

Environmental and Social Review Summary (ESRS)

Hospital Albert Einstein Project

Original language of the document: Portuguese

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1. General information about the project and scope of the Environmental and Social Review by IDB Invest

The proposed credit operation consists of the financing of emergency response actions by the Sociedade Beneficente Israelita Brasileira Albert Einstein (the "HIAE", the "Company" or the "Project") in the context of the COVID-19 pandemic, mainly in the city of São Paulo, capital of the State of São Paulo (SP), Brazil. These response actions include: (i) expansion of installed capacity at the two public hospitals of the Unified Health System (SUS, acronym in Portuguese) operated by the HIAE, i.e., the Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim, and the Dr. Gilson de Carvalho Municipal Hospital - Vila Santa Catarina; (ii) installation of an Emergency Care Unit (UPA) at the Hospital Campo Limpo; (iii), installation of two field hospitals to be known as the Morumbi Unit Field Hospital and the Pacaembu Municipal Field Hospital; (iv) setup of a tent for reception and triage at the UPAs of the Municipal Hospital Dr. Gilson de Carvalho - Vila Santa Catarina and Hospital do Campo Limpo; (v) reorganization of HIAE reception areas to expand the Intensive Care Unit ("ICU") by 94 beds and add 11 hospitalization beds to the Adult Semi-Intensive Care unit; and (vi) complementary activities to support the response to COVID-19, including prevention actions in needy communities, purchase of essential medical supplies, diagnostic tests and support for research, as well as donations of personal protective equipment (PPE) to the states of Amazonas, Pará and Ceará.

Environmental and Social Due Diligence (ESDD) was done remotely, due to the travel and social distancing restrictions imposed by COVID-19. The ESDD involved videoconference interviews with principal representatives of the Company between June and July 2020, as well as a virtual visit to the Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim. The process itself also included a review of the environmental, social, and health and safety documents furnished by the Client. Key among them were: (1) the HIAE environmental and social management system; (ii) the human resources policies and health and safety practices adopted; (iii) the agreements for

construction of field hospitals; (iv) the procedures pertaining to hospital wastes management, life and fire safety, emergency response procedures and so on, as well as the requirements of Brazilian legislation and international good practices.

2. Environmental and social classification and justification

In accordance with IDB Invest's Environmental and Social Sustainability Policy (ESSP), the project was classified as Category B (low risk) because it presents the following risks and impacts, among others: (i) the Client's ability to manage the environmental, social and health and safety aspects while satisfying the requirements of Brazilian law as well as ESSP requisites; (ii) health and safety practices adopted for professionals involved on the front lines of the fight against COVID-19; (iii) management of solid wastes, particularly hospital wastes and hazardous wastes in general; and (iv) management of issues related to life and fire safety (L&FS) and emergency response.

These risks and impacts are considered to be of low to average intensity and can be mitigated via measures that are available and feasible to implement in the context of the proposed operation. The following Performance Standards (PS) are applicable to the project: PS1 Assessment and Management of Environmental and Social Risks and Impacts; PS2 Labor and Working Conditions; PS3 Resource Efficiency and Pollution Prevention; and PS4 Community Health, Safety, and Security.

3. Environmental and Social Context

The HIAE is a civil nonprofit company devoted to health care, instruction and education, innovation and research, and social responsibility. Its headquarters are in the city of São Paulo and it has approximately 13,000 employees. In addition to its own hospitals and clinics, the HIAE operates 26 public facilities at which it provides care to the general public under the Unified Health System (SUS). At present it runs 2 hospitals and 24 other facilities that provide primary and secondary health care.

The M'Boi Mirim Municipal Hospital serves a region with a population of 750,000 and is recognized for high quality care. This hospital handles more than 8,000 surgical patients and delivers more than 5,000 babies every year. It has been accredited at level 3 (excellence in management) by the National Accreditation Organization (ONA), a Brazilian model that certifies

hospital quality and health care services quality on the basis of the laws, regulations, and standards adopted. In contrast to the other public health care facilities in which the HIAE is involved, the management contract for Municipal Hospital M'Boi Mirim was signed with the “Dr. João Amorim” Center for Studies and Research (CEJAM). The HIAE acts as an associated entity and provides technical advisory services in managing both the unit and a laboratory.

