



A Beneficência
Portuguesa
de São Paulo



2025 Sustainability Report

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1

Welcome

- Message from the Leadership
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- Highlights of the Year

Message from the Leadership

GRI 2-22

Valuing life and promoting

sustainable health is the commitment that guides BP in its decisions, choices, and investments. In an industry undergoing profound transformation—marked by mergers and acquisitions, increasing competitive pressure, and an ever more intense dispute for customer preference and trust—we remain focused on the need to evolve with agility, discipline, and a long-term vision. Remaining competitive, relevant, and sustainable is essential not only to expanding our impact, but also to honoring the legacy of the institution.

It is within this context that BP reaffirms its mission: to combine excellence in care, institutional strength, and social commitment. Throughout 2025, we advanced consistently across strategic fronts that reflect and reinforce this identity. On one hand, we continued to strengthen our capacity to respond

to current challenges, with initiatives focused on operational efficiency, innovation, economic and financial sustainability, and the development of new growth opportunities. On the other, we significantly expanded our contribution to society, reaching a level of social projects, applied research, and knowledge transfer that surpassed BP's historical milestones.

This expansion of social impact has materialized across multiple fronts. Through PROADI-SUS and private social investment initiatives, we extended quality, technology, knowledge, and innovation beyond the institution's boundaries, contributing to the reduction of barriers to access, the narrowing of inequalities, and the development of a more equitable healthcare system in Brazil. For BP, philanthropy is integral to our business—an essential expression of our purpose and a reflection of how we contribute to national development.

In 2025, we further strengthened our collaboration with the Municipal Health Department of São Paulo, maintaining a strategic partnership focused on enhancing the public healthcare system in the country's largest city. Through this partnership, we expanded our capacity to treat high-complexity cardiac cases, offering a comprehensive and integrated continuum of care. We also broadened our reach during the second three-year cycle of the PROADI-SUS program, extending our initiatives to all Brazilian states and 3,746 municipalities,

benefiting more than 1.2 million people by 2025. At the same time, we reinforced private-sector partnerships in initiatives aimed at supporting public health. These include projects such as CARDIO4Cities—a nationwide initiative that is now expanding internationally—and OpenCare 5G, an innovative program contributing to the advancement of public policies for remote diagnostics in Brazil and abroad, among other initiatives developed with the support of strategic partners.





BP's strength lies precisely in its ability to combine tradition and transformation, purpose and performance, competitiveness and social commitment

We also expanded our organizational structure through the creation of two new initiatives dedicated to amplifying our social impact and advancing healthcare innovation. In 2025, the BP Social Institute was officially designated a Social Health Organization by the City of São Paulo, creating new opportunities to extend BP's excellence in healthcare delivery and management expertise to public healthcare facilities. During the same period, we established the BP Institute of Science and Technology, accredited as a Science and Technology Institution (ICT), further strengthening

our capacity to generate, coordinate, and transfer knowledge in a more structured and strategic manner.

In the field of education, we also took an important step toward the future with the creation of BP University, founded with the purpose of preparing a new generation of highly qualified healthcare professionals. Undergraduate and graduate programs, residency programs, short-term courses, and other educational initiatives now form an even more integrated part of the BP ecosystem, connecting education, clinical practice, research, and innovation. We believe that rigorous academic training, combined with exposure to a high-complexity practical environment, represents one of the most transformative contributions an institution like ours can make to society.

In the healthcare sector, 