

UMANE



**ANNUAL
REPORT
2023**

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ANNUAL REPORT 2023

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Courtesy of the Ministry of Health



Courtesy of the Ministry of Health

Message from the Board

The year 2023 marked a period of notable advancements for Umane, affirming our commitment to contributing to the systemic transformation of public health and improving health conditions and the quality of life for people in Brazil.

In accordance with our strategic planning guidelines and through the coordinated efforts of our three main programs—Maternal, Child, and Youth Health; Comprehensive Care Program for Chronic Conditions; and Primary Health Care Strengthening—we supported 19 initiatives across 13 states and Brasília. Each year, we have supported initiatives with greater national reach. This growth in our project portfolio and its scope has been made possible by Umane's responsible management of the Endowment Fund, which provides a solid foundation for the sustainability of our financial resources.

While transformations in health care often require time, the positive impacts of our projects are already evident. They have influenced the enactment of new laws, shaped public policy, promoted the use of data and technology to enhance the accessibility and efficiency of Brazil's Unified Health System (SUS), and fostered a culture of care and prevention among individuals at risk for chronic diseases, among other achievements.



Marco Mattar
Managing Director

Our network of partners, essential to our work, has also grown. It now includes leading academic and civil society organizations from both within Brazil and internationally, alongside a groundbreaking partnership with the Brazilian Development Bank (BNDES). Concurrently, we remain dedicated to enhancing our project management, monitoring, and evaluation practices, refining our internal processes and the collaborative work model that has always been our hallmark.

I would like to highlight the ongoing transition of the Renal Transplant Program from Hospital Samaritano in São Paulo to Hospital das Clínicas. This move, a result of Umane's collaboration with the Ministry of Health, the São Paulo State Health Department, and the University of São Paulo Medical School (FMUSP), has been a significant endeavor. In 2023, we completed the modernization of 30 operating rooms, the access corridors of the Central Institute, and the facilities of the Child and Adolescent Institute. This included acquiring advanced technology, such as the Da Vinci robot, intended for use in minimally invasive surgeries. By year-end, 341 of the 353 patients had been successfully transferred to the institution—a leader in teaching, research, health care, and organ transplantation in Latin America—without any clinical or legal issues arising during the process. The remaining transfers are set to occur in 2024.

I am immensely thankful for the dedication and commitment of everyone who helps realize Umane's institutional goals: our members, advisors, and volunteers, the team of professionals, and our partners in this extensive and promising network. In 2024, we will continue collaborating to further enhance health care in Brazil.

EDITORIAL

Commitment to transforming health care

In 2023, Umane celebrated its seventh anniversary. Alongside partners from civil society, the academic community, and the government, we have endeavored to enhance the efficiency and effectiveness of the Brazilian Unified Health System (SUS) and to improve the health conditions of the Brazilian population. Throughout the year, we expanded our reach, collaborating with new partners and extending into new territories, driven by our vision to support systemic disease prevention and health promotion initiatives. These initiatives aim to strengthen the capacities of the public system, influence public policy, and integrate effectively within their respective contexts. We are proud to highlight in this report the significant impact made by a dedicated network of individuals and institutions committed to public health in Brazil.

Our vast and diverse country benefits from a free and universal health care system, yet it faces substantial and complex structural challenges. Persistent disparities in life expectancy, disease burden, and premature mortality rates across regions, influenced by differences in gender, race, and income, underline the need for



Thais Junqueira
General Superintendent



Courtesy of the Ministry of Health

continued action. Health care access presents a dual reality: the well-served urban centers contrast sharply with rural, remote, and riverside regions. As part of civil society, we have been actively exploring ways to promote health equity, and, in 2023, we took a pivotal step in this direction. In partnership with the Brazilian Development Bank (Banco Nacional de Desenvolvimento Econômico e Social - BNDES), we launched the Call for Proposals for Primary Health Care in the North and Northeast. This initiative, part of the BNDES' Together for Health (*Juntos pela Saúde*) Program and managed by the Institute for the Development of Social Investment (*Instituto para o Desenvolvimento do Investimento Social - IDIS*), is an innovative match-funding initiative poised to invest up to R\$20 million in solutions that enhance access to Primary Health Care (PHC) services and improve care quality in these regions.

We steadfastly believe in the vision of a strong and effective primary health care system within SUS, which should serve as the cornerstone of the health care system's organization. In support of this vision, National Council of Health Secretaries

– CONASS (Conselho Nacional de Secretários de Saúde – CONASS) has been spearheading Health Care Planning (Planificação da Atenção à Saúde – PAS) for nearly two decades. In 2022, Umane joined forces with CONASS under the management of the *Pan American Health Organization (PAHO)*, focusing our efforts on implementing PAS in the macro-regions of the *Sertão de Pernambuco* and throughout the state of Ceará. This initiative has reorganized the workflow in PAS, enhancing the daily routines of frontline professionals and enabling patients to receive more organized care with shorter waiting times.

We believe that enhancing the regional governance mechanisms of SUS can make the system more effective locally and even lead to better allocation of health care resources. One initiative, which aims to positively impact the lives of those reliant on public health care services, has been piloted in the state of São Paulo under the *More SUS Alliance (Aliança Mais SUS)*, a collaboration with the Institute for Health Policy Studies (*Instituto de Estudos para Políticas de Saúde – IEPS*). The Alliance also encompasses the *Mais SUS Agenda (Agenda Mais SUS)*, which has evolved into a continuous movement to mobilize civil society and influence both the executive and legislative branches to enhance SUS.

In the realm of studies and research, the year was notable for the release of the second edition of *COVITEL*, a telephone survey that assesses the habits and prevalence of chronic diseases among the Brazilian population. This study provided a deeper analysis of topics such as the use of electronic cigarettes and alcohol consumption, once again shaping the public discourse. Another significant effort this year was the initiation of support for one of the country's most renowned epidemiological studies: the *Pelotas Cohort Studies (Coortes de Pelotas)*. Initiated in 1982 by the Federal University of Pelotas (*Universidade Federal de Pelotas – UFPel*), this research has engaged a commendable team of scientists and produced

findings that have led to health recommendations and public policies recognized and implemented globally.

The Facing Childhood Obesity Project (*Enfrentamento da Obesidade Infantojuvenil*), in collaboration with Instituto Desiderata, continued to drive the approval of regulations that foster healthier environments for children and adolescents in Niterói (RJ) and Rio de Janeiro (RJ). Notably, in 2023, these cities implemented a law that bans the offering and sale of ultra-processed foods in both public and private schools within the municipality.

We have also been dedicated to disseminating knowledge and fostering a culture of health among the Brazilian population, utilizing qualified resources and leveraging health communication to reach more people. In addition to significantly increasing access to the *PHC Observatory (Observatório da Atenção Primária à Saúde)* Umane platform that compiles data from various public sources to support decision-making on priority health issues—we have formed partnerships with the *Folha de S. Paulo* newspaper and podcast producer *Rádio Novelo* to disseminate reliable information and share inspiring stories. Fulfilling our social role more effectively hinges on population that is better informed about its rights—health care being a universal right—and more knowledgeable about both personal and collective health care.

These advancements fill us with pride and fuel our motivation. Yet, as we extend our reach across the country, we are continually reminded of the extensive work still ahead and the lengthy journey we face. Progressing in an unbiased manner, collaborating with diverse partners, and utilizing the best scientific evidence is essential for serving a healthy society and ensuring quality public health care for all Brazilians.

I invite you to explore the following pages for a summary of our activities over the year.

Enjoy the read!

Who we are

Umane is an exempt, non-profit civil society association that organizes, promotes, and finances disease prevention and health promotion initiatives that contribute to a more effective health care system and improve the quality of life of the Brazilian population.



 Courtesy of the Ministry of Health

Mission

Support transformative disease prevention and health-fostering initiatives that impact the quality of life of Brazilians.

Vision

To be a reference in private social investment in the health care area in Brazil.

Values

- Ethics
- Commitment to society
- Respect for the mission
- Sustainability
- Willingness to do good





Courtesy of the Ministry of Health

Timeline

1894

Hospital Samaritano is inaugurated in São Paulo (SP). This marks the realization of José Pereira Achaó's dream and the collective effort of immigrants to establish a hospital providing democratic and non-denominational care in the city.

1997

The Philanthropy Commission is established, consisting of directors and doctors, and forms partnerships with other health organizations, including the Associação for Assistance to Disabled Children (*Associação da Assistência à Criança Deficiente - AACD*).

2008

The hospital earns its first accreditation from Joint Commission International and is named one of the six "hospitals of excellence" in São Paulo. This title is awarded to institutions qualified by the Ministry of Health to propose projects supporting the Brazilian Unified Health System (SUS) through the Brazilian Unified Health System's Institutional Development Support Program (PROADI-SUS).

2020

The *Associação Samaritano* rebrands as Umane, adopting a new name and identity to reflect its dedication to public health philanthropy in Brazil.

2023

Umane gains international recognition by joining the Civil Society Commission of the World Health Organization (WHO) and is ranked by The Dot Good, an independent media organization based in Geneva, Switzerland, as one of the top 50 non-governmental organizations in Brazil.

1960

The hospital evolves its business model, undergoing enhancements to become a structured and modern medical-hospital institution.

2000

The Samaritano Association's Multi-Assistance Program (AMAS) is launched in partnership with the São Paulo Municipal Health Department, offering care to patients with low to medium-complexity pathologies in Internal Medicine, Pediatrics, and Gynecology.

2016

The Associação Samaritano is established. The transformation of Hospital Samaritano into a non-profit, exempt, and independent civil association occurs, establishing the *Associação Samaritano*. With a health focus, the association expands its activities from São Paulo to nationwide, enhancing its role in impactful philanthropy.

2022

Umane organizes its activities into three core programs: a Primary Health Care (PHC) Strengthening Program, a Comprehensive Care Program for Chronic Conditions, and a Maternal, Child, and Youth Health Program.

What we do and how we do it

To enhance the health system’s effectiveness and improve the health and well-being of the population, Umame focuses on supporting initiatives that have a high potential for replication and scalability. The selected projects are part of the association’s programmatic key areas of focus.

Explore our three programs:

This program prioritizes projects that improve PHC, the public’s initial point of contact with health services, enabling it to more effectively coordinate care within SUS. Through comprehensive, cross-sectional monitoring and the proper management of risk conditions and control measures, we aim to prevent certain diseases, enhance the quality of life for those with chronic conditions, minimize complications, and reduce unnecessary referrals to higher levels of care. This approach not only improves resource utilization but also cuts unnecessary costs for SUS.

We support projects that broaden access to health services, focusing on improving prevention, screening, early detection, treatment, and monitoring of the most common chronic noncommunicable diseases (Chronic NCDs)—such as diabetes, cancer, hypertension, and cardiovascular diseases. This program also addresses the risk factors contributing to these conditions, including smoking, alcohol abuse, physical inactivity, and unhealthy eating.

The programs are interconnected, acting in an integrated manner to enhance public health in the following ways:

- Acting in favor of maternal, child, and youth health and strengthening PHC can reduce the future prevalence of Chronic NCDs in the country.
- Improving PHC will ensure more women, children, adolescents, and individuals with Chronic NCDs or those belonging to risk groups have access to higher quality and more effective health services. This improvement will enhance the quality of life for residents of Brazil and enable the SUS to truly reflect its principles of universality, comprehensiveness, and equity.

Comprehensive Care Program for Chronic Conditions

PROGRAMS

Primary Health Care (PHC) Strengthening Program

Maternal, Child, and Youth Health Program

This initiative targets health-promoting measures for these demographic groups, emphasizing the coordination across care levels for prenatal care, thorough monitoring during the first 1,000 days, and addressing malnutrition. These efforts are expected to yield medium- and long-term positive impacts on both the population and the health system. Fostering healthier habits in children and adolescents decreases their risk of developing Chronic NCDs in adulthood.

To achieve these objectives in each program, Umame supports initiatives that implement one or more strategic levers to amplify the impact of the projects:

- **Organization of work processes and care pathways** to enhance the monitoring and comprehensive care provided within the health system.
- **Use of data, telehealth, and new technologies:** to assist health care managers in making informed decisions (always based on reliable data), streamline work processes, enhance access to services, increase adherence to treatment, and improve the practices of health care professionals.
- **Training health care managers and professionals:** to enhance the performance of health care teams, which in turn positively impacts the quality of care and health outcomes for the population.
- **Promotion of a culture of health:** to boost health literacy and encourage the adoption of healthier habits among Brazilians, both individually and collectively.

