Rate of fatalities due to work-related injuries	0	0	0
Number of high-consequence work-related injuries (excluding fatalities)	0	0	0
Rate of high-consequence work-related injuries (excluding fatalities)	0	0	0
Number of work-related injuries	336	416	351
Rate of work-related injuries	FR = 11.15 / SR = 33.39	FR = 13.01 / SR = 48.56	FR: 9.39/ SR: 22.93
Number of hours worked.	30,127,533.10	31,960,097.90	37,360,329.33

Note: Calculation is performed based on the number of hours worked. Information is obtained through the issued CATs (Social Security)  
FR= frequency rate, SR = severity rate

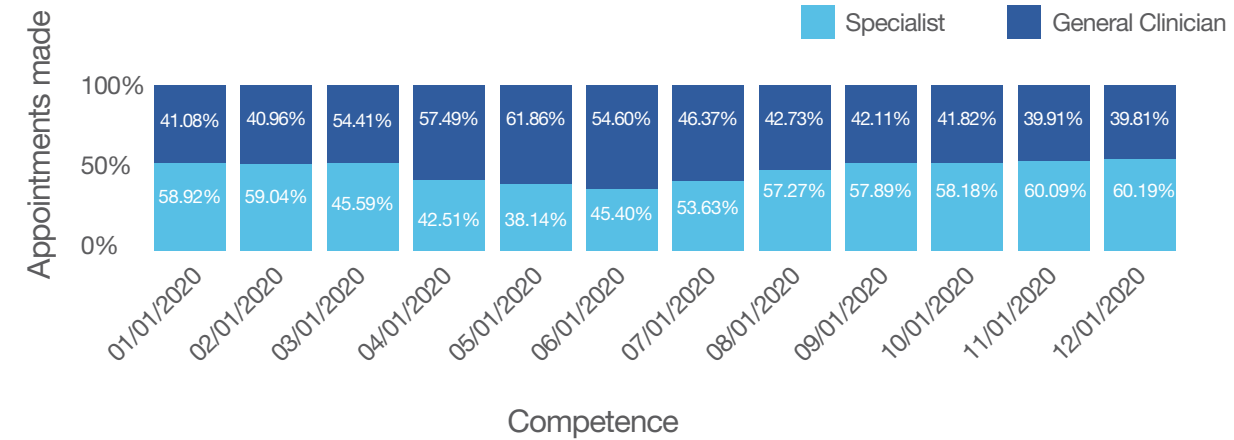
**Work-related injuries (non-employees) – professionals whose work and/or workplace is controlled by GNDI**

Work-related injuries	2018	2019	2020
Number of fatalities due to work-related injuries	0	0	0
Rate of fatalities due to work-related injuries	0	0	0
Number of high-consequence work-related injuries (excluding fatalities);	0	0	0
Rate of high-consequence work-related injuries (excluding fatalities);	0	0	0
Number of work-related injuries	31	58	48
Rate of work-related injuries	0	0	FR = 48.03 / SR = 114.08
Number of hours worked.	0	0	999294.36

Note: Scope of the indicator: 100% of third-party companies for hygiene, property security, maintenance, nutrition (SND), blood bank, third-party laboratories. Information obtained through immediate contact with the local supervisor at the unit, responsible for the contract. Values were estimated according to the information collected with the local supervisor. However, we identified the opportunity to improve the process by performing the control through a spreadsheet of the recorded occurrences and requesting the submission of CAT's copy proving the characterization of the accident

**Primary care**

**GNDI3 – Primary care indicator (rate of consultations of general clinicians x specialists)**



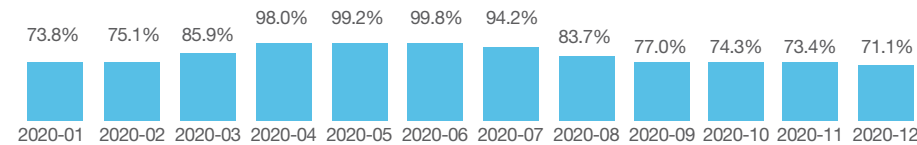
Note: Rate calculation: (% General clinicians) / (% Specialists). % General clinician: (Absolute number of outpatient appointments with General clinicians / (Absolute number of outpatient appointments with General clinicians + Absolute number of outpatient appointments with Specialists)) \* 100%. % Specialist: (Absolute number of outpatient appointments with Specialists / (Absolute number of outpatient appointments with General clinicians + Absolute number of outpatient appointments with Specialists)) \* 100%. RJ Regional is not included in the indicator submitted.

