



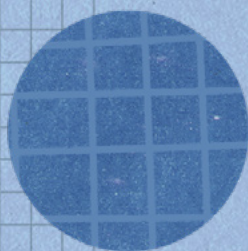
ANNUAL REPORT 2025

UMANE

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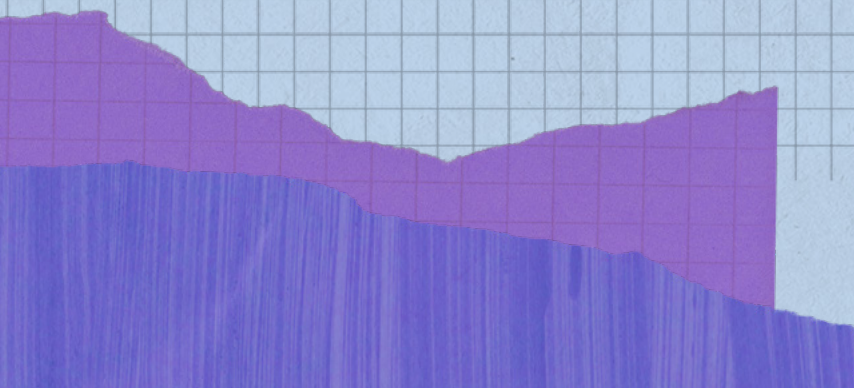
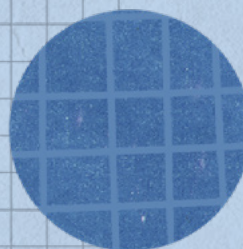
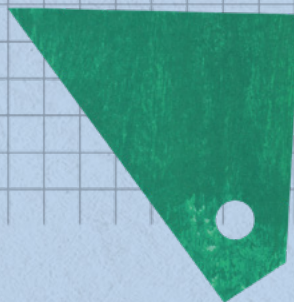
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Message from the Board



André Reginato
President

In 2025, we remained focused on helping Brazilian public health continue to evolve and increasingly ensure equitable access and quality care for all people living in the country. During the year, we followed the progress of several projects launched the previous year, such as the 'Mais Dados Mais Saúde' ('More Data More Health') survey and the 'Programa Juntos pela Saúde' ('Together for Health Program'), developed in partnership with the Brazilian Development Bank (BNDES). We also supported the expansion of initiatives that, after delivering effective results in specific territories, were taken to other regions—such as CARDIO, which Umane has supported since 2018 in São Paulo (SP) and which continues to expand across dozens of municipalities in the Northeast. We also saw projects supported by Umane influence public policies, while researchers involved in them—such as teams from the International Center for Equity in Health at the Federal University of Pelotas (CIES/UFPel) and the Center for Epidemiological Research in Nutrition and Health at the University of São Paulo School of Public Health (NUPENS/USP)—received international recognition, strengthening Brazil's strategic position in global health.

The year will also be remembered for partnerships with new co-investors who, by joining forces with us, amplified the impact of projects and strengthened the health philanthropy ecosystem. In all, we supported 35 projects in 2025 across 22 states through three guiding programs: the Primary Health Care Strengthening Program, the Comprehensive Care Program for Chronic Noncommunicable Diseases (Chronic NCDs), and the Maternal, Child, and Youth Health Program. This work was possible thanks to 97 partners, including civil society organizations, universities, foundations, academic institutions, and government agencies, as well as the partners who advise us on the responsible



Courtesy of the Ministry of Health

management of the Endowment Fund's resources.

Institutionally, in 2025, we joined the Principles for Responsible Investment (PRI), an international investor network supported by the United Nations (UN), further reinforcing our alignment with the ethical, responsible, and sustainable financing that has guided Umane's work since its founding. We also focused on strengthening the monitoring of project results, a key step in measuring the impact of our work and helping Umane and its implementing partners improve their future efforts. Robust impact assessments recognized as the gold-standard were agreed upon for some portfolio initiatives, such as the work of the 'Aliança Mais SUS' ('More SUS Alliance') in Salvador (BA) and the implementation of CARDIO in Fortaleza (CE).

These assessments will begin in 2026 and help improve the quality of evidence. In 2026, the year we celebrate a decade of existence, we will update Umane's strategic plan and define priorities for the next five years. Inspired by what we have already built, we will continue doing more for the country's health. I close this message by thanking Marco Mattar, who led Umane for six years and helped make the organization a benchmark in health philanthropy in Brazil. I also thank my fellow members, advisors, and volunteers; the professionals on our team; and our entire partner network. Without each person's great dedication and commitment, we would not have come this far.



EDITORIAL

An engaged network to generate impact



Thais Junqueira
General Superintendent

From the beginning, Umane has guided its work through a deep understanding of the challenges and opportunities in public health in Brazil, with a focus on structural, long-term pathways. The conviction that meaningful transformations require strategic coordination led to the creation of a network of partners committed to systemic, sustainable change.

Working in health requires consistency, constant adaptation, and the ability to balance a long-term vision with current challenges and the inseparable influence of social determinants. Results take time and often require reorientation in response to new contexts. Throughout this journey, the lessons learned and challenges faced have driven our institutional evolution and helped us reach important milestones.

In 2025, this movement continued. In research and knowledge production, the 'Mais Dados Mais Saúde' ('More Data More Health') initiative completed three high-impact surveys using a fully digital methodology. The studies addressed the population's perception of Primary Health

Care, the experience of discrimination among Black people and its impacts, and the health and nutrition conditions of Indigenous peoples and traditional communities in the Amazon amid climate change—the latter launched at COP30 in Belém (PA).

In addition to being innovative in their methodology and more cost- and time-accessible, the studies have received essential support from various public entities for data use and the dissemination of findings. Another important achievement during the year came through the partnership with the International Center for Equity in Health at the Federal University of Pelotas and their studies on adolescent pregnancy. Among the dozens of papers published during the period, this specific research contributed to recent decisions by the Ministry of Health on vaccination for pregnant women: the bronchiolitis vaccine in SUS no longer has a minimum age restriction.

In advocacy and engagement with decision-makers, initiatives contributed to the advancement of public policies aimed at tobacco control, an issue now aggravated by the spread of electronic cigarettes, especially among younger people. Technical training in São Paulo legislative chambers by Instituto Oncoguia—an initiative of the group responsible for drafting the São Paulo State Health Department's State Tobacco Control Policy—and its coordination with legislators from 25 municipalities in the state of São Paulo resulted in the passage of three laws and the progress of seven other bills that, by the end of 2025, were close to approval.



Ongoing projects in the city of São Paulo advanced in quality, formed new partnerships, and expanded to other locations.

Multi-Assistance Health Care (AMAS) celebrated 25 years since its creation, with low appointment absenteeism rates, increased responsible discharges, and ONA I certification from the National Accreditation Organization (ONA). CARDIO, a program supported by Umane since 2018, expanded to all Basic Health Care Units in São Paulo (SP) and became part of the partnership under the '*Programa Juntos pela Saúde*' ('Together for Health Program') with the Brazilian Development Bank (BNDES), which will allow it to expand to another 35 municipalities in the North and Northeast, in addition to having already begun implementation in Fortaleza (CE).

In the '*Aliança Mais SUS*' ('More SUS Alliance'), successful experiences in Recife (PE) and Sobral (CE) were integrated and expanded to Salvador (BA). Projects under '*Juntos pela Saúde*' ('Together for Health'), in partnership with the BNDES, entered the effective implementation stage in the North and Northeast. Impulso Previne ended the year present in 240 municipalities and signed a Technical Cooperation Agreement with the Ministry of Health, opening up the prospect of contributing to the Ministry's policies on a national scale.



 Courtesy of the Ministry of Health

The year also marked Umane's role in broadening the public debate on health. The campaign celebrating 35 years of SUS, carried out together with our partner network, achieved broad visibility across platforms such as magazines, newspapers, news portals, podcasts, and digital influencers' profiles.

In 2026, Umane will celebrate its 10th anniversary. Proud of the path we have taken so far, we are even more energized to continue doing more and doing better, surrounded by highly capable partners deeply engaged in bringing quality public health to all people living in Brazil.

I invite you to explore the following pages for some of the stories and highlights from 2025.

Enjoy the read.

Our 2025 Highlights

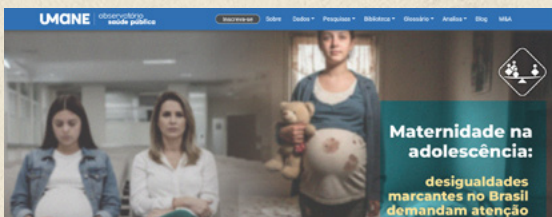
KNOWLEDGE PRODUCTION

- **Mais Dados Mais Saúde** ('More Data More Health'), with Vital Strategies: population surveys on strategic public health topics, using an agile methodology capable of informing public debate and evidence-based decision-making.
- **Health in Remote Locations**, with Instituto Veredas and the Inter-American Development Bank (IDB): launch of the study "Health strategies and experiences for isolated and remote populations in Brazil," which analyzes initiatives already implemented in Amazonian municipalities.



© Courtesy of PAHO

- **International Center for Equity in Health, with UFPel**: launch of a study on adolescent pregnancy in Brazil, with a dedicated page on the Public Health Observatory. The center also stands out for its academic excellence, associated with the work of leading researchers in Brazilian epidemiology.



© Public Health Observatory/Umane

- **PHC in Numbers**, with FGV/IBRE: launch of an interactive dashboard of Primary Health Care indicators in Brazil, with a dedicated page on the Public Health Observatory.

PROJECT MILESTONES

- **ImpulsoGov signed a Partnership Agreement with the Ministry of Health** to bring digital solutions to Primary Health Care, with a focus on improving access to, analysis of, and interpretation of health indicators through technologies, studies, and training to strengthen SUS.
- **The initiative *Planificação da Atenção à Saúde* (Health Care Planning) expanded its intervention to 45 municipalities in the Cariri region of Ceará.**



© Courtesy of Umane

- **CARDIO expanded its program to 35 new municipalities** with support from BNDES, through match-funding with the Novartis Foundation.



© Beneficência Portuguesa team

- **Gold-standard evaluations: Two initiatives supported by Umane moved forward with gold-standard impact assessments in municipal contexts.** In Salvador, the

Inova Monitors project structured an experimental evaluation to monitor the expansion of tools for tracking and improving Primary Health Care. In Fortaleza, CARDIO also agreed on an impact assessment with a rigorous design to measure the project's effects on care for people with hypertension.

- **Walter Leser Medal (IEPS):** The Institute for Health Policy Studies (IEPS) received the Walter Leser Medal of Honor and Merit in Public Health Management, awarded by the São Paulo State Government in recognition of the contribution of the Regionalization, Development, and Health Program (REDES) to strengthening SUS in the state of São Paulo.



© Reproduction from YouTube, Disease Control Coordination/SES-SP

- **The campaign marking 35 years of SUS brought the topic to different platforms,** including *Superinteressante*, *Nexo Jornal*, the *Não Inviabilize* podcast, and content by Rafa Tuma.

SUPPORTED PARTNERS WITH INTERNATIONAL RECOGNITION

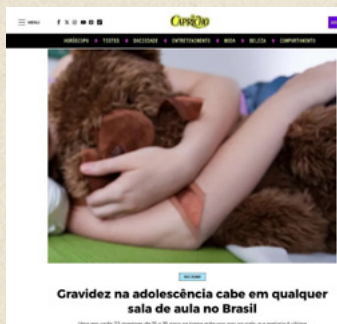
- **Ana Helena Ulbrich, founder of NoHarm.ai, was named one of the 100 most influential people in the world in artificial intelligence in 2025** by TIME magazine, which highlighted the use of technology to increase safety in health care. The entrepreneur's career was also featured in a report on the *Globo Repórter* program.



NEW COMMUNICATION TERRITORIES

In 2025, Umane expanded the reach of its communication beyond traditional public health spaces through a strategy that combined evidence, diverse formats, and partnerships with media outlets and creators with different profiles. This movement reinforces Umane's ability to adapt messages to new audiences and channels with institutional consistency:

- **The study on adolescent pregnancy** gained visibility in *Capricho*, reaching a young female audience, and was cited in an opinion article by Djamila Ribeiro.



Qual o futuro das meninas e adolescentes?

Há mais de 10 anos, a pesquisa 'Qual o futuro das meninas e adolescentes?' é realizada pelo Instituto de Políticas e Economia da Universidade Federal de São Paulo (Unesp).

A pesquisa é realizada anualmente e tem como objetivo avaliar o futuro das meninas e adolescentes no Brasil, considerando aspectos como educação, saúde, trabalho e participação social.

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- **Six Brazilian researchers connected to projects supported by Umane are among the world's most influential in public policy formulation,** according to a report by Agência Bori in partnership with the international platform Overton. The names linked to Umane include Cesar Victora, Carlos Monteiro, Paulo Saldiva, Pedro Hallal, Aluisio Barros, and Sergio Firpo, whose research has accumulated more than 5,500 citations in public policy since 2019, covering topics such as child health, nutrition, air pollution, reproductive health, and policy evaluation.



IMPACT ON PUBLIC POLICIES

- **IEPS secured the inclusion of two articles in the 02/2025 Call for Proposals of the federal government's *Agora Tem Especialistas* program**, launched to accredit private facilities interested in providing telehealth services as a complement to SUS. The first prohibits the participation of health plan operators classified as having the worst performance for two consecutive cycles in the Service Monitoring system of the National Supplementary Health Agency (ANS). The second prevents operators from participating in locations where any of their products have had sales suspended by an ANS decision.
- **The bronchiolitis vaccine (RSV) for pregnant women** began to be offered through SUS at the end of 2025, with a recommendation for administration starting in the 28th week of pregnancy and no age limit for pregnant women. During the discussions that informed this definition, the Ministry of Health cited a study by the International Center for Equity in Health (ICEH) on adolescent pregnancy as evidence for its decision not to establish a minimum age for vaccination.



© Courtesy of the Ministry of Health

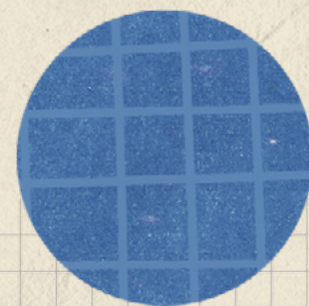
- **Covitel, a mobile phone survey that monitors health risk factors, helped drive methodological changes in health surveillance in Brazil.** Evidence presented by Vital Strategies to the Ministry of Health in 2023 and 2024 showed that the model has lower costs and higher respondent adherence. Until 2023, Vigitel conducted interviews mainly by landline, but beginning in 2024/2025, it started incorporating mobile phones into data collection, bringing it closer to the Covitel methodology.

MOBILIZATION OF KEY ACTORS

- **Mobilization of the Ministry of Health:** a workshop on Digital Health and a webinar presentation between Umane and Rede Alyne, a Ministry of Health program, presented the impact assessment and the experience of the Obstetric and Neonatal Regulating Center (CRON) in São Paulo in regulating obstetric urgent and emergency care.
- **Mobilization of the Ministry of Development and Social Assistance, Family, and the Fight Against Hunger:** Umane signed a Cooperation Agreement with the Ministry of Development and Social Assistance, Family, and the Fight Against Hunger to carry out Fala que Alimenta, a communication and mobilization training program for young people focused on adequate and healthy eating in the municipality of Recife.



© Yane Mendes



About Umane

Umane is an independent, nonprofit civil society organization dedicated to strengthening Brazil's public health system. Its mission is to promote systemic improvements that expand equity, efficiency, and quality, ensuring better health outcomes for everyone living in the country.

Created in 2016, the organization has established itself as one of the leading references in Brazil's health philanthropy ecosystem. Over this decade of work, Umane has contributed to continuous public health improvement through partnerships with a broad network of implementing, technical, and media partners, co-investors, and government agencies. In this context, the association supports projects structured around three programmatic areas:

Primary Health Care (PHC) Strengthening Program:

includes projects to improve prevention, work processes, and care through PHC as the organizer of the health system across levels of care, seeking to expand access for the population and improve the quality of services provided.

Comprehensive Care Program for Chronic Noncommunicable Diseases:

includes initiatives aimed at improving prevention, screening, early detection, treatment, and monitoring practices for the most prevalent Chronic NCDs—obesity, cardiovascular diseases, diabetes, and cancer—and addressing associated risk factors, such as smoking, alcohol consumption, physical inactivity, and unhealthy eating.

Maternal, Child, and Youth Health Program:

supports projects that promote the health of these groups, with a focus on initiatives that strengthen maternal and child health, women's health, and efforts to address risk factors and chronic diseases in childhood and adolescence.

The three programs are interconnected.

MISSION

To support transformative disease prevention and health promotion initiatives that impact the quality of life of people living in Brazil.

VISION

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

VALUES

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

A supported project often generates positive impacts in more than one programmatic area:

- A project that improves PHC, for example, indirectly facilitates access to health care and ensures care for women, children, adolescents, and people with Chronic NCDs;
- An initiative focused on chronic noncommunicable diseases, in turn, can reduce associated complications and prevent strain on the health service; and
- A project involving children and adolescents can reduce the future risk of developing Chronic NCDs in this group.

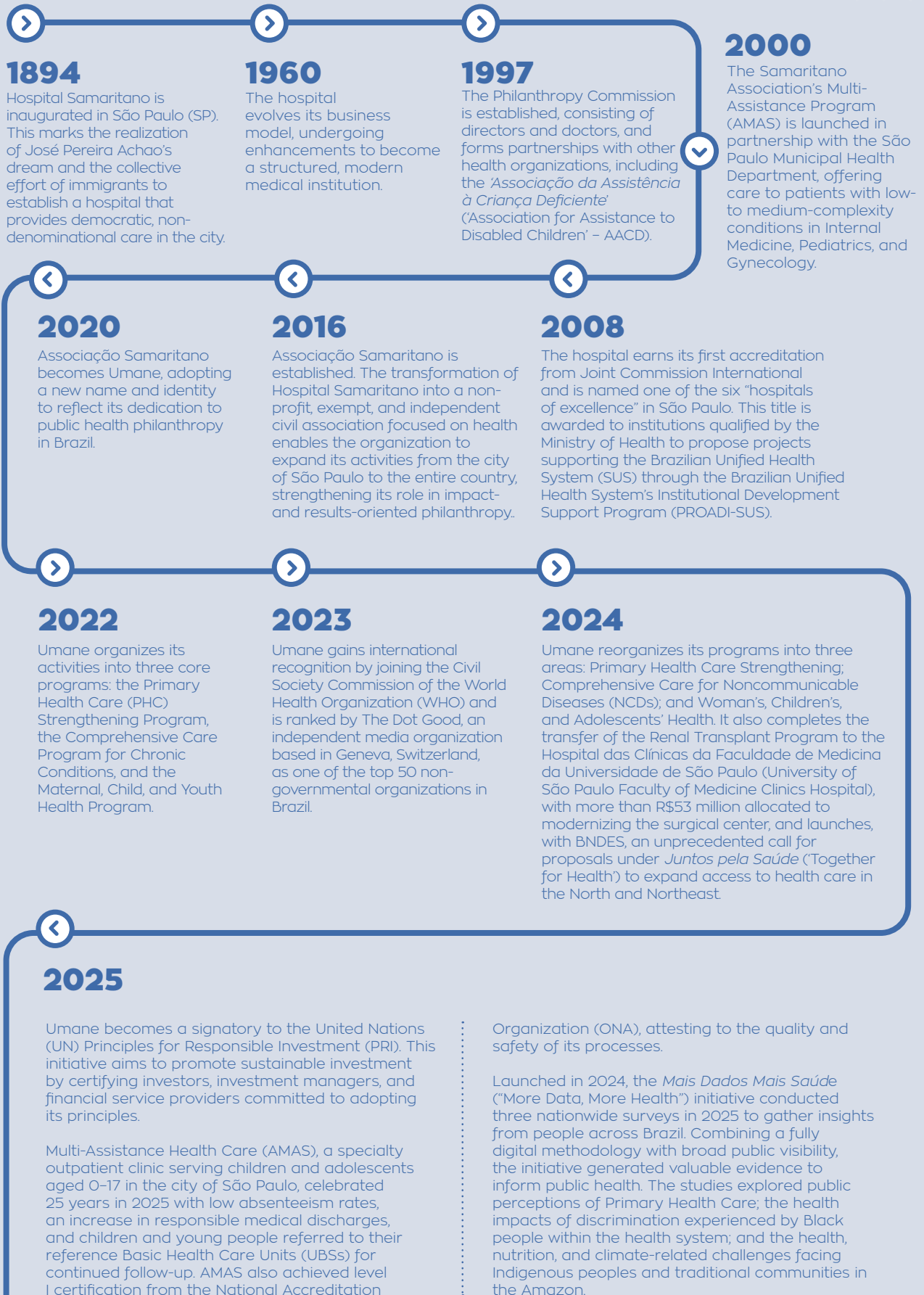
CONTRIBUTION TO THE SDGS

Through its three programs, Umane also contributes to **two Sustainable Development Goals** (SDGs) of the 2030 Agenda.

Launched in 2015 by the United Nations (UN), the 2030 Agenda draws the attention of nations, organizations, and society as a whole to humanity's main social, environmental, and economic challenges. There are 17 SDGs, which are further divided into 169 targets.