In practice, these levers are applied across various types of projects, including applied research, product development, communication and advocacy actions, and the delivery of scalable solutions within specific territories. Many of the initiatives we support operate on multiple fronts simultaneously.

Building together

Believing in the importance of collaboration beyond mere investment in projects, Umame supports its partners from the design phase of the project and monitors the progress of the agreed targets throughout the support cycle. This collaborative process not only fosters learning for Umame and the involved organizations but also facilitates necessary adjustments along the way.

THEORY OF CHANGE

Tool for planning, monitoring, and evaluating the desired social impact

<p>EFFECTS Expected in the long term</p>	<p>To be a reference in private social investment in the health care area in Brazil</p>
<p>FINAL RESULTS Exercise of its social role</p>	<p>To act as an articulator, promoter, and financier of initiatives that strengthen the Health System, provide comprehensive care for chronic conditions, and promote health, ensuring the successful realization of the supported project portfolio in terms of scope, timeline, investment, quality, and impact</p> <p>Manage and ensure the sustainability of Umame's resources</p>
<p>INTERMEDIATE RESULTS They organize and uphold the institution's practices</p>	<p>To be an efficient and effective organization, promoting the continuous improvement of practices and processes</p>
<p>DELIVERABLES Foundations of the institution</p>	<p>Organization acting in accordance with its own policies and current legislation</p> <p>Umame brand recognition assured</p> <p>People who work and collaborate with Umame are recognized and undergo consistent development, promoting and upholding the organization's culture and mission</p>

Project portfolio

IN 2023:

19 projects supported, including the Renal Transplant Program

14 states (13 states + Brasília)

53 partners, encompassing implementers, co-financiers, and government agencies



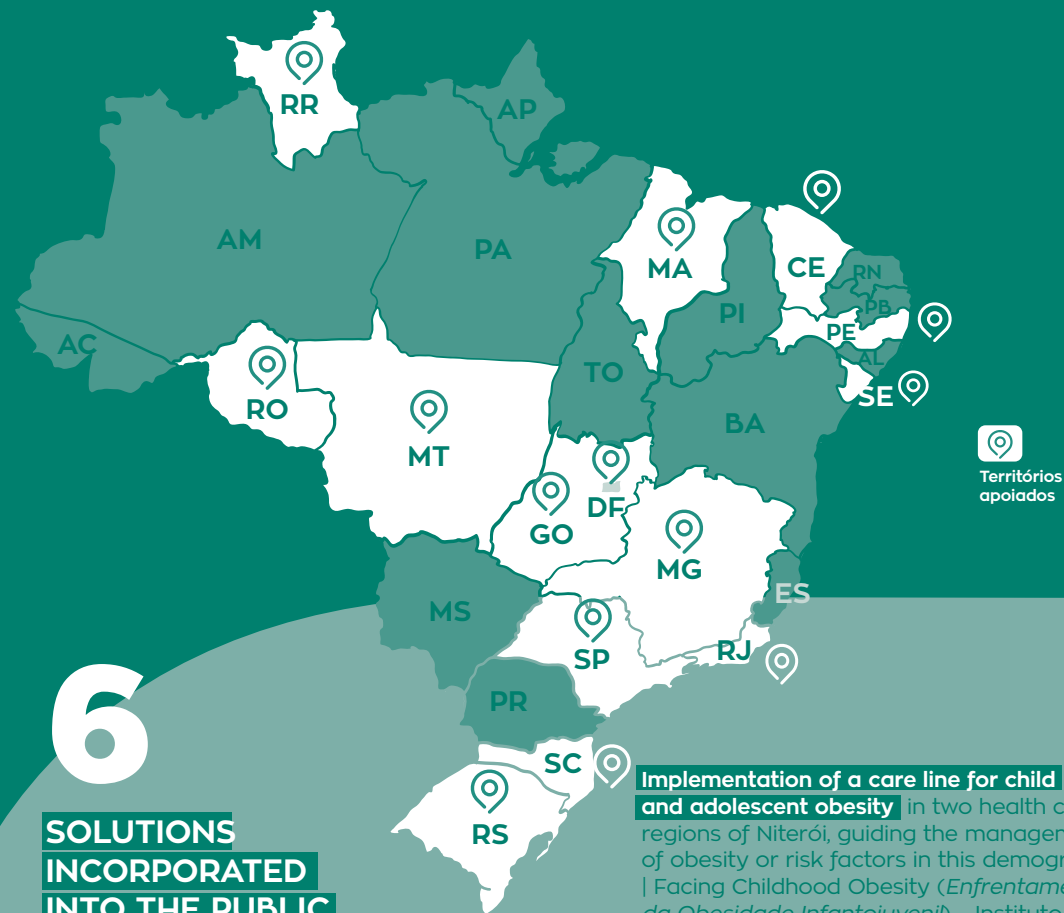
411,000+

people impacted by supported projects*

121,000+

participants involved in supported research

*This figure represents the sum of individuals directly impacted, those assisted in the CRON, AMAS Umane, and Cuidando de Todos projects, and those trained through the Facing Childhood Obesity initiative.



6

SOLUTIONS INCORPORATED INTO THE PUBLIC HEALTH SYSTEM:

Two legislative bills passed in Rio de Janeiro and Niterói banning the sale of ultra-processed foods and drinks in school lunchrooms as part of the Tackling Childhood Obesity initiative led by Instituto Desiderata

Adoption of the Caring for All: Chronic NCDs in PHC (Cuidando de Todos: DCNT na APS) protocol in the City of São Paulo, serving as a guideline for local health care managers and professionals to address Chronic NCDs in a coordinated fashion. This includes practical clinical protocols, care pathway protocols, and quick-access tables | Caring for All (Cuidando de Todos) - Instituto Tellus and Fundação Novartis

Implementation of a care line for child and adolescent obesity in two health care regions of Niterói, guiding the management of obesity or risk factors in this demographic. | Facing Childhood Obesity (Enfrentamento da Obesidade Infantojuvenil) - Instituto Desiderata

The enactment of a law institutionalizing the Qualifica Atenção Básica program in Recife (PE), which introduces a performance bonus system for health care professionals based on monitored quality indicators through the Recife Monitora pilot project. | Alliance for Primary Care - Institute for Health Policy Studies (IEPS)

Integration of the Previne Brasil target monitoring solution with electronic medical records, enhancing access for health teams and managers in 51 municipalities. | Impulso Previne - ImpulsoGov | Impulso Previne - ImpulsoGov

Comprehensive Care Program for Chronic Conditions

- Telephone Survey of Risk Factors for Chronic Noncommunicable Diseases (COVITEL II)
- Pelotas Cohort Studies - Health throughout the life cycle (Coortes de Pelotas - Saúde ao longo do ciclo vital)
- Caring for All (Cuidando de Todos)
- NutriNet Brasil

Primary Health Care (PHC) Strengthening Program

- More SUS Alliance (Aliança Mais SUS)
- Health Care Planning (Planificação da Atenção à Saúde - PAS)
- Health Leaders (Líderes da Saúde - LIS): Primary Care
- Call for Proposals for Primary Health Care in the North and Northeast - Together for Health Program (Edital Atenção Primária à Saúde no Norte e Nordeste - Programa Juntos pela Saúde)
- Impulso Previne - Together for Health Program (Programa Juntos pela Saúde)
- AVISA study - COVID-19
- Primary Health Care Open Innovation Platform (Plataforma de Inovação Aberta em Atenção Primária à Saúde)
- Primary Health Care Observatory (Observatório da Atenção Primária à Saúde)
- Private Health and Public-Private Relations in Health: Characterization and Recent Trends in Brazil (Saúde Privada e Relações Público Privadas na Saúde: Caracterização e Tendências Recentes no Brasil)
- Reference Indicators for Primary Health Care in Brazil (Indicadores de Referência para a Atenção Primária à Saúde no Brasil)

Maternal, Child, and Youth Health Program

- Multi-Assistance Health Care (AMAS Umane)
- Obstetric and Neonatal Regulating Center (Central de Regulação Obstétrica e Neonatal - CRON)
- Experiences that Feed II (Experiências que Alimentam II)
- Facing Childhood Obesity (Enfrentamento da Obesidade Infantojuvenil)

Comprehensive Care Program for Chronic Conditions

PROGRAMS

Primary Health Care (PHC) Strengthening Program

Maternal, Child, and Youth Health Program



Courtesy of the Ministry of Health

Renal Transplant Program

PRIMARY HEALTH CARE
STRENGTHENING PROGRAM

More SUS Alliance (Aliança Mais SUS)

Acting on several fronts amplifies the impact on the Brazilian Unified Health System (SUS)

The Institute for Health Policy Studies (IEPS), in partnership with Umane, directs efforts to improve public health policies in Brazil, aiming for a more equitable and effective SUS and reducing the prevalence of risk factors in the regions where it operates. The year 2023 marked the renewal of this collaboration, now named the More SUS Alliance (*Aliança Mais SUS*). This year saw the Qualifica Atenção Básica (AB) Project reach maturity in Recife (PE) and the launch of the Observatório da Regionalização and InovAPS projects in the state of São Paulo and the municipality of Sobral (CE), respectively. Additionally, the Mais SUS Agenda (*Agenda Mais SUS*), initiated in 2022, continued.

Qualifica AB comprises Recife Monitora, Recife Reconhece, and Recife Experimenta. Recife Monitora, a system for evaluating the quality of services at Basic Health Units (UBSs), was fully implemented across all Family Health Strategy (*Estratégia de Saúde da Família - ESF*) teams in Recife, impacting the entire population of 1.5 million people as per the 2022 Census.

The evaluation cycle, conducted every four months, includes feedback from health care professionals, health care managers, and UBS users. Agatha Eleone, a public policy analyst at IEPS, underscores the consolidation of Recife Monitora as an established public policy. **By the end of 2022, a law was enacted to provide a performance bonus to the city's health care professionals based on the monitored indicators of this quality system. Throughout 2023, a decree and two ordinances were issued to ensure the enactment of this bonus law.**

On the Recife Reconhece front, the second edition of the public announcement recognizing and promoting the sharing of good practices within the city's PHC network was organized. In Recife Experimenta, a panel displaying indicators was installed in ten UBSs to engage teams in work processes, with plans for replication in other units. "We are renewing our partnership with the Recife government for the second time and advancing the impact assessment of Qualifica AB with the support of external experts hired by Umane. Simultaneously,



Courtesy of the Ministry of Health

we are dedicated to disseminating the results and extending the quality improvement system to other regions,” states Agatha.

80%

of health care professionals participated in the evaluation during the first cycle.

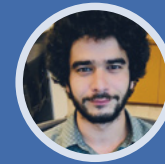
↑ 63%

increase in the number of users participating in the satisfaction survey from the first to the second cycle.

CONTINUITY OF THE MAIS SUS AGENDA

In July 2022, IEPS and Umane published a comprehensive diagnosis of SUS, proposing improvements in six critical areas under the title “Agenda Mais SUS: Evidências e Caminhos para Fortalecer a Saúde Pública no Brasil” (Mais SUS Agenda: Evidences and Pathways to Strengthen Public Health in Brazil), made accessible on the platform (www.agendamaisus.org.br), and shared with leading presidential campaigns and other significant entities such as PAHO and CONASS, attracting substantial media attention. Following the election, six thematic reports were produced and delivered to the transition government.

The influence of this initiative extended beyond shaping the public debate during the electoral period and impacting the incoming administration. The Mais SUS Agenda remained actively engaged in 2023, focusing on various fronts, all aimed at further strengthening public health in Brazil. Over the year, IEPS laid the groundwork for what will become the annual monitoring report, assessing the federal government’s actions in response to the proposals of the Mais SUS Agenda. “In February 2024, we also formalized a technical cooperation agreement with Ministry of Health’s Primary Healthcare Secretariat. This agreement enables us not only to assist in developing new public policies but also to evaluate and monitor the effectiveness of existing



Artur Aguillar,
Director of Public Policy at IEPS

“The Brazilian health system greatly benefits from our partnership with Umane, which has facilitated innovative initiatives with significant transformative potential. Projects like the Observatório da Regionalização (Regionalization Observatory) in the state of São Paulo and Qualifica Atenção Básica in Recife are prime examples. These initiatives are developed in close dialogue with health professionals and public managers, allowing us to co-create solutions and approaches to address the principal challenges of the local health systems. Additionally, the methods developed can be replicated, and the experiences gained can serve as a source of inspiration for various regions across our country.”