**Average in 2020:**



SOCIAL

**GNDI-3 Primary care indicator (primary care resolvability)**



**Analysis of results:** We consider the results adequate for the start of measurements and in comparison to the Brazilian model. In the latest methodologies, SUS aims to reach the rate of 0.2 (5 specialist appointments for 1 general appointment) for 2021. We do not have Brazilian benchmarking data. (NHS-UK – 1 specialist appointment for 5 general appointments).

2020 cumulative resolvability 2020:

**81.10%** PHC resolvability

**Our performance**

**Number of telemedicine appointments performed (medical and non-medical) GNDI-18**

This first year, no target for the number of appointments was set. Appointments during the agreed period were carried out appropriately.

2020	
Number of appointments/thousand beneficiaries (average per month)	20.08
Number of appointments (medical)	554,306
Number of appointments (non-medical)	16,267

Data were obtained from SAP BO. The number of lives was extracted from the SAP BO report, population HMO+PPO.

**Analysis of results:** Most Telemedicine appointments were no scheduled (SHM), class of care that showed a decrease after the September 2020. Doctors are the most frequent professionals in appointments, with a growth from November to December in the SHM category while scheduled appointments (CHM) stood flat. CHM psychology appointment increased.

For 2021, opening hours will be extended, as well as our efforts in the Mental Health Program.

**Percentage of patients assisted via telemedicine who were referred for face-to-face appointments GNDI-19**

2020	
Effectiveness rate	9.06%

Effectiveness Rate represents the number of patients who were seen via Telemedicine Urgent Care and, after 7 days, were seen at the Urgent Care or Emergency Room.

**Note 2:** The data were obtained from: - report 18 (Report of appointments not listing call details) from the Conexa base (Telemedicine application). Appointments were considered when performed in urgent care units with a "completed" status, with a different outcome from "appointment interrupted" and "patient absence" and the Origin field is checked as "appointment with queue". - SAP BO source report (Scope: Source Analysis – Appointment) Appointments were considered as urgent care with a "confirmed" status when the medical specialty refers to SHM appointment and the name of the provider is different from Telemedicine. - SAP BO hospital (WPD) ER appointment report (Scope: WPD Information Analysis – Emergency Room) with no filter required. - SAP BO claims report (Scope: Appointment Analysis) Appointments were considered as UC visits all those with the field Description appointment group filled in as Emergency Room. The Individual Taxpayers' Registry [CPF] was used as the key to all bases – source, claim and WPD bases – which are not 100% filled and the date of appointment was used to calculate the interval between appointments.

**Analysis of the result:** the primary goal established, that the indicator did not exceed 10% in that first year, was successfully achieved. In the series studied, only in April 2020 was it above 10%. In 2021, a Fast Track model will be structured, that is, greater speed for patients treated via Telemedicine and referred to Hospital care in the Dedicated Network, in order to optimize the Patient's Journey.

**Use of telemedicine (or media) for low-income individuals (products up to Smart 200) GNDI-20**

2020	
Number of appointments with low-income individuals/number of appointments	20.9%

**Note:** The data were obtained from: - report 18 (Report of appointments not listing call details) from the Conexa base (Telemedicine application). Appointments were considered when performed in urgent care units with a "completed" status, with a different outcome from "appointment interrupted" and "patient absence". - SAP BO source report (Scope: Source Analysis – Appointment) considering all appointments in which the field "description of plans" was filled as Smart 200 or less.

**Analysis of the result:** for this indicator, we have not established a target for the specific public. However, we understand that the scope of appointments has been increasing considerably in all GNDI products and social class of Beneficiaries. In 2021, Telemarketing Stations will be implemented in some units of customer companies to expand access. Access to the Telemedicine Platform should also be facilitated with the GNDI Easy application.