The Vila Santa Catarina Municipal Hospital, managed directly by the HIAE, performs extremely complex procedures, including oncological services and organ transplants. The unit serves a region of 700,000 residents. Every year it delivers more than 3,000 babies and performs almost 3,000 surgeries.

4. Environmental risks and impacts and proposed mitigation and compensation measures

4.1 Evaluation and management of environmental risks and impacts

4.1.a Environmental and social evaluation and management system

The Environmental and Social Management System (ESMS) adopted by the HIAE is a component of the Company's Integrated Management System (IMS), which also includes the Energy Management System (SGE) for the Morumbi complex. The Company possesses ISO 14.001 certification for most of its own units and seeks to replicate its operational practices for those units where its responsibilities are managerial, as in the public facilities at which it serves patients under the SUS.

As part of its ESMS, the HIAE establishes, annually, a sustainability basket of priority monitoring indicators as well as objectives and goals to be achieved. This includes aspects of both continuous follow-up and short-term actions, giving management a vision of the execution of the improvement strategy adopted.

However, in order to fully satisfy PS1 requirements, the Company will formally expand the scope of its ESMS so as to encompass all the health care units that are managed directly by the HIAE, satisfying the same requisites as adopted for units already covered by the ESMS.

4.1.b Policy

The HIAE has an integrated management policy that contemplates the requirements of health, safety, the environment, and energy management. That policy is aligned with the requirements of PS1 and encompasses such aspects as the Company's determination to: (i) commit the entire leadership to the policy and requiring all employees to be responsible for implementing that policy; (ii) include continuous and sustainable improvement in the performance of safety, health, the environment, and energy management, when applicable, in procedures for performance evaluation and recognition of employees; (iii) provide the resources and information necessary to implement the policy as well as to align the energy and environmental objectives and goals adopted by the HIAE through appropriate managerial structures and systems; and (iv) stipulate targets for improvements, measurements, and evaluations, thereby demonstrating a commitment to continuous improvement through excellent environmental and energy-related performance.

The HIAE's integrated management policy applies to all units in the group, regardless of whether the management systems have been certified.

4.1.c Identification of risks and impacts

As part of its ESMS, the HIAE has produced a matrix for identifying and evaluating environmental aspects and impacts, as well as analyzing risks and opportunities, and possesses other tools for managing workplace safety, such as the Preliminary Risks Analysis.

Based on those documents, management plans, programs and procedures were developed that contain guidelines, directives and instructions for workers so as to minimize and control the identified risks and impacts.

4.1.d Management programs

The HIAE manages its operations in accordance with important national requirements and good international practices. The M'Boi Mirim Municipal Hospital, for example, won level three accreditation from the ONA (accredited with excellence), which attests that the center at least fulfills or exceeds standards of quality and safety, has excellent integrated management, and demonstrates an organizational culture of continuous improvement along with institutional

maturity. The Hospital Municipal Vila Santa Catarina received level 2 ONA accreditation (full accreditation) and is currently transitioning to level 3.

At present, the HIAE is implementing various policies and procedures in the areas of environment, health and safety (EHS), encompassing issues related to effluents management, chemical products management, biosafety, EHS for service providers, use of PPE, and so on. Some aspects of workplace health and safety (H&S) are managed using specific procedures, including an Environmental Risks Prevention Program (PPRA, acronym in Portuguese), and the Medical and Occupational Health Control Program (PCMSO, acronym in Portuguese).

4.1.e Organizational capacity and competency

The HIAE has both a corporate management team and professionals at the health care units who are dedicated to widespread implementation of the ESMS and the management and monitoring of specific activities. At the corporate level, professionals focus mainly on strategic environmental and social (E&S) aspects and on the design of procedures, goals and the monitoring of performance of the various health care units. To that end, the HIAE has personnel who specialize in: (i) functions related to installations and maintenance; (ii) human resources; (iii) occupational health and safety; (iv) legal matters; and (v) quality control, including auditing, risks management, and compliance.