Impact on the transitional government:

6 thematic reports delivered to the transition team

87 media mentions on the Annual Budget Bill (PLOA) Bulletin

Construction of the proposal document:

6 working groups
32 experts
8 involved organizations

Monitoring the Federal Health Budget:

1 Technical Note
5 Newsletters
1 scientific article published
128 media mentions

Advocacy in the Federal Executive and Legislative Branches and dissemination of the Mais SUS Agenda:

240 actors mobilized

Invited to the Brazilian Congressional Caucus for the Promotion of Mental Health

Formalized a technical cooperation agreement with the Ministry of Health’s Department of Primary Care

policies under the department’s purview,” noted Júlia Modesto, institutional relations analyst at IEPS.

Additionally, the Mais SUS Legislative Agenda was structured with advocacy actions designed to expedite the approval of regulatory changes aligned with the agenda’s priority areas, initially focusing on two bills currently before the Brazilian National Congress addressing public health emergencies. The year also marked the release of the fourth diagnostic report from the Mais SUS in Evidence series, which illustrated how Social Determinants of Health (SDH)—encompassing socioeconomic and educational conditions—impact the health of four specific demographic groups: the Black population, the rural, water and forest population, the LGBTQIAPN+ community, and people with disabilities.

OBSERVATÓRIO DA REGIONALIZAÇÃO AND INOVAPS

The Regionalization Observatory (*Observatório da Regionalização*) Project, inspired by guideline number three of the Mais SUS Agenda, aims to strengthen SUS regional governance mechanisms. Developed by IEPS in the state of São Paulo, with support from Umane and the São Paulo Council of Municipal Health Secretaries (COSEMS/SP).

The project focuses on enhancing the organization of regional health networks. This initiative is expected to improve not only the supply but also the quality of services extending beyond PHC, such as specialist consultations, advanced diagnostics, and ICU admissions. “Our initial outcome was the production of 17 regional flow diagnoses, one for each of the state’s health macro-regions, assessing dependency on various locations for hospitalizations and procedures, and mapping the distances citizens travel to access health services,” explained Agatha. The goal is to continue this project in São Paulo and replicate it in another state by 2024.

17 

diagnoses detailing patient journeys within each health macro-region of São Paulo

An Innovation Cycle involving 15 leaders from the São Paulo State Health Department (SES-SP) focused on designing mental health solutions

Publication of the study “Os desafios da regionalização do SUS de acordo com a visão de atores estratégicos” (The Challenges of SUS Regionalization According to the Vision of Strategic Actors)

InovAPS - Sobral/CE

2,489

users aged between 30 and 69 were registered at the pilot unit and participated in screening for risk factors such as alcohol use, excess weight, and smoking.

958 

visits were recorded from August to December at the pilot project’s UBS.

547 

individuals were identified with risk factors for diabetes and hypertension.

InovAPS is the other project under the More SUS Alliance, designed to assist municipalities in enhancing the screening, management, and prevention of risk factors related to diabetes and hypertension, such as obesity, sedentary lifestyles, and smoking. The pilot project launched in August 2023 at a UBS in Sobral (CE), initially identifying 452 overweight or obese individuals and 95 smokers. By December, these numbers had decreased by 22% and 25%, respectively, reflecting significant lifestyle changes among the participants.

PUBLIC-PRIVATE RELATIONSHIP IN HEALTH CARE

The renewed partnership with Umane includes the development of eight comprehensive diagnoses focusing on supplementary health care in Brazil and the dynamics of the public-private relationship, exploring its impacts on SUS.

These studies are being conducted by leading researchers specializing in key areas, including the role of social health organizations (organizações sociais de saúde - OSS) in managing SUS and the effects of financing, tax breaks, and subsidies in private health care.

Additionally, the research will encompass case studies and provide a broad overview, detailing the health care plans and insurance options currently available, the public and private health care facilities operating across the country, and the private institutions that serve SUS.

Primary Health Care Observatory

A platform that gathers data, analyses, and research on health in Brazil and facilitates access to quality information

The Primary Health Care Observatory, a Umame platform launched at the end of 2021, provides a reliable, free, and easily accessible database that aids managers in making more assertive, evidence-based decisions, significantly impacting the population. This tool has also become an essential resource for journalists, researchers, students, health care professionals, and other stakeholders.

The Observatory continues attracting new users each month, registering increasing access volumes. In 2023, it recorded 113,000 views and 51,800 users, a significant increase from approximately 19,000 views and 4,400 users between its launch in December 2021 and December 2022. Media mentions of the platform surged from 214 to 1,300 during the same period, fulfilling its goal of enhancing access to quality health care information.

The data on the platform can be filtered by topic of interest, municipality, or state, offering various possibilities for visualization and comparison. Designed as a dynamic tool, the Observatory introduced new sections throughout the year:

Library

This section focuses on the prevention of chronic noncommunicable diseases (Chronic NCDs), modifiable risk factors, and Primary Health Care (PHC). It includes four collections: scientific documents (articles, theses, and dissertations); reports and technical documents from Umame and its partner network; primary information sources from major Brazilian public databases; and reference documents such as relevant legislation, reports from regulatory bodies, and standards.

Analyze

Using straightforward, accessible language and linking to other publications, videos, and podcasts, this section delivers information and analysis on specific health topics. The first two content pieces published addressed hypertension and diabetes.

Blog

Articles based on data from the Observatory are published periodically, covering themes and analyses related to Chronic NCDs, risk factors, and PHC.



In 2023:

113,000
views

1,300 media mentions
11 blog articles and 2 analyses in the "Analyze" section

51,800
users from:

1,351 municipalities
68 countries

PRIMARY HEALTH CARE STRENGTHENING PROGRAM

Impulso Previne - Together for Health Program

Platform expands, reaches almost a thousand municipalities, and continues to impact Previne Brasil's performance

The Impulso Previne platform is designed to assist municipalities across Brazil in expanding Primary Health Care (PHC) coverage and enhancing the quality of services provided, thereby ensuring strong performance in the Previne Brasil evaluations. In 2023, the platform continued to grow, centralizing data, analyses, and recommendations in one easily accessible location for health care managers.

By the end of the year, the tool's open area had registered users from 964 municipalities in all states of Brazil, marking a 31% increase from 2022. The enhanced functionalities in the restricted area and consultancy services provided by the ImpulsoGov team, which developed the project, were utilized by 51 municipalities—four times more than the previous year.

The impact of the digital solution is consistently demonstrated in the four-month evaluations of Previne Brasil. For instance, among 33 municipalities utilizing the tool's logged-in area, there was an



Impulso Previne Image Bank

LEARN MORE

Previne Brasil is the federal government's current PHC funding model. It aims to enhance people's access to health services and strengthen the connection between the population and health care teams.

Evaluations are conducted every four months and consider seven indicators: three concerning the health of pregnant women, one related to women's health via cytopathological exams, two for monitoring patients with hypertension and diabetes, and one for infant vaccination coverage, which was added in 2023.

Funding transfers are also contingent upon the total number of people registered in the network (weighted capitation) and the execution of specific strategic actions.

improvement of eight to nine percentage points in the indicator for the proportion of pregnant women receiving six prenatal consultations between the last four months of 2022 and the first four months of 2023.

In 2023, this project was the first to be selected for support from the Juntos pela Saúde match-funding program (more details on page 20). It is set to receive R\$12 million from the Brazilian Development Bank (BNDES) and Umane to extend the platform and expand to over 240 municipalities in the North and Northeast. This expansion will support the management of key SUS prevention indicators: child vaccination, early diagnosis of cervical cancer, adequate prenatal care, and monitoring of individuals with diabetes and hypertension.

Having backed the project since 2021, Umane is renewing its support cycle with the initiative, now integrated into the Together for Health (Juntos pela Saúde) Project, extending the partnership for an additional three years. During this period, the goal is to include another 240 municipalities in the restricted access area and 120 selected municipalities with access to the messaging service, providing technical support to their health care teams. Over 720 municipalities have already expressed interest in participating. Looking ahead, the organization aims to integrate Impulso Previne into one of the Ministry of Health's platforms, which is currently in the initial phase of dialogue and analysis to assess the needs and feasibility of this endeavor.

MAIN DEVELOPMENTS IN 2023

The so-called nominal lists, providing a roster of local residents who have undergone or need to undergo monitored health care procedures, are accessible in the logged-in area, enabling municipalities to conduct more targeted active search actions. By the end of 2023, these lists were available for all seven indicators, with the vaccination functionality launched in December. The restricted area also began offering training modules for health care professionals, with sequences for hypertension, diabetes, and cytopathological exams being the first released.

In the open area of the tool, where it was initially possible to review the results of the four-monthly performance evaluations, new sections were added to monitor municipalities' performance in other Previne Brasil criteria, including weighted capitation and incentives for specific strategic actions.

ImpulsoGov also piloted a messaging initiative via WhatsApp in Tapiraí (SP), encouraging PHC users to attend scheduled appointments and exams, which resulted in a 120% increase in cytopathology tests performed.

A partnership was formalized with the National Council of Municipal Health Secretariats (CONASEMS), which will further aid the platform's expansion in 2024.

A survey of 23 municipalities that have been consulted by ImpulsoGov revealed:

75%

accessed the Impulso Previne platform weekly.

95%

would recommend Impulso Previne to other municipalities.

100%

cited the nominal lists as the platform's most crucial feature.

	2022	2023	Variation
Municipalities accessing the open platform	738	964	31%
Users accessing the open platform	9,338	33,112	255%
Municipalities accessing the restricted area	13	51*	292%
Users accessing the restricted area	68	203	199%

*By the end of 2023, a total of 64 municipalities had access to the logged-in area, with 51 having access as of December 2023.

PRIMARY HEALTH CARE STRENGTHENING PROGRAM

Call for Proposals for Primary Health Care in the North and Northeast - Together for Health Program

In partnership with the BNDES, the initiative will allocate R\$20 million to bolster SUS in the North and Northeast

Brazil's vast size and uneven historical development have led to what are known as health care gaps—areas of high socioeconomic vulnerability where populations struggle with accessing health care services and professionals. Addressing these disparities in the North and Northeast is the primary goal of the Call for Proposals for Primary Health Care in the North and Northeast, part of the Together for Health (*Juntos pela Saúde*) Program. This initiative is a collaborative effort by the Brazilian Development Bank (BNDES) and Umane, managed by the Institute for the Development of Social Investment (IDIS).

Launched in January 2024, this call for proposals aims to support up to ten projects that enhance access to the Brazilian Unified Health System (SUS) and improve the quality of services within Primary Health Care (PHC) in municipalities with fewer than one doctor per thousand residents. "In the northern region, for example, we face complex areas where access requires



Courtesy of the Ministry of Health

The Juntos pela Saúde Program and its commitment to match-funding

The Call for Proposals is a vital component of the Juntos pela Saúde (Together for Health) Program, initiated by the BNDES in 2023 to strengthen SUS in the North and Northeast regions. The plan is to allocate R\$200 million by 2026—R\$100 million from the BNDES and an equal amount from other private donors through a match-funding model. In this arrangement, for every R\$1.00 contributed by partner organizations, the BNDES matches it with an additional R\$1.00. By early 2024, approximately 50% of the total funds envisioned for this initiative had already been secured.

The program adopts a structural approach, favoring initiatives that are likely to leave enduring positive impacts on the communities they serve. To date, three solutions have been funded under this scheme, including the Impulso Previne platform, which also benefits from Umane's support (additional details on page 18).

several days of travel by boat, including populations that are practically invisible. These are areas where reliance on the SUS is high, yet the system’s reach is significantly limited,” explains Luiza Saraiva, IDIS Project Manager.

A total of R\$20 million will be invested in the chosen solutions, with R\$10 million contributed by the BNDES and R\$10 million by Umane. The initiative seeks to enhance decision-making through better use of data, improve time and work management for health professionals, strengthen coordination between PHC and other levels of care, and organize care pathways for prevalent conditions such as chronic diseases and maternal, child, and youth health. A particular focus is placed on projects that incorporate digital health care and new technology to extend health care to remote areas.



Carla Reis,
head of the Industrial and Health Services Complex
Department at BNDES

“Umane is playing a key role in boosting the Juntos Pela Saúde Program, both by backing the Impulso Previne platform and by developing and supporting the Call for Proposals, which aims to direct resources towards PHC projects within SUS. The partnership between BNDES and Umane is enabling the implementation of foundational projects that enhance primary health care in some of the most underserved municipalities in the North and Northeast. I am hopeful that this collaboration is just the beginning and that there will be further opportunities to join forces in bolstering SUS.”



Courtesy of the Ministry of Health

The careful preparation of the call for proposals took about nine months, as highlighted by the IDIS project manager. “For us, Umane is more than just a funder; they are a highly active partner. Their deep understanding of the health care sector was crucial in defining our priorities.”