  
Noire Dame  
Intermédica  
Centro Clínico Arujá

# GRI CONTENT INDEX



# GRI Summary

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	10	
GRI 102: General Disclosures 2016	102-2	Activities, brands, products, and services	10	
GRI 102: General Disclosures 2016	102-3	Location of headquarters	10	
GRI 102: General Disclosures 2016	102-4	Location of operations	10,11	
GRI 102: General Disclosures 2016	102-5	Ownership and legal form	10	
GRI 102: General Disclosures 2016	102-6	Markets served	10,11	
GRI 102: General Disclosures 2016	102-7	Scale of the organization	10, 11, 15, 42	
GRI 102: General Disclosures 2016	102-8	Information on employees and other workers	42, 81	
GRI 102: General Disclosures 2016	102-9	Supply chain	18	
GRI 102: General Disclosures 2016	102-10	Significant changes to the organization and its supply chain	18	
GRI 102: General Disclosures 2016	102-11	Precautionary principle or approach	29	
GRI 102: General Disclosures 2016	102-12	External initiatives	26, 32	
GRI 102: General Disclosures 2016	102-13	Membership of associations		<ul style="list-style-type: none"> <li>• ABA - Associação Brasileira de Anunciantes [Brazilian Association of Advertisers]</li> <li>• MMA - Mobile Marketing Association</li> <li>• Fenasaúde: Federação Nacional de Saúde Suplementar [National Federation of Supplementary Health]"</li> </ul>
2. STRATEGY				
GRI 102: General Disclosures 2016	102-14	Statement from senior decision-maker	4, 5	
3. ETHICS AND INTEGRITY				
GRI 102: General Disclosures 2016	102-16	Values, principles, standards and norms of behavior	13	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
4. GOVERNANCE				
GRI 102: General Disclosures 2016	102-18	Governance structure	28	
GRI 102: General Disclosures 2016	102-22	Composition of the highest governance body and its committees	28, 70, 71	
GRI 102: General Disclosures 2016	102-24	Selection and appointment processes for the highest governance body and its committees	71, 72	
GRI 102: General Disclosures 2016	102-28	Processes for evaluating the highest governance body's performance	18, 72	
5. STAKEHOLDER ENGAGEMENT				
GRI 102: General Disclosures 2016	102-40	List of stakeholder groups	7, 66	
GRI 102: General Disclosures 2016	102-41	Collective bargaining agreements		"100% of the employees hired under the CLT regime [Brazilian Labor Laws] are covered by collective bargaining agreements. The indicator includes all operating units."
GRI 102: General Disclosures 2016	102-42	Identifying and selecting stakeholders	7	
GRI 102: General Disclosures 2016	102-43	Approach to stakeholder engagement	7, 24, 32, 33	
GRI 102: General Disclosures 2016	102-44	Key topics and concerns raised	8, 67	
6. REPORTING PRACTICES				
GRI 102: General Disclosures 2016	102-45	Entities included in the consolidated financial statements	12	
GRI 102: General Disclosures 2016	102-46	Defining report content and topic boundaries	67	
GRI 102: General Disclosures 2016	102-47	List of material topics	8, 67	
GRI 102: General Disclosures 2016	102-48	Restatements of information		There were none.
GRI 102: General Disclosures 2016	102-49	Changes in reporting	3, 8	
GRI 102: General Disclosures 2016	102-50	Reporting period	3	
GRI 102: General Disclosures 2016	102-51	Date of most recent report		2019 Sustainability Report
GRI 102: General Disclosures 2016	102-52	Reporting cycle	3	
GRI 102: General Disclosures 2016	102-53	Contact point for questions regarding the report		If you have any questions or suggestions for this document, contact IR at <a href="mailto:ri.gndi.com.br/outras-informacoes/fale-com-o-ri">ri.gndi.com.br/outras-informacoes/fale-com-o-ri</a>
GRI 102: General Disclosures 2016	102-54	Claims of reporting in accordance with the GRI Standards	3	
GRI 102: General Disclosures 2016	102-55	GRI content index	89-93	
GRI 102: General Disclosures 2016	102-56	External assurance	3, 94, 95	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
Material topic: Growth of operations				
Topic – 201: Economic Performance				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	14	
GRI 103 Management Approach 2016	103-2	The management approach and its components	14	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	14, 15	
GRI 201: Economic performance 2016	201-1	Direct economic value generated and distributed	15	
Own Topic: Growth of operations	GNDI-10	Profitability of growth of operations. [Revenue/no. Lives (and beds)]	15	
Own Topic: Growth of operations	GNDI-11	Integration stage [Number of companies in each integration stage]	69	
Material topic: Ethics and responsible corporate governance				
Topic – 205: Anti-corruption				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	29	
GRI 103 Management Approach 2016	103-2	The management approach and its components	29, 30	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	30	
GRI 205: Anti-corruption 2016	205-2	Communication and training about anti-corruption policies and procedures	30, 31	
GRI 205: Anti-corruption 2016	205-3	Confirmed incidents of corruption and actions taken	30	
Material topic: Efficiency in the use of water and energy				
Topic – 302: Energy				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	37	
GRI 103 Management Approach 2016	103-2	The management approach and its components	37	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	37	
GRI 302: Energy 2016	302-1	Energy consumption within the organization	77, 78	
GRI 302: Energy 2016	302-3	Energy intensity	78	
Own indicator: Energy Efficiency	GNDI-22	Energy consumption/Net operating revenue	78	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
Topic - 303: Water and Effluents				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	38	
GRI 103 Management Approach 2016	103-2	The management approach and its components	38	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	38	
GRI 303: Water and Effluents 2018	303-1	Interactions with water as a shared resource	38	
GRI 303: Water and Effluents 2018	303-2	Management of water discharge-related impacts	38	
GRI 303: Water and Effluents 2018	303-3	Water withdrawal	79	
Own indicator: Water use intensity	GNDI-9	Water consumption intensity	80	
Own indicator: Water consumption efficiency	GNDI-23	Water consumption/Net operating revenue	80	
Non-material topic				
Topic – 305: Emissions				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	39	
GRI 103 Management Approach 2016	103-2	The management approach and its components	39	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	39	
GRI 305: Emissions 2016	305-1	Direct emissions (scope1)	40	
GRI 305: Emissions 2016	305-2	Indirect emissions (scope2)	40	
GRI 305: Emissions 2016	305-3	Indirect emissions (scope3)	40	
GRI 305: Emissions 2016	305-4	Emission intensity	40	
Material topic: Waste generation and disposal				
Topic – 306: Waste				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	35	
GRI 103 Management Approach 2016	103-2	The management approach and its components	35, 36	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	35, 36	
GRI 306: Waste 2020	306-1	Waste generation and significant waste-related impacts	77	Healthcare operations, which provide services as their main activity, are directly responsible for the generation of waste. In addition, other related services, such as cleaning and building maintenance, have a part in generating impacts.