Timeline



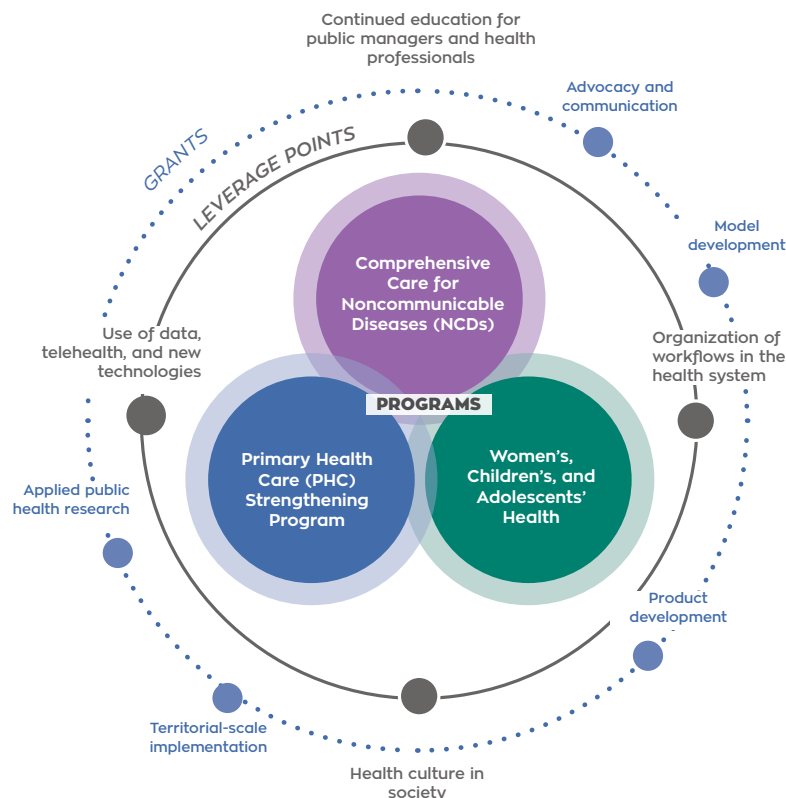
How we work

1. SELECTION

Umane develops and analyzes proposals from non-profit organizations and institutions, prioritizing projects aligned with its strategic priorities and those that directly or indirectly benefit the health of the Brazilian population.

Initiatives are valued for their impact, sustainability, and scalability, in line with the proposed modality, as well as for their contribution to strengthening local territories. Priority is also given to projects that generate lessons, evidence, or solutions with potential for replication and possible incorporation into the health system.

In some cases, Umane conducts active searches, launches calls for proposals or invites organizations in its network to develop specific initiatives and solutions based on pre-existing needs.



Priority grants:

- **Advocacy and communication**

Projects aimed at developing engagement and influence strategies to support public health decisions. This means acting in an organized way, disseminating evidence-based information to engage and mobilize the population, administrators, legislators, and other key actors, contributing to the creation, improvement, and implementation of policies and programs.

- **Model development**

Initiatives focused on creating structured, replicable models—with clearly defined rules, stages, and responsibilities—so they can be applied in other contexts or moments—for action, management, or intervention in the health sector. These models may include organizational strategies, work methods, and more efficient workflows.

- **Product development**

Projects focused on the development,

implementation, and delivery of specific products, such as services, technological solutions, software, or innovative devices in the public health context.

- **Applied research in public health**

Projects focused on research that generates scientific knowledge, data, and evidence to support health surveillance and the formulation of public policies and actions to improve the health conditions of the Brazilian population.

Leverage points:

- **Continuing education for public health administrators and professionals**

Deliverables aimed at qualifying care and health management teams, with a focus on continuing education for SUS professionals, expanding the availability of human resources, and strengthening a person-centered culture of care to improve the quality of services provided.

- **Organization of the work process in the health system**

Strengthening local and/or regional actions aligned with the principles of Primary Health Care (PHC) and Health Care Networks (RAS) to organize and expand access to quality and equitable health services.

- **A culture of health in society**

Support for research, studies, and communication actions to strengthen public health literacy, raise awareness among the population about the risks associated with chronic noncommunicable diseases, and encourage healthier habits.

- **Use of data, telehealth, and new technologies**

Development of initiatives that advance digital innovation in public health through partnerships and co-creation among diverse stakeholders, promoting scalable and sustainable solutions within the SUS. This includes expanding the use of data, telehealth, and other technologies to enhance health management and care.

2. PROJECT EXECUTION AND TERM

Projects may be approved for support cycles ranging from 12 to 36 months.

For each approved project, expected deliverables and outcomes are defined and used to develop an indicator matrix that supports project monitoring.

Throughout the support cycle, periodic meetings—monthly, bimonthly, or quarterly—are held between implementing partners and Umame teams. Field visits also take place as needed.

3. MONITORING AND EVALUATION (M&E)

Throughout the support cycle, the M&E team systematically monitors the progress of the indicator matrix.

Some projects also include specific impact assessments, conducted by external evaluators using qualitative and quantitative methodologies.

4. RENEWAL

Some projects may have their support cycle renewed, particularly those focused on longer-term results, expansion into new locations, or the broadening of their scope and areas of work, within the previously agreed purposes.



Theory of change

IMPACTS

These are the estimated population health outcomes. They represent the long-term reach expected after the program support cycle ends.

- Reduce inequalities in access to comprehensive health care;
- Reduce the prevalence of modifiable risk factors and the development and/or worsening of chronic diseases;
- Reduce maternal and child mortality.

FINAL OUTCOMES

These are the results delivered throughout the program support cycle—expected reach in the short- and medium-term, around 1 to 3 years.

- Strengthen Primary Health Care (PHC), contributing to increased and higher-quality access to comprehensive health services;
- Influence society through the dissemination of knowledge and the strengthening of public policies focused on disease prevention and health promotion;
- Improve care for prioritized chronic diseases by strengthening care coordination and addressing risk factors;
- Improve health care for children and adolescents, strengthening care coordination for chronic diseases and addressing malnutrition and obesity.
- Improve women's health through adequate prenatal care and the reduction of complications and conditions related to pregnancy and the postpartum period.

INTERMEDIATE OUTCOMES

These are the short- and medium-term effects resulting from program activities, representing changes that occur after immediate outcomes and before long-term impact.

- Support continuing education for administrators and professionals working in public health;
- Promote the organization of work processes and care pathways within SUS;
- Promote the use of data, telehealth, and/or new technologies to strengthen SUS;
- Foster a culture of health within society.

DELIVERABLES

Direct contributions from Umane to society through its three programs.

Primary Health Care (PHC) Strengthening Program

- Expand and improve access, enrollment, screening, risk stratification, diagnosis, and follow-up of users within the PHC system;
- Contribute to the expansion and improvement of funding, organization, and efficiency of PHC within SUS.

Fostering Comprehensive Care for Chronic Noncommunicable Diseases (NCDs) Program

- Contribute to strengthening care coordination for chronic diseases such as cardiovascular diseases, type 2 diabetes, obesity, malnutrition, and dyslipidemias;
- Contribute to addressing modifiable risk factors such as tobacco use, alcohol consumption, unhealthy diets, and insufficient physical activity.

Fostering Women's, Children's, and Adolescents' Health Program

- Promote timely diagnosis and treatment for children and adolescents;
- Support actions for adequate prenatal and postnatal care, and for improved organization and efficiency of obstetric and neonatal care regulation.
- Encourage intersectoral actions to address risk factors among children and adolescents.

IN 2025:

35

projects supported
as of December

22 states

97 partners

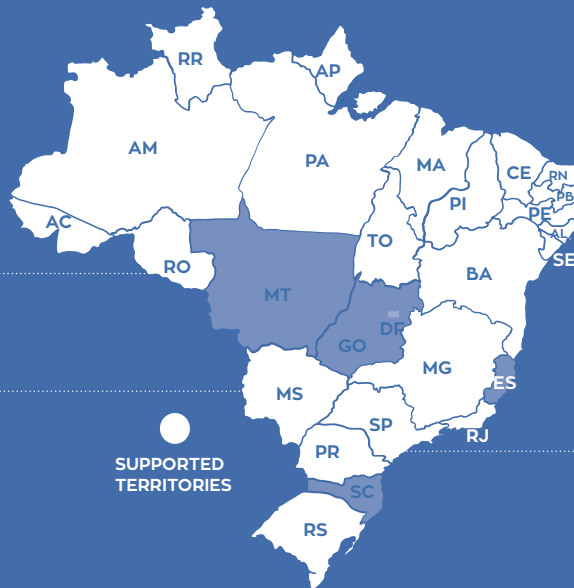
including implementers,
institutional, technical,
and media partners, co-
investors, evaluators, and
government agencies

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SOLUÇÕES
INCORPORADAS AO
SISTEMA PÚBLICO

¹Sum of research participants,
users of implemented solutions,
people served, and people
trained through the supported
initiatives.

²Sum of the population of
the municipalities (2024 data
from the Brazilian Institute of
Geography and Statistics/IBGE)
where the supported projects
operate directly in the territory.



348,000+

people directly impacted¹

21 million+

people indirectly impacted²

- Enactment of a law requiring establishments that sell tobacco products to disclose the availability of free smoking cessation treatment through Brazil's Unified Health System in Botucatu (SP) | **Partner Municipalities for Tobacco Control**
- Enactment of an amendment to the law prohibiting smoking in collective areas in the municipality of Botucatu (SP), adding children's recreation areas and the areas within a 20-meter radius around them to the text | **Partner Municipalities for Tobacco Control**
- Enactment of a law establishing Municipal Awareness Week on the Risks of Electronic Cigarette Use in the municipality of Santa Salete (SP) | **Partner Municipalities in Tobacco Control**
- Enactment of a law establishing Municipal Awareness Week on the Risks of Electronic Cigarette Use in Mococa (SP) | **Partner Municipalities in Tobacco Control**
- Approval of the São Paulo State Health Regionalization Policy, developed by the Institute for Health Policy Studies (IEPS) as part of the Redes project (Regionalization, Development, and Health) | **Aliança Mais SUS ('More SUS Alliance')**
- Approval of the Digital Health Transformation Action Plans in the state of Mato Grosso do Sul, developed by the Institute for Health Policy Studies (IEPS) as part of the Redes project (Regionalization, Development, and Health) | **Aliança Mais SUS ('More SUS Alliance')**
- Launch of the Technical Note Supporting the Preparation of Municipal Health Plans in the state of Mato Grosso do Sul, developed by the Institute for Health Policy Studies (IEPS) as part of the Redes project (Regionalization, Development, and Health) | **Aliança Mais SUS ('More SUS Alliance')**
- Recognition by the Ministry of Health of the Telehealth Center of the Federal University of Western Pará (Ufopa) as a public health facility | **Tecendo Linhas do Cuidado Integral à Saúde na Amazônia ('Weaving Comprehensive Health Care Pathways in the Amazon')**

Primary Health Care (PHC) Strengthening Program

- Afluentes – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and IEPS)
- Aliança Mais SUS ('More SUS Alliance') (BNDES, IDIS, and IEPS)
- epCertify with the HIPERDIA Care Pathway – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and EpHealth)
- Reference Indicators for Primary Health Care (FGV IBRE)
- Impulso Planifica (ImpulsoGov)
- Impulso Previne – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and ImpulsoGov)
- Care navigation for patients hospitalized due to conditions sensitive to PHC, supported by AI (NoHarm.ai)
- NoHarm.ai: Intelligence for Patient Safety – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and NoHarm.ai)
- Health Ecosystem Observatory in Brazil (IEPS)
- Health Care Planning (CONASS and PAHO)
- Pandemic Anticipation System (Alert-Early System of Outbreaks with Pandemic Potential – AESOP) – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, Fiocruz, and the Molecular Biology Institute of Paraná)
- SUS na Floresta ('SUS in the Forest') – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and Sustainable Amazon Foundation)
- Tecendo Linhas do Cuidado Integral à Saúde na Amazônia ('Weaving Comprehensive Health Care Pathways in the Amazon') – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and the University of São Paulo School of Public Health)
- Unidos pela Eliminação do Câncer do Colo do Útero no Brasil ('United to Eliminate Cervical Cancer in Brazil') – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and Grupo Mulheres do Brasil)
- V.E.R. – Development and Implementation of the Digital Eye Health Strategy to Support and Strengthen Eye Health in Primary Health Care – Programa Juntos pela Saúde ('Together for Health Program') (BNDES, IDIS, and Fundação Altino Ventura)

Institutional projects

- Public Health Observatory

Comprehensive Care for Noncommunicable Diseases (NCDs)

- Pelotas Cohort Studies – A Lifetime of Good Health (UFPEL and ABRASCO)
- Caring for All (CARDIO) (Novartis Foundation and Hospital Beneficência Portuguesa)
- Fala que Alimenta ('Words that Nourish') (Angola Comunicação, Recife City Government, and the Ministry of Development and Social Assistance, Family, and the Fight Against Hunger)
- Mais Dados Mais Saúde ('More Data More Health') (Vital Strategies)
- NutriNet Brasil (Center for Epidemiological Research in Nutrition and Health at USP and the Support Center for the School of Public Health)
- Chronic NCD Prevention 360 (ACT Health Promotion)

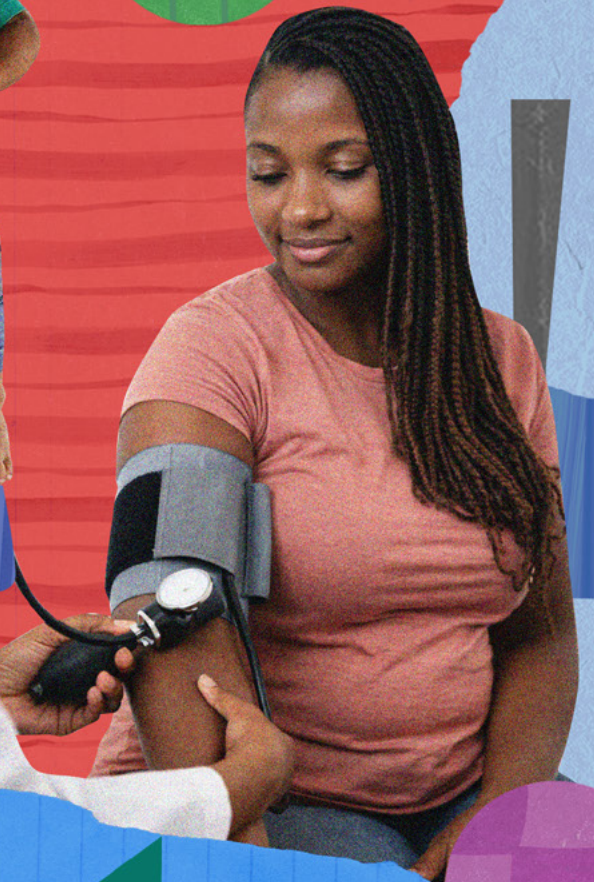
Women's, Children's, and Adolescents' Health

- AMAS – Multi-Assistance Health Care (São Paulo Municipal Health Department and Sírío-Libanês Social Responsibility Institute)
- CRON – Obstetric and Neonatal Regulating Center (São Paulo Municipal Health Department and Sírío-Libanês Social Responsibility Institute)
- Facing Childhood Obesity (Instituto Desiderata)
- Health Equity: National and Global Observatory (UFPEL and ABRASCO)
- Primary Health Care Open Innovation Platform (Artemisia)

Projects to strengthen the field of work

- *advocacy, communication, studies, diagnostics, and research*

- Campaign marking 35 years of SUS
- Family and Community Nursing Competencies Curriculum (ABEFACO)
- Correnteza documentary (Clementina Filmes)
- piauí-Umane dossier: "The Complex" series (piauí magazine)
- Health Strategies and Experiences for Isolated and Remote Populations in Brazil (Instituto Veredas)
- Public Health Project (Folha de S.Paulo)
- Partner Municipalities in Tobacco Control (Instituto Oncoguia and the São Paulo State Health Department)
- Rádio Novelo Apresenta ('Rádio Novelo Presents') (Rádio Novelo)





PRIMARY HEALTH CARE (PHC) STRENGTHENING PROGRAM

PRIMARY HEALTH CARE (PHC)
STRENGTHENING PROGRAM

ALIANÇA MAIS SUS ('MORE SUS ALLIANCE')

SUS strengthening initiative reaches Salvador and deepens activities in other territories

Aliança Mais SUS ('More SUS Alliance') is a partnership between the Institute for Health Policy Studies (IEPS) and Umane that brings together initiatives to strengthen health policies at the national, state, and municipal levels. Its goal is to improve, on the front lines, the services offered by the Brazilian Unified Health System (SUS), expanding access and care for the millions of people living in Brazil.

Working to support management, develop solutions to improve processes in health units, produce knowledge, and carry out advocacy activities, the project is anchored in five fronts: Inova Monitora; REDES (Regionalization, Development, and Health); Agenda Mais SUS ('More SUS Agenda'); Health Budget Monitoring; and Health Policy Monitoring. Throughout 2025, all fronts of the Alliance continued to advance, with work in the territories gaining even greater momentum.

INOVA MONITORA

One milestone in 2025 was the arrival of the Inova Monitora project in Salvador (BA), an initiative that, in addition to Umane, is supported by Instituto Devive and Fundação Maria Emília. As Arthur Aguillar, IEPS's director of Public Policy, explains, the project's main goal is to strengthen the management capacity of Primary Health Care (PHC), supporting administrators and health teams in defining priorities and planning interventions to improve SUS care effectiveness and care coordination across the health network.

In an innovative approach, in the Bahia state capital, IEPS integrated lessons from two previous experiences: InovaAPS,

implemented in Sobral (CE), focused on improving the screening, management, and prevention of risk factors for diabetes and hypertension in Basic Health Care Units (UBSs); and Monitora, developed in Recife (PE), which structured periodic evaluation cycles among users and teams, incorporating these perceptions into the units' action plans—an experience later institutionalized as a municipal public policy.

Inova Monitora, therefore, combines clinical and preventive strengthening with systematic mechanisms for evaluation and improvement of management. The Technical Cooperation Agreement (TCA) was signed with the Salvador City Government in May, followed by a diagnosis to identify the municipality's main challenges. Implementation will begin in 2026: the pilot will be carried out in one UBS during the first half of the year, with gradual expansion to another 114 health units. In practice, the project will support the implementation of tools to monitor PHC indicators and evaluate user satisfaction in the units, as well as



Inova Monitora in Salvador (IEPS) 

incentive strategies for health professionals. Mentoring will also be provided to help teams improve work processes.

Inova Monitora will include an experimental impact assessment, considered the gold standard for this type of study. After the pilot is consolidated, implementation will initially take place in UBSs selected by lottery, while the remaining units will form the comparison group. The methodology will enable rigorous measurement of the project's effects and guide its expansion.



INOVA MONITORA

1 UBS in Salvador is participating in the pilot stage in the first half of 2026, with gradual expansion to another 114 health units.

Focus on adopting tools to monitor PHC indicators and evaluate user satisfaction.

REDES

REDES (Regionalization, Development, and Health) is another direct action project under *Aliança Mais SUS* ('More SUS Alliance'), supporting state governments in developing strategies to strengthen integration between regional health networks and different levels of care. In 2025, REDES was implemented in São Paulo, Mato Grosso do Sul, and Pernambuco. At the end of the year, IEPS formed a partnership with the Rio Grande do Sul Health Department to implement it in the state starting in 2026.

In São Paulo, the main milestone was the approval by the SUS Bipartite Interagency Committee of the State Health Regionalization Policy, prepared by IEPS after a broad process of listening and

analyzing the state's 17 macro-regions. This was the first regionalization policy approved in the country, making it a national reference. Its guidelines began to orient the allocation of resources and the strengthening of Health Care Networks (RAS), integrating primary care with the other levels of care.

In Mato Grosso do Sul, the project completed the redesign of health regions, reducing historical distortions and improving coherence between service supply and the population's needs. The new configuration supported the Regionalization Master Plan, approved in 2025. Macro-regional Health Plans and Guidelines, Objectives, Targets, and Indicators (DOMIs) booklets were also prepared, aligning regional priorities with federative responsibilities and strengthening the monitoring of actions.

IEPS also worked on the development of Macro-regional Health Plans and DOMIs in Pernambuco, in addition to delivering an updated protocol for access to high-complexity exams in the state. The protocol sought to address the lack of standardized criteria for requesting exams in regulation systems, which had led to imprecise requests, unnecessary strain on supply, and longer waiting lists.

In parallel, the project continued offering the Regionalization training track in the three states. In all, 77 municipal health

secretaries enrolled in 2025, with participants' perceptions of learning ranging from 4.2 to 5 on a scale of 1 to 5, and satisfaction with the track averaging 4.7 on a scale of 1 to 5.

"Also within REDES, we developed a competency matrix for regional health leaders, which established the knowledge, skills, and responsibilities these leaders should have, ensuring that more suitable profiles are selected for these roles and, consequently, that the institutional continuity of regionalization is maintained over the medium and long term," adds IEPS's director of Public Policy. With the competency matrix completed, in 2026, IEPS will support São Paulo, Mato Grosso do Sul, Pernambuco, and Rio Grande do Sul in developing models for the selection and onboarding of these regional leaders, as well as development strategies for this group.

KNOWLEDGE PRODUCTION, ADVOCACY, AND SOCIAL MOBILIZATION

Within the Health Policy Monitoring front, one of the main efforts developed in 2025 was the [Radar Político da Saúde – A Saúde no Congresso Nacional em 2024](#), ('Health Policy Radar – Health in the Brazilian National Congress in 2024'), which systematized, in an unprecedented way, legislative production related to health in the Brazilian National Congress. More than 2,500 legislative proposals were analyzed, of which around 1,300 were directly related to health. According to Rebeca Freitas, IEPS's director of Institutional Relations, the analysis showed that 37% of bills conflicted with or duplicated existing rules, fewer than 10% proposed structural changes to SUS, and only 3% addressed historically neglected groups—signaling the prevalence of fragmented, symbolic initiatives focused on issues with high political visibility.

For its role in preparing São Paulo's State Health Regionalization Policy, IEPS received the Walter Leser Medal of Honor and Merit in Public Health Management in November, awarded by the state government to institutions whose work stands out in advancing public health management.



Paulo Guerreta/Governo do Estado de São Paulo

In addition to broad media coverage, one outcome of the study was the development by IEPS of a pilot training activity for around 20 parliamentary advisors and party leaders. The training specifically addressed Autism Spectrum Disorder and aimed to raise participants' awareness of the importance of drafting bills and other legislative proposals grounded in evidence, equity, and adequate funding.

Another study launched during the year was the dossier "[A saúde dos brasileiros em jogo – Análise político-econômica da regulamentação de apostas online e seus impactos para a saúde da população brasileira](#)" ('Brazilians' health at stake – A political-economic analysis of online betting regulation and its impacts on the health of the Brazilian population'), addressing a topic that has gained relevance in Brazil in recent years. According to the document, the health harms caused by this type of betting may cost R\$30.6 billion annually. The dossier also notes that although betting companies have been taxed in Brazil since February 2025, only 1% of the tax revenue from their gross revenue is allocated to the Ministry of Health.