The results of the Call for Proposals are set to be announced in June. Project evaluations will be conducted by a committee of experts, including professors and public health professionals, with final validation by representatives from the BNDES and Umane.

Health Care Planning (*Planificação da Atenção à Saúde - PAS*)

Training, organization of the work process, and integration between levels of care to improve access and quality in health care

Since 2005, the Health Care Planning (*Planificação da Atenção à Saúde - PAS*) initiative by the National Council of Health Secretaries (*Conselho Nacional de Secretários de Saúde - CONASS*) has been instrumental in optimizing health care services. In late 2022, this initiative was bolstered by an unprecedented partnership with Umane and the Pan American Health Organization (PAHO). PAS serves as a comprehensive management tool that organizes the macro-processes of health teams and services within Primary Health Care (PHC) and Specialized Outpatient Care (*Atenção Ambulatorial Especializada - AAE*). Adaptable to different regional and territorial needs, PAS enhances care coordination between managers, training for professionals, and structuring and revising processes and lines of care, ensuring effective integration of health care services tailored to the population's needs.

Maria José de Oliveira Evangelista, a technical advisor to CONASS, emphasizes the crucial role of training and engaging health care professionals within PAS. The initiative ensures the effective operation of health care networks, integrating various levels of care and municipal collaboration within regions. She notes the importance of commitment from all parties involved: "The initial agreement stage is critical. Our past experiences show that without genuine involvement from governors, mayors, and health secretaries, projects tend to stall."

Through the collaborative efforts of Umane, PAHO, and CONASS, PAS is currently being implemented in two distinct areas: the Sertão Macro-region in Pernambuco, encompassing three health care regions with 35 municipalities and over 865,000 inhabitants, and the East Jaguaribe Coast region in Ceará, serving 20 cities with a combined population of approximately 552,000.



Maria José Evangelista,
CONASS technical advisor

"In addition to expanding the project, this partnership has enabled us to digitize the planning process. It changes not only how we work with municipalities but also how we at CONASS manage it"

SERTÃO DE PERNAMBUCO MACRO-REGION

The launch event in Pernambuco took place in May 2023, attended by Governor Raquel Lyra, representatives from CONASS, PAHO, the Ministry of Health, the Pernambuco Council of Municipal Health Secretaries (COSEMS/PE), and the State Health Department's management team. Also in attendance were mayors, deputy mayors, councilors, municipal health secretaries, and local leaders. Eugênio Vilaça Mendes, a technical advisor to CONASS and one of the architects of PAS, was present as well.

By year-end, the first two stages of the project had been completed across the three regions of the Sertão macro-region. These stages consist of workshops that combine theoretical discussions, dialogue, and practical applications. Following the workshops, participants begin to serve as tutors, disseminating knowledge and best practices to health care professionals within their municipalities. Consultants support them in implementing the action plans that have been developed. In Pernambuco, the focus is on care lines for women's health, pregnant women and children, hypertension, and diabetes.

Planning is already making a significant impact on the populations of the participating municipalities in Pernambuco. One of the key improvements implemented is the scheduling of care in blocks of hours at the Basic Health Units (UBSs), which segregates the times for acute and chronic cases. This new arrangement means residents no longer need to line up at the crack of dawn to receive the necessary care, a practice still prevalent across the nation.

865,000

people reached: Covering the total population of the 35 municipalities involved

302

Basic Health Units (UBSs): This includes 313 Family Health Strategy (Estratégia de Saúde da Família - ESF) teams actively participating.

301

workshops conducted by December 2023: These sessions achieved an impressive Net Promoter Score (NPS) of 93%.

100%

of the ESF teams implemented the care capacity assessment for chronic conditions, as outlined by the project for initial diagnostics of the units.

3

Pernambuco Specialized Care Units (Unidades Pernambucanas de Atenção Especializada - UPAs)

135

PHC and Specialized Outpatient Care (AAE) tutors



Umane Image Bank

**LITORAL LESTE JAGUARIBE
(EAST COAST/JAGUARIBE)
(CEARÁ) AND OTHER STATES**

On the East Coast/Jaguaribe (*Litoral Leste Jaguaribe*), the Health Care Planning (PAS) initiative was launched slightly later, with the first stage of the project running until December. In October, a new partnership was formalized with the Ceará Health Department to extend PAS to other health care regions of the state.

Simultaneously, the collaborative efforts of Umane, PAHO, and CONASS are extending this initiative to Goiás, Minas Gerais, Maranhão, Sergipe, and Brasília, providing support, technical advice, and strategic planning assistance to the health department teams of these states.



Jurandi Frutuoso,
executive secretary of CONASS

“The strategic collaboration between CONASS and Umane in the Health Care Planning project significantly alters the work process in PHC and strengthens SUS. This partnership promotes health, prevents diseases, and optimizes the management of health services.”

552,000

people reached: Covering the total population of the 20 municipalities.

211

Basic Health Units (UBSs): This includes 211 Family Health Strategy (Estratégia de Saúde da Família - ESF) teams actively participating.

47

PHC tutors

Two workshops conducted by December 2023: These sessions achieved an impressive Net Promoter Score (NPS) of 90%.

The Project anticipates expansion to the entire state (184 municipalities) by 2026



Courtesy of the Ministry of Health

HEALTH LEADERS (LÍDERES DA SAÚDE - LIS): PRIMARY CARE

This specific category of Health Care Planning involves Vetor Brasil as its implementing partner, aiming to enhance the initiative's implementation in the targeted territories. A total of 30 managers from the Pernambuco State Health Department, representing the three prioritized health care regions and their municipalities, participated in a training day to bolster their capabilities in addressing main PHC issues and challenges.

In 2023, six sessions took place, including collective and individual mentoring and the drafting of Individual Development Plans (IDPs). Another 18 sessions are scheduled for 2024.

This aspect of the initiative also included selecting and hiring public management trainees through technical cooperation to assist with the implementation of PAS in the states. In 2023, one professional joined the Maranhão State Health Department.

30

managers from the Pernambuco State Health Department participated in the workshops, achieving an average NPS of 83%

1

trainee allocated to the Maranhão State Health Department for institutional support in the Coordination of Planning.



Cristiane Gosch, consultant for the coordination of health care systems and services at PAHO

“The partnership between Umane, PAHO, and CONASS for Primary Care Planning presents a tremendous opportunity to enhance the health system’s responsiveness. The project’s methodology transforms the operational mode of teams and services, aiming to make health care networks more efficient by developing team competencies in planning and organizing health care focused on the needs of the users they serve, in line with the Comprehensive Care for Chronic Conditions Model. Umane, PAHO, and CONASS are committed to solidifying the Planning methodology, believing in its potential to aid the organization of health care networks across Brazilian states.”



Primary Health Care Open Innovation Platform

New impact businesses to strengthen PHC tested in four territories



Courtesy of the Ministry of Health

Primary Health Care (PHC) serves as the population’s gateway to the Brazilian Unified Health System (SUS) and meets 80% to 90% of an individual’s health needs throughout their lifetime, according to the World Health Organization (WHO). Recognizing the critical role of this level of care, Artemisia and Umame have bolstered their partnership by launching the second cycle of the PHC Open Innovation Platform. This initiative aims to scale technological solutions that can enhance both access to and the quality of services at this level, linking entrepreneurs with public managers.

Candidates for this initiative are required to tackle the principal challenges and opportunities for PHC outlined in the Social Impact Thesis, crafted by Artemisia and Umame in 2020 and updated in 2023. This document, drawing from over 40 studies and insights from 35 researchers, investors, and entrepreneurs, detailed the challenges within the Brazilian health sector, considered the context of the COVID-19 pandemic, and identified seven public health opportunities for impact businesses. These opportunities include enhancing efficiency and care in health clinics, promoting early disease detection, improving treatment engagement, and encouraging proper medication use and health monitoring.

In this cycle, five selected impact businesses each received R\$100,000 to test the applicability and effectiveness of their developed solutions.

R\$400,000
invested in pilot implementations

5 businesses selected, with 3 pilots executed in 2023 and 2 planned for 2024

155 businesses registered for the second edition

10 refined pilot proposals

ABOUT THE SOLUTIONS

The first pilot is underway in Ribeirão Preto (SP) by healthtech Desenvolve Solutions. It introduces a tool that enhances PHC monitoring of individuals diagnosed with diabetes and supports self-care. Basic Health Units (UBSs) involved use a dashboard to monitor Previne Brasil indicators, and at-risk users receive messages encouraging them to monitor their health and adhere to treatments. Initiated in two UBSs, the pilot now extends to ten units, directly benefiting 1,430 out of 40,000 people diagnosed with diabetes in the municipality.

In Rio Grande do Sul (RS), Previneo is testing an online platform to collect population data, stratify risk factors, and detect cardiovascular diseases and certain cancers. At-risk residents who have been identified receive WhatsApp messages directing them to health clinics. Implemented across 33 UBSs, this solution aims to boost early diagnosis of these serious illnesses and improve patient survival rates, thereby reducing costs associated with late diagnosis and enhancing program adherence, such as smoking cessation initiatives.

In the small town of Paraisópolis, Minas Gerais, the startup Doutor Feridas has rolled out a telehealth solution focusing on the treatment of acute and chronic wounds. Its goal is to minimize complications such as amputations and infections, thereby reducing costs for SUS. The technology is accessible across all the municipality's UBSs, covering all monitored patients with wounds. Teleconsultations with specialists have already benefited 33 residents, and 24 health professionals have received practical training.

In Jaraguá do Sul (SC), the Salutho 1000 Dias app, developed by the healthtech company of the same name, is being integrated into the electronic medical records used by local health teams to support monitoring of pregnant women, aiming to improve tracking of key maternal and child health indicators and the municipality's performance in Previne Brasil.

Lastly, developed by Semantix, the fifth solution in this cycle is a platform that consolidates various clinical indicators monitored by PHC into a unified database, facilitating epidemiological tracking in municipalities. This platform is currently under internal evaluation and improvement and has not been paired with a specific territory.

DOUTOR FERIDAS IN PARAISÓPOLIS (MG)

Initiated in September 2023

6

UBSs involved in the pilot: Engaging 100% of the municipality's UBSs

↓ 20%

in the rate of medical non-compliance in wound care

An average of 2 procedures per week per user, resulting in approximately 496 procedures during the pilot cycle

24

health professionals trained during the pilot, achieving an NPS of 86%

33 users with wounds directly treated by the pilot, with 3 users achieving complete wound resolution after the intervention cycle

PREVINEO IN RIO GRANDE (RS) | Initiated in August 2023

33

UBSs involved in the pilot: Engaging 100% of the municipality's UBSs

130,000

users over the age of 18 and SUS dependents potentially reached by the solution

124

people used the solution, 20% (24 people) were stratified as high risk, and 46% (11 people) confirmed their visit to the UBSs

DESENVOLVE SOLUTIONS IN RIBEIRÃO PRETO (SP) | Initiated in May 2023

2

UBSs involved in the pilot: out of a total of 10 UBSs in the municipality

337

users with diabetes contacted by the pilot for detailed follow-up via a platform integrated with the UBS teams

↑ 40%

in the UBSs participating in the pilot, considering the indicator of the proportion of people with diabetes, with consultation and glycated hemoglobin requested in the Previne Brasil quarter

1,430

users with diabetes attended at the UBSs participating in the pilot

Reached 19% of all users contacted by December (18 people)

2023
2nd quarter: 20%
3rd quarter: 28%

Reference Indicators for Primary Health Care in Brazil

New metrics to assess and improve the quality of Primary Health Care



Courtesy of the Ministry of Health

Decisions with the most profound impact on the population are those grounded in reliable evidence and data. To enhance the current suite of indicators in the health care sector, the Brazilian Institute of Economics of Fundação Getulio Vargas (FGV-IBRE), in partnership with Umane, is developing new metrics to monitor the quality of Primary Health Care (PHC) in Brazil.

These new indicators are being crafted based on four fundamental attributes of Primary Health Care, as identified by pediatrician Barbara Starfield: first contact access, continuity, comprehensiveness, and coordination of care. They will be contextualized according to regional socioeconomic factors.

Public databases from the health care sector have been meticulously mapped, and variables aligned with these four essential pillars have been selected to establish a robust and enduring dataset. The pilot stage is already in motion, focusing on calculating these indicators for the 22 health care regions of

Ceará. Looking ahead, there is potential for these indicators to be extended to encompass all health care regions across Brazil.

Once completed, these metrics will be accessible via the Primary Health Care Observatory. This tool will not only support public managers in making informed decisions but also enhance the general public's understanding of the health care agenda.