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
GRI 306: Waste 2020	306-2	Management of significant waste-related impacts	77	We have clear guidelines for hiring third parties to provide services such as laundry, which must commit to properly allocating their waste and offering technologies for integrated consumption management, with a focus on reducing waste generation.
GRI 306: Waste 2020	306-3	Waste generated	75	
Own indicator: Percentage of recycled waste	GNDI-24	Percentage of waste destined for recycling	75	
Own indicator: Efficiency in waste generation	GNDI-25	Waste generated/Net operating revenue	76	
Material topic: Talent appreciation and retention				
Topic – 401: Employment				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	42, 43	
GRI 103 Management Approach 2016	103-2	The management approach and its components	42, 43	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	42, 43	
GRI 401: Employment 2016	401-1	New employee hires and employee turnover	83	
GRI 401: Employment 2016	401-3	Parental leave	86	
Material topic: Employee well-being, health and safety				
Topic – 403: Occupational health and safety				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	49, 50	
GRI 103 Management Approach 2016	103-2	The management approach and its components	49, 50	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	49, 50	
GRI 403: Occupational health and safety 2018	403-1	Occupational health and safety management system	49, 50	
GRI 403: Occupational health and safety 2018	403-2	Hazard identification, risk assessment, and incident investigation	50	
GRI 403: Occupational health and safety 2018	403-3	Occupational health services	50	Third-party employees are not served by the Occupational Health area and are not registered in the system, except those holding a GNDI health plan. In case of an accident, or in case of COVID-19 infection confirmation, these professionals are ensured healthcare coverage. Negotiations in case of accidents at work are the same as those we apply to our own employees. In such cases, the third party's company is informed to handle the situation. GNDI Occupational Health provides support, when necessary.