As demonstrated during the ESDD process, professionals are continually receiving training and most of them have several years of experience in their fields. In the realm of hospitals, the number of people responsible for E&S issues may vary based on the size and complexity of the unit, but they may also receive visits and assistance from corporate personnel who are involved in quality control, facilities maintenance, and EHS. Although some of those professionals are assigned to different departments, the IMS permits providing them with updated information on the most significant indicators, including those being monitored by the Board of Directors.

However, some units of the HIAE have not been formally integrated into the Company's ESMS. Therefore, in order to comply with PS1 requirements, the HIAE will assess the need for an additional team to guarantee adoption of the ESMS by units not yet being considered and, if necessary, contract qualified individuals to implement the company's policies and procedures and ensure conformity with applicable requirements of law and the applicable performance standards.

4.1.f Emergency preparedness and response

The HIAE has taken a clear approach to emergency preparedness and response, following significant state and municipal fire safety norms. Every hospital has an Emergency Preparedness and Response Plan (EPRP) that is implemented at the local level. The Albert Einstein Hospital has a fire brigade to respond to emergencies and, depending on the health care facility, can call on a team of civilian firefighters who are available 24 hours a day. They cover the outlying facilities so as to ensure aggressive responses when necessary. In addition, the HIAE is training and holding emergency drills for its teams using partnerships forged with public forces, including the São Paulo State Fire Department.

At all its hospitals and in coordination with local fire departments, the Company uses two professional civilian firefighters and also has specific safety personnel (at least two guards) who are trained to control initial outbreaks of fires and conduct daily inspections. As observed during the ESDD, there still remain some opportunities for better aligning the EPRPs of each hospital with the requirements laid out in the ESSP. For example, procedures for patient evacuation and key protocols for decision-making as to partial or complete evacuation of the hospitals could be presented in greater detail. Moving forward, the HIAE will consolidate a Corporate Emergency Preparedness and Response Plan to be followed and implemented at all hospitals managed directly by the Company.

4.1.g Monitoring and analysis

As mentioned earlier, the analysis of EHS and quality indicators are the subject of monthly monitoring and review meetings attended by the management team of each hospital. At any rate, as observed during the ESDD process, some of the health care units are not yet formally integrated into the ESMS. This means that the HIAE will expand the ESMS to include all units that are managed directly by the company and will include the same monitoring requirements as adopted by units that are already covered by the ESMS.

4.1.h Stakeholder engagement

The HIAE uses as basis for identifying and selecting publics of interest for purposes of stakeholder engagement those persons or entities that are affected by the activities and services pursued by the hospital and who, in turn, may affect the ability of the organization to achieve its objectives.

The Company continually pursues actions of communication and engagement with interested parties and, in addition to those publics consulted specifically in order to define the content of its internal communications and engagement work (employees, patients, physicians, government, and suppliers) the Albert Einstein Hospital considers as stakeholders community leaders, non-governmental organizations, the press, volunteers, and health insurance companies.

4.1.i External communications and grievance mechanisms

Since 2006 the HIAE has published annual reports on sustainability,¹ based on the *Global Reporting Initiative* (GRI) in which the socio-environmental risks and impacts of the Company's operations are described quantitatively and qualitatively. Furthermore, the Company maintains a channel for acceptance of complaints (<https://canaldedenuncias.com.br/Einstein/>) that ensures the confidentiality and anonymity of those claims. That channel is also available to all permanent personnel and contractors, as well as any interested parties.

4.2 Working conditions and terms of employment

4.2.a Working conditions and management of labor relations

The HIAE has taken a clear approach to hiring, training and retention of a well-qualified work force. In a competitive market for qualified medical care providers, the Company maintains a work force of more than 15,000, in addition to third-party contractors assigned to such tasks as janitorial services, car parking, and property security.

The Company has a clear human resources policy and procedures related to recruiting, training, performance management, etc. The HIAE has also produced an Institutional Manual of Ethical Conduct Guidelines that clearly prohibits all forms of forced labor, child or compulsory labor, discrimination, threats, coercion, abuse, or harassment in the workplace.