Framing online betting as a public health issue, the study was supported by the Brazilian Congressional Caucus for the Promotion of Mental Health and, in addition to media coverage, had its data cited by authorities such as Senator Humberto Costa during a plenary session of the Federal Senate and former Health Minister

José Gomes Temporão at a ceremony held by the ministries of Health and Finance. “For 2026, we want to expand the influence of Aliança Mais SUS (‘More SUS Alliance’) on the regulatory design of online betting in the country, with a focus on consolidating a public health regulatory model organized around five pillars: effective oversight, strict control of advertising, tax collection proportionate to the harms generated, health protection, and stronger state control over the betting system,” Rebeca says.

“Aliança Mais SUS (‘More SUS Alliance’) is a medium- and long-term initiative that depends on political and institutional coordination to generate impact. It is a living project, sensitive to changes occurring in the country, which requires IEPS and Umane to be able to adapt quickly so we can keep pace with the needs and issues that become central to Brazil’s health agenda.”



Arthur Aguillar, IEPS director of Public Policy



REPERCUSSÃO MIDIÁTICA

Radar Político da Saúde (‘Health Policy Radar’)

Around **500 media mentions**, in outlets such as *Folha de S.Paulo*, *O Globo*, *Estadão*, *Poder360*, *Agência Brasil*, and *Forbes*.

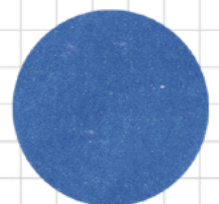
Dossier “Brazilians’ health at stake”

620 media mentions by January 2026, in outlets such as *Folha de S.Paulo*, *Estadão*, *O Globo*, and *JOTA*, as well as television coverage on *Globo* and *SBT* channels, and radio coverage.

Agenda Mais SUS (‘More SUS Agenda’)

Within *Agenda Mais SUS* (‘More SUS Agenda’), cooperation with the Ministry of Health took shape through IEPS’s support for the *Agora Tem Especialistas* program. The Institute prepared a regulatory assessment report with a set of recommendations to strengthen integration between primary and specialized care and the use of digital tools in health care, and joined the working group that monitors the program.

Work also began on building the *Agenda Mais SUS 2027–2030* (‘More SUS Agenda 2027–2030’), which will bring together proposals to improve financing, access, care coordination, and the management of emerging issues that affect the health system, such as climate change, food security, and mental health.



PRIMARY HEALTH CARE (PHC)
STRENGTHENING PROGRAM

OBSERVATÓRIO DO ECOSISTEMA DE SAÚDE NO BRASIL
(‘HEALTH ECOSYSTEM OBSERVATORY IN BRAZIL’ - OESB)

Initiative invests in research, advocacy, and communication to improve public-private interactions in health care

An initiative of the Institute for Health Policy Studies (IEPS) supported by Umane, the Health Ecosystem Observatory in Brazil (OESB) was created to systematically monitor the relationship between the public and private sectors in the country’s health system, helping improve the quality of the debate on the issue and positively influence legislative, government, and regulatory agendas. Its ambition is to contribute to the development and improvement of public policies that ensure the sustainability of the Brazilian Unified Health System (SUS) and more transparent, equitable, and collectively oriented practices in interactions between SUS and supplementary health care stakeholders.

The project is an offshoot of the study *“Setor Privado e Relações Público-Privadas da Saúde no Brasil: Em busca do seguro perdido”* (‘Private Sector and Public-Private Health Care Relations in Brazil: In Search of the Missing Insurance’), launched in 2024 by IEPS, also with support from Umane. Throughout 2025, the IEPS and Umane teams worked on structuring the initiative’s strategic planning, including the fronts to be prioritized in 2026 and 2027. The year also saw the development of the Observatory’s online platform, which will be

launched in the first half of 2026. Designed as a large, living repository, the platform will bring together studies, analyses, newsletters, and other communication materials produced by IEPS.

Among the year’s deliverables, the IEPS team secured the inclusion of two articles in Call for Proposals 02/2025 of the federal government’s *Agora Tem Especialistas* program, launched to accredit private facilities interested in providing telehealth services as a complement to SUS. The first prohibits the participation of health plan operators classified as having the worst performance for two consecutive cycles

“The Observatory was born from the understanding that the public and private health sectors are deeply connected through relationships that directly affect people’s lives. By making these connections more visible, along with their role in access, quality of care, and the use of public resources, the Observatory expands dialogue and strengthens the debate on the future of Brazil’s health system. Our goal is to contribute to strengthening SUS and advancing regulation of the private sector, so that health choices and policies are increasingly aligned with the public interest and the provision of better-quality care for the entire population.”

IEPS and Umane are also partners in Aliança Mais SUS (‘More SUS Alliance’), which unfolds into various action fronts (learn more on page 20).



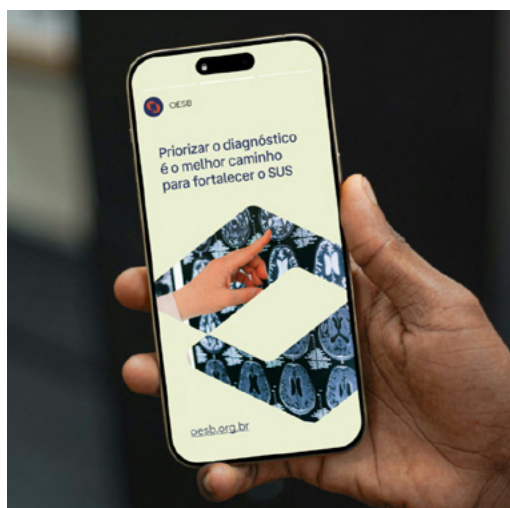
Rebeca Freitas, IEPS director of Institutional Relations

in the Service Monitoring system of the National Supplementary Health Agency (ANS). The second prevents operators from participating in locations where any of their products have had sales suspended by an ANS decision.

There was also the launch of Technical Note 39, with the main findings from Institutional Study 12 – Private Management of Public Services, which investigated the effects of contracting Social Health Organizations (OSS) to manage public hospitals in Brazil, with an in-depth analysis of productivity, quality of care, equity in access, and health outcomes, among other indicators.

IEPS representatives also participated in several conferences and events, increasing the initiative's institutional visibility. These included the SUS Sustainability Congress, organized by the Brazilian Institute of Social Health Organizations (IBROSS) and the Federal Accounting Court (TCU); the Ministry of Health's Health Plans and SUS: Evidence, Inequalities, and Policies Seminar; the 4th International Congress of Courts of Accounts; and the All Together Against Cancer Congress.

In the second half of the year, the Observatory entered into a partnership with the National Institute for Health and Care Research (NIHR), a leading British agency in applied health research, which became a co-investor in the initiative.



IEPS

More than 80 new participants joined us in advocacy efforts with representatives of the federal executive and legislative branches, SUS councils, and regulatory agencies, as well as coordination with other strategic actors.

4
participations in conferences and other events.



IEPS

PHC IN NUMBERS

FGV IBRE and Umane launch interactive dashboard to monitor Primary Health Care

In June 2025, the Brazilian Institute of Economics of Fundação Getúlio Vargas (FGV IBRE) and Umane launched an interactive [indicator dashboard](#), APS em Números ('PHC in Numbers'), which enables a detailed assessment of the quality of Primary Health Care (PHC) in Brazil's 26 states and Brasília. Available on the Public Health Observatory, an Umane initiative that brings together data, analysis, and research on health in Brazil, the indicator system is the result of cross-referencing data from official national databases, such as DataSUS, IBGE, SISVAN, and IPEA, among others. Since 2023, IBRE has been developing these metrics, inspired by the four essential attributes of PHC defined by public health researcher Barbara Starfield: first contact access, continuity, comprehensiveness, and care coordination (learn more about the attributes in the box below).

PHC is one of the pillars of an effective, equity-guided health system. In Brazil, it serves as the gateway to the Brazilian Unified Health System (SUS), organizing users' pathways through the system, coordinating the flow of care, and sustaining care over time. In this context, assessing and monitoring PHC performance using high-quality information is essential to inform decisions, improve management, and guide strategies to strengthen it.

The dashboard was launched during the webinar *APS em Números: Sistema de Indicadores da Atenção Primária à Saúde no Brasil* ('PHC in Numbers: Primary Health Care Indicator System in Brazil'), organized by FGV IBRE and Umane. The event

featured Dr. Ana Maria Malik, professor at Fundação Getúlio Vargas's São Paulo School of Business Administration (EAESP), Aloísio Campelo Jr., superintendent of Public Statistics at FGV IBRE, and Erika Lopes, Umane's Monitoring and Evaluation coordinator. The discussion was moderated by Solange Monteiro, editor of *Conjuntura Econômica* magazine.

Given the indicator system's potential contribution to improving primary care, the dashboard launch received broad coverage in the national press, with highlights in outlets such as *Folha de S.Paulo*, *O Globo*, Agência Brasil, TV Cultura, and Poder360.

UNDERSTANDING

THE CORE ATTRIBUTES OF PHC

First contact access: the population's ability to access health services and receive care when needed.

Continuity: the relationship between patients and the health team over time, ensuring ongoing follow-up.

Comprehensiveness: the provision of complete care, including preventive, curative, and rehabilitation actions.

Care coordination: PHC's capacity, as the gateway to SUS, to organize care and integration with other levels of care.

INDICATORS MONITORED

Among the indicators monitored are those related to the distribution and turnover of PHC professionals. The dashboard shows, for example, that between January and October 2024, 99% of the country's health regions met the Ministry of Health standard and had at least one physician for every 3,500 inhabitants. Despite this progress in coverage, the physician turnover rate remained a concern, reaching 33.9% between 2022 and 2024, with higher rates in states with lower gross domestic product (GDP).

Another indicator monitored refers to hospitalizations for conditions sensitive to PHC—that is, those that could be avoided if identified and treated early at this first level of care. For the period January-October 2024, the dashboard shows lower percentages in the South, Southeast, and Central-West, indicating greater PHC effectiveness in these regions.

The platform also provides information on the follow-up of patients with chronic noncommunicable diseases (Chronic NCDs), such as diabetes, hypertension, and obesity; vaccination coverage; preventive cancer screenings, such as mammography; prenatal care; and the nutritional status of children and adolescents, among other indicators.

The dashboard includes data from 2018 to October 2024 and allows users to view it through different filters, facilitating analysis.



Launch webinar | YouTube reproduction 

39
indicators make up the dashboard.

11
health administrators and professionals from municipalities in Ceará, where the pilot stage took place, were involved in developing the metrics.

2,751
views of the PHC in Numbers page on the Public Health Observatory through December 2025.

More than **550 articles** published in the press.

598
people registered for the launch webinar.

800+
views of the webinar on FGV IBRE's YouTube channel, with a peak of 176 simultaneous viewers.

"Understanding the reasons for professionals' departures will make it possible to develop policies that value the workforce. At the same time, the care pathway for hypertension and diabetes mellitus, the main causes of heart attacks and strokes, needs to be strengthened to ensure effective follow-up of patients and minimize the impacts of these conditions."



Marcella Abunahman,
family and community physician,
one of the study's authors and a
researcher at FGV

PRIMARY HEALTH CARE (PHC)
STRENGTHENING PROGRAM

HEALTH CARE PLANNING

Organization of work processes improves the experience of SUS users and strengthens care in three health regions in the Northeast

Greater accuracy in care for heart attack, stroke, and trauma cases through the standardization of care flows; more targeted follow-up by a Community Health Worker based on the mapping of health risks among the members of each family visited regularly; and appointment scheduling at Basic Health Care Units (UBSs), preventing people from waiting several hours to be seen, are real examples of how Health Care Planning (Planificação da Atenção à Saúde – PAS) improves the lives of users of the Brazilian Unified Health System (SUS). A comprehensive management tool, PAS seeks to ensure the right care, at the right time and in the right place, by organizing work macro-processes and integrating the network more effectively—initially considering only the coordination between Primary Health Care (PHC) and Specialized Outpatient Care (AAE), and now also incorporating Hospital Care (AH).

Designed and led by the Brazilian Council of Health Secretaries (CONASS) since 2005, with support from Umane and the Pan American Health Organization (PAHO), the initiative has been implemented since 2022 in three health macro-regions: Sertão de Pernambuco, East Jaguaribe Coast in Ceará, and Cariri, also in Ceará. In all, 100 municipalities are benefiting, home to 3.1 million people.

After agreements are reached with public administrators, PAS prioritizes training health professionals in the territories and structuring and revising processes and care pathways. The main advances of the initiative in each macro-region throughout 2025 are presented below.



Launch of the De Braços Abertos project in Limoeiro do Norte (CE) | Caroline Ortiz/Umane

CARIRI, CEARÁ

In Cariri, agreements with all 45 municipalities were reached in January 2025. As Maria José Oliveira Evangelista, technical advisor to CONASS and national coordinator of Health Care Planning, explains, the macro-region is considered a territory for systemic experimentation with PAS. Under the state government's *De Braços Abertos* project, the initiative is working simultaneously in primary, specialized, and hospital care, while also structuring a complementary governance component to ensure its continuity over time. The region was also chosen to pilot the Citizen Electronic Medical Record (PEC) in polyclinics, strengthening integration between PHC and AAE and ensuring continuity of care. PEC is an automated Ministry of Health system that replaces the physical equivalent and brings together the patient's full health history.

During the year, five training sessions were held for PHC and AAE, with more than 1,300 municipal health professionals participating. In hospital care, four regional workshops were held, enabling the development of hospital macro-flows for critical events—heart attack, stroke, and trauma—and the definition of standardized monitoring indicators.

Another deliverable already having a positive impact on end users was the structuring of individualized care plans for high-risk pregnant women. These plans are attached to the pregnant woman's booklet, ensuring that different PHC professionals act in alignment and follow the plan established for her.

In the governance component, CONASS, in partnership with the Ceará Health Department and the Cariri Health Region Superintendency, held a mobilization event in Crato in May to help reduce infant mortality. "We realized that technical management alone is not enough to reduce complex indicators such as infant mortality; political and social engagement is necessary. At this event, we raised awareness not only among health professionals in Cariri, but also among mayors, first ladies, and Pastoral da Criança, creating a network of shared responsibility that extends beyond the walls of health units," notes Maria José.

EAST JAGUARIBE COAST

In the other Ceará macro-region where PAS is present, one of the focuses was strengthening the maternal and child care pathway in primary care. According to CONASS, the region reached 96% of

"Health Care Planning brought organization, health education, and the strengthening of Primary Health Care. It is necessary to continue Health Care Planning to ensure care for our patients."



Maria Jamily Tavares Leal,
municipal health secretary
of Porteiras (CE)

pregnant women with risk stratification completed, serving as a guide during prenatal care. Family risk stratification also became a practice in the region, guiding care and informing the frequency of visits by Community Health Workers.

Other measures that have already become part of users' daily experience include appointments organized by blocks of hours at UBSs, organizing demand and reducing waiting time, double-checking identification—patient name and mother's name—and adopting wristbands and badges to prevent errors in procedures and medication. "In Icapuí, a special room was created for cytopathological exams, making the procedure more welcoming for women, which increased the number of exams performed," adds the CONASS representative.

In specialized care, the cities of Limoeiro do Norte and Aracati hosted introductory training sessions on the PASA model, which replaces the payment-per-procedure currently used in Emergency Care Units (UPAs) with payment by the hour, following a population-based logic with incentives for quality and resolution capacity. The expectation is to begin implementing the PASA model in Cariri as early as 2026.

The year was also marked by the establishment of targets to reduce infant mortality in the macro-region by 2027, agreed upon by the Regional Interagency Committee, and by the completion of all scheduled PHC training sessions, with more than 1,800 health professionals reached.



Workshop in Brejo Santo (CE) | Caroline Ortiz/Umane



 5th Workshop of the Rede Alynne maternal and child thematic committee | SESA-CE

“With the support of Umane and PAHO, we have made significant progress in recent years in helping Health Care Planning move from being a support project to becoming a state policy. Institutionalizing PAS as public policy is essential to avoid setbacks when administrations change and to ensure that accumulated learning becomes routine in state and municipal management.”



Maria José Oliveira Evangelista,
technical advisor to CONASS
and national coordinator of
Health Care Planning.

SERTÃO DE PERNAMBUCO

In PHC, one of the highlights in Sertão de Pernambuco was the implementation of a care pathway for older adults, which includes, among other measures, risk stratification and the clinical supervision of complex cases by specialists. According to CONASS, by the end of the year, 64% of UBSs in the macro-region were already carrying out risk classification for this group. Another care pathway implemented during the year was palliative care. As in the East Jaguaribe Coast, family risk stratification and the organization of appointments by timeslots were also incorporated practices.

In specialized care, the PASA model was adopted on a pilot basis at the Arcoverde UPA, with expansion to the rest of the state scheduled for 2026.

Health Care Planning also continued its training cycles, completing five stages throughout 2025, and expanded into prison health in some municipalities, beginning the monitoring of chronic conditions such as diabetes and hypertension.

IMPACT ASSESSMENT

As part of the partnership with Umane, specialized external partners have assessed the evolution of PAS in the two states since the beginning of the support cycle in 2022.

According to preliminary analyses from the quantitative assessment, both in the East Jaguaribe Coast and in Sertão de Pernambuco, there are indications of a positive impact on infant mortality indicators and hospitalizations for circulatory system diseases. In the case of hospitalizations for conditions sensitive to PHC, the assessment showed a significant negative impact, indicating an increase in hospitalizations. This may be an initial result of improved care following PAS implementation, and over time the upward trend may reverse. It has not yet been possible to verify the impact on maternal mortality rates, which fluctuate significantly. New assessment results will be consolidated by the first half of 2026.

The partial results of the qualitative assessment, in turn, provided a precise picture of the strengths of Health Care Planning, such as the technical robustness of the team behind the initiative, and the challenges, such as technological weaknesses and administrator turnover, which cause interruptions in the process and make it harder for the changes implemented in the territories to remain in place.

IMPROVEMENTS

CONASS has sought to improve its methodology as challenges and opportunities arise. In 2025, for example, in addition to traditional training sessions, it began organizing short courses on specific topics and adopting simulations and case studies, using real indicators from the networks themselves to complement the learning process. One example was the Specialized Outpatient Care Qualification Pathway in Health Care Networks, a series of eight virtual meetings held between October and December that brought together CONASS AAE consultants, state Health Care Planning coordinators, tutors, state specialists in AAE, and AAE regulation and contract management teams. Another new development was the organization of workshops to bring PHC and specialized care teams closer together.

During the year, the Guide to the Journey for Organizing Health Care Networks was also prepared, based on discussions held during 13 virtual meetings between 2024 and 2025 on strategies to strengthen integration between the different levels of care. The document presents methodologies, instruments, and good practices to support administrators and health professionals in building more effective, efficient, and human-centered health networks.

With Umane's new support cycle beginning in 2026, Health Care Planning will invest in scalable training. A distance-learning platform will be developed, with synchronous and asynchronous classes, reducing annual training-cycle costs by around 60%. This new model, which will also include some in-person events in the territories, will be carried out in partnership with state Schools of Public Health. Initially, the goal will be to train 200 health professionals from Ceará and Maranhão to act as regional PAS multipliers.

In the three health macro-regions, activities will continue in 2026. CONASS will also continue coordination efforts to consolidate Health Care Planning as a state policy, incorporating it into State Health Plans.



Courtesy of Umane 

According to CONASS, Health Care Planning recorded:

17,000+
participations by health professionals in PAS training cycles across the three health macro-regions between 2023 and 2025.

4,061
participations in 2025 alone.

94%
of UBSs in the East Jaguaribe Coast and the Sertão de Pernambuco already operate on a one-hour timeslot basis.

84%
of these UBSs carry out family risk stratification.

In Serra Talhada (PE), the combination of PHC qualification, 24-hour cardiology care, and the installation of hemodynamics services reduced heart attack mortality by 10%.

PRIMARY HEALTH CARE (PHC)
STRENGTHENING PROGRAM

JUNTOS PELA SAÚDE ('TOGETHER FOR HEALTH')

2025 consolidates project implementation, with a positive impact for SUS users

Coordinating public and philanthropic investments, appropriate technical knowledge, and work in territories in Brazil's North and Northeast are the guiding principles of Juntos pela Saúde ('Together for Health'), a program created by the Brazilian Development Bank (BNDES) to drive solutions capable of strengthening the Brazilian Unified Health System (SUS) from the ground up.

Umane supports two program modalities—call for proposals and structured funding—which are managed by the Institute for the Development of Social Investment (IDIS). Nine projects focused on improving health care networks, organizing care, and strategically leveraging innovation and digital health were selected. As detailed below, the projects advanced effectively in 2025.



📷 Maria Magdalena Arregala/Rest of World

UNDERSTANDING

Juntos pela Saúde ('Together for Health')

A match-funding initiative in health care, focused on the North and Northeast.

For every R\$1.00 made available by partner organizations, BNDES invests the same amount.

Call for Proposals for Primary Health Care in the North and Northeast

Launched in January 2024, with 46 projects submitted and five selected to receive contributions of up to R\$20 million jointly.

Structured funding

A modality that complements the call for proposals, aimed at projects aligned with the program's objectives, with funding of up to R\$20 million. Four projects were selected.

Learn more about the program on the [BNDES website](#).

CALL FOR PROPOSALS MODALITY

NOHARM.AI: INTELLIGENCE FOR PATIENT SAFETY

NoHarm.ai was born from the intersection of data science and clinical pharmacy to support health teams in reducing preventable errors and strengthening patient safety. Created by siblings Ana Helena Ulbrich, a pharmacist and the organization's director, and Henrique Dias, a data scientist and president, NoHarm.ai's technology solution uses artificial intelligence to analyze medical prescriptions and identify unusual patterns. "AI analyzes all available data and organizes the most critical patients for evaluation. This helps pharmacists prioritize, improve the quality of prescription analysis, and reduce errors that would often go unnoticed," Ana Helena explains.