4

blocks of indicators:
First Contact Access,
Comprehensiveness,
Continuity, and
Coordination of Care

Pilot stage: Currently generating indicators for Ceará's 22 health care regions

Technical committee formation: Comprising public managers and health experts, this committee is tasked with evaluating the indicators

AVISA Study - COVID-19

Study assesses incidence of COVID-19 among Brazilians



Porto Alegre Image Bank

The AVISA Study, which explores the transmission dynamics of SARS-CoV-2 and the incidence of COVID-19, as well as the duration of immunity post-infection and the medium-term health consequences across diverse population groups, is designed to inform evidence-based development of vaccination strategies.

This initiative, led by the Butantan Institute and the Butantan Foundation with support from Umame and Instituto Todos Pela Saúde, engaged 3,046 participants for a 60-week observation period spanning 2021 to 2022. The study protocol included monthly rapid testing for COVID-19 and quarterly blood samples to evaluate immunity levels against the virus. Of the recruited participants, 2,529 (83%) completed all stages of the study. The participant pool spanned multiple locations, including Belo Horizonte (MG), Boa Vista (RR), Cuiabá (MT), Fortaleza (CE), Laranjeiras (SE), Porto Velho (RO), Rio de Janeiro (RJ), São José do Rio Preto (SP), São Paulo (SP), Serrana (SP), and Brasília, covering seven state capitals and the federal capital, noted for their pivotal roles in pandemic response measures.

Throughout 2023, the project focused on data analysis, report generation, and preparation of informational materials. The findings are scheduled for dissemination in 2024, including presentations at two scientific conferences and publications in peer-reviewed journals.

11
research centers
involved, representing
four regions of Brazil

2,529
participants monitored over a 60-
week period

Results to be presented at two
academic conferences in 2024

COMPREHENSIVE CARE PROGRAM FOR CHRONIC CONDITIONS

Pelotas Cohort Studies - Health throughout the life cycle

World reference in maternal and child population research begins new study cycle focusing on chronic diseases

For over forty years, the Federal University of Pelotas (UFPel - Universidade Federal de Pelotas) has been tracking approximately 20,000 individuals born in Pelotas in 1982, 1993, 2004, and 2015 as part of the Pelotas Birth Cohort Studies (Coortes de Nascimentos de Pelotas). Renowned globally for its exploration of health-disease relationships in the maternal-child demographic, these studies have profoundly influenced health policies and clinical practices worldwide. They have provided pioneering evidence on the critical importance of exclusive breastfeeding in the first six months and demonstrated how the first thousand days of life are crucial for long-term health and development.



LEARN MORE

A cohort study is an analytical epidemiological method that follows a group of individuals over time to observe the development of specific events or health conditions.

The Pelotas Birth Cohort Studies have also supported the implementation of impactful programs such as the Brazilian Federal Government’s “Criança Feliz” (Happy Child) and the Rio Grande do Sul Government’s “Primeira Infância Melhor” (Better Early Childhood Program), which focus on comprehensive early childhood development for children in socioeconomically vulnerable conditions.

In 2023, Umane, alongside the Brazilian Association of Collective Health (Associação Brasileira de Saúde Coletiva – ABRASCO) and other national and international backers, formalized its support for these cohort studies. This collaboration has initiated a new data collection and clinical examination cycle with the nearly 5,000 participants of the 1993 Birth Cohort Studies, now 30 years old.

This longitudinal study will delve into how socioeconomic and environmental conditions experienced at different life stages can trigger the development of chronic noncommunicable diseases (Chronic NCDs). It will evaluate factors linked to diabetes, hypertension, cardiovascular diseases, respiratory conditions (such as asthma and bronchitis), allergies, and mental disorders, assessing risks associated with physical inactivity, obesity, excessive alcohol consumption, illicit drug use, and smoking.



Fernando Wehrmeister, epidemiologist and coordinator of the 1993 Cohort Study

“In addition to funding the fieldwork, analysis, and scientific output, Umane plays a crucial role in helping us extend beyond academic confines, broadening the impact of the cohort studies on society and enhancing their utilization in public policy formulation.”

QUESTIONNAIRE AND CLINICAL EXAMINATIONS

Members of the 1993 cohort participated in a comprehensive online questionnaire covering a wide array of topics, including work, income, education, dietary habits, physical activity, sleep quality and duration, alcohol, tobacco, and other drug use, disease and medication history, sexuality, reproductive history, and mental health. The questionnaire also included cognitive assessments.

At the clinic of the Center for Epidemiological Research, participants undergo a series of clinical evaluations. These include measurements of bone density and body composition, blood pressure assessments, carotid ultrasounds, pulmonary function tests, hand strength tests, and both blood and urine analyses. There is also the delivery of a device that records the participants’ level of movement over six days.

Participants who are parents are encouraged to bring their children for selected tests. “By doing so, we collect data from three different generations within the same family: the cohort

2,080

participants responded to the online questionnaire

1,672

participants underwent clinical exams by the end of December 2023

16

articles published in 2023, including 7 in national journals and 9 in international journals

4

theses/dissertations written in 2023



member, their mother from data collected 30 years ago at their birth, and now their children. This approach helps us explore the intergenerational transmission of conditions such as hypertension,” explains Fernando Wehrmeister, epidemiologist and coordinator of the 1993 Pelotas Cohort Study.

INITIAL FINDINGS

Although the full evaluation cycle is ongoing and expected to conclude by mid-2024, early observations are already noteworthy. **“We are seeing a higher prevalence of overweight individuals at age 30 in the 1993 cohort compared to the same age group in the 1982 cohort a decade ago,”** notes Fernando.

Publications focusing on the results of this cycle will likely address issues related to overweight and obesity and risk factors for other chronic conditions such as diabetes and cardiovascular disease. Researchers anticipate completing an average of five scholarly articles by the end of 2024. Data analysis and scientific output will continue with Umane’s support through 2025 and 2026.

THE CALL FOR PARTICIPANTS AND THE ROLE OF COMMUNICATION

One challenge facing the cohorts is maintaining communication with members to ensure their continued participation. With Umane’s support, a communication strategy was devised, initially emphasizing engagement through social media. By February 2024, approximately 2,400 participants and 2,000 children had been assessed, with the target set at reaching 3,400 individuals.

To engage the remaining participants, the research team is now employing additional outreach strategies, including email blasts to university students, advertisements on community radio stations and sound trucks, and direct phone calls. Furthermore, complimentary transportation is offered to participants who cannot afford travel expenses to the research center for testing.

COMPREHENSIVE CARE PROGRAM FOR CHRONIC CONDITIONS

Telephone Survey of Risk Factors for Chronic Noncommunicable Diseases (COVITEL II)

Survey drives public debate and contributes to resolutions on Chronic NCD risk factors

Epidemiological surveys serve as pivotal tools for assessing health conditions, sociodemographic characteristics, and the interrelationships among various variables within a population. They are integral to the monitoring, decision-making, and planning of public health care in nations, states, and municipalities. Moreover, these studies spur public debate on urgent and emerging issues, often shaping the formulation and enactment of public policies and regulations that significantly affect the populace.

One such impactful study, COVITEL II - Telephone Survey of Risk Factors for Chronic Noncommunicable Diseases, executed by Vital Strategies Brasil and *Universidade Federal de Pelotas* (UFPeL) and funded by Umane with support from the Brazilian Association of Collective Health (ABRASCO), provided a comprehensive overview of risk factors and the

prevalence of various health conditions and diseases in the Brazilian population.

Launched in June 2023, this second edition of COVITEL generated crucial data on alcohol and cigarette usage among Brazilians—risk factors directly linked to various chronic noncommunicable diseases (Chronic NCDs), such as cardiovascular diseases, respiratory diseases, and multiple types of cancer. “The 2023 survey contributed significant insights to a highly relevant debate in Brazil regarding tax reform and the adoption of selective taxation, which advocates for higher taxes on health-damaging products like cigarettes, alcohol, and ultra-processed foods,” elaborates Luciana Sardinha, senior manager for Chronic NCDs at Vital Strategies and one of the survey’s coordinators.



Vital Strategies Image Bank

Luciana highlights the in-depth examination of alcohol consumption as one of the key advancements in this edition, which surveyed over 9,000 individuals aged 18 and older across capital cities and inland areas across all five Brazilian regions from January to April 2023. This survey was notable for its full implementation of the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) across a representative sample of the population for the first time.

The findings indicated that approximately **6 million Brazilians (about 4% of the adult population), predominantly men aged 45 to 54, exhibit risky alcohol consumption or likely dependence.**

"The application of the questionnaire yielded highly relevant data, not just from a health perspective but also from a socioeconomic angle, illustrating the potential effects of alcohol on violent behavior and work absenteeism rates," she adds.

In terms of smoking, COVITEL II expanded upon the initial research on electronic cigarettes that began in its first edition. With these products currently prohibited from sale and advertising in the country, the 2023 survey included questions about the locations where users typically purchase electronic devices and encounter related advertisements.

The data—which showed that only 3% of respondents used electronic cigarettes as a means to quit traditional smoking—challenged the harm reduction argument promoted by the tobacco industry. "By exposing the industry's strategy to attract new and younger consumers through e-cigarettes, the survey also bolsters advocacy efforts with ANVISA (the Brazilian Regulatory Health Agency), which is expected to reconsider the ban on selling these products soon," the coordinator notes. In December 2023, ANVISA initiated a public consultation to gather societal input on the matter.



Luciana Sardinha,

Senior Manager for Chronic NCDs at Vital Strategies and COVITEL coordinator

"Umane's credibility enhances COVITEL's impact and broad recognition across diverse audiences. The organization is also an invaluable partner in the planning and execution phases, always ready to leverage its network to amplify the results of the research."

OTHER EMERGING THEMES

The survey participants were also questioned about their eating habits, physical activity, prevalence and monitoring of hypertension and diabetes, mental health, and air pollution.

In the mental health section, alongside existing questions about depression from COVITEL I, new inquiries were introduced about anxiety—both diagnosis and medication use—as well as the quantity and quality of sleep.

A new section on air pollution was added in 2023 to gather data to inform discussions that are still nascent in Brazil. This segment collected information on the number of people using firewood, coal, or kerosene for cooking or heating. These practices not only negatively impact the environment but are also detrimental to health.