Working conditions are defined in the contracts signed by the HIAE with its employees and are consistent with the provisions of Brazilian labor law. The Company pays competitive wages and salaries, provides all the basic benefits guaranteed by Brazilian law, as well as additional benefits (such as access to private health care plans, life insurance, transportation and meal vouchers, and study grants) in order to attract and retain personnel and improve their performance. The

¹ HIAE sustainability reports may be found at <https://www.einstein.br/sobre-einstein/relatorio-sustentabilidade>.

HIAE also has a well-structured and documented approach to contracting, inducting, managing, training and promoting their work force. It also has established procedures for termination of employment contracts, when necessary.

The Albert Einstein Hospital has a formal procedure for induction under which each new arrival is welcomed on their first day of work by an HR professional and introduced to the mission, vision, and values of the Company, its Ethical Conduct Manual, and the compensation and benefits policy.

The terms and conditions of employment are clearly defined in the contracts and in the collective bargaining agreements to which HIAE is subject. The rights of workers in Brazil, including the right to join and form unions are safeguarded by the 1988 Constitution of Brazil and by the Consolidated Labor Laws (CLT), which are consistent with the directives of the International Labor Organization (ILO). According to Brazilian labor law, all workers have the right to join a union, and HIAE personnel benefit from collective bargaining agreements established for their specific sectors. The Company does not restrict union membership, complies with the terms of collective bargaining agreements, and respects worker rights.

As a well-established company in a highly competitive market for health care professionals like the city of São Paulo, the HIAE is committed to developing effective ways to respond to the needs of its employees to advance their interest in learning and to train its personnel. In that respect too, the Company has developed a well-structured approach to training and professional development.

4.2.b Protecting the work force

The contracts between the HIAE and its employees, whether on the HIAE staff or third-party contractors, conform to local labor laws and encompass, among other aspects, the length of the work day, working hours, overtime, paid days off, minimum wage, benefits, bonuses available under the law, and minimum standards for occupational health and safety (OHS).

4.2.c Occupational health and safety

Brazil has enacted detailed prescriptive rules on OHS, known as Regulatory Norms (NRs). Key NRs that apply to Company operations and must be observed continually are: Specialized Service

in Safety Engineering and Occupational Health – SESMT (NR-4); Internal Committee on Accident Prevention – CIPA (NR-5); Personal Protective Equipment – PPE (NR-6); the Medical and Occupational Health Control Program – PCMSO (NR-7); the Environmental Risks Prevention Program – PPRA (NR-9); workplace health and safety in health care services (NR-32), as well as other rules that apply to the performance of specific tasks, such as electrical installations or tasks performed at heights.

It is through the development of the Environmental Risks Prevention Program (PPRA) that determinations are made as to the physical exams to be administered to employees upon hiring, periodically during employment, and upon separation. These are defined according to the nature and risk profile of the occupation in question (via the Medical and Occupational Health Control Program - PCMSO).

As observed during the ESDD, the HIAE invests continuously in making its teams aware of and engaged in SSO. Recently the Company implemented a tool to observe behavior and address its findings. This has been incorporated into the leadership goals, and the degree to which the tool is used is monitored every month. More than 700 team leaders and members of the CIPA were trained to serve as observers. The observations are recorded on a platform and used to guide, objectively, the dissemination of data on risks posed by daily activities and how to mitigate them. More than 5,000 behavioral observations were made in 2019.

As demonstrated in documents assessed during the ESDD process health and safety indicators have exhibited a positive trend in recent years. For example, the rate of typical accidents that cause a loss of working hours fell by 26% in 2019 compared with 2018. As described above, all OHS actions flow from the Einstein Employee Health and Safety System (SESSCo).

4.2.d Independent Contractors

Most HIAE personnel are direct hires. Fewer than 20% were obtained by outsourcing. The latter perform mainly janitorial, security, vehicle parking services and other miscellaneous tasks.