After being selected by *Juntos pela Saúde*, NoHarm.ai expanded its work to Primary Health Care (PHC) in 20 municipalities in the North and Northeast. In hospital care, the solution has been used since 2020. The technology includes

three modules: Pharmacy, Regulation, and Indicator Dashboards. The first focuses on ensuring safety and adherence to treatment for patients who visit a Basic Health Care Unit (UBS) and receive a prescription, as well as on the rational use of medicines. When reviewing prescriptions, the tool issues alerts about possible drug interactions, recommends dose adjustments, and provides other clinical guidance. Depending on the level of intervention, the prescription is validated again by a physician.

In the Regulation module, the technology supports local administrators in regulating requests for specialized consultations and exams, improving patient referrals. In the Indicator Dashboards module, health units monitor a set of metrics in real time, supporting active patient outreach and improving the services they provide.

To ensure that innovation could, in fact, reach the front lines, basic infrastructure also had to be provided, including computers, satellite internet, and solar power generation panels, as well as supporting local health teams in implementing the *Prontuário Eletrônico do Cidadão* ('Citizen Electronic Medical Record' - PEC). "This is not just about making our software available to municipalities. In addition to training teams to use the tool properly and providing the necessary technical support, in some territories we need to ensure the provision of other resources so the solution can truly work," Henrique says.

Implementation of the three modules is taking place gradually in the municipalities, in line with the specificities and challenges of each location. By the end of 2025, approximately 37,000 users had already been impacted by the project. One lesson from this first year of scaled implementation is the importance of having professionals in the territories dedicated to the technology to ensure engagement in its full implementation and the continuity of its use.

In 2025, NoHarm.ai's results also gained international visibility: Ana Helena was recognized by TIME magazine as one of the 100 most influential people in artificial intelligence worldwide, and her work and the startup's trajectory later featured in reports by the BBC and restofworld.org. In Brazil, the researcher was also featured in an episode of TV Globo's *Globo Repórter*.

"Umane helps us build relationships with government, social investors, and other partners. It is a very strong network, one that connects projects with shared purposes and amplifies everyone's impact."



Henrique Dias, one of the founders of NoHarm.ai



Co-founder of NoHarm.ai recognized as one of the 100 most influential people in artificial intelligence in the world by TIME magazine.

20 municipalities in the states of Alagoas, Bahia, Ceará, Maranhão, Paraíba, Pernambuco, Rio Grande do Norte, Sergipe, Pará, Roraima, and Piauí benefited from the NoHarm.ai platform.

16 municipalities fully integrated in the system, totaling 820,000 inhabitants and 341 UBSs.



Globo Repórter | TV Globo reproduction

At the end of 2025, Umane formalized its support for another NoHarm.ai initiative that aims to use AI to reduce preventable hospitalizations and readmissions for primary care-sensitive conditions by addressing fragmented health information systems and discontinuities in care.

The platform will enable the implementation of a care navigation model that integrates continuous monitoring, standardized protocols, and care coordination by a designated healthcare professional. In addition, a dashboard will also be built to strengthen administrators' monitoring of these cases. The pilot will be implemented in the cities of Betim (MG), Pelotas (RS), Porto Alegre (RS), and Recife (PE), involving public hospitals in coordination with a set of UBSs defined by city governments. The expectation is to reduce preventable hospitalizations by 20% and readmissions related to pulmonary, cardiac, cerebrovascular, and kidney and urinary tract infection-related conditions by 30%.



Meeting in Mataraca (PB) | Produtora Nav Noar

EPCERTIFY WITH THE HIPERDIA CARE PATHWAY

The project was designed to strengthen care for chronic noncommunicable diseases (Chronic NCDs) in PHC through the epCertify registration certification tool, developed by the epHealth Institute. Focused on monitoring hypertension and diabetes, which gave rise to the name HIPERDIA, the project prioritizes ten municipalities in Bahia, Maranhão, Paraíba, Pernambuco, and Rio Grande do Norte.

The strategy includes automated registration validation, integration of users' electronic medical record data with information collected by Community Health Workers (ACS), and a real-time monitoring system that tracks blood pressure, blood glucose, exams, appointments, medications, and risk stratification, improving decision-making in UBSs.

In 2025, the project advanced in integrating the HIPERDIA portal with the PEC across all participating municipalities and in validating the registration of residents aged 18 and older, enabling the implementation of continuity of care for patients with hypertension and diabetes. By the end of the year, 145,971 people, out of 211,246 registered, were already being monitored by the tool. The period was also marked by remote and in-person training for administrators, physicians, nurses, and community health workers.

RESULTS IN 2025:

36,986

patients with prescriptions were analyzed by the tool.

415,466

medication prescriptions were analyzed by the platform.

100%

satisfaction with the Pharmacy module and 93% with the Regulation module among responding municipalities.

16 municipalities with NoHarm Regulation and NoHarm Indicator Dashboards in operation.

Dashboards on: Prescriptions checked by the tool, regulation, cervical cancer screening, HPV vaccination, and sexual and reproductive health.

SUS NA FLORESTA ('SUS IN THE FOREST')

The *SUS na Floresta* ('SUS in the Forest') project, an initiative of the Sustainable Amazon Foundation (FAS), relies on digital health combined with the strengthening of in-person care to ensure access to Primary Health Care (PHC) in 78 riverside communities in the Amazon municipalities of Carauari, Itapiranga, Novo Aripuanã, and Uarini.

The goal is to bring physical infrastructure and telehealth solutions to reorganize care where it previously arrived in a limited way. The installation of five Health Support Points and one housing facility for health teams is planned in strategic areas of the forest. These facilities will offer in-person consultations, medical and nursing teleconsultations, and dental care. The initiative also includes training SUS professionals in telehealth and providing technical consulting to Municipal Health Departments.

In 2025, 100% of the information and communication technology equipment and 80% of the planned furniture and other equipment were acquired. The bidding processes to hire engineering companies to carry out construction work on the future telehealth hubs were also initiated. Two consultants were also hired to conduct a diagnosis of existing digital health initiatives and the specificities of primary care in each municipality.



Fundação Amazônia Sustentável

TECENDO LINHAS DO CUIDADO INTEGRAL À SAÚDE NA AMAZÔNIA ('WEAVING COMPREHENSIVE HEALTH CARE PATHWAYS IN THE AMAZON')

In the Lower Amazon and Tapajós regions of western Pará, the project led by the Support Center for the School of Public Health at the University of São Paulo (CEAP/FSP-USP) works to strengthen Primary Health Care (PHC) as the organizing force for care and integration across levels of care. The initiative directly involves 12 UBSs in 6 municipalities—Santarém, Prainha, Almeirim, Rurópolis, Trairão, and Jacareacanga—and focuses on reproductive and child care, oral health, hypertension, and diabetes care pathways, incorporating digital technologies and self-care strategies adapted to the region's reality.

In addition to a series of visits by the project team to localities to develop care pathways, the project advanced the development of the Tecendo Saúde app, initially focused on the chronic disease care pathway, which will be tested with users in 2026 to improve its features. Another major highlight was the Ministry of Health's recognition of the Telehealth Center of the Federal University of Western Pará (UFOPA) as a public health facility. The institution is CEAP's partner in implementing the project, and the center was created as one of its developments. One of the first activities carried out by the specialists who make up the center was analyzing and issuing reports on exams performed with the digital retinal camera delivered to the UBSs participating in the project. The equipment expands screening for eye diseases and helps prevent complications related to diabetes and other chronic conditions. Throughout the year, training sessions were also held for Community Health Workers (ACS) and other primary care professionals.



Tecendo Linhas de Cuidado team

UNIDOS PELA ELIMINAÇÃO DO CÂNCER DO COLO DO ÚTERO NO BRASIL ('UNITED TO ELIMINATE CERVICAL CANCER IN BRAZIL')

Developed by Grupo Mulheres do Brasil, the initiative seeks to contribute to eliminating cervical cancer mortality by 2030. Carried out in the Caucaia (CE) health region, which covers 10 municipalities, the main objectives are to expand HPV vaccination coverage, increase screening through cervical cytology, and ensure continuity of care for people with abnormal cytology results. The strategy combines community mobilization, integration between health and education, and its own digital platform, which enables active outreach, smart exam scheduling, indicator monitoring, and support for decision-making in the territories.

The initiative ended the year with actions developed across all 10 municipalities, with more robust activity in 8 of them. Results include: five municipalities exceeded vaccination coverage targets among girls and boys; active outreach for screening exams reached 50% of the target audience; and Tech dashboards to monitor vaccination and cytopathological exam rates were implemented in eight locations. New digital solutions—the Observatory and the JUH chatbot—were also developed to expand access to information for health professionals and improve decision-making with the support of artificial intelligence.

More than 2,000 health professionals from UBSs and community health workers were trained to use all the project tools properly. More than 2,000 people in three territories were also trained to act as multipliers for the initiative.



📷 Action at a school in Paracuru (CE) | Grupo Mulheres do Brasil

"Many women, even as adults, still do not understand the severity of cervical cancer. When we hold conversation circles, we can see people's reactions when they learn that this virus exists, what it can cause, and how it can be prevented. This course had a positive impact because we, as multipliers, reach mothers, fathers, uncles, aunts, and grandparents so they can take their children, nieces, nephews, and grandchildren to be vaccinated."



Maria Lucimar da Conceição,
Community Health Worker (ACS) at the Child Development Integration Center (UAPS CIDI) in Caucaia and multiplier trained by Grupo Mulheres do Brasil.

STRUCTURED FUNDING MODALITY

IMPULSO PREVINE

Supported by Umane since 2022, the Impulso Previne platform, developed by ImpulsoGov, centralizes data, analyses, and recommendations on priority Primary Health Care (PHC) indicators in a single environment. Municipal performance on these indicators determines transfers of resources from the Ministry of Health. When the project joined Juntos pela Saúde, its ambition was to bring the platform to 240 cities in the North and Northeast; in 2025, it reached 244 localities.

On the platform, administrators and health teams can view their municipality's results for each priority indicator in a simplified format and use this information strategically to improve coverage and the quality of primary care services, thereby securing federal government resources. The central component is the so-called nominal lists, which enable mapping users with pending exams, prioritizing active outreach, adjusting care flows, eliminating inconsistencies in users' registrations and records, and organizing targeted actions in the territory.

In 2025, as ImpulsoGov scaled the solution in the municipalities under Juntos pela

Saúde, it also had to adapt the platform to the new PHC co-financing model, which took effect in January 2026. Under the new format, the indicators in the quality component were expanded from 7 to 15. “The logged-in area of the platform was improved with features aligned with the new model, especially updated hypertension and diabetes lists, guided by current best practices and with new fields to support prioritization and active outreach,” explains Nina Palermo, ImpulsoGov’s Institutional Relations manager. To quickly deliver the new lists for the new indicators, a temporary alternative, the Busca+mais feature, was created, allowing nominal lists to be exported directly from the PEC. “We also consolidated the Impulso Capacita front as a support axis for the transition, with training sessions and webinars on the new co-financing model,” the manager adds. Across all 2025 training sessions, more than 11,000 administrators and health professionals from the 244 municipalities were impacted.

In parallel, the Citizen Messaging front, which sends personalized messages to SUS users, continued to expand and now reaches 115 municipalities. With evidence that territories with higher platform engagement achieve better performance on the indicators that guide federal transfers, ImpulsoGov also invested in improving the user experience by implementing an FAQ and guided tour on the platform. By improving the support journey and the 30-Day Program, both focused on initial team engagement.

The project also gained visibility in 2025, especially with ImpulsoGov’s nomination to join the MIT Solve Global Health Challenge,



 ImpulsoGov

IMPACT ON THE FRONT LINES

“The last time I had the exam [preventive cervical cancer screening] was in 2012. If I had not received the message, I would have postponed it or maybe would not have gone at all. The preventive exam prevents several diseases. If something were wrong, finding it early makes all the difference.”



Ivanir Araújo, SUS user from Itapiúna (CE), received the alert from the Messaging Service.

a social innovation challenge by the Massachusetts Institute of Technology (MIT) that seeks to address today’s main global challenges. In Brazil, the Impulso Previne platform won the Health and Well-being category of the World Summit Awards Brasil 2025, an international initiative that recognizes technological solutions that promote social impact, and appeared on the list of the 100 Best NGOs in Brazil. “The awards and participation in collaborative initiatives reinforce the relevance, technical quality, and impact of the solution in strengthening PHC, increasing the project’s credibility with public and private partners, and opening new opportunities for learning and coordination,” Nina notes.

The year also represented an institutional milestone for the project, with the signing of a Partnership Agreement with the Ministry of Health, paving the way for deeper technical cooperation, the joint development of new tools, and the expanded integration of ImpulsoGov solutions into national public health strategies, starting in 2026. As the organization’s representative reiterates: “With the agreement, what we have learned and developed in a few hundred municipalities can become available, free of charge, to the entire country as public policy.”

IMPACT ASSESSMENT

In 2025, an impact assessment was also conducted in 204 localities where the project was carried out between 2022 and 2025. The assessment showed positive impacts on the indicators for the proportion of pregnant women who received dental care during prenatal care and were tested for syphilis and HIV during prenatal care, as well as on the indicator for the proportion of patients with diabetes who had a glycated hemoglobin exam requested at least once during the year.

In addition, an impact study was conducted according to the intensity of platform use. It found that the initiative's greatest impact occurred in municipalities with higher engagement on the platform in the indicators for the proportion of women aged 25–64 who had cervical cytology collected within a three-year interval, the proportion of patients with hypertension who had blood pressure measured every six months, and the proportion of patients with diabetes who had a glycated hemoglobin exam requested at least once during the year.

244

municipalities in the North and Northeastern Brazil onboarded to the platform's logged-in area, exceeding the programs initial goal.

11,000+

administrators and health professionals from the 244 municipalities trained in 2025.

531,000

messages sent by the Citizen Messaging service, reached 245,000 people in 115 municipalities across the two regions.

700+

administrators and health professionals trained through the Impulso Capacita front.

17,000+

webinar participants.

And more: the platform is currently active in another 82 Brazilian municipalities.

IMPACT ON THE FRONT LINES

"I've received many reports of patients who came in for screening because of the message. We're not just bringing women into the clinic—we're reconnecting with those who hadn't visited their primary care unit in a long time."

Pedro Holanda, Family Health Strategy nurse, Itapiúna, Ceará, Brazil.

V.E.R. - Development and Implementation of the Digital Eye Health Strategy to Support and Strengthen Eye Health in Primary Health Care

Implemented by Fundação Altino Ventura (FAV) in the municipality of Serra Talhada (PE), the project was designed to improve screening for eye conditions and organize access to ophthalmological care through the artificial intelligence platform named V.E.R.

In 2025, the initiative selected and trained medical and nursing students to support user registration—initially, students and teachers from the municipal school network—in the use of the tool and in performing vision tests. A total of 3,484 exams were conducted using intelligent portable screening equipment in 18 schools in the municipality.

The first functional version of the V.E.R. platform began being used in Serra Talhada in the second half of the year, with its official launch in October. As a result, the initiative moved from the technological development phase to application in a real care environment, enabling operational adjustments, validation of care flows, and consolidation of clinical data.



 V.E.R. project at the Rotary Club of Serra Talhada | Cristiana Dias

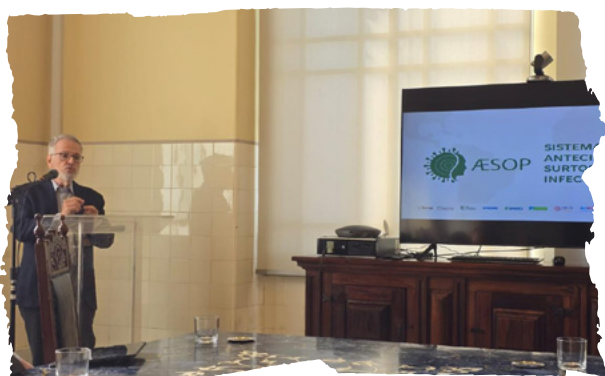
At the same time, Fundação Altino Ventura advanced in developing the Digital Eye Health Record, an interface integrated into the platform that will bring together the patient's history and can be accessed by the user or their legal guardian, strengthening transparency and continuity of care.

AESOP – INSTITUTE OF MOLECULAR BIOLOGY

Developed by the Oswaldo Cruz Foundation (Fiocruz) with support from the Institute of Molecular Biology of Paraná (IBMP), the Outbreak Anticipation System (AESOP) identifies outbreaks of respiratory syndromes early, enabling faster, more targeted responses from the health system before they become emergencies. Using artificial intelligence, the platform analyzes Primary Health Care (PHC) data and complementary information and generates geographically localized alerts, strengthening municipalities' surveillance capacity.

Throughout 2025, algorithms were developed and validated to detect anomalies in primary care service data, and the system was made available to teams from the Ministry of Health's Department of Health and Environmental Surveillance and from the state and municipal Health Departments of Amazonas and Bahia. Other databases were subsequently incorporated into the platform—sales of over-the-counter medicines and socioeconomic and bioclimatic indicators—expanding the accuracy of the analyses and enabling the mapping of areas at greater risk of outbreak spread.

By the end of the year, AESOP was already issuing weekly alerts for 2,243 municipalities in the North and Northeast, consolidating itself as an unprecedented tool for anticipating outbreaks.



Evelyn Santos/Umane



Immersion with representatives from Afluentes project municipalities | IEPS



AFLUENTES

Developed by the Institute for Health Policy Studies (IEPS), an organization that has other projects supported by Umane (read more on pages 20 and 24), Afluentes was designed to improve care for pregnant women and people with hypertension in the Legal Amazon. Implemented as a pilot in the Pará municipalities of Santarém, Belterra, Curuá, Oriximiná, Aveiro, and Itaituba, the project has three fronts: updating prenatal, childbirth, postpartum, and hypertension care pathways; expanding connectivity in UBSs; and using messaging to encourage patient self-care.

In 2025, IEPS validated the new protocols for the two care pathways in three pilot UBSs in Santarém and Belterra, and developed two practical guides to reorganize care in the territories. The messaging strategy was implemented in the six municipalities in partnership with ImpulsoGov—also supported by Juntos pela Saúde—and the Saúde e Alegria organization, with more than 29,000 users activated in Santarém and Belterra alone and interaction rates above 15% in messages sent during the last quarter. The digitalization of all 113 eligible UBSs was also completed, with these units integrated into the ImpulsoGov platform (learn more about the platform on page 36).

Other highlights included training health teams, involving 94 professionals, and strengthening governance to ensure the project's continuity over time, with management committees formalized in the six localities. In 2026, the focus will be on more effectively measuring indicators for monitoring pregnant women and patients with hypertension and expanding consolidated practices.





**COMPREHENSIVE
CARE PROGRAM
FOR CHRONIC
NONCOMMUNICABLE
DISEASES**

COMPREHENSIVE CARE PROGRAM FOR CHRONIC
NONCOMMUNICABLE DISEASES

PELOTAS COHORT STUDIES

Expanded scientific output and international recognition characterize a landmark year for Latin America's largest longitudinal study

The Graduate Program in Epidemiology (PPGEpi) at the Federal University of Pelotas (UFPel) plays a leading role in public health research, with studies that extend beyond academia and help guide the development of public policies globally, positively affecting the lives of millions of people in Brazil and around the world. This is the case of the Pelotas Cohort Studies, a set of longitudinal studies that have followed people born in the city of Pelotas, in Rio Grande do Sul, since the 1980s. The study focuses on identifying how processes experienced during pregnancy, at birth, and throughout the life cycle—such as exposure to risk factors including physical inactivity, smoking, and alcohol use, among others—influence health conditions and the development of diseases.

Every 11 years, a new cohort is launched. Currently, four groups are being continuously monitored, with participants born in 1982, 1993, 2004, and 2015. A new cohort will begin in 2026. Umane, together with the Brazilian Association of Collective Health (Abrasco) and other funding organizations in Brazil and abroad, supports the 1993 Birth Cohort. Between 2023 and 2024, participants in this group completed a new questionnaire and underwent clinical tests. Since then, these data have been systematized and have

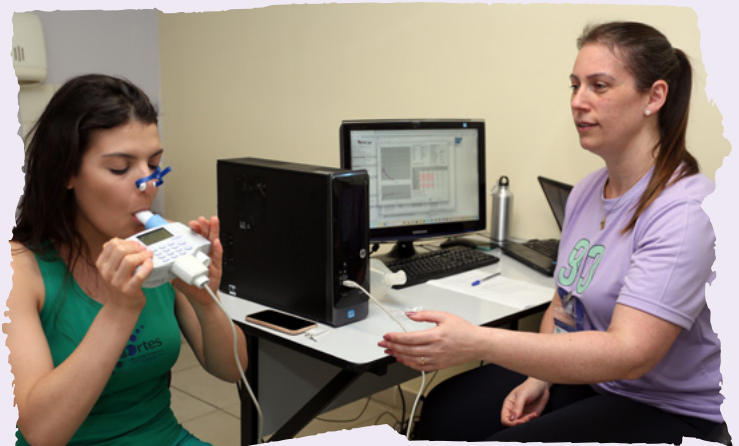
supported the scientific output of the program's researchers.

One of the studies released in 2025 was a doctoral thesis that correlated head circumference growth—one of the indicators used to monitor child development—in the first year of life with Intelligence Quotient (IQ). The estimate is that babies whose head circumference growth exceeds the standard deviation during their first 12 months reach, on average, an IQ 1.3 points higher in adulthood. The study reinforced the importance of policies and practices that support breastfeeding, appropriate food introduction, pediatric follow-up, and stimulation within an appropriate family environment.

The study received media coverage in outlets such as *O Globo*, *O Estado de S. Paulo*, and UOL.

UNDERSTANDING

Cohort: an analytical epidemiological research methodology that follows a group of individuals over time to observe the development of a specific event or health condition.