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
GRI 403: Occupational health and safety 2018	403-4	Worker participation, consultation, and communication on occupational health and safety	49	
GRI 403: Occupational health and safety 2018	403-5	Worker training on occupational health and safety	50	
GRI 403: Occupational health and safety 2018	403-6	Promotion of worker health	49	
GRI 403: Occupational health and safety 2018	403-7	Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	50	
GRI 403: Occupational health and safety 2018	403-9	Work-related injuries	50, 87	
Own indicator: Health and safety training	GNDI-26	Total hours of health and safety training	50	
Material topic: Professional development of doctors and employees				
Topic – 404: Training and education				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	46, 47	
GRI 103 Management Approach 2016	103-2	The management approach and its components	46, 47	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	46, 47	
GRI 404: Training and education 2016	404-1	Average hours of training per year per employee	86	
GRI 404: Training and education 2016	404-2	Programs for upgrading employee skills and transition assistance programs	46	
Own indicator: Professional development of doctors and employees	GNDI-21	NotreMedical – Number of registered doctors and number of downloads performed	47	Data on this indicator were obtained from Webtraining, a contracted third-party supplier, which maintains proprietary panels developed for its applications and also several functions connected to Google Analytics. It is, thus, possible to ascertain and deliver the most varied results.
Non-material topic				
Topic – 405: Diversity and equal opportunity 2016				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	45	
GRI 103 Management Approach 2016	103-2	The management approach and its components	45	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	45	
GRI 405: Diversity and equal opportunity 2016	405-1	Diversity of governance bodies and employees	45, 84, 85	
GRI 405: Diversity and equal opportunity 2016	405-2	Ratio of basic salary and remuneration of women to men	85	



GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
Material topic: Talent appreciation and retention				
Topic – 406: Non-discrimination				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	43	
GRI 103 Management Approach 2016	103-2	The management approach and its components	43	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	43	
GRI 406: Non-discrimination 2016	406-1	Incidents of discrimination and corrective actions taken	43	
Material topic: Humanized and quality care				
Own topic: Humanization of care				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	51 - 58	
GRI 103 Management Approach 2016	103-2	The management approach and its components	51 - 58	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	51 - 58	
Own indicator: Humanized and quality care	GNDI-1	Total complaints registered	56	
Own indicator: Humanized and quality care	GNDI-2	Training on Humanization of Care	51	
Own indicator: Humanized and quality care	GNDI-3	Primary care indicator (general clinician X specialist appointment rate and Primary Care Resolubility)	87, 88	
Own indicator: Humanized and quality care	GNDI-4	Number of accredited beds (ONA)	59	
Own indicator: Humanized and quality care	GNDI-17	Hospital infection rate	52	
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	48, 62 - 64	
GRI 103 Management Approach 2016	103-2	The management approach and its components	48, 62 - 64	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	48, 62 - 64	
Own indicator: Health promotion and disease prevention	GNDI-5	Health Promotion Program	64	

GRI STANDARDS	DISCLOSURE ITEM	NAME OF THE DISCLOSURE ITEM	PAGE AND/OR LINK	ANSWER/ REASON FOR OMISSION
Own indicator: Health promotion and disease prevention	GNDI-6	Preventive medicine program	62	
Own indicator: Health promotion and disease prevention	GNDI-8	Days of stay in neonatal ICUs/ delivery	63	
Material topic: Health innovation and research				
Own topic: Health innovation and research				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	16, 17	
GRI 103 Management Approach 2016	103-2	The management approach and its components	16, 17	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	16	
Own indicator: Health innovation and research	GNDI-12	Number of Participations in Pharmaceutical Industry Multicenters	17	
Own indicator: Health innovation and research	GNDI-13	Number of Participations in Multicenters – Others	17	
Own indicator: Health innovation and research	GNDI-14	Number of Participations in Conferences – Posters	17	
Own indicator: Health innovation and research	GNDI-15	Number of Participations in Conferences – Original Work	17	
Own indicator: Health innovation and research	GNDI-16	Number of Publications in Specialized Journals	17	
Material topic: Access to health services				
Own topic: Access to health services				
GRI 103 Management Approach 2016	103-1	Explanation of the material topic and its boundary	60	
GRI 103 Management Approach 2016	103-2	The management approach and its components	60	
GRI 103 Management Approach 2016	103-3	Evaluation of the management approach	60, 61	
Own indicator: Access to health services	GNDI-18	GNDI 18: Number of telemedicine appointments performed (medical and non-medical)	88	
Own indicator: Access to health services	GNDI-19	GNDI 19: Percentage of patients assisted via telemedicine who were referred for face-to-face consultations	88	
Own indicator: Access to health services	GNDI-20	GNDI 20: Use of telemedicine (or media) for low-income individuals (smart products up to 200)	88	

# Assurance report



INDEPENDENT VERIFICATION  
STATEMENT – BUREAU  
VERITAS

## INTRODUCTION

Bureau Veritas Certification Brasil (Bureau Veritas) was hired by the NotreDame Intermédica Group (GNDI) to conduct an independent review of its 2020 Sustainability Report (hereinafter referred to as the “Report”).