MEDIA COVERAGE

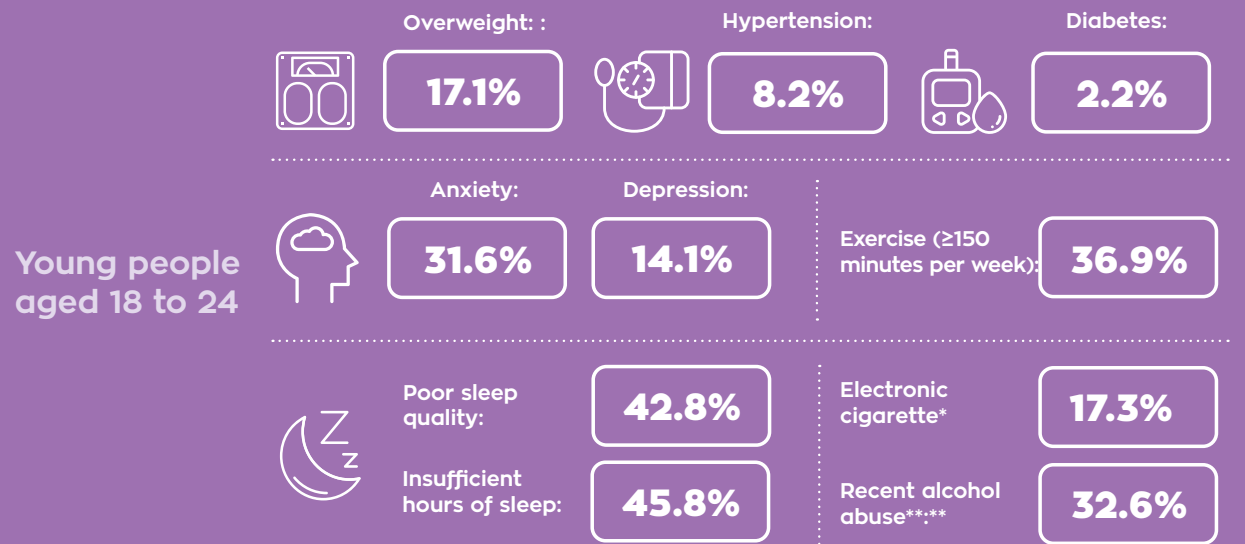
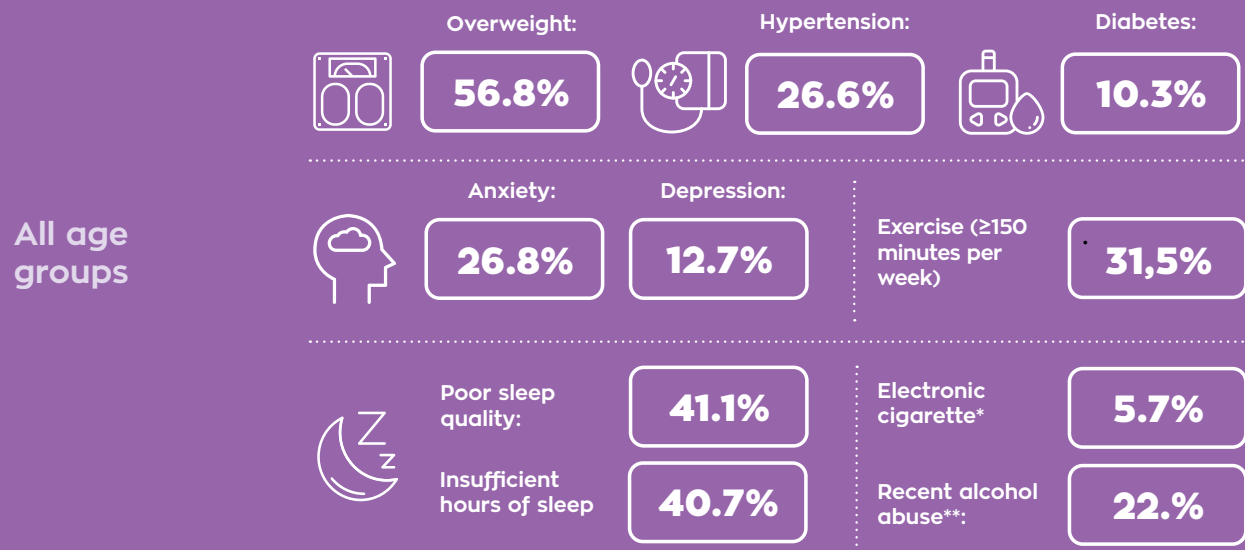
COVITEL II was launched at the Pan American Health Organization (PAHO) headquarters in Brasília on June 29, 2023. From the launch date until December, the study was featured in over 2,800 articles across various media outlets nationally and in every region of Brazil, including major publications and networks such as Folha de S. Paulo, Correio Braziliense, TV Globo, and Agência Brasil.

Detailed results from both editions of COVITEL are available on the Primary Health Care Observatory, a platform designed and maintained by Umane.

observatoriodaaps.com.br

* Refers to individuals who have tried e-cigarettes.
 ** Defined as consuming four and five doses of alcohol on the same occasion for women and men, respectively, within the last 30 days. Defined as consuming four and five doses of alcohol on the same occasion for women and men, respectively, within the last 30 days.

MAIN COVITEL II RESULTS



COMPREHENSIVE CARE PROGRAM FOR CHRONIC CONDITIONS

NutriNet Brasil

Study investigates relationship between diet and diseases most affecting the Brazilian population

NutriNet Brasil is a pivotal study supported by Umane, employing the cohort method alongside the Pelotas Cohort Studies. Conducted since 2020 by the Center for Epidemiological Research in Nutrition and Health at the University of São Paulo (*Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde da Universidade de São Paulo – NUPENS/USP*), this research is dedicated to exploring the relationship between Brazilian dietary patterns and the development of diabetes, hypertension, cardiovascular diseases, certain types of cancer, obesity, and other chronic noncommunicable diseases (Chronic NCDs) prevalent among millions in Brazil.

The project aims to monitor up to 200,000 individuals from all Brazilian regions over at least a decade, gathering scientific evidence to inform new public policies aimed at improving dietary habits and reducing deaths from Chronic NCDs.

According to 2022 World Health Organization (WHO) data, these conditions account for 75% of all deaths in the country.



Agência Brasil

109,370

participants as of December 2023

13

abstracts presented at scientific events and three academic articles published in 2023

57%

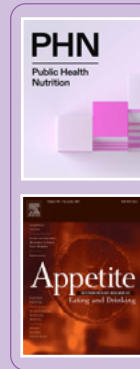
retention rate

In 2023, preliminary data from the study led to the presentation of 13 abstracts at notable scientific events, including the Latin American Nutrition Conference in Cuenca (Ecuador), the 31st International Symposium on Scientific and Technological Initiation at USP, and the USP Graduate Student Conference in São Paulo (SP). Additionally, three articles were published in esteemed international journals such as *Public Health Nutrition* and *Appetite*.

By the end of the year, NutriNet reported 109,370 participants, an increase from 105,000 in December 2022, maintaining a retention rate of 57%.



Maria Laura Louzada,
coordinator of the NutriNet Brasil Study



“The collaboration between Nupens and Umane has been instrumental in both sustaining and expanding the team working on NutriNet Brasil. It has facilitated the development and monitoring of data collection tools and the study platform. Umane stands out as our most effective partner, with their close monitoring of the project processes significantly influencing our research approach and execution. Their support has also enabled us to expand our network of partners and to freely explore new research questions within the study, significantly enhancing its scientific relevance and its potential to influence public policy over the medium and long term”

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Paola Carosella
Chef de cozinha e Apresentadora

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Poster promoting the study

Public Health Nutrition 26(11), 2566-2573 doi:10.1017/S136980023001532

Nova diet quality scores and risk of weight gain in the NutriNet-Brasil cohort study

Francine Silva dos Santos^{1,2}, Euridice Martinez Steele^{1,2}, Caroline dos Santos Costa^{1,2,*}, Kamila Tiemann Gabe^{2,3}, Maria Alvim Leite^{2,4}, Rafael Moreira Claro⁴, Mathilde Touvier⁵, Bernard Srour⁶, Maria Laura da Costa Louzada^{1,2}, Renata Bertazzi Levy^{2,4} and Carlos Augusto Monteiro^{1,2,4}

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Abstract
Objective: To assess the prospective association of two diet quality scores based on the Nova food classification with BMI gain.
Design: The NutriNet-Brasil cohort is an ongoing web-based prospective study with continuous recruitment of participants aged ≥18 years since January 2020. A short 24-h dietary recall screen including ‘yes/no’ questions about the consumption of whole plant foods (WPF) and ultra-processed foods (UPF) was completed by participants at baseline. The Nova-WPF and the Nova-LPF scores were computed by adding up positive responses regarding the consumption of thirty-three varieties of WPF and twenty-three varieties of LPF, respectively. Participants reported their height at baseline and their weight at both baseline and after approximately 15 months of follow-up. A 15-month BMI (kg/m²) increase of ≥25% was coded as BMI gain.
Setting: Brazil.
Participants: 9551 participants from the NutriNet-Brasil cohort.
Results: Increasing quintiles of the Nova-LPF score were linearly associated with higher risk of BMI gain (relative risk (RR) = 1.34; 95% CI 1.15, 1.56), whereas increasing quintiles of the Nova-WPF score were linearly associated with lower risk (relative risk (RR) = 0.81; 95% CI 0.69, 0.94). We identified a moderate inverse correlation between the two scores (−0.53) and a partial mediating effect of the alternative score: 15% for the total effect of the Nova-LPF score and 25% for the total effect of the Nova-WPF score.

Keywords: food processing, diet quality, eating, BMI

Public Health Nutrition 26(11), 1597-2004 doi:10.1017/S136980023001623

A novel web-based 24-h dietary recall tool in line with the Nova food processing classification: description and evaluation

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Submitted 23 December 2022; Final revision received 4 July 2023; Accepted 25 July 2023; First published online 7 August 2023

Abstract
Objective: This paper describes the first web-based self-completed 24-h recall designed to categorise food intake according to Nova groups – Nova-24h – and its agreement with a reference tool in estimating the dietary relative contribution of the four Nova food groups (% of total energy intake).
Design: Comparisons of estimates of dietary relative contributions of Nova groups obtained by Nova24h and one standard interview-based 24-h recall.
Setting: Nationwide adult cohort study in Brazil.
Participants: The subjects were 186 participants of the NutriNet Brasil Cohort Study (n = 186).
Results: No statistically significant differences were observed between the Nova24h and the reference tool mean contributions of unprocessed or minimally processed foods (52.3% v. 52.6%), processed culinary ingredients (11.6% v. 11.9%), processed foods (17.1% v. 14.7%) and ultra-processed foods (19.0% v. 20.9%). Intraclass correlation coefficients between individual estimates obtained for each Nova group showed moderate to good agreement (0.54–0.79). Substantial or almost perfect agreement between the tools was seen regarding the ability to rank participants according to quintiles of contribution of each Nova group (PABAK 0.69–0.81).
Conclusions: Nova24h is a suitable tool for estimating the dietary relative energy contribution of Nova food groups in the NutriNet Brasil cohort. New studies are necessary to verify its adequacy in other populations.

Keywords: Computerized study, Dietary assessment, web-based self-completed 24-h recall, Ultra-processed foods, Nova food classification system

The Nova food classification is a system that categorises foods based on the extent and purpose of food processing they undergo⁽¹⁾. Many studies worldwide have used the specifically designed to discriminate foods according to the level of food processing have been developed^(2,3).

COMPREHENSIVE CARE PROGRAM FOR CHRONIC CONDITIONS

Caring for All

International initiative contributes to the screening, early detection, and treatment of Chronic NCDs

A partnership in São Paulo has markedly increased the monitoring of blood pressure, tripling the number of individuals regularly checking their blood pressure over 15 months. This increase has potentially reduced the occurrence of strokes by 13% and heart attacks by 12%. These findings stem from the Novartis Foundation’s Cardio4Cities program, the results of which were published in April 2023 in *PLOS Global Public Health*. The program, supported by Umane since 2018, operates in São Paulo and Dakar (Senegal).

In São Paulo, the initiative is known as Cuidando de Todos (Caring for All), implemented by Instituto Tellus in collaboration



with the Municipal Health Department and supported by Umane. By 2023, the program was active in 237 Basic Health Units (UBSs) across the city. Over the year, the program engaged 25,200 individuals in proactive health measures and facilitated 362,100 self-administered blood pressure measurements at the *Cantinho Cuidando de Todos* (Caring for All Corner), a dedicated space in the UBSs designed to empower patients to take control of their health.

Originally focusing on enhancing screening, early detection, treatment, and management of hypertension, since 2021, *Cuidando de Todos* has expanded to include screening and monitoring for diabetes, obesity, and high cholesterol.



IN 2023:

+362,000

blood pressure measurements taken at the Cantinho Cuidando de Todos

237

UBSs participating in the project

+25,000

people reached through active search initiatives

2023 Impact Assessment Results (factoring in 2018–2021) in São Paulo city:

Significant strides were made in 2023 towards integrating the solution package with the São Paulo Municipal Health Department’s systems, emphasizing the effective incorporation of technology processes.

Following its success, the Novartis Foundation announced at the 2023 World Health Assembly in Geneva (Switzerland) plans to expand Cardio4Cities to 30 additional cities worldwide over the next three years. In Brazil, discussions are underway to extend the Cuidando de Todos Program to other locales.

Increased health care activities: UBSs in the initiative saw an annual increase in blood pressure checks by 1,400, marking a 17% rise.

Reduction in hospitalization rates and a higher proportion of deaths among those hospitalized, suggesting more severe cases being admitted. Itaquera and Penha sub-prefectures observed a decrease in cumulative hospitalizations by 2.37, a 2% reduction.

Decreased mortality from circulatory diseases: The sub-prefectures of Itaquera and Penha reported a reduction in cumulative mortality by 10.64 deaths, a 6% decrease.

Facing Childhood Obesity

Initiative contributes to the approval of a law banning ultra-processed foods in schools in the state of Rio de Janeiro

In December 2023, during the 6th National Food Security Conference held in Brasília, Presidential Decree No. 11,821 was published, setting guidelines on restricting the marketing and availability of ultra-processed drinks and products high in calories, saturated and trans fats, added sugar, and sodium in the school environment. This federal measure aims to address the rising trend of child and adolescent obesity in Brazil, which, according to the Ministry of Health's Food and Nutrition Surveillance System (SISVAN), is expected to record 5.6 million cases of excess weight among children and adolescents aged zero to 19 in 2023. This demographic represents about 27% (54.5 million people) of the Brazilian population, according to the 2022 Census.