Companies that provide contractors have been examined by the Procurement Department in order to verify their compliance with labor law and worker health and safety rules. Their record of payment of social security contributions and history of involvement in labor law proceedings, if any, is reviewed. Standard SSMA requirements are included in the contracts. The HIAE releases payments to vendors based on proof of their adherence to these requirements. The internal

grievance mechanism may also be used by outsourced workers, either by secure e-mail or the telephone.

4.3 Resource efficiency and pollution prevention

4.3.a Resource Efficiency

The HIAE has sought to improve the efficiency of energy usage in its operations so as to minimize the impact of the increased consumption associated with its growth and acquisition of new facilities. Since 2013, the Company has followed the policy of purchasing its electric power on the free market and concentrating on power from renewable sources. In addition, in recent years it has pursued initiatives designed to improve its energy efficiency. In 2019, for example, a new automated central air conditioning control system was installed at its hospital in Morumbi. The goal is to reduce electricity use by that complex of facilities by as much as 10% by using electronic activators, artificial intelligence algorithms, and interventions by the technical team.

Another significant action was the development of the Thermal Systems Master Plan, which led to a technological solution and strategy for renovation of the entire set of heating, ventilation, and air conditioning (HVAC) and plumbing equipment. This project is expected to increase average efficiency of the complex by 10%, reduce water use by 20%, and eliminate 25% of natural gas usage. The project even calls for changes in the energy matrix at the Albert Einstein Hospital and may curb greenhouse gas (GHG) emissions.

Currently, the Albert Einstein Hospital calculates its GHG emissions via an inventory developed according to the Brazilian GHG Protocol Program. The document is audited and released to the public.² Direct and indirect emissions by the Company due to consumption of fuel, use of auxiliary diesel generators and electric power total approximately 15,000 tons of CO₂ every year. Therefore, the Company is not considered to be a significant source of GHG emissions.

As regards water usage, despite the growth of the organization and its inauguration of new operating units, water consumption has remained relatively stable in comparison with earlier years. The company has taken actions to raise user awareness and invested in equipment that fosters rational use. Recently, 200 toilets were replaced with new models that afford a dual flush option. The Albert Einstein Hospital has also made progress in standardizing the rate of flow from

² This document can be accessed at <https://registropublicodeemissoes.com.br/participantes/1048>

showers and faucets by installing aerators and pressure and flow reducers. In all, 38,000 points of water use now feature those devices and all new units are operating in accordance with corporate efficiency standards. Furthermore, the Morumbi complex has been certified as ISO 50:001 (energy management) and has plans in place to further expand coverage of these measures.

4.3.b Pollution Prevention

Liquid effluents, mainly those from sanitation and food services, are channeled into the public sewer system and then to sewage treatment centers. The HIAE complies with the conditions defined in its operating licenses. Local standards are defined by the National Environment Council (CONAMA) and by State Decree No. 8.468/1976.

The HIAE has a Hospital Solid Waste Management Plan (PGRSS) that was developed in accordance with Resolution No. 306 by the Brazilian Health Surveillance Agency (ANVISA) and CONAMA Resolution No. 358/2005. All wastes generated at the health care units must be collected, stored, and discarded as provided in the PGRSS, depending on the classification of those wastes. The plan includes procedures for segregating and managing waste flows within the units, as well as for appropriate handling, collecting, temporary storage and transportation and discharge. Basically, three types of solid wastes are produced at the health care units: (i) ordinary domestic wastes from reception areas, kitchens, cafeterias, and bathrooms; (ii) infectious wastes, which are segregated as they are collected and stored; and (iii) chemical wastes, also to be collected and stored in a special segregated manner.

All wastes are deposited in temporary storage areas from which they are picked up by external service providers who are licensed by competent environmental authorities to transport, treat, and discard them. Ordinary and organic wastes are discarded in sanitary landfills, while chemical, infectious and corrosive products are incinerated by a licensed company. Wastes produced by laboratories are also separated and collected by a certified company because of the pathological risks associated with discharge by the laboratories themselves. At the Morumbi unit, all critical infectious wastes are decontaminated in an autoclave installed at that site and then ground up finely. This procedure eliminates the risk of biological contamination and permits the materials to be discarded safely as ordinary wastes.