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

## SCOPE OF WORK

The scope of this verification covered the standards and Principles<sup>1</sup> of the Global Reporting Initiative<sup>TM</sup> for Sustainability Reports and refers to the rendering of accounts from January 1st to December 31st, 2020.

## GNDI AND BUREAU VERITAS RESPONSIBILITIES

The preparation, presentation and content of the Report are the sole responsibility of the GNDI management.

Bureau Veritas is responsible for providing stakeholders with an independent opinion, in accordance with the scope of work defined in this statement.

## METHODOLOGY

The verification included the following activities:

1. Interviews with those responsible for material topics and the content of the Report, including GRI indicators associated with material topics;
2. Assessment of documentary evidence provided by GNDI for the period covered by the Report (2020);
3. Evaluation of the systems used to compile data;
4. Assessment of engagement activities with stakeholders developed by GNDI;
5. Evaluation of the system used to determine the material aspects included in the Report, considering sustainability context and the scope of the published information.

The level of verification adopted was Limited, in accordance with the

requirements of the ISAE 3000<sup>2</sup> standard, incorporated into the Bureau Veritas internal verification protocols.

## LIMITATIONS AND EXCLUSIONS

This review excluded any assessment of information related to:

- Activities outside the reported period;
- Positioning statements (expressions of opinion, belief, objectives or future intentions) by GNDI;
- Accuracy of economic and financial data contained in this Report, extracted from financial statements, verified by independent auditors;

The following limitations have been applied to this review:

- The principles of Data Accuracy and Reliability were verified on a sample basis, exclusively in the light of the information and data related to the material topics presented in the Report;

- The economic information presented in the Report was verified specifically against the GRI Balance principle.

## OPINION ON THE REPORT AND THE REVIEW PROCESS

- In 2020, GNDI conducted a new materiality study that resulted in eleven material topics. Consultations were conducted through various channels with a significant group of stakeholders. In our opinion, the selected topics and subtopics made it possible to prepare a balanced Report in the current context of sustainability;
- The Report presents a matrix containing GNDI’s strategy vis-à-vis the UN Sustainable Development Goals, demonstrating the alignment between the SDGs and the company’s material topics;
- The Report adequately presents the indicators associated with the Core option of the GRI;
- In our understanding, the GNDI Report presents the impacts of the organization’s activities in a balanced manner;

1. Materiality, Stakeholder Inclusion, Sustainability Context, Completeness, Balance, Comparability, Accuracy, Timing, Clarity and Reliability

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

- *The inconsistencies found in the Report, in relation to one or more GRI Principles, have been satisfactorily remedied.*

## CONCLUSION

As a result of our verification process, nothing has come to our attention that could indicate that:

- *The information provided in the Report is not balanced, consistent and reliable;*
- *GNDI has not established appropriate systems for the collection, compilation and analysis of data and quantitative and qualitative indicators used in the Report;*
- *The Report does not adhere to the Principles for defining content and quality, the GRI standard for sustainability reports and does not meet the criteria of the Core option.*

## STATEMENT OF INDEPENDENCE AND IMPARTIALITY

Bureau Veritas Certification is an independent professional services company specializing in Quality, Health, Safety, Social and Environmental management with over 185 years of experience in independent assessment services.

Bureau Veritas has implemented and enforces a Code of Ethics throughout its business to ensure that its employees maintain the highest standards in their day-to-day activities.

We are particularly attentive to prevention when it comes to conflicts of interest.

The team involved in the review has no other connections to GNDI, other than the independent verification of the Sustainability Report. We understand that there is no conflict between other services performed by Bureau Veritas and this review carried out by our team.

The team that conducted this verification for GNDI has extensive knowledge in verifying information and systems that involve environmental, social, health, safety and ethics issues, which combined with the experience in these areas, allows us a clear understanding of the presentation and review of good corporate responsibility practices.

## CONTACT INFORMATION

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São Paulo, April 28, 2021.



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