@paulorossifoto6907/UFPel

INTERNATIONAL RECOGNITION

In 2025, Professor Dr. Cesar Victora, the researcher responsible for the Pelotas Cohort Studies and the International Center for Equity in Health (read more about the center, also supported by Umane, on page 57) was recognized as Brazil's top medical scientist in a ranking by the Research.com platform, which evaluates academics and institutions based on publications and citations. In all, 13 UFPel researchers were named by the platform, placing the institution 16th among Brazilian universities.

With a career marked by scientific contributions that helped shape public health policies, especially in breastfeeding and child nutrition, Victora was also named the most influential Brazilian scientist in public policies, with academic work that supports and guides decision-making in Brazil and abroad. The recognition came from a survey published in November by Agência Bori and the international platform Overton, which maps the interface between science and public policy.

In 2025, the researcher also became the first scientist from Latin America to deliver the Pumphandle Lecture. This is one of the most traditional and symbolic public health lectures globally, held annually by the John Snow Society at the London School of Hygiene and Tropical Medicine in London, United Kingdom. Under the theme "From local insights to global impact: Four decades of child health and nutrition epidemiology in Pelotas, Brazil," the professor summarized the trajectory of the Pelotas Birth Cohort Studies, whose findings have influenced public policies in Brazil and abroad. **One of the most emblematic findings showed that breast milk, when offered as the exclusive source of nutrition through six months of life, reduces the risk of infant mortality, inspiring the World Health Organization (WHO) to recommend exclusive breastfeeding until that age—a guideline now adopted by more than 140 countries.**



@paulorossifoto6907/UFPel 

1993 COHORT - 2023/2024 EVALUATION CYCLE

3,333
people responded to the questionnaire.

2,489
children of cohort members also participated in the analysis.

ACADEMIC OUTPUT

3
articles with results from the 30-year cycle of the 1993 cohort were accepted for publication in 2025, of which 1 had already been published in 2025.

18
master's and doctoral studies and 2 postdoctoral studies linked to the 1993 cohort were being developed during 2025.

COMPREHENSIVE CARE PROGRAM FOR CHRONIC NONCOMMUNICABLE DISEASES

CARDIO

Program gains scale in Brazil, with emphasis on its arrival in Fortaleza and the creation of a coalition

“Chronic conditions, especially cardiovascular diseases, are now the leading cause of death worldwide. Controlling risk factors is extremely challenging because everything is interconnected: social factors, the health system, and patient behavior,” says Johannes Boch, director of Population Health at the Novartis Foundation, which created the international CARDIO4CITIES program. In Brazil, the initiative was named CARDIO – Caring for All and is one of the projects Umane has supported the longest.

The global scale of this challenge is confirmed by data from the World Health Organization (WHO), which show that cardiovascular diseases account for 17.9 million deaths per year worldwide—many of them preventable through early diagnosis, and follow-up measures. This scenario underscores the urgency of initiatives to strengthen screening, expand access to continuous care, and improve treatment for noncommunicable chronic diseases (NCDs), transforming health systems from a reactive model toward integrated, person-centered care.

CARDIO operates at this turning point between global urgency and local response. The project arrived in Brazil’s largest metropolis, São Paulo (SP), in 2018, through a partnership between the Novartis Foundation and the São Paulo Municipal Health Department (SMS-SP), with support from Umane. Initially implemented by Instituto Tellus and, since 2024, by BP – Beneficência Portuguesa de São Paulo, the project aims to improve screening, early detection, treatment, and control measures for hypertension, diabetes, obesity, and high cholesterol before they lead to more serious conditions,



📷 CARDIO project in Fortaleza (CE) | Courtesy of Beneficência Portuguesa

such as stroke and heart attacks. To this end, the program provides a set of support tools for teams at Basic Health Care Units (UBS), including the indicator management dashboard, the cardiovascular risk stratification tool, and the Agreed Self-Care Plan (PAP). Above all, it focuses on raising awareness and promoting self-care. In this last area, the flagship feature is the Caring for All Corner, installed in UBS facilities, where users can measure their own blood pressure, weight, height, and waist circumference. When results are outside the expected range, users are referred for medical appointments and tests.

The engagement of health teams and the positive response from users of the Unified Health System (SUS) drove the program’s expansion across the city of São Paulo, leading to its adoption as the municipality’s official care protocol for hypertension and diabetes, and its subsequent implementation in other Brazilian cities. According to the Novartis Foundation director, 2025 was the major turning point in the initiative’s history. “As we scaled the project in São Paulo, we adjusted and validated its format, analyzed its impacts, and confirmed that it was a fully replicable, person-centered Primary Health Care model,” says Boch. He adds: “The successful experience in São Paulo gave rise to the CARDIO Coalition, in which we joined other supporters to take the project to other territories across the country in the

coming years.” Other partners include the Brazilian Development Bank (BNDES), the Swiss Re Foundation, and the Afya group. With BNDES, the project is currently being implemented in 35 municipalities across Brazil.

The coalition Boch refers to is not simply the union of several funders to secure the resources needed to expand CARDIO. It is, in fact, a new front launched in 2025, encouraged and supported by Umane. Through the coalition, all stakeholders—funders, municipal health departments, BP, and other hospitals and health associations—jointly develop strategies to ensure the initiative’s sustainability and continuous evolution.

The cities selected for the project are chosen based on an analysis of variables such as health care coverage, the ratio of physicians to the population, and each location’s specific vulnerabilities. In 2025, in addition to being present in Aracaju (SE), Patos (PB), and another 35 cities in the North and Northeast, CARDIO reached Fortaleza (CE) with Umane’s support. In 2026, Umane will also support the expansion to another capital city in

IMPACT ON THE FRONT LINES

“In 2024, I felt unwell and sought care. I began follow-up at the Fausto Freire UBS and started participating in CARDIO. I received guidance and began taking better care of myself: I changed my diet, started exercising, and kept taking my medication. Today, my health has improved a great deal, and it has been a long time since I felt symptoms of hypertension. The care here is excellent, and the project has made a big difference for those who need to take care of their blood pressure and their health.”



Flamarion de Souza Penha – Fortaleza (CE)

CARDIO IN SÃO PAULO

100%
of UBS facilities
implementing
the program.

296
professionals
trained.

92
participations in government
discussion forums and interest
networks.

VERIFIED IMPACTS

According to the impact
assessment of the
project’s pilot phase
(2018–2021), in the UBS
facilities of Itaquera and
Penha, CARDIO:

↑ **33%**

of the number of
educational activities
carried out by the units.

↑ **17%**

of the number of blood
pressure measurements

IN ITS FIRST YEAR

↓ **11.79**

early hospitalizations
among people aged
30 to 69 for circulatory
system diseases
by 11.79 per 10,000
inhabitants.

IN ITS FIRST TWO YEARS

↓ **10.64**

early deaths among
people aged 30 to 69
from circulatory system
diseases by 10.64 per
100,000 inhabitants.

the Northeast region. “As we experience different local realities and contexts, challenges are anticipated and addressed, strengthening the model and generating lessons that guide the next steps,” says Yara Baxter, Executive Project Coordinator at the Novartis Foundation.

CONSOLIDATION IN SÃO PAULO AND ARRIVAL IN FORTALEZA

In São Paulo (SP), CARDIO began in 2018 in six UBS facilities in the Itaquera region. By 2025, 100% of the municipality's health units already had at least one project solution in place. In addition to the geographic expansion, the year was also marked by the development and testing of new technological solutions in São Paulo, such as a tool that collects data from tests carried out by users at the Caring for All Corner and synchronizes them with the city government's systems, further improving the monitoring of this information and decision-making based on it. The solution was initially tested in six UBS facilities and will be expanded throughout 2026.

The systematization of evidence also advanced through the Success Narratives initiative, in which health teams themselves report their perceptions and experiences with the project, strengthening engagement with and ownership of the practices proposed by CARDIO.

In Fortaleza, the project is being implemented in 50 UBS facilities. Throughout 2025, CARDIO's physical solutions, including the equipment and materials that comprise the Caring for All Corner, were delivered to health units as part of the pilot stage. The program was officially launched in January 2026 at an event attended by Mayor Evandro Leitão and will be gradually rolled out to the municipality's remaining UBS facilities. Technological solutions to support management will also be delivered throughout the year.

In the capital of Ceará, an agreement was reached with the Municipal Health Department to conduct a “gold standard” impact assessment, comparing the 50 UBS facilities that received the project in the first phase with the other units that are not yet

part of CARDIO, selected at random. “Because both the group of UBS facilities that receives the project and the comparison group belong to the same territory and are under the same municipal management, we will be able to measure the initiative's impacts more precisely and reliably based on a set of indicators, such as the percentage of people diagnosed with hypertension whose blood pressure is within the target range,” says Erika Lopes, Monitoring and Evaluation coordinator at Umane.

CARDIO FORTALEZA

50
UBS facilities in
the 2025 pilot
stage.

371
professionals
trained.

58
participations
in government
discussion forums
and interest
networks.

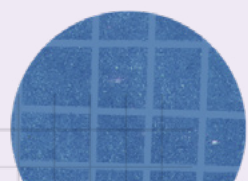
**Expansion to 100%
of the municipality
is scheduled to the
end of 2026, with
coordination efforts
underway to take
the project to other
territories in Ceará.**

CARDIO IN OTHER TERRITORIES

In addition to the territories supported by Umane, CARDIO was also implemented in Aracaju (SE), Patos (PB), and 35 other cities in Brazil's North and Northeast with support from other funders.

Abroad, as part of CARDIO4CITIES, the program was launched in Lisbon, Portugal, and is already forthcoming in Dakar, Senegal, and Ulaanbaatar, Mongolia.

In South America, there are plans to take it to Bogotá, Colombia, and Santiago, Chile.



COMPREHENSIVE CARE PROGRAM FOR
NONCOMMUNICABLE CHRONIC DISEASES

MAIS DADOS MAIS SAÚDE
(‘MORE DATA MORE HEALTH’)

Fully digital survey contributes to understanding and addressing health inequalities in Brazil

In a country marked by social, racial, territorial, and other inequalities, producing sound evidence that accounts for this diversity is an essential step toward a better understanding of Brazil’s multiple social and territorial realities. This data, in addition to driving public debate, can guide monitoring, planning, and decision-making in public health. This is the guiding thread of Mais Dados Mais Saúde (‘More Data More Health’), an innovative program for public health data collection carried out by Umane and Vital Strategies, with support from Instituto Devive and the Federal University of Pelotas (UFPel) as a technical partner. In its first module on Primary Health Care (PHC), the program also had support from Resolve to Save Lives. In the second module, dedicated to the Everyday Discrimination Scale, the Ministry of Racial Equality served as a government partner.

Previously called Covitel, the project not only changed its name but also adopted a new methodological approach, which expanded its reach, made data processing more agile, and began considering other

issues related to health, broadening the view of inequalities. “In this cycle, we moved from the telephone survey model adopted in Covitel to an online sample. Digital data collection expanded the territorial reach of the surveys, made information processing faster, and created a more comfortable environment for respondents, opening the way, for example, to address more sensitive topics, such as income,” says Luciana Sardinha, deputy director for NCDs at Vital Strategies. She adds: “The three editions launched in 2025, on very different aspects, also demonstrated our ability to innovate in the topics investigated.”

Altogether, the three modules released in 2025 helped demonstrate the cost-effectiveness of the digital data collection methodology. Two of them, in particular, gave visibility to populations that have historically been underrepresented in surveys of this kind and in public policy discussions.

With broad media coverage, the three More Data More Health modules generated around 1,000 reports in major outlets, including Folha de S.Paulo, CNN Brasil, Correio Braziliense, UOL, Estadão, Veja, TV Cultura, TV Globo, Valor Econômico, and the Alma Preta portal.



📷 Presentation of More Data More Health at PAHO | Courtesy of Isabel Albuquerque/Umane

USER EXPERIENCE IN PHC AND RACIAL INEQUALITY

The first module focused on access to PHC and the quality of services provided, seeking to understand users' experience. Launched in April 2025, the study interviewed 2,458 people in the second half of 2024. "This questionnaire also went through a global validation process, paving the way for the tool to be applied in other countries," says Luciana.

Among its findings, the survey showed that 62.3% of participants did not seek PHC services when they needed them. The most frequently cited reason was overcrowding and delays in care, mentioned by 46.9% of respondents. The survey also showed that 40.5% of respondents had been unable to receive care through PHC when they sought care, due to long waiting times (cited by 62.1% of respondents), lack of equipment, lack of appropriate professionals, and other factors.

The same survey investigated everyday discrimination, applying the Everyday Discrimination Scale fully and nationally for the first time in Brazil. The tool, already internationally validated, measures how individuals perceive discrimination in daily life. In this second module, the survey had support from the Ministry of Racial Equality (MIR).

Released in May, the results showed that racial discrimination is the most common form of discrimination in the country, with 84% of respondents who identify as Black reporting that they had experienced some type of discrimination because of their race. The module also showed that, when race and gender are considered together, Black women are the group most exposed to experiences of racism and sexism compared with other groups, with 72% of respondents reporting this combination of factors.

"More Data More Health works in the gaps. Traditional surveys often cannot move fast enough to measure, for example, the impact of climate anxiety in the Legal Amazon region. We were able to do that and, in doing so, delivered this data to the ecosystem promptly so it can be used in public policymaking."



Luiza Borges, deputy director of Institutional Communications at Vital Strategies

THE CONNECTION BETWEEN CLIMATE CHANGE AND HEALTH

The third survey was directly related to the agenda of the 30th United Nations Climate Change Conference (COP30), held for the first time in Brazil in November 2025, in Belém (PA). Through the Climate and Health in the Legal Amazon module, which interviewed 4,037 residents of the region between May and July 2025, Vital Strategies sought to fill an important gap: the connection between climate and health, with a focus on this region, which encompasses all states in the North as well as Maranhão and Mato Grosso, and with an even more targeted view of representatives of traditional peoples and communities, such as Indigenous people, Quilombola communities, riverine communities, fishers, and others. "This module was broken down



📷 COP30 | Courtesy of Beatriz Ferreira/Vital Strategies

into three fronts, which helped us give each one the proper attention and disseminate them in a more in-depth and qualified way,” says Luiza Borges, deputy director of Institutional Communications at Vital Strategies.

Launched in October, the first front investigated climate anxiety, considering the impacts that climate and environmental changes are already having on the health of the population. The second, released during COP30, analyzed food, focusing on access to healthy food in sufficient quantities in the region and experiences related to food insecurity. At the end of the year, the third front was released, focusing on the prevalence of noncommunicable chronic diseases (NCDs) and associated risk factors in the local population.

The first module showed that 32% of participants already feel directly affected by climate change—a rate that rises to 42.2% among representatives of traditional peoples and communities. Extreme heat, the rising cost of living, higher food prices, and air pollution are among the main immediate impacts listed. In the second front, one aspect that stood out was respondents’ concern about food shortages associated with drought and flood cycles, cited by 41.7% of respondents overall and by 53.8% of those belonging to traditional peoples and communities. Among other data, the third and final module highlighted that tobacco use reaches 22.7% among Indigenous people, Quilombola communities, riverine communities, and other traditional groups, compared with 12% among the overall population.

DISSEMINATION STRATEGY AND NEXT STEPS

The three modules included launch activities. The first, on PHC, was held at the headquarters of the Pan American Health Organization (PAHO), in Brasília. For the second module, on discrimination, a webinar was held with supporters in attendance, including Layla Pedreira Carvalho, director of Affirmative Action Policies at the Ministry of Racial Equality.

For the first module of the Climate and Health in the Legal Amazon module, a seminar was organized in São Paulo, at the Brazilian British Centre, including the screening of a preview



Launch of More Data More Health | Courtesy of Beatriz Ferreira/Vital Strategies

of the documentary “Correnteza,” about the floods that affected Rio Grande do Sul in 2024, also supported by Umane (learn more on page 74). The second module was presented in the panel Perceptions on Food Among Traditional Peoples and Communities of the Legal Amazon, at the Food Roots and Routes Pavilion in the COP30 Blue Zone, the result of a partnership among Vital Strategies, Umane, and Colansa (Latin America and Caribbean Nutrition and Health Community of Practice), a civil society organization dedicated to the development of healthy food systems. In addition to spokespersons from the three organizations, representatives of Amazonian traditional peoples and the Brazilian government also participated.

There was also a media dissemination strategy, and the survey results were published on a [dedicated page of the Public Health Observatory](#), Umane’s platform, reinforcing the initiative’s commitment to transparency and easy access to information.

For 2026, the expectation is to move forward with new methodological testing and incorporate new topics aligned with emerging agendas, contributing to public debate and to strengthening the health sector’s responses to these issues.

The main More Data More Health page on the Public Health Observatory recorded 5,088 visits in 2025.

COMPREHENSIVE CARE PROGRAM FOR CHRONIC
NONCOMMUNICABLE DISEASES

NUTRINET BRASIL

Collection of results marks five years of study on the relationship between diet and health

Over the past few decades, scientific output has shown that eating habits directly influence health and the development of chronic noncommunicable diseases (Chronic NCDs), such as obesity, diabetes, hypertension, cardiovascular diseases, and different types of cancer. In Brazil, monitoring this relationship is even more challenging, since the country's dietary diversity—given its territorial size and cultural differences—and socioeconomic inequality contribute to varied eating patterns that reflect much more than individual choices alone.

Generating scientific evidence on these consumption patterns and, contributing to the formulation of public policies that promote the population's health is the objective of the NutriNet Brasil study, conducted by the Center for Epidemiological Research in Nutrition and Health at the University of São Paulo (NUPENS/USP). In addition to Umane, the research is funded by the Ministry of Health, the National Council for Scientific and Technological Development (CNPq), and the São Paulo Research Foundation (FAPESP).

Launched in 2020, the study uses a cohort design and collects data via online questionnaires sent to participants. Over a decade, it aims to follow the eating behavior of around 200,000 people living in Brazil. To mark the study's fifth anniversary in 2025, NUPENS held an event in October at the University of São Paulo (USP) School of Public Health in the city of São Paulo, attended by more than 100 participants. The event also included the launch of a compilation of studies published BY NutriNet during the period.

The study also continued to gain relevance in Brazil and internationally in 2025. In August, for example, NUPENS researchers presented nine papers at the 23rd International Congress of Nutrition of the International Union of Nutritional Sciences (IUNS-ICN), in Paris, France. The congress also included a session dedicated to NutriNet, during which the International NutriNet Studies Network was established to promote the development of similar research around the world—studies of this kind are already being conducted in France itself and in countries such as Canada and Chile.

Another highlight of the year was the launch of a new mobilization campaign titled “*O Brasil está sendo estudado: convida cinco amigos para fazer parte da NutriNet Brasil*” (“Brazil is being studied: invite five friends to join NutriNet Brasil”). The initiative helped increase the number of participants, which rose from 112,751 at the end of 2024 to 116,513 in December 2025.



 NutriNet Brasil 5th anniversary event | Courtesy of NUPENS/USP

DEEPENING STUDIES ON ULTRA-PROCESSED FOODS

The research center pioneered the Nova Classification in 2009, a way of categorizing foods based on the degree of industrial processing they undergo: fresh or minimally processed foods, culinary ingredients, processed foods, and ultra-processed foods. The system considers that the extent and purpose of processing determine not only the nutrient content of these foods, but also other attributes that can influence the risk of obesity and other diet-related diseases.

In 2025, NutriNet researchers also advanced studies on the effects of ultra-processed food consumption on the population's health. The findings were presented at a series of scientific events, including the IUNS-ICN congress in Paris mentioned above, the 21st Brazilian Congress on Obesity and Metabolic Syndrome, held in May in Belo Horizonte (MG), and the 14th Brazilian Congress of Collective Health, held between November and December in Brasília.

Since 2024, NUPENS has maintained the Quest-Nova online platform, based on the Nova Classification—now widely used worldwide—and has built a rich data repository to support scientists studying the topic. The platform ended the year with 1,713 registered researchers and 17,751 respondents, a significant increase from the previous year, when it had 800 researchers and 2,382 respondents.

UNDERSTANDING

Ultra-processed foods make up the fourth group of the Nova Classification. They differ radically from fresh or minimally processed foods, culinary ingredients, and processed foods. These products are industrial formulations made from substances extracted from foods, often chemically altered, combined with additives that impart specific characteristics such as flavor, thickness, texture, and aroma. In general, they contain little or no whole foods in their composition.

3,762+

new participants in 2025, totaling 116,513 members.

37

questionnaires released to participants since January 2020, when NutriNet was launched.

12

articles with NutriNet results produced and published in scientific journals since 2020.

38

papers using NutriNet data and presentations about the study at scientific events in 2025.

SCIENTIFIC OUTPUT

8

undergraduate research papers, dissertations, and doctoral theses completed based on NutriNet data in 2025, including 1 master's dissertation and 1 doctoral thesis.

The article “Adherence to the ultra-processed dietary pattern and risk of depressive outcomes: Findings from the NutriNet Brasil cohort study and an updated systematic review and meta-analysis” recorded 21 citations in the literature.





MATERNAL, CHILD, AND ADOLESCENTS HEALTH PROGRAM

MATERNAL, CHILD, AND
ADOLESCENTS HEALTH PROGRAM

**MULTI-ASSISTANCE HEALTH CARE
(AMAS UMANE)**

Outpatient clinic celebrates 25 years of comprehensive care and achieves ONA accreditation

In 2025, Atendimento Multiassistencial de Saúde ('Multi-Assistance Health Care' - AMAS) celebrated its 25th anniversary with a consolidated model that combines specialized care, prevention, and comprehensive care, expanding access and improving follow-up for children and adolescents. Created in 2000 by Hospital Samaritano's Philanthropy Committee, the outpatient clinic is Umane's longest-running initiative, maintained in partnership with the São Paulo City Government. Since 2021, it has been managed by the Sírio-Libanês Social Responsibility Institute (IRSSL). AMAS's anniversary ceremony took place in November at its headquarters in the city of São Paulo, with the outpatient clinic team and representatives of IRSSL, Umane, and the city government in attendance, including Municipal Health Secretary Dr. Luiz Carlos Zamarco.

Located on Paulista Avenue, AMAS receives children and adolescents aged zero to 17 referred by Basic Health Care Units (UBSs) in the Central-West region and offers medical care in five specialties—cardiology, dermatology, endocrinology, neurology, and pulmonology—as well as multi-professional care through a team composed of psychologists, social workers, nutritionists, and physical education professionals. By connecting clinical care, the territory, and daily life, the outpatient clinic seeks to build more continuous health care pathways. One of its differentiators is the so-called shared discharge, in which patients are redirected to their UBS of origin to continue follow-up in Primary Health Care (PHC). This strategy helps prevent interruptions in the treatment of chronic conditions, reducing the occurrence of new crises and hospitalizations.

Diet, physical activity, proper medication use, and socioeconomic determinants are considered in the care plan developed for patients, which goes well beyond the consultations themselves. The *Respirar Bem* and *Alimentação* projects put this broader care into practice by combining health education, family support, and encouragement of patients' autonomy in daily life. *Respirar Bem* meetings address topics ranging from recognizing asthma symptoms to guidance on managing crises at home, minimizing the need to seek urgent or emergency services. *Alimentação*, in turn, encourages the adoption of healthy habits from a cross-cutting perspective that includes physical activity, sleep duration, hydration, and more appropriate food choices.

"2025 marked AMAS's 25th anniversary, a service that is part of the history and health care of thousands of children and adolescents. For the Institute, it is especially meaningful to be present at this moment of celebration through our partnership with Umane, which has been in place since 2021. Throughout our work, we have strengthened management processes, supported teams, and structured more integrated care models, with a direct impact on service organization and population access. This experience reinforces our commitment to sustainable solutions for SUS. It highlights the importance of partnerships that combine strategic vision, active listening, and a focus on consistent results."



Carolina Lastra, executive director of the Sírio-Libanês Social Responsibility Institute (IRSSL)

The programs expand families' ability to manage chronic conditions and everyday factors that directly affect the well-being of children and adolescents. "Through Respirar Bem and Alimentação, we are showing that promotion and prevention can also be linked to specialty services. In asthma, for example, we receive symptomatic children or adolescents. If, in addition to caring for the patient at that moment, we do nothing to prevent frequent crises, we will have adults with severely compromised lungs in the future. An asthmatic child who is not hospitalized with severe pneumonia is already a result of the emphasis we place on prevention," says Dr. Evana Monteiro, AMAS medical coordinator.

Evolution of practices and reduction in absenteeism

Over the past five years, AMAS has worked to improve processes and routines and strengthen its clinical and organizational governance. One milestone during this period was the reorganization of the care plan in 2024, with a transition from 10 to 5 specialties, defined by demand in the city of São Paulo. "2025 was the first year in which we experienced this new model fully, from January to December. Thanks to it and to the consolidation of the shared discharge culture, we have been able to expand the outpatient clinic's care capacity," says Dr. Evana.

To address one of its greatest challenges—missed appointments and treatment dropout—AMAS implemented a project in 2025 to reduce absenteeism, which included active patient outreach and adjustments to

IMPACT ON THE FRONT LINES

"We're deeply grateful to the entire AMAS team—the cleaning staff, reception team, administrative staff, social worker, and nurse—who have been with us since the day we arrived. We want to thank them for being such caring people and such dedicated professionals, who truly pour their care and compassion into every patient who needs these services. Sometimes healthcare is about more than treatment—it's also about feeling welcomed and cared for."

Janaina Rodrigues de Almeida, caregiver to Beatriz Rodrigues de Almeida and Arthur Antônio de Almeida, who receive care at the clinic.



Courtesy of IRSSL 



 AMAS Umane 25th anniversary | Courtesy of IRSSL

health professionals' schedules, among other actions. With these measures, the average monthly absenteeism rate for follow-up appointments fell from 18% in 2024 to 15% in 2025. In the consolidated annual indicator, which considers all absences rather than only follow-up appointments, the outpatient clinic ended the year with 17% absenteeism, below the rates recorded in previous years—in 2024, the rate was 19%. The schedule occupancy rate, which considers the total appointment slots made available to the city government that were used (i.e., consultations carried out), also increased from 94% in 2024 to 97% in 2025. "The actions to reduce absenteeism had an impact on our performance in 2025, improving our occupancy rate and leading to a record number of first medical consultations," says Isabella Almeida, AMAS administrative coordinator.

Another highlight in 2025 was the increased maturity in developing and managing protocols, such as those for severe acne and shared care—the latter focused on interaction between AMAS and the UBS after the patient's shared discharge. These protocols standardize the care flow for specific issues, improving processes and the work of the professionals involved.

AMAS also participated in the Healthy Hospitals Seminar for the first time, whose 2025 edition addressed the connection between health and climate change. The outpatient clinic participated in the waste challenge and reported the volume generated in the previous year. With this measurement process now in place, sustainability actions will be planned to optimize the volume of waste generated and discarded.

Reflecting all the improvements and management developments of recent years, AMAS obtained ONA Level 1 accreditation in 2025 from the National Accreditation Organization, which recognizes health institutions with practices, processes, and workflows that ensure service quality and patient safety. "Without a doubt, this was a major milestone for the outpatient clinic. We conducted a diagnosis in 2024, identifying gaps and opportunities for improvement that we addressed over the following months. In September, we achieved this quality seal," Isabella celebrates.



Courtesy of IRSSL

11,247
total
appointments

8,358
medical consultations
conducted

2,889
multi-professional
appointments

1,587
complementary
exams

182
Neuropsychological
assessment
sessions

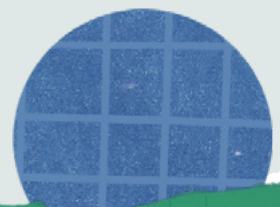
Shared discharges
with UBSs:
99% (for asthma)
93% (for neurology)

15%
Follow-up
appointment
absenteeism rate
(18% in 2024)

192
Families
participating in the
Respirar Bem and
AlimentAção groups

98
NPS points
(Net Promoter Score)

Satisfaction score
(monthly average)



MATERNAL, CHILD, AND
ADOLESCENTS HEALTH PROGRAMHEALTH EQUITY:
NATIONAL OBSERVATORY

Studies on adolescent pregnancy and timely prenatal care influence public debate in Brazil

According to data from the Continuous National Household Sample Survey (PNAD Contínua) by the Brazilian Institute of Geography and Statistics (IBGE), in 2024, the richest 10% had an average income 13.4 times higher than that of the poorest 40%. Inequalities become even more evident when other dimensions are considered, such as race, gender, and territory—and, of course, they affect access to health care.

Within this context, the International Center for Equity in Health at the Federal University of Pelotas (ICEH/UFPel) has, for several years, studied the social inequalities that affect the health of women, children, and adolescents worldwide, working with United Nations (UN) agencies to analyze indicators from more than 120 countries. In 2025, ICEH began placing greater emphasis on Brazil's needs and launched a dedicated page on the Public Health Observatory, a Umane initiative that brings together data, analysis, and research on health in Brazil, featuring studies by the International Center for Equity in Health.

The page debuted in July with the release of an unprecedented study, published in early 2025 in the *Revista Brasileira de Epidemiologia*, which analyzed the landscape of adolescent motherhood in Brazil and found that one in every 23 adolescents becomes a mother in the country. The study calculated fertility rates among young people in more than 5,500 Brazilian municipalities, showing that nearly one quarter of cities have rates as high as those observed in the world's poorest countries.

The survey also found enormous regional disparity: while the South records a rate of 35 births per 1,000 adolescents, in the North the rate more than doubles, reaching 771 per 1,000 young people. This difference is reflected in the classification of municipalities: 76% of cities in the North fall within the fertility range typical of low-income countries; in the Southeast, this proportion falls to just 5.1%; in the South, it reaches 9.4%; in the Northeast, 30.5%; and in the Central-West, 32.7%. “It was expected that most municipalities would show indicators similar to those of upper-middle-income countries, which is Brazil’s case. What we observed was a pattern much closer to that of lower-middle-income countries or even low-income countries,” says epidemiologist Aluísio J. D. Barros, a ICEH researcher and the study’s lead author.

The study also showed that socioeconomic deprivation is the factor most strongly associated with high rates of early pregnancy. By cross-referencing the data with the Brazilian Deprivation Index—an indicator that considers variables such as low income,



 Courtesy of UFPel

illiteracy, and access to basic sanitation—the study showed that the municipalities with the highest adolescent fertility rates are those with the greatest scarcity of resources, low income levels, higher illiteracy, and precarious infrastructure.

Taking scientific analysis beyond the university, ICEH helped shape the public debate, with the study gaining visibility in different media outlets, such as *O Globo*, *UOL*, *Folha de S.Paulo*, *Agência Brasil*, and *Capricho* magazine—the latter aimed at adolescents—and influencing opinion articles, such as one by philosopher and writer Djamila Ribeiro in her column in *Folha de S.Paulo*.

In 2025, ICEH also launched its official Instagram profile and translated its website into Portuguese, which had previously been available only in English. These changes broaden access to information, enabling a wider, more diverse audience to engage with the center's data, analyses, and scientific output, while strengthening connections between the academic community and society.

For Fernando Wehrmeister, the International Center for Equity in Health's communication strategy has matured, which is one of the strengths of the partnership with Umane. "We are already recognized for our research, but we were timid in communication. It is one thing to share a study with the academic community and other researchers; it is another to speak to the entire society, to be able to translate what we have found, and Umane has helped us do that more effectively."

STUDY ON TIMELY PRENATAL CARE

Before that, a study by the International Center for Equity in Health, focused on Brazil and supported by Umane, had already been published in January 2025 in the journal *Ciência & Saúde Coletiva*. Titled *"Início oportuno do pré-natal em adolescentes vítimas de violência sexual: implicações para o aborto legal no Brasil"* ('Timely initiation of prenatal care among adolescent victims of sexual violence: implications for legal abortion in Brazil'), the study showed how such violence directly affects access to health care and reproductive rights.

The study also sought to inform discussions in the legislative branch on limiting the gestational age for abortion, which is authorized in Brazil in three cases: when pregnancy results from rape, in cases of fetal anencephaly, or when there is a risk to the pregnant woman's life. Released between December 2024 and January 2025, the study had a broad national impact, generating more than 450 media articles. With the launch in July 2025 of the page dedicated to the International Center for Equity in Health on the Public Health Observatory, the study became part of the space alongside the study on adolescent motherhood.

"Until then, our work had been developed mostly at the international level, but Umane encouraged us to refocus our perspective on the Brazilian context and commit to a research agenda more closely connected to the country's needs."



Fernando Wehrmeister, professor at UFPel and researcher at the International Center for Equity in Health and the Pelotas Birth Cohort Studies

OTHER STUDIES AND PARTNERSHIP WITH CONASS

In 2026, the center is expected to analyze other health inequities and will also begin a project on health and climate in partnership with the University of Oxford. The initiative aims to analyze how climate change influences health indicators in different social and territorial contexts.

In 2026, the partnership with the Brazilian Council of Health Secretaries (CONASS), formalized in 2025, will also be deepened. A visit by researchers from the International Center for Equity in Health to one of the territories where the organization implements its *Planificação da Atenção à Saúde* ('Health Care Planning' – PAS) methodology is part of the plan. "Public administrators often need to provide immediate responses, while research operates on a different timeline, but it is precisely at this intersection that we can move forward: understanding the problems together, critically analyzing data, and thinking about more consistent solutions. This closer relationship is essential so scientific knowledge can, in fact, reach the front lines and help improve the country's health indicators," Fernando concludes.



 Courtesy of UFPel

Together, the studies on adolescent pregnancy and timely prenatal care for victims of sexual violence reached 1,008 media citations between December 2024 and December 2025.

1,958

visits to the International Center for Equity in Health page on the Public Health Observatory in 2025.

MATERNAL, CHILD, AND
ADOLESCENTS HEALTH PROGRAM

OBSTETRIC AND NEONATAL
REGULATING CENTER (CRON)

Results from São Paulo's center that protects maternal and neonatal lives are presented to the Ministry of Health

One of the United Nations (UN) Sustainable Development Goals (SDGs) specifically addresses health and well-being (SDG 3) and includes two targets related to maternal and infant mortality. Under the 2030 Agenda, Brazil committed to reducing maternal mortality to 30 deaths per 100,000 live births and neonatal mortality—recorded in the first 28 days of life—to 5 deaths per 1,000 live births by the end of this decade.

According to data available on the Public Health Observatory, a Umane initiative that brings together data, analysis, and research on health in Brazil, maternal mortality in São Paulo (SP) reached 29.8 in 2024—0.2 percentage points below the target established by the country—while neonatal mortality was 7.4, 2.4 percentage points above Brazil's target. Across Brazilian municipalities as a whole, the maternal and neonatal mortality rates were 56.4 and 8.4, respectively.

The robustness of the work carried out by the Obstetric and Neonatal Regulation Center (CRON) in the city of São Paulo contributes to the results observed in the state capital. With dedicated obstetricians and nurse regulators, the unit continuously ensures referrals of pregnant women, parturient women, and newborns with complications to Intensive Care Units (ICUs) and, in the case of babies, also to surgeries, including neurosurgeries and treatment for congenital heart diseases. Hospital Samaritano has supported the center since 2009 through a partnership with the São Paulo Municipal Health Department (SMS-SP). Since 2016, this support has been provided by Umane.

In June, São Paulo's Health Department and Umane organized a virtual meeting with representatives of the Technical Coordination of Rede Alyne, the Department of Hospital, Home, and Emergency Care (DAHU), and the



Obstetric and Neonatal Regulating Center (CRON) |
Courtesy of Umane

Department of Specialized Health Care (SAES) of the Ministry of Health. During the meeting, CRON's coordination and technical team presented the initiative's objectives, structure, and expected results, with emphasis on its strategic role in improving the regulation of obstetric and neonatal beds in the city of São Paulo.

The year was also marked by an important organizational change, with the IRSSL taking over the center's service provision. A health organization recognized for excellence, IRSSL is also currently responsible for administering AMAS, the outpatient clinic maintained by Umane (learn more on page 54).

CRON IN 2025

12,093
requests
resolved

91.1%
request resolution
rate

56.1%
effective transfer rate,
monthly average

80,255
requests received from
2016* through 2025

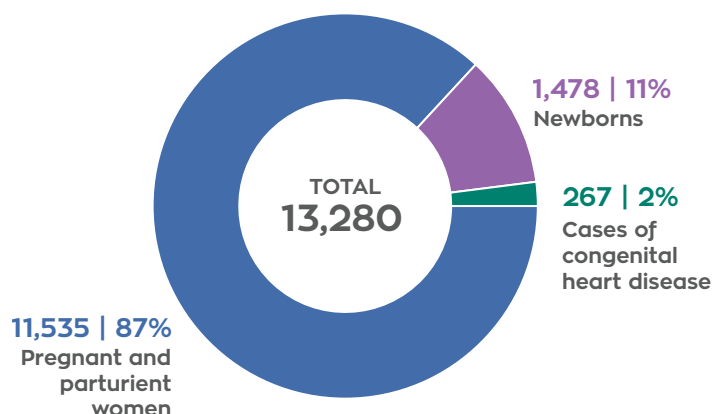
* Year in which Umane began supporting CRON.

71,234
resolved

88.8%
request resolution
rate

The impact assessment conducted proved that CRON was successful in reducing maternal mortality, especially in 2021 and 2022, during the COVID-19 pandemic. There was a reduction of 131 deaths per 100,000 live births in 2021 and 54 deaths in 2022.

Requests received by type - 2025



Assessment shows improved recording and referrals for children and adolescents with obesity in Niterói

According to the World Health Organization (WHO), obesity is a chronic condition that can trigger other diseases, such as diabetes, hypertension, cardiovascular diseases, and several types of cancer. With prevalence rising in recent decades, it is now understood as a global health issue. In childhood and adolescence, this situation becomes even more sensitive, since habits established during these stages tend to continue throughout life. Diet, access to information, the capacity of Primary Health Care (PHC) to properly care for and refer these cases, the availability of food in the school environment, and regulatory policies are factors that intersect and directly influence both the advancement and prevention of this condition.

It is in this context that Instituto Desiderata's Facing Childhood Obesity project emerged, with support from Umane between 2020 and 2025. The complexity of the scenario required the initiative to take an integrated, long-term approach, combining the qualification of PHC professionals, implementation of a specific care pathway for childhood obesity, systematization and dissemination of data, advocacy, and social mobilization.

The initiative began in the state of Rio de Janeiro, initially in the capital and, in 2022, also reached the city of Niterói, where the care pathway for the prevention and management of childhood obesity was developed and later expanded to the municipality's entire health network. In the two locations, more than 850 health

professionals were trained on the topic between 2022 and 2025. Significant policy advocacy work was carried out, culminating in the enactment of new legislation: Law 3776 of 2023, which expanded restrictions on the sale and advertising of products associated with childhood obesity—including ultra-processed foods—in Niterói, and Law 7987 of 2023, which banned the offering of ultra-processed foods in schools in Rio de Janeiro.

In parallel, the initiative offered a distance-learning course for health professionals throughout the state of Rio de Janeiro, later opening to other regions of the country.

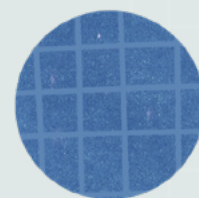
IMPACT ASSESSMENT IN NITERÓI

To measure the project's impact, a specialized Umane partner conducted two evaluation cycles: one during the pilot phase, when the project had been implemented in only two health regions, and another after it was expanded to all health areas in the territory. Using the synthetic control methodology, the study compared Niterói with a synthetic municipality, a combination of other municipalities in the state, to illustrate what would have happened in Niterói in the absence of the program.

The assessment found an increase in records on the nutritional status of people aged 0 to 19 in Niterói in the Food and Nutrition Surveillance System (SISVAN), as well as growth in referrals of childhood obesity cases to specialized services, signaling an improvement in obesity treatment.



Ricardo Rogers/Instituto Desiderata



MAIN ACTIONS IN 2025

The partnership with Umane also includes support for knowledge production and communication efforts. One highlight of the year was the launch of the *Guia Prático para uma Cantina Saudável II* ("Practical Guide to a Healthy Cafeteria, 2nd Edition"), developed in partnership with the Federal University of Minas Gerais (UFMG) and the Federal University of Rio de Janeiro (UFRJ). The guide brings together recommendations to support the transformation of traditional cafeterias into healthier spaces for students which are also more profitable for entrepreneurs. The guide was launched during the event "*Comer bem é um bom negócio – Escola saudável é um compromisso de todos!*" ("Eating well is good business – A healthy school is everyone's commitment!") in June, in Niterói.

Other new developments included the econometric study "*Impactos da Obesidade Infantojuvenil no Brasil*" ("Impacts of Childhood Obesity in Brazil"), which measures the financial effects of the condition on the Brazilian Unified Health System (SUS) and families, and the factsheet "*O que os olhos veem*" ("What the Eyes See"), which draws attention to the need to regulate the display of ultra-processed foods in commercial establishments. Instituto Desiderata also released the third edition of the Obesity in Children and Adolescents Overview, with updated SISVAN data on the childhood obesity landscape in Brazil and a mapping of challenges and opportunities for addressing the issue. All publications are available on the [Obesidade Infantil em Foco](#).

The Prevention and Care Related to Childhood Obesity course, offered in a virtual environment and also supported by Umane, recorded 851 registrants between 2022 and 2025, from 16 states and Brasília. Registrants were primarily nutritionists, social workers, nurses, and physicians.

IMPACT ASSESSMENT FINDINGS

In the 4th quarter of 2024, Niterói recorded 18,000 entries on the nutritional status of people aged 0 to 19 in SISVAN, compared with 7,500 in the synthetic municipality.

In the first two quarters of 2024, there was a **two-percentage-point reduction** in the average proportion of records of children and adolescents with obesity: **4% in Niterói and 6% in the synthetic municipality.**

In the 4th quarter of 2024, **29% of children and young people with obesity seen in the health network were referred to specialized services in Niterói**, compared with 7% in the synthetic municipality.

FUTURE OF THE INITIATIVE

The lessons learned over the past six years confirmed Instituto Desiderata's initial thesis that addressing childhood obesity requires continuity, coordination among public policies, and a commitment to care over time. Beginning in 2026, the project will continue with a focus on consolidating institutional capacities and expanding territorial impact. Next steps include continuing to train administrators and multipliers through a distance-learning course in partnership with Schools of Public Health, developing technological innovations to support data-driven management, raising awareness among public administrators, and structuring an intersectoral working group involving representatives from education, social assistance, sports, and other areas. A documentary co-produced with Canal Futura is also planned to expand social mobilization on the topic.

IN 2025

92,090
visits to the
Childhood
Obesity in Focus
portal.

83,398
visits to the
Obesity in
Children and
Adolescents
Overview in 2025.

851
registrants in
the distance
learning course
on childhood
obesity.

67
mentions of Instituto
Desiderata in the media,
including two television
reports, on *Jornal da Record*
and *Jornal Hoje* (TV Globo).

INSTITUTIONAL STRENGTHENING PROJECTS

COMPETENCY CURRICULUM FOR FAMILY AND COMMUNITY NURSING

Brazil will have a guiding document for training family and community nurses

In Brazil, nursing represents the largest workforce in the health system—including nurses, technicians, and assistants—and plays a central role in care, organization, and management at all levels of care.

To strengthen this role in Primary Health Care (PHC), especially within the Family Health Strategy (ESF), the Brazilian Association of Family and Community Nursing (ABEFACO) is developing, with support from Umane, the Guiding Document for the Competency-Based Curriculum in Family and Community Nursing. The document will bring together guidelines to orient the training of specialists in Family and Community Nursing—a specialty recognized and registered by the Federal Nursing Council (COFEN) through Resolution 570/2018—and the exercise of this role, helping eliminate the heterogeneity currently seen in Brazil in both training and the scope of work of these professionals.

The document was born from contributions by 64 specialists who gathered at the 1st Brazilian Congress of Family and Community Nursing (CBEFC), held in



📷 ABEFACO team

November 2024 in Rio de Janeiro (RJ). Throughout 2025, the material underwent new rounds of review with participating specialists in small virtual workshops, culminating in a preliminary version made available for public consultation between November and December 2025.

The association received eight contributions during the public consultation stage, which are being systematized and evaluated for incorporation into the final document. The expectation is to launch it at the 2nd Brazilian Congress of Family and Community Nursing (CBEFC), scheduled for April 30, 2026, in Maceió (AL).



The document proposes 55 competencies for work in Family and Community Nursing, distributed across 12 areas:

1

Democracy, social rights, and human rights

2

Sustainability of life through a focus on planetary health and well-being

3

SUS principles and guidelines, and PHC attributes

4

Intersectionality

5

Autonomy and emancipation of the individual

6

Work as an educational principle and emancipatory education

7

Ethics and responsibility

8

Communication for the health field

9

Clinical reasoning and the nursing process

10

Evidence-based professional practice from different fields of knowledge

11

Collaborative work and interprofessionality

12

Emphasis on territory as a way to understand the social relationships, dynamics, and patterns that shape society

Examples of competencies include:

- Recognizing and respecting different families and social structures, acting without discrimination;
- Recognizing the role of Family and Community Nursing in climate and environmental emergencies and developing actions focused on mitigating impacts in the territories and defending climate justice;
- Creating bonds and relationships of trust, with active and sensitive listening, strengthening a welcoming approach and shared responsibility for care;
- Incorporating popular, ancestral, decolonial, and traditional knowledge in building autonomy in health;
- Acting with empathy and ethical responsibility in all dimensions of care; and
- Ensuring humanization in care relationships and professional practices.

The document also systematizes the activities that specialists in Family and Community Nursing can perform, divided into 14 dimensions:

1. Care practices for health conditions throughout life cycles
2. Care for populations in vulnerable situations and situations of social inequality
3. Health surveillance
4. Work in the territory
5. Clinical practice in PHC
6. Clinical reasoning based on the social determination of health
7. Performing procedures in PHC
8. Care management and use of care technologies
9. Health promotion and care in situations of violence
10. Care in urgent situations and emergencies
11. Collaborative work and interprofessionality
12. Health education
13. Management and leadership
14. Research activities

INSTITUTIONAL STRENGTHENING PROJECTS

PARTNER MUNICIPALITIES IN TOBACCO CONTROL

Mobilization of municipalities in São Paulo against smoking influences public control policies

Smoking remains one of the greatest public health challenges in the world and is associated with several chronic noncommunicable diseases (Chronic NCDs). According to the World Health Organization (WHO), it is the main risk factor for so-called preventable deaths: more than 8 million people die every year as a result of tobacco product use. Of this total, around 7 million are smokers, and approximately 1 million are people exposed to secondhand smoke. In Brazil, according to the National Cancer Institute (INCA), more than 160,000 deaths per year are attributed to smoking, equivalent to 443 deaths per day or 18 every hour. Although the country is a global reference in tobacco control, the issue remains a concern. It has worsened with the growing popularity of electronic cigarettes, or vapes. Even though their sale is prohibited, Brazil recorded a 600% increase in the use of these devices between 2018 and 2023, according to a study by the University of São Paulo (USP) and The Ohio State University, in the United States.

In this context, the “Partner Municipalities in Tobacco Control” project emerged as an initiative of the São Paulo State Health Department (SES-SP), as part of the State Tobacco Control Program, and Instituto Oncoguia, with support from Umane. The Institute has worked for 15 years to support, disseminate information, and defend the rights of cancer patients, with particular emphasis on lung cancer initiatives. Based on the premise that tobacco control is built at the local level—through stronger local public policies and the strategic role of municipal legislatures—the project sought to engage city council members and their staff through training workshops and forums for discussion.

The selection of municipalities initially considered the host cities of São Paulo’s 17 Regional Health Departments. From there, the municipalities chosen were those that showed greater openness to institutional dialogue, potential for regional influence, vulnerability in public policies, and weak or absent local tobacco control legislation. Based on these parameters, the municipalities of Botucatu, Campinas, Franca, Presidente Prudente, Registro, Ribeirão Preto, Santos, São José do Rio Preto, São Paulo, and Sorocaba were selected to host the meetings.

As Helena Esteves, from Instituto Oncoguia’s advocacy area, explains, the workshop content was developed jointly by the institution and the coordination of SES-SP’s Tobacco Control Program, resulting in an e-book made available to participants. “In addition to technical data from WHO and INCA on regulatory milestones, such as the Framework Convention on Tobacco Control and the National Tobacco Control Program, and the indicators we monitor in



Closing event of the Partner Municipalities in Tobacco Control project
| Courtesy of Umane

the Cancer Radar publication, we mapped existing municipal legislation and bills under consideration in the host municipalities and took local specificities into account, which led to customized content for each workshop,” she notes.

Representatives from the city councils of neighboring cities were also engaged and invited to participate in the meetings. The first took place in Campinas in May; the others were held between June and November. In all, the initiative recorded 204 participants, including city councilors, legislative advisors, and health professionals, with engagement from 74 offices in 25 municipalities in the state of São Paulo. The average attendance was 20 people per meeting.

To ensure this engagement, direct coordination with the presidents of City Councils and Legislative Schools was essential. The use of online broadcasts and digital communication proved effective as well. “After the workshops, we created a WhatsApp channel to share reference materials, exchange experiences, and monitor local proposals, which proved to be a very effective strategy for continued engagement,” Helena adds.

At the end of November, a closing ceremony for the project was held at the Legislative Assembly of the State of São Paulo (ALESP), with representatives from all participating municipalities and State Representative Marina Helou in attendance. In addition to institutional remarks by representatives of Instituto Oncoguia and Umane, the event presented the laws and bills developed as a result of the initiative.

NEW LEGISLATION AND BILLS UNDER CONSIDERATION

As a result of the workshops, by March 2026, seven laws and one legal amendment had already been approved, nine bills had been introduced, and three requests related



Workshop at the Botucatu City Council | Botucatu City Council 

to tobacco control and the use of electronic devices had been formally submitted.

Botucatu enacted Legal Amendment 6803 of 2025, authored by Councilor Wellington Rodrigo de Souza, which amended Law 6264 of 2021 and prohibited smoking in children’s recreation areas and within 20 meters of them. In the municipality, Law 89 of 2025, proposed by Councilor Lelo Pagani, was also enacted, requiring establishments that sell tobacco-derived smoking products to disclose the availability of free smoking cessation treatment through the Brazilian Unified Health System (SUS). In Santa Salete, Extraordinary Law 983 of 2025, authored by Councilor Carla Adriana do Amaral, was enacted, establishing Municipal Awareness Week on the risks of electronic cigarettes, with educational activities in municipal

“The partnership with Umane was essential, with the organization contributing from the project’s initial structuring through to its implementation and dissemination, which strengthened the collaborative network among Oncoguia, SES-SP, and municipalities. Umane helped us identify strategic partners and created bridges to hold workshops in municipalities where contact was more difficult.”



Luciana Holtz, president and founder of Instituto Oncoguia

schools and awareness campaigns aimed at young people.

In Santos, Bill 221 of 2025, authored by Councilor Cacá Teixeira, was approved, establishing the Municipal Awareness Campaign on the Harmful Effects of Electronic Cigarettes. In Ribeirão Preto, two bills by Councilor Daniel do Busão were approved: Bill 536 of 2025, which requires establishments to disclose the availability of free smoking cessation treatment through SUS, and Bill 535 of 2025, which prohibits the use of electronic cigarettes in public places and their sale to minors. In Itapeva and Mococa, laws were enacted establishing Municipal Awareness Week on the Risks of Electronic Cigarettes, authored by Councilors Ronaldo Pinheiro and Paulo Miquelim, respectively.

At the state level, State Representative Marina Helou also proposed Bill 1395 of 2025, which establishes the State Policy for the Prevention, Treatment, and Response to the use of electronic smoking devices. The remaining bills and requests were introduced in Santos, Sorocaba, Franca, Presidente Prudente, Itapeva, Mococa, and Ribeirão Preto.

The initiative highlighted the importance of scientific literacy regarding smoking, understood as a chronic disease and a form of chemical dependence, and the relevance of intersectoral work between the legislative and executive branches, as reflected in the presence of Municipal Health Departments in eight of the ten workshops. "Now, the challenge is to ensure the effective enforcement of the laws that have already been approved or will be approved through public engagement and oversight. Only then will there be a concrete impact on public health in these territories," concludes the Institute's representative, who also highlights the intention to replicate the workshops in other municipalities.



"Understanding regulation as the main mechanism for controlling public policies, especially in the face of commercial determinants, the project strengthened municipal governance of the State Tobacco Control Policy in São Paulo, bringing strategic intelligence and technical support to expand its scale in the state. The partnership with Umane was essential to broadening this reach, and Instituto Oncoguia was the ideal partner to bring the patient experience to the center of the debate in city councils."



Sandra Marques, coordinator of the SES-SP State Tobacco Control Program

10
workshops between
May and November
2025 in the prioritized
municipalities:

Botucatu, Campinas,
Franca, Presidente
Prudente, Registro,
Ribeirão Preto, Santos,
São José do Rio Preto,
São Paulo and Sorocaba

204
participants,
including city
councilors,
advisors, and
professionals from
Municipal Health
Departments

74 offices engaged, from
25 municipalities*

07 laws and one legal
amendment already
enacted*

09 bills and 3 requests
submitted*

100%
approval in the
satisfaction survey,
answered by 113
participants.

90%
of respondents stated
their intention to
undertake awareness-
raising activities.

* As of March 2026.

INSTITUTIONAL STRENGTHENING PROJECTS

CARE MODEL FOR ISOLATED AND REMOTE POPULATIONS IN BRAZIL (INSTITUTO VEREDAS)

Study maps challenges and solutions to improve health services in hard-to-reach areas

In Brazil, populations living in hard-to-reach areas face specific challenges in using health services. These communities are located in territories where distances, infrastructure conditions, and the availability of professionals influence how care reaches people. These territorial contexts affect the monitoring of chronic conditions, continuity of care, coverage of preventive actions, and, in some cases, morbidity and mortality rates.

Mapping innovative and inspiring experiences capable of addressing the specific needs of these populations is the goal of the study ["Estratégias e experiências em saúde para populações isoladas e remotas no Brasil"](#) ("Health strategies and experiences for isolated and remote populations in Brazil"), conducted by Instituto Veredas in partnership with Umane and made available on the Public Health Observatory, an Umane initiative that brings together data, analysis, and research on health in Brazil. Focused on the reality of access to health services for these populations, with special attention to the Amazon, the study was conducted between August 2024 and February 2025. It analyzed the geographic, social, and cultural specificities that affect the organization and delivery of health services in regions where care must travel along rivers and across long distances, overcoming structural barriers.

Starting from two questions: (i) What are the innovative health care strategies and experiences for these populations?, and (ii) What recommendations can be made to promote implementation and ensure equity in access to health care in these territories?, the study was organized in three stages. The first consisted of a literature



Courtesy of PAHO

review on the topic, gathering evidence and practices already implemented. The second stage involved interviews with key actors working in Amazonas and Pará or at the national level, including health professionals, administrators, researchers, and representatives of non-governmental organizations (NGOs). In the third and final stage, field visits and conversation circles were held with community leaders, health professionals, local administrators, and members of three traditional communities in Santarém (PA), Afuá (PA), and Carauari (MA).

FINDINGS AND RECOMMENDATIONS

The 116-page report revealed a set of structural challenges, including the physical inaccessibility of health units, precarious energy and digital infrastructure, service discontinuity, and a shortage of health workers and adequate training. However, the study also concluded that, despite this scenario, solutions are being developed in the territories themselves by the dedication and creativity of local

populations. These initiatives include partnerships between health professionals and community organizations, strengthening the role of Community Health Workers, the use of telehealth as informational support, the integration of traditional peoples' knowledge into clinical practices, and the adoption of alternative solutions, such as adapted bicycles and boats that function both as ambulances and as river-based Basic Health Care Units (UBSs).

The final part of the study presents a set of recommendations to expand equity in these localities, with a focus on strengthening Primary Health Care (PHC); training and retaining local professionals; providing continuing training for teams, especially Community Health Workers; incorporating nutritionists into health teams; and expanding investments in transportation and mobility, ensuring safe boats for urgent and emergency care. Community strengthening and coordination with local associations, churches, and schools are also effective strategies for sustaining ongoing health promotion actions.

More than a technical report, the study proposes a movement toward social justice and equity in care, recognizing that bringing health care to distant territories requires both public policies and listening, presence, and respect for local ways of living and caring. As a follow-up, feedback sessions will be held in 2026 with administrators, healthcare professionals, community leaders, and civil society representatives from the three traditional communities that formed the basis of the study. In addition to sharing experiences and valuing local knowledge, these meetings are intended to collectively develop action plans to strengthen health care.

"The study showed that active listening, respect for cultural specificities, and adapting methodologies to local realities are determining factors for the success of health actions in these regions."



Laura Boeira, líder de Redes e Parcerias no Instituto Veredas

STUDY CONDUCTED IN THREE STAGES:

Document review, incorporating data from **62 studies, 39 news reports**, municipal health plans from **19 municipalities in the Amazon region**, and **64 institutional news items from municipalities in Acre, Amapá, Amazonas, and Pará**.

17 interviews

with key actors: health professionals, administrators, researchers, and NGO representatives.

12

field visits and **11 conversation circles** with leaders and members of three traditional communities, as well as health professionals and administrators.

INSTITUTIONAL STRENGTHENING PROJECTS

FALA QUE ALIMENTA ('WORDS THAT NOURISH')

Training mobilizes young people in Recife to strengthen communication on healthy eating

The most recent data from the Brazilian Institute of Geography and Statistics (IBGE) shows that, in 2024, around 24.2% of Brazilian households still experienced some degree of food insecurity, equivalent to 18.9 million households. Addressing this scenario requires structural public policies, expanded access to income, and strengthened social protection systems. Alongside these measures, it is essential to increase awareness and social engagement around the right to food, encouraging voices from the most affected territories and the production of narratives that connect adequate eating with culture and local reality.

Based on this context, the Ministry of Development and Social Assistance, Family, and the Fight Against Hunger (MDS) structured the *Fala que Alimenta* ('Words that Nourish') training program, which seeks to foster communication and social mobilization skills among young people to strengthen the production and circulation of qualified information on the right to food. Supported by Umane, the project is carried out by the Recife City Government (PE) and implemented by Angola Comunicação.

Structured in six theoretical and practical modules, the training covers topics such as food culture, food and nutrition security, food deserts and swamps, and climate change. It also works with different communication tools, including popular communication, audiovisual production, strategic communication planning, and the use of artificial intelligence.

Yane Mendes 

"The action recognizes the strategic role of young people as powerful leaders in promoting engagement and mobilizing communities around the agenda of adequate and healthy eating, especially in contexts of social vulnerability and inequality."



Gisele Bortolini, general coordinator for the Promotion of Healthy Eating at the Ministry of Development and Social Assistance, Family, and the Fight Against Hunger

Registration opened in October to select 60 young people aged 18 to 29 living in the capital of Pernambuco, with priority given to women—cis and trans—Black people, LGBTQIAPN+ people, people with disabilities, people registered in the federal government's Single Registry, and beneficiaries of municipal social programs. In addition to social media promotion, during the registration period the project received 115 media mentions in local outlets, including radio, online portals, print newspapers, and television.

The course runs from December 2025 to April 2026 in a hybrid format. Participants receive monthly mobile phone credit to ensure internet access and, during in-person meetings, financial support for transportation and on-site meals.

MDS intends to share the lessons learned from the Recife pilot experience with other territories to encourage more Brazilian cities to organize similar actions.

WHO TAKES PART IN FALA QUE ALIMENTA

59.7%
Cis women

40.3%
Black people

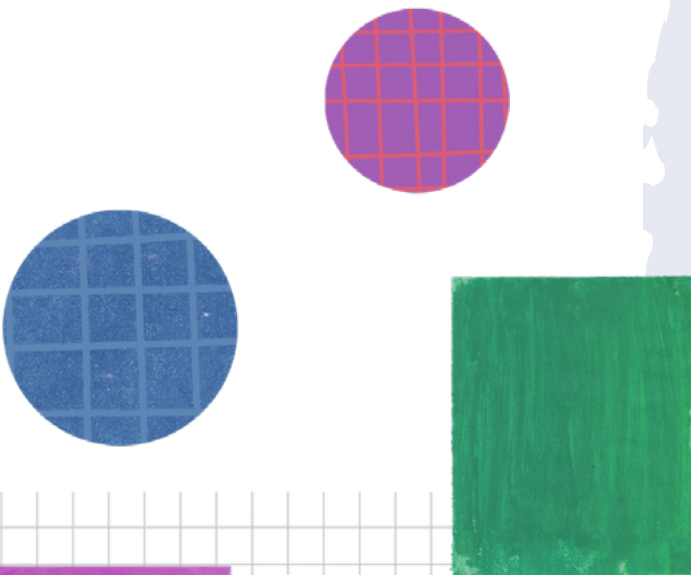
56.5%
Family income of up to one minimum wage

4.9%
Do not have internet access or can only access it occasionally

53.2%
Currently participate in collectives, projects, or social, cultural, or political initiatives

67.7%
Already usually post content related to food on social media, always or sometimes

Initial knowledge of healthy and adequate eating: **average of 6.5** on a scale of 0 to 10



COMMUNICATION PROJECTS

PIAÚÍ DOSSIER – “O COMPLEXO” (“THE COMPLEX”)

Series of reports provides an in-depth portrait of SUS

The “O Complexo” (“The Complex”) dossier comprises six reports published by piauí magazine between 2024 and 2025, sponsored by Umane, on the Brazilian Unified Health System (SUS). Published both in the magazine’s monthly print editions and on its website, with open access, the reports are the result of a detailed investigation that reveals the architecture of a public policy that transformed the right to health and became consolidated as one of the greatest achievements of Brazilian democracy.



Illustrations: Vania Mignone

The first three parts were published in 2024. Parts 4, 5, and 6 were published in the January, February, and March 2025 editions and addressed, respectively, the daily dedication of professionals who ensure SUS’s operation, the growing volume of litigation involving SUS to guarantee access to high-cost medicines, and the challenges that the incorporation of advanced technologies imposes on the system.

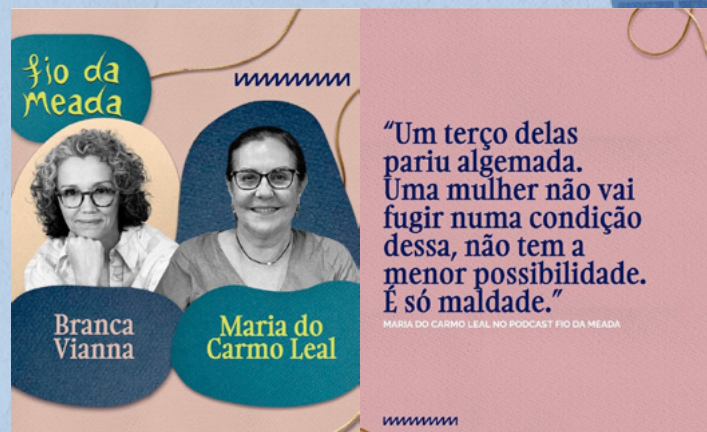
RÁDIO NOVELO APRESENTA AND FIO DA MEADA

Through deep and sensitive narratives, Rádio Novelo brings listeners closer to public health

The partnership between podcast producer Rádio Novelo and Umane resulted in the production of two more special episodes in 2025, on the podcasts *Rádio Novelo Apresenta* and *Fio da Meada*, both hosted by Branca Vianna.

On *Rádio Novelo Apresenta*, the episode “Uma Eterna Quarta-feira” (‘An Eternal Wednesday’), released in March, features in-depth narratives about the COVID-19 pandemic. In the episode of *Fio da Meada*, released in August under the title “Como é Parir no Brasil? Maria do Carmo Leal sabe tudo e te conta” (‘What is it like to give birth in Brazil? Maria do Carmo Leal knows everything and tells you’), Branca Vianna speaks with physician Maria do Carmo Leal, a reference in maternal health and coordinator of the *Nascer no Brasil* (‘Birth in Brazil’) study by the Oswaldo Cruz

Foundation (Fiocruz), which mapped the experience of pregnant and parturient women in all states of the country. The episode recorded 28,819 downloads in just the first two weeks after release.



PROJETO SAÚDE PÚBLICA ('PUBLIC HEALTH PROJECT')

Partnership with Folha de S.Paulo ensures qualified health information

Emerging from the partnership Umane has maintained with Folha de S.Paulo since 2023, the *Projeto Saúde Pública* ('Public Health Project'), an independent initiative within the newspaper's health desk, published 81 reports in 2025.

By supporting the dissemination of qualified health information grounded in scientific data, research, journalistic investigations, and input from specialized professionals across multiple fields, Umane helps form more informed and aware citizens, capable of making better decisions at both the individual and collective levels.



CORRENTEZA DOCUMENTARY

Documentary portrays the work of the SUS National Force in Brazil's largest climate disaster

In May 2024, Rio Grande do Sul experienced the greatest natural disaster in its history and the most severe ever recorded in Brazil, in terms of scope and impact, affecting around 2.4 million people across 478 municipalities. The gravity of the event led the Brazilian government to declare a public health emergency of national importance and to activate the Brazilian Unified Health System (SUS) National Force, recruiting more than 700 professionals voluntarily from six states.

It is against this backdrop that the documentary *Correnteza*, the first audiovisual project supported by Umane and directed by sisters Ana Petta and Helena Petta, follows the period after the floods. A preview of the film, which will be released commercially in 2026, was screened in October in São Paulo (SP), at the event *Mais Dados, Mais Saúde: Ansiedade Climática em Foco* ('More Data, More Health: Climate Anxiety in Focus'), which marked the launch of one of the modules of 'Vital Strategies' Climate and Health in the Legal Amazon survey (learn more on page 47).



COMMUNICATION PROJECTS

CAMPAIGN MARKING 35 YEARS OF SUS

Campaign uses a positive and forward-looking narrative to celebrate 35 years of SUS

According to the Ministry of Health, approximately 75% of people living in Brazil depend exclusively on the Brazilian Unified Health System (SUS), a figure that reveals its full scale and relevance. The idea of universal public health in Brazil began taking shape between the 1970s and 1980s, in the context of Brazil's Health Reform. It gained strength, however, during the 8th National Health Conference in 1986, whose final report served as the basis for the health chapter in the 1988 Federal Constitution, which positions health as a duty of the state and a right of all. Created by the Constitution, SUS was established on September 19, 1990.

By ensuring that all people living in Brazil have the right to free health services in any circumstance, SUS opened the doors of care to historically excluded segments of the population, providing access to primary, outpatient, and emergency care, as well as complex treatments and preventive medicine. Guided by the principles of universality, comprehensiveness, and equity, SUS also committed to addressing regional, social, racial, and gender inequalities. It also distributed management among the federal government, states, and municipalities and opened space for social participation, with users participating through health councils.

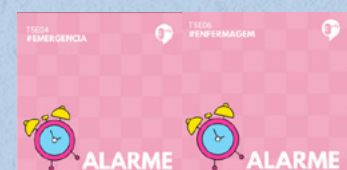
To celebrate 35 years of SUS, Umane and its Partner Network launched a broad communications campaign in August 2025 to recognize it as a national asset and

the country's largest public policy for social inclusion. The strategy involved mobilizing media outlets and influencers to expand the reach of the messages and draw the attention of different audiences to the historical significance of SUS.

The campaign took shape across multiple fronts:



Superinteressante magazine published, in its October issue, an infographic showing what Brazil would be like without SUS, which was adapted into two Instagram posts breaking down the publication.



The *Não Inviabilize* podcast produced and published a three-episode series with real stories from SUS users and public servants.



Illustrator, animator, and content creator Rafaella Tuma celebrated the anniversary in a humorous video, reaffirming the value of the world's largest public health system.

Nexo Jornal launched a special package with a series of pieces about SUS in the #NexoGráficos section on its website and Instagram.



Contente.vc produced four Instagram carousels explaining how SUS is present in the lives of all people living in Brazil, often without them even realizing it.

A radio release on the importance of Basic Health Care Units (UBSs) and Community Health Workers (ACS) was distributed to commercial, community, and educational radio stations throughout the country.



Comic artist and illustrator Helô D'Ângelo published a series of four comic strips on her profile, two of them in collaboration with Umane partners: ImpulsoGov and NoHarm.ai.

RESULTS

Across all social media actions, there were:

6.7 million
impressions
(views)

550,000
plays

324,000
engagements
(likes, comments, shares,
and saved content)

The content sent to radio stations was reproduced by **279 outlets**, totaling **9.3 hours** of exposure.

INSTITUTIONAL HIGHLIGHTS

OBSERVATÓRIO DA SAÚDE PÚBLICA
(PUBLIC HEALTH OBSERVATORY)

Umane's Public Health Observatory expands its reach

Whether it is a student researching adolescent motherhood in Brazil, a journalist investigating the number of deaths linked to chronic noncommunicable diseases (Chronic NCDs) in the country, or a public administrator looking for data on their own municipality and health macro-region to support decision-making, all of them can turn to the Observatório da Saúde Pública (Public Health Observatory) as a source of reliable information, organized in an accessible and intuitive way to support studies, reports, and the formulation of public policies.

Developed by Umane, the platform launched in 2021 and aggregates indicators from various public databases, facilitating access to information on health and other socioeconomic variables. The available data come from 18 databases, including the National Health Survey, the Mortality Information System (SIM), the Live Birth Information System (SINASC), the National Registry of Health Facilities (CNES), and Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey (VIGITEL). Searches can be carried out using three filters: topics, states, and municipalities.

The website also includes other sections, such as the Library, which makes available scientific documents—articles, theses, and dissertations—and technical reports produced by Umane partners, as well as reference documents such as legislation and regulatory standards, and the Blog, which publishes new content regularly.



In 2025, the Observatory recorded users from 2,734 municipalities.

"Umane has done exceptional work in partnership with evaluators, many of them from the academic community. I have worked on experimental evaluations, a tool that allows us to identify the effect of a health innovation on related indicators, giving legitimacy to the findings so that it can later be effectively universalized and converted into improvements in public policies."



Sérgio Firpo, professor at Insper and one of Umane's evaluation partners

In constant evolution, the Observatory adds new features and content every year. In 2025, it was no different: the platform gained new pages dedicated to three studies supported by Umane in the Research section:

- **PHC in Numbers**, with the interactive Primary Health Care (PHC) indicator dashboard developed by the Brazilian Institute of Economics of Fundação Getulio Vargas (FGV IBRE). Learn more about the dashboard on page 26.
- **Mais Dados Mais Saúde** ('More Data More Health'), with the three digital surveys launched by Vital Strategies in 2025 on PHC, the everyday discrimination scale, and the relationship between climate and health in the Legal Amazon. Learn more about the surveys on page 47.
- **International Center for Equity in Health**, with two studies released in 2025 by the International Center for Equity in Health at the Federal University of Pelotas (UFPel). Learn more about the studies on page 57.

Another study supported by Umane and launched by Instituto Veredas in 2025, which examined the [health conditions of remote and isolated populations in the Amazon](#), was also added to the Observatory's Library section.

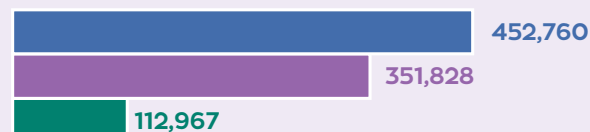
At the end of the year, the platform also launched the [Monitoramento & Avaliação \(M&A\)](#) ('Monitoring & Evaluation' – M&E) section, where Umane shares how it conducts monitoring and evaluation for the projects it supports. The page also includes videos by specialists on the topic and testimonials from implementing and evaluation partners.

OBSERVATORY VISIBILITY CONTINUES TO EXPAND

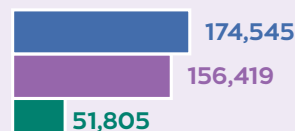
The Observatory's reach also continued to expand in 2025, with views growing by around 30% compared with the previous year and media citations more than doubling from 2024. On this latter front, Umane continued to use the data available at the Observatory to draw the press's—and, consequently, society's—attention to specific health and care issues on key dates.



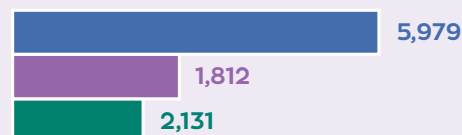
Visualizations



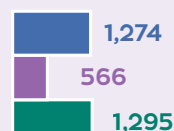
Users



Document downloads



Media citations



■ 2025 ■ 2024 ■ 2023

INSTITUTIONAL HIGHLIGHTS

Rede de Parceiros Comunidades + Saudáveis ('Healthy Communities Partner Network')

Umane structured the *Rede de Parceiros Comunidades + Saudáveis* ('Healthy Communities Partner Network'), which connects the organizations leading the projects in its portfolio and aims to foster stronger ties, the sharing of experiences and lessons learned, and the identification of opportunities to improve the management of these organizations and scale the impact of their actions. Increasingly, the network has also encouraged the co-creation of collective initiatives, such as the campaign celebrating 35 years of the Brazilian Unified Health System (SUS) (read more on page 75), which was conceived by its participants.



Courtesy of Coletivo Bodoque 

The Partner Network maintains two working groups—one focused on management topics and another on good communication practices. In 2025, the two groups included more than 55 active representatives from 24 partner organizations. In all, 21 meetings were organized during the year, including monthly meetings, virtual workshops, and the Annual Meeting, held in October in São Paulo (SP), on sustainability and social investment. The event brought together 24 network members and a group of potential co-investors, opening a dialogue channel between funding and implementing organizations.



People & Culture

Internally, Umane also maintains working groups on ESG—environmental, social, and governance—and DEI—Diversity, Equity, and Inclusion—which meet every two weeks. These are spaces where the team reflects on related topics and assesses how the organization can incorporate and improve good practices in these agendas.

In 2025, the ESG group reviewed Umane's material sustainability topics and produced content on ergonomic practices. The other working group developed the proposed DEI Policy for the association and created two documents: the Inclusive Supplier

Network Guide, which brings together suppliers and service providers recognized for their DEI practices, and a guide with recommendations on inclusive language, aimed at promoting respectful, welcoming communication for all people.

In 2025, Umane also formalized its adherence to the Principles for Responsible Investment (PRI), an international investor network supported by the United Nations (UN). This was an important milestone, reinforcing Umane's commitment to ethical and sustainability guidelines in selecting the projects it supports.

Communication & Brand

In 2025, Umane continued working on its communication strategy to increase brand visibility, strengthen its positioning as a relevant actor in the health philanthropy ecosystem, and disseminate the causes it believes in and supports.

As a result, 5,421 articles were published in the press, a 35% increase compared with 2024. Of these, 305 appeared in major outlets with national reach.

The year was also marked by an update to the digital strategy to expand visibility among different user profiles and consolidate positioning in public health. As a result, the Instagram follower base grew 58.6% between 2024 and 2025. Publications in 2025 totaled more than 7.2 million organic impressions and 3.5 million sponsored impressions, as well as 34,910 interactions and 27,293 profile visits.



Acronyms and abbreviations

AAE: *Atenção Ambulatorial Especializada* (Specialized Outpatient Care)

ABEFACO: *Associação Brasileira de Enfermagem de Família e Comunidade* (Brazilian Association of Family and Community Nursing)

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

ACS: *Agente Comunitário de Saúde* (Community Health Worker)

ACT: *Acordo de Cooperação Técnica* (Technical Cooperation Agreement)

AH: *Atenção Hospitalar* (Hospital Care)

ALESP: *Assembleia Legislativa do Estado de São Paulo* (Legislative Assembly of the State of São Paulo)

AMAS: *Atendimento Multiassistencial de Saúde* (Multi-Assistance Health Care)

ANS: *Agência Nacional de Saúde Suplementar* (National Supplementary Health Agency)

APS: *Atenção Primária à Saúde* (Primary Health Care - PHC)

AVC: *Acidente Vascular Cerebral* (Stroke)

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

BP: *Beneficência Portuguesa* (Beneficência Portuguesa)

CBEFC: *Congresso Brasileiro de Enfermagem de Família e Comunidade* (Brazilian Congress of Family and Community Nursing)

CEAP: *Centro de Apoio à Faculdade de Saúde Pública da Universidade de São Paulo* (Support Center for the School of Public Health at the University of São Paulo)

CNES: *Cadastro Nacional de Estabelecimentos de Saúde* (National Registry of Health Facilities)

COFEN: *Conselho Federal de Enfermagem* (Federal Nursing Council)

COLANSA: *Comunidade de Prática América Latina e Caribe Nutrição e Saúde* (Latin America and Caribbean Nutrition and Health Community of Practice)

CONASS: *Conselho Nacional de Secretários de Saúde* (Brazilian Council of Health Secretaries)

COP: United Nations Climate Change Conference

CNPq: *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (National Council for Scientific and Technological Development)

COVITEL: *Inquérito Telefônico de Fatores de Risco para Doenças Crônicas não Transmissíveis em Tempos de Pandemia* (Telephone Survey of Risk Factors for Chronic Noncommunicable Diseases in Times of Pandemic)

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

DAHU: *Departamento de Atenção Hospitalar, Domiciliar e de Urgência* (Department of Hospital, Home, and Emergency Care)

DCNT: *Doenças Crônicas Não Transmissíveis* (Chronic Noncommunicable Diseases)

DEI: Diversity, Equity, and Inclusion

DOMis: *Diretrizes, Objetivos, Metas e Indicadores* (Guidelines, Objectives, Targets, and Indicators)

EAD: *Ensino a distância* (Distance Learning)

EAESP FGV: *Escola de Administração de Empresas de São Paulo da Fundação Getúlio Vargas* (Fundação Getúlio Vargas's São Paulo School of Business Administration)

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

ESG: *Environmental, Social and Governance* (Environmental, Social, and Governance)

FAPESP: *Fundação de Amparo à Pesquisa do Estado de São Paulo* (São Paulo Research Foundation)

FAV: *Fundação Altino Ventura* (Altino Ventura Foundation)

Fiocruz: *Fundação Oswaldo Cruz* (Oswaldo Cruz Foundation)

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

GT: *Grupo de trabalho* (Working Group - WG)

AI: Artificial Intelligence

IBGE: *Instituto Brasileiro de Geografia e Estatística* (Brazilian Institute of Geography and Statistics)

IBMP: *Instituto de Biologia Molecular do Paraná* (Institute of Molecular Biology of Paraná)

IBROSS: *Instituto Brasileiro das Organizações Sociais de Saúde* (Brazilian Institute of Social Health Organizations)

CIES/UFPel: *Centro Internacional de Equidade em Saúde da Universidade Federal de Pelotas* (International Center for Equity in Health at the Federal University of Pelotas)

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)

INCA: *Instituto Nacional de Câncer* (National Cancer Institute)

IUNS-ICN: *International Congress of Nutrition of the International Union of Nutritional Sciences* (International Congress of Nutrition of the International Union of Nutritional Sciences)

IPEA: *Instituto de Pesquisa Econômica Aplicada* (Applied Economics Research Institute)

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

LGBTQIAPN+: Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Pansexual, Non-binary people, and other groups (+)

MDS: *Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome* (Ministry of Development and Social Assistance, Family, and the Fight Against Hunger)

MIR: *Ministério da Igualdade Racial* (Ministry of Racial Equality)

MIT: Massachusetts Institute of Technology

NIHR: National Institute for Health and Care Research

NPS: Net Promoter Score

NUPEUS/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)

SDGs: Sustainable Development Goals

OESB: *Observatório do Ecossistema de Saúde do Brasil* (Health Ecosystem Observatory in Brazil)

WHO: World Health Organization

ONA: *Organização Nacional de Acreditação* (National Accreditation Organization)

NGO: Non-governmental organization

UN: United Nations

PAHO: Pan American Health Organization

OSS: *Organização Social de Saúde* (Social Health Organization)

PAP: *Plano de Autocuidado Pactuado* (Agreed Self-Care Plan)

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

PASA: *Ponto de Atenção Secundária Ambulatorial* (Secondary Outpatient Care Point)

PEC: *Prontuário Eletrônico do Cidadão* (Citizen Electronic Medical Record)

GDP: Gross Domestic Product

Projeto de lei (PL): Bill

PNAD Contínua: *Pesquisa Nacional por Amostra de Domicílios Contínua* (Continuous National Household Sample Survey)

PPGepi: *Programa de Pós-Graduação em Epidemiologia da Universidade Federal de Pelotas* (Graduate Program in Epidemiology at the Federal University of Pelotas)

PRI: Principles for Responsible Investment

IQ: Intelligence Quotient

RAS: *Redes de Atenção à Saúde* (Health Care Networks)

REDES: *Regionalização, Desenvolvimento e Saúde* (Regionalization, Development, and Health)

SAES: *Secretaria de Atenção Especializada à Saúde* (Department of Specialized Health Care)

SES: *Secretaria de Estado da Saúde* (State Health Department)

SIM: *Sistema de Informação sobre Mortalidade* (Mortality Information System)

SINASC: *Sistema de Informação sobre Nascidos Vivos* (Live Birth Information System)

SISVAN: *Sistema de Vigilância Alimentar e Nutricional* (Food and Nutrition Surveillance System)

SMS: *Secretaria Municipal de Saúde* (Municipal Health Department)

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

TCU: *Tribunal de Contas da União* (Federal Accounting Court)

UBS: *Unidade Básica de Saúde* (Basic Health Care Unit)

UFMG: *Universidade Federal de Minas Gerais* (Federal University of Minas Gerais)

UFOPA: *Universidade Federal do Oeste do Pará* (Federal University of Western Pará)

UFPel: *Universidade Federal de Pelotas* (Federal University of Pelotas)

UFRJ: *Universidade Federal do Rio de Janeiro* (Federal University of Rio de Janeiro)

UPA: *Unidade de Pronto Atendimento* (Emergency Care Unit)

ICU: Intensive Care Unit

VIGITEL: *Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico* (Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey)

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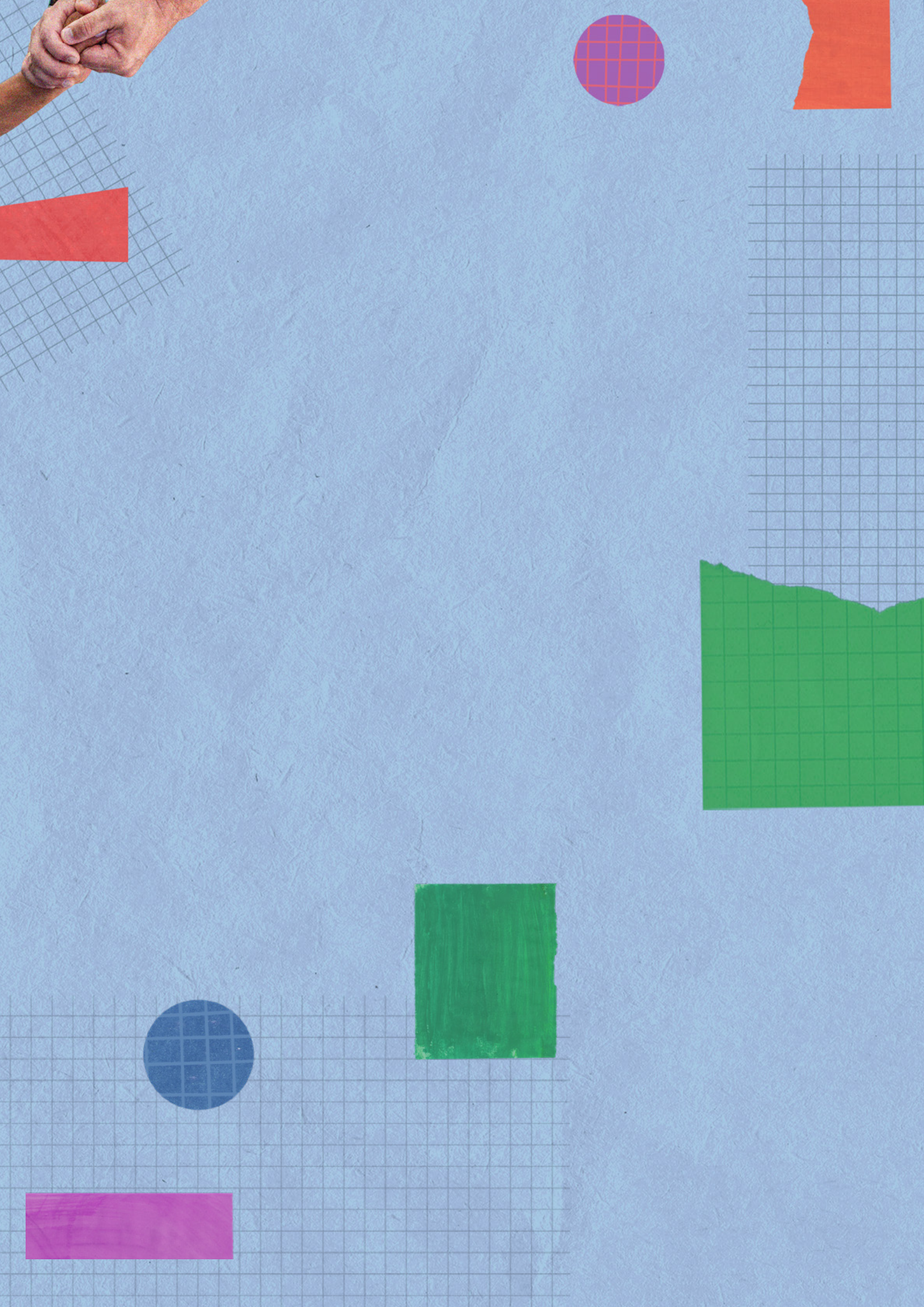
Review: Aline Chaves, Caroline Ortiz, Erika Lopes, Evelyn Santos and Fabiana Mussato

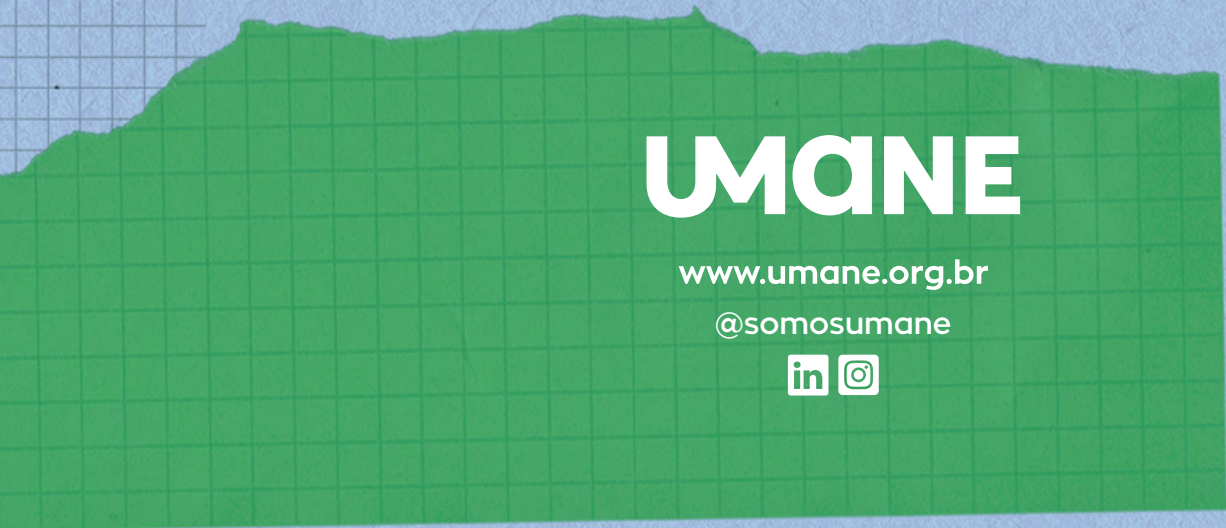
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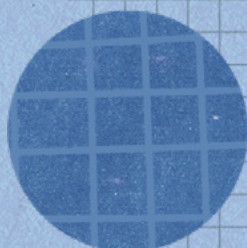




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