As was observed during the virtual visit to the Municipal Hospital in M'Boi Mirim, the new annex to the building does not provide a separate closed area for temporary storage of wastes. However, that facility is not controlled directly by the HIAE, which has a limited contract with the municipality. Therefore, the HIAE will report this opportunity for improvement to CEJAM and make its best effort to propose an action plan to improve waste storage at that site.

The HIAE has also expanded its recycling program. The Company recently installed an automatized conveyor belt system that is able to accurately identify and separate the different subtypes of recyclable materials. This has made it possible to increase from 46% to 52% the total volume of non-hazardous wastes that are sent for recycling. Composting of organic wastes from food preparation, which was already being done at Morumbi, is now also being done at the Vila Mariana facility.

4.4 Community health and safety

4.4.a Community health and safety

The Company's facilities are regulated by ANVISA, which examines and approves hospital engineering projects, issues operating licenses, and regularly inspects the health care units run by the group for conformity with the health and safety requirements applicable to patients. In addition, at all its hospitals the Company has established clinical and non-clinical risks management committees to prevent hospital-related infections (as recognized by its CCIH committee). The HIAE also has obtained various Brazilian and international certifications and accreditations, including from the ONA, the Commission International (JCI), the College of American Pathologists (CAP), ISO 9001, ISO 14001, and ISO 50001.

The HIAE actively monitors patient opinions of services provided using both annual satisfaction surveys and individual surveys conducted when patients are released from the hospital. Statements by patients and their care companions are obtained both in-person and virtually and monitored by the Patient Experience Office. This information is gathered and used to guide improvement actions.

In general, hospital installations that are managed by HIAE follow basic directives regarding accessibility. The larger hospitals are either conforming to local regulations or have made modifications to ensure that they satisfy the requirements of international good practices as regards accessibility. The Company ensures that accessibility policies, practices and procedures

are consistent with the fundamental principles of independence, dignity, inclusiveness and equality of opportunity. The Company also trains its personnel to interact and communicate with persons with disability, as well as showing them how to use the available assistance devices and what to do if a person with disability is having trouble accessing the hospital services. One opportunity for improvement that was observed at the new annex to the Municipal Hospital M'Boi Mirim, a facility constructed in record time in the initial phases of the COVID-19 pandemic, is the installation of elevators to serve patients. Those elevators, although called for in the architectural plans, did not arrive in time for opening day, which had been moved up because of the urgency of accepting infected patients. This means that when due diligence was performed, the hospital was not fully accessible. However, the elevators will be installed soon, ensuring that the annex will be in compliance with applicable laws.

As regards installations intended for treatment of COVID-19 patients, the World Health Organization (WHO) recommends that, in general, ventilation at such facilities should ensure a constant flow of air at the rate of 60 liters/second per patient. This represents another opportunity for improvement that was observed at the M'Boi Mirim Municipal Hospital in terms of fully satisfying this recommendation. The recently installed annex features only “split system” air conditioning. As reported earlier, this hospital is not controlled by the HIAE, whose contract with the municipality is limited in scope. Consequently, the HIAE will report this opportunity for improvement to CEJAM, and make its best effort to propose an action plan for improving the conditions at this building.

The field hospitals were designed in conformity with the São Paulo State Code for Protection Against Fire and Emergencies, which provides a satisfactory degree of protection. However, some gaps have been identified with respect to other, international, codes of reference. For example, the larger field hospitals lack sprinkler systems. The field hospitals were designed as metallic structures that could be built quickly. The roofs were made of PVC tarpaulin that, according to specifications, should be fire-retardant, self-extinguishing, and shaped to resist UV rays. There should also be a reinforced system for assembly and fixing in place, ensuring safe and dry conditions. The plans for the field hospitals were approved by appropriate authorities.

During the virtual visit, it was noted that field hospitals had been equipped with fire prevention and firefighting systems (except for sprinklers), including independent (separate) smoke detection and fire alarm systems, as well as portable extinguishers and hydrants. Furthermore, given the simplicity of the architecture of these field hospitals, they featured emergency exits, stairways and

in some cases doors that connected with the main hospital building that could be used as exits and areas of refuge during an eventual emergency. It should be noted that, as of the date this Environmental and Social Review Summary was completed, the field hospitals had already been demobilized because the number of COVID-19 hospitalizations in the city of São Paulo had stabilized.

During the ESDD, it was found that the renovations and modifications made to the hospitals adhered to good practices in terms of construction and safety. The HIAE has, in fact, a formal procedure for “Managing Changes (MC)” that includes verification of issues related to preventing and fighting fires at the installations, including reviews of the design by an expert in L&FS both before and after each renovation or expansion, as well as on the occasion of the commissioning of such sites, so as to ensure that all elements of fire safety arrangements were implemented and operating after completion of the renovation, expansion, or modification.

4.4.b Property Security

The HIAE does not employ armed guards. Members of the security team are independent contractors and their tasks are focused on control of access and response to eventual emergencies.

4.5 Land acquisition and involuntary resettlement

This project will not entail physical or economic displacement of the population. The land needed for construction of the hospital consists of lots previously acquired for the purpose.

4.6 Conservation of biodiversity and sustainable management of live natural resources

Since the project will be implemented on urban or semi-urban lands that are already heavily impacted by human activity, no significant impacts will be imposed on the biodiversity or live natural resources. Furthermore, the project will not involve any critical habitats or areas that are biologically or ecologically sensitive.

4.7 Indigenous peoples

This project will not intercept indigenous areas or territories or directly impact indigenous peoples.

4.8 Cultural Heritage

Since the site of project implementation is urban or semi urban lands that are already thickly settled, it is extremely unlikely that sites having cultural significance will be impacted.

5. Local access to project documentation

Information about the Company may be obtained at www.einstein.br

6. Environmental and Social Action Plan (ESAP)

The Environmental and Social Action Plan for this project (ESAP) is summarized on the next page.

ALBERT EINSTEIN HOSPITAL PROJECT
Environmental and Social Action Plan (ESAP)

No.	Aspect	Action	Product/result	Date for Fulfillment
PS 1: Assessment and Management of Environmental and Social Risks and Impacts				
1.1	Environmental and Social Assessment and Management System	Expand and formally adopt the scope of the environmental and social management system (ESMS) in order to (i) identify, evaluate and manage the environmental, social, and occupational health and safety risks and impacts posed by the remaining health care units managed by the group, according to pertinent Performance Standards (PS), including coverage of contract workers; and (ii) expand the risks and impacts matrices, management programs, emergency response programs, and other components of PS1.	1. Manual and procedures for the updated environmental and social management system (ESMS) 2. Proof that the manual has been adopted.	1. 90 days after signature of the subscription agreement 2. Annually, through the Environmental and Social Compliance Report (ESCR).
1.2	Organizational capacity and competency	Assess the need for an additional team in order to ensure adoption of the ESMS by units not yet being considered and, if necessary, contract qualified individuals to implement the company's policies and procedures and ensure conformity with applicable requirements of law and performance standards.	1. Internal evaluation of the professionals necessary for expansion of the ESMS at the units that are managed directly by the HIAE. 2. Evidence of contracting or appointments.	1. 60 days after signature of the subscription agreement. 2. 90 days after signature of the subscription agreement.
1.3	Emergency preparedness and response	Prepare a Corporate Emergency Preparedness and Response Plan applicable to the health care facilities that are managed directly by HIAE. This plan should be implemented at all field hospitals, and particularly in those that will remain in operation after the end of the COVID-19 pandemic	1. Corporate Plan for Emergency Preparedness and Response. 2. Evidence of implementation.	1. 90 days after signature of the subscription agreement. 2. Annually, through the Environmental and Social Compliance Report (ESCR).
PS 3: Resource Efficiency and Pollution Prevention				
3.1	Pollution Prevention	Develop a corporate plan for waste management that guides the construction of existing local PGRSS and serves as a frame of reference and consultation.	1. Corporate PGRSS Plan.	1. 60 days after signature of the subscription agreement