This federal initiative aligns with the goals of Instituto Desiderata's Facing Childhood Obesity (Enfrentamento da Obesidade Infantojuvenil) Project, supported by Umane, which addresses



Instituto Desiderata Image Bank

LEARN MORE

The CAEB healthiness index measures the proportion of fresh and minimally processed foods versus ultra-processed foods available to students, with a scale from 0 to 100—where a higher score indicates a healthier food offering.

the issue from various angles: advocacy in the executive and legislative branches, public awareness campaigns, research, data dissemination, ongoing education for health care professionals, and the organization of care lines in the municipal health care network. The project has achieved significant milestones, particularly in influencing public policy in the state of Rio de Janeiro.

In July 2023, Rio de Janeiro’s City Council passed a bill prohibiting the offering of ultra-processed products in schools within the municipality. The executive branch also issued a decree to regulate the law’s implementation, detailing all necessary measures for its effective and uniform enforcement across the territory, thus expediting its activation.

In Niterói, a city neighboring the capital, a similar law was enacted in January. However, the municipality initially lacked a regulatory decree. “Given the delay in publishing the decree, we implemented an advocacy strategy involving various levels: the Municipal Health Department, the Municipal Food and Nutrition Security Council (COMSEA), and the Public Health Department,” notes Luiza Rudge, director of institutional development at Desiderata. The original bill had some inconsistent articles, necessitating new legislation to repeal these items, which was passed by the City Council in June and enacted in July.

Despite the absence of a decree, Luiza celebrates visible improvements in Niterói: “Comparing the 2022 and preliminary 2023 results from the Food Commerce in Brazilian Schools (Comercialização de Alimentos em Escolas Brasileiras – CAEB) survey, the healthiness index of the lunchrooms in Niterói’s private schools improved from 22% to 50%.”



Luiza Rudge,
director of institutional development at Instituto Desiderata

“Umane’s partnership has been crucial, enabling strategic action across various project fronts, supporting our team’s efforts, and facilitating significant connections that amplify the impact of our work”

In October, the mayors of Rio de Janeiro and Niterói signed a declaration by the global network Partnership for Healthy Cities, committing to urgent measures to ensure access to healthier food options. They are among four Latin American mayors who have endorsed this commitment.

Bill 1662/2019

Bill 40/2023

These bills have been approved, and the sale of ultra-processed foods in Rio de Janeiro and Niterói schools has been banned.

1,236

health care professionals from the state of Rio de Janeiro have been trained on topics related to these new regulations.

OTHER FRONTS

Umane's commitment extends beyond legislative support to educational initiatives like the *Panorama da Obesidade em Crianças e Adolescentes* (Panorama of Obesity in Children and Adolescents). This annual publication, based on data from SISVAN, offers insights into the nutritional status and food consumption of children and adolescents. Designed with accessible language and resources for comparative analysis, the Panorama is available on the Obesidade Infantil em Foco (Childhood Obesity in Focus) Portal. This portal aims to broaden public access to relevant indicators, research findings, and government programs addressing childhood obesity.

Over the past year, more than 1,200 health professionals throughout the state of Rio de Janeiro have completed distance learning courses on this topic. In Rio de Janeiro and Niterói, hybrid classes combining face-to-face meetings with virtual coursework were organized. Additionally, the line of care for the prevention and management of childhood obesity, initially structured in Niterói, was expanded across the city's entire municipal health network in 2023.

Looking ahead to 2024, efforts will continue to ensure the effective implementation of the legislation in Rio de Janeiro and Niterói. Plans are in place to replicate Niterói's structured care line in the capital cities of Rio de Janeiro and Pernambuco, extend training for health care professionals in these areas and six other Brazilian capital cities, and assist in drafting new legislation in Niterói to prohibit the display of ultra-processed foods on supermarket shelves below one meter in height.

37,846

visits on The Childhood Obesity in Focus portal, nearly tripling the previous year's total of 13,000 hits. www.obesidadeinfantil.org.br

↑ 259%

The release of the latest edition of the *Panorama of Obesity in Children and Adolescents* in the fourth quarter of 2023 led to a increase in portal traffic

ADDRESSING ULTRA-PROCESSED FOODS IN HOSPITALS

A survey conducted on the consumption of ultra-processed foods within a hospital in Niterói offered to patients and employees, as well as the food sold in the lunchroom, in self-service machines, and by street vendors in the surrounding area, revealed that most food items offered to patients were adequate. However, minor improvements were suggested. "This research highlighted a legislative gap regarding food regulation in hospital settings. We have prepared a technical note and a draft resolution to regulate food in hospital environments, which we submitted to the Niterói Attorney General's Office," explains Luiza Rudge.

In 2024, Instituto Desiderata plans to propose the creation of a national policy to restrict the supply of ultra-processed foods in federal hospitals.

Multi-Assistance Health Care (AMAS Umane)

23 years of community commitment in São Paulo

Founded in 2000 by the Philanthropy Committee of Hospital Samaritano, AMAS Umane was established to provide complimentary health care to mothers, children, and adolescents in São Paulo, utilizing the expertise of the institution’s professionals. Due to its significant success, the program expanded, requiring a dedicated space and a specialized team to effectively manage the growing demand and maintain the quality of health care services.

Managed by Umane and, since 2021, by the SÍrio-Libanês Social Responsibility Institute (Instituto de Responsabilidade Social SÍrio-Libanês – IRSSL) in partnership with São Paulo’s municipal government, AMAS Umane relocated to new premises on Paulista Avenue in 2023. The move was commemorated with an inauguration ceremony on November 23rd, marking 23 years of operation.

The new location on Paulista Avenue enhances accessibility for patients - children and adolescents from zero to 17 years old - referred by 31 Basic Health Units (UBSs) in the Central-West region of São Paulo, as well as for their families and staff, being conveniently situated near the Trianon-

MASP subway station and served by numerous bus routes from across São Paulo and the surrounding metropolitan area. This accessibility has already positively influenced attendance rates at scheduled appointments.

The new facility offers a larger, more equipped space. It features an improved climate-controlled infrastructure, including two consultation rooms allowing for increased capacity for simultaneous appointments, a spacious reception area with an adjoining playroom, and enhanced amenities such as a pantry for patients and companions and a rest area for staff. The clinic has also upgraded its equipment, adding modern scales, anthropometric rulers, and otoscopes, to name a few pieces.

In 2023, AMAS Umane conducted over 7,000 medical consultations across ten specialties: allergology, cardiology, dermatology, endocrinology, gastroenterology, nephrology, neurology, ophthalmology, general pediatrics, and pulmonology. Additional services provided include nutrition, nursing, social assistance, and neuropsychological assessments.

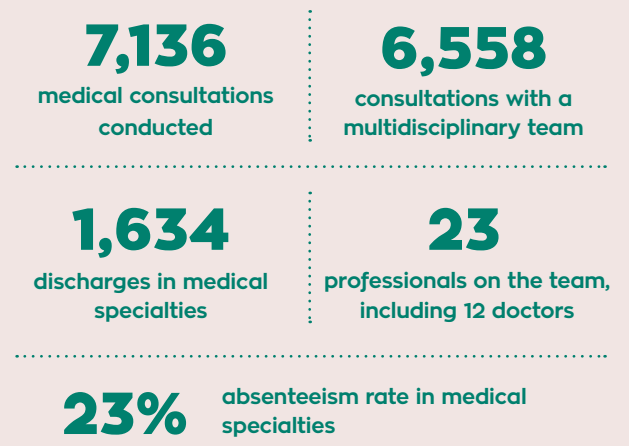


Carolina Lastra,
executive director of IRSSL

“This outpatient clinic not only transforms lives but also signifies a deep commitment to the health and well-being of future generations, marking a significant advancement towards a more inclusive and effective health care system. It embodies our mission to extend excellence in public health care with profound social relevance.”



Courtesy of IRSSL



Experiences that Feed II

Food and nutrition education project helps fight childhood malnutrition

Adequate nutrition in early childhood is crucial for strengthening the immune system, promoting physical and cognitive development, and preventing chronic noncommunicable diseases (Chronic NCDs) in later life. Despite the importance of a balanced, nutrient-rich diet, many still lack access to such nutrition. According to the Ministry of Health's Food and Nutrition Surveillance System (SISVAN), in 2022, approximately 338,000 children under five in Brazil were underweight for their age, representing the most prevalent form of malnutrition.

In response to this critical issue, the Center for Recovery and Nutritional Education (Centro de Recuperação e Educação Nutricional - CREN) initiated the Experiences that Feed II (Experiências que Alimentam II) Project from 2020 to 2023, supported by Umane. This initiative aimed to enhance Food and Nutrition Education (Educação Alimentar e Nutricional - EAN) practices within school settings, focusing on educators, managers, pedagogical coordinators, and kitchen staff from 50 Early



Childhood Education Centers in the São Miguel Paulista district of São Paulo. This area is characterized by economic vulnerability, social inequality, and high rates of infant mortality.

The project included raising awareness among families, developing educational resources for classroom use, and establishing a virtual platform for sharing content and best practices. Initially exclusive to professionals and families of the participating Early Childhood Education Centers, the platform was later expanded to other early childhood education units within the São Miguel Paulista Regional Board of Education (Diretoria Regional de Educação - DRE), significantly broadening the project's impact.

The Experiences that Feed II Exhibition in March 2023 marked the project's conclusion, bringing together the 50 participating Early Childhood Education Centers to celebrate their accomplishments. At the event, Early Childhood Education Center representatives shared their experiences and progress in implementing Food and Nutrition Education practices.



Elizabeth Feffermann,
CREN project manager

“The collaboration between CREN and Umane was pivotal for launching and developing Experiences that Feed II, transforming it into a project that bridged health and education, thereby fostering child development and enhancing food security for babies, children, and their families at Early Childhood Education Centers in São Paulo’s East Zone.”

Through joint efforts and continuous monitoring within a framework of dialogue and thoughtful reflection, the teams have enhanced their strategies and actions, significantly strengthening Food and Nutrition Education in early childhood.”

FROM 2020 TO 2023:

150

educators trained

50

pedagogical coordinators trained

+870

early childhood education teachers impacted

50

participating Early Childhood Education Centers

+7.400

babies and children served

75%

of educators and coordinators reported increased competency in Food and Nutrition Education

95%

of Early Childhood Education Centers regularly engage in Food and Nutrition Education activities

66,5%

of educators enhanced their knowledge of food and nutrition across the three project phases

91,4%

of teachers now incorporate Food and Nutrition Education into their activities

↑ 66,5%

increase in sustainability practices adopted by participating Early Childhood Education Centers

53%

of participating managers observed a more qualified and prepared teaching staff in Food and Nutrition Education

MATERNAL, CHILD, AND YOUTH HEALTH PROGRAM

**Obstetric and Neonatal Regulating Center
(Central de Regulação Obstétrica e Neonatal - CRON)**

Vacancy regulation center helps reduce maternal and neonatal mortality indicators in São Paulo

According to the Ministry of Health's Integrated Health Surveillance Platform, in 2022, around 69,000 women died during pregnancy or within 42 days of childbirth nationwide, with 3,500 of these deaths occurring in São Paulo (SP). Additionally, mortality among babies up to the 28th day after birth totaled 16,000 across the country, including 674 in São Paulo. Preliminary data for 2023, covering January to May, indicate at least 24,000 maternal and 6,000 neonatal deaths nationally.

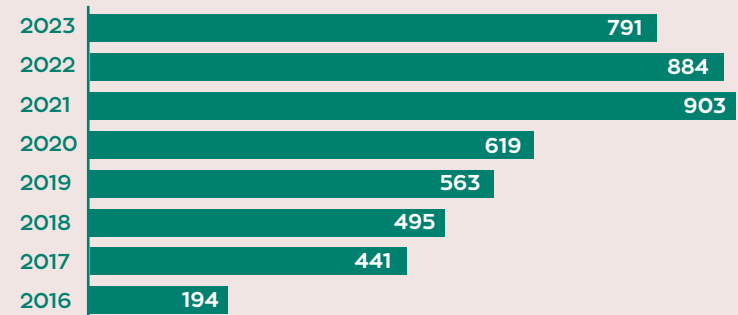
To address these distressing statistics and ensure timely and appropriate medical care for women and newborns requiring additional support in São Paulo and its metropolitan area, Umane has supported the Obstetric and Neonatal Regulating Center (*Central de Regulação Obstétrica e Neonatal - CRON*) since 2009. The CRON team, consisting of 13 obstetricians and 10 nurse regulators, operates around the clock to identify, refer, and oversee the care of pregnant women, parturient women, and babies facing complications who need admission to Intensive Care Units (ICUs) or require

surgical intervention. In 2016, CRON solidified a partnership with the Municipal Health Department of São Paulo to enhance the center's management capabilities.

The impact of the center on maternal and neonatal health continues to be significant, positively impacting thousands of women and babies. Since 2016, CRON has processed 57,319 requests, successfully resolving 88.3% (50,588) of these. In 2023 alone, the center received 9,492 requests, achieving a resolution rate of 89.4% (8,487).

Over the years, the demand for CRON's services has grown, reaching its highest levels during the pandemic.

Average monthly requests by year:



SINCE 2016

88,3%

request resolution rate

57,319

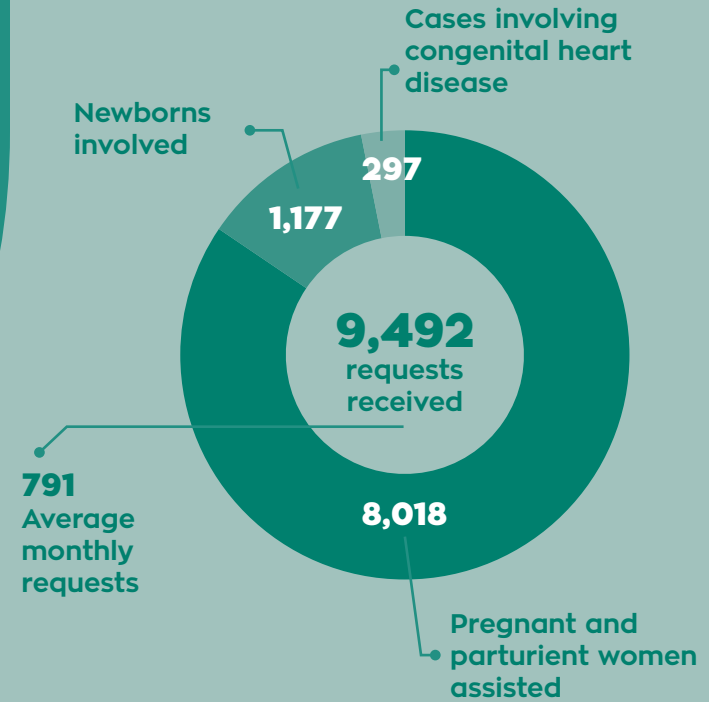
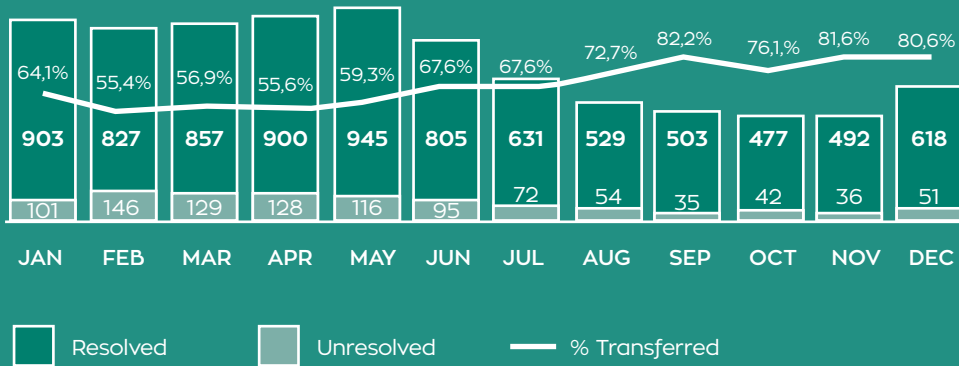
requests received

50,588

requests resolved

The data for 2023 shows an effective transfer rate of 68.3%, with only 10.6% of requests remaining unresolved.

Resolvability per month in 2023



In the same year, an evaluation assessed **CRON's positive impact on maternal mortality in São Paulo, particularly during the intense periods of the pandemic in 2021 and 2022.** The assessment utilized the Synthetic Control Methodology to provide a robust comparison. Prior to CRON's implementation, the maternal mortality rates in São Paulo (the treatment group) and a control group composed of regions not participating in the project were closely aligned. By 2021, significant disparities emerged: São Paulo recorded a maternal mortality rate of 60.7 per 10,000 live births, compared to 191.7 in the control group, marking a reduction of 131 deaths per 10,000 live births, or a 262% decrease. In 2022, the rate in São Paulo was further reduced to 31.8 per 10,000 live births, while the control group's rate was 85.88, representing a reduction of 54 deaths per 10,000 live births, or 106%.

IN 2023:

89,4%
request resolution rate

68,3%
effective transfer rate

Resolution rate for the five main requests:

Neonatal ICU	78,2%
Computerized tomography	90,3%
Pediatrics	95,9%
Obstetrics	91,1%
Children's heart surgery	69,5%



Umane Image Bank

RENAL TRANSPLANT PROGRAM

State-of-the-art infrastructure and optimized resource management expand access to specialized health care

In 2023, significant advancements were made in the Renal Transplant Program, which Umane temporarily managed. The program was transferred from Hospital Samaritano to Hospital das Clínicas (HC) of the Faculty of Medicine of the University of São Paulo (HCFMUSP), the largest hospital care complex in Latin America and a benchmark in high-complexity medical care. This move included completing renovations at the Central Institute and the Child and Adolescent Institute, with over 340 patients successfully relocated—out of a total of 353—each transfer carefully considering the clinical needs and prioritizing humanized care.

The Central Institute's 30 operating rooms and access corridors underwent significant renovations and modernization. They were equipped with state-of-the-art technology, including the Da Vinci robot, which facilitates minimally invasive surgeries. HC professionals received training to adeptly handle this new technology. On September 29, 2023, the Central Institute performed its first elective surgery using the robotic aid, with projections estimating that approximately 160 such procedures could be conducted annually at the facility.

341

patients transferred to Hospital das Clínicas in 2023, representing 97% of the program participants

30

operating rooms at the Central Institute were renovated and outfitted with cutting-edge equipment, with 15 completed in 2022 and an additional 15 in 2023.


Enhancements were also made to the Child and Adolescent Institute, including the expansion and modernization of the hemodialysis room and the pediatric Intensive Care Unit (ICU), creating more accommodating environments for both patients and their families. The institute also acquired ten new hemodialysis machines, three ultrasound machines, and a lithotripsy machine for the Central Institute.

These developments are part of a collaborative effort between Umame, the São Paulo State Department of Health, and the Ministry of Health. This collaboration aims to transition 353 chronic kidney patients from Hospital Samaritano to HCFMUSP. These patients were initially part of the Brazilian Unified Health System's Institutional Development Support Program (PROADI-SUS) at Hospital Samaritano, which concluded on December 31, 2017. Umame has voluntarily sustained the treatment of these patients, who hail from various parts of the country. The remaining transfers to HC are scheduled to complete in 2024.

“This project ensures that patients receive the best possible care and achieve a high level of health resolution. I deeply value the partnership with Umame.”

Antônio José Rodrigues Pereira,
general superintendent of HCFMUSP



 Umame Image Bank



Courtesy of the Ministry of Health

A look ahead to 2024

As Brazil faces socio-economic, environmental, and political transformations in 2024, the particularities and complexities of its public health system present both challenges and opportunities. Umane remains committed as a civil society partner in advancing necessary improvements.

One notable demographic shift is the aging population, which is expected to increase demand for health care services and alter the disease prevalence profile, particularly regarding chronic noncommunicable diseases (Chronic NCDs). According to the 2022 Census by the Brazilian Institute of Geography and Statistics (IBGE), there are now 22.2 million Brazilians aged 65 or over, up from 14.1 million in 2010.

Additionally, the effects of climate change are becoming increasingly visible in public health, with heatwaves and prolonged drought periods impacting vulnerable groups such as the elderly, low-income individuals, and riverside communities.

The upcoming 2024 municipal elections present another critical moment for public health, as new executive and legislative representatives will be chosen across more than 5,500 municipalities. Historical data from the Institute for Health Policy Studies (Instituto de Estudos para Políticas de Saúde – IEPS) indicates a 6.7% rise in infant mortality during previous mayoral and secretarial transitions.

These elections offer a pivotal opportunity to reassess health priorities tailored to the specific needs of Brazil's diverse municipalities and vast size. Despite 70% of municipalities having populations under 20,000, these smaller communities comprise about 15% of the national population (32 million people). In contrast, 115 million people (57% of the population) reside in just 319 cities, with 41 cities housing over 500,000 residents each, totaling nearly 59 million inhabitants. This disparity underscores the importance of basing health policies on the social determinants of health in a country marked by profound inequalities.

Looking forward, Umane and its network of partners will continue to engage with the academic community and government entities to enhance health care and the quality of life for Brazil's population, which exceeds 200 million people. This collaboration is essential in navigating the complex landscape of Brazil's health system and in implementing effective strategies that address both current challenges and future needs.

Acronyms and abbreviations

AAE: Atenção Ambulatorial Especializada (Specialized Outpatient Care)

PC: Primary Care

ABRASCO: Associação Brasileira de Saúde Coletiva (Brazilian Association of Collective Health)

AMAS: Atendimento Multiassistencial (Multi-Assistance Clinic)

Anvisa: Agência Nacional de Vigilância Sanitária (Brazilian Regulatory Health Agency)

PHC: Primary Health Care

AUDIT: *Alcohol Use Disorders Identification Test*

AVC: Acidente Vascular Cerebral (Stroke)

BNDES: Banco Nacional de Desenvolvimento Econômico e Social (Brazilian Development Bank)

CAEB: Comercialização de Alimentos em Escolas Brasileiras (Food Commerce in Brazilian Schools)

Chronic NCC: chronic noncommunicable conditions

Conass: Conselho Nacional de Secretários de Saúde (National Council of Health Secretaries)

Cosems: Conselho de Secretários Municipais de Saúde (National Council of Municipal Health Secretaries)

Comsea: Conselho Municipal de Segurança Alimentar e Nutricional (Municipal Food and Nutrition Security Council)

CEI: Centro de Educação Infantil (Early Childhood Education Center)

Covid-19: *coronavirus disease 19*, infectious disease caused by the SARS-CoV-2 virus

Covitel: Telephone Survey of Risk Factors for Chronic Noncommunicable Diseases

CREN: Centro de Recuperação e Educação Nutricional (Center for Recovery and Nutritional Education)

CRON: Central de Regulação Obstétrica e Neonatal (Obstetric and Neonatal Regulating Center)

Chronic NCD: chronic noncommunicable diseases

DRE: Diretoria Regional de Educação (Regional Board of Education)

SDH: Social Determinants of Health

EAN: Educação Alimentar e Nutricional (Food and Nutrition Education)

ESF: Estratégia de Saúde da Família (Family Health Strategy)

IBRE-FGV: Instituto Brasileiro de Economia da Fundação Getúlio Vargas (Brazilian Institute of Economics of Fundação Getúlio Vargas)

FPSM: Brazilian Congressional Caucus for the Promotion of Mental Health (Frente Parlamentar Mista para Promoção da Saúde Mental – FPSM)

HCFMUSP: Hospital das Clínicas, University of São Paulo Medical School

IBGE: Brazilian Institute of Geography and Statistics

IDIS: Instituto para o Desenvolvimento do Investimento Social (Institute for the Development of Social Investment)

IEPS: Instituto de Estudos para Políticas de Saúde (Institute for Health Policy Studies)

IRSSL: Instituto de Responsabilidade Social Sírio-Libanês (Sírio-Libanês Social Responsibility Institute)

LGBTQIAPN+: Lesbian, Gay, Bisexual, Transgender/Travesti, Queer, Intersex, Asexual/Aromantic/Agender, Pansexual, Non-binary people, and more

NPS: *Net Promoter Score*

NUPENS/USP: Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde da Universidade de São Paulo (Center for Epidemiological Research in Nutrition and Health at the University of São Paulo)

WHO: World Health Organization

UN: United Nations

PAHO: Pan American Health Organization

OSS: Organizações Sociais de Saúde (Social Health Organizations)

PAS: Planificação da Atenção à Saúde (Health Care Planning)

IDP: Individual Development Plan

PLOA: Individual Development Plan

PROADI-SUS: Brazilian Unified Health System's Institutional Development Support Program

SAPS: Secretaria de Atenção Primária (Department of Primary Care)

SARS-CoV2-2: acronym for severe acute respiratory syndrome coronavirus 2

SISVAN: Sistema de Vigilância Alimentar e Nutricional (Brazil's Food and Nutrition Surveillance System)

SUS: Sistema Único de Saúde (Brazilian Unified Health System)

UBS: Basic Health Units

UFPEL: Universidade Federal de Pelotas

ICU: Intensive Care Unit

UPAES: Unidades Pernambucanas de Atenção Especializada (Pernambuco's Specialized Care Units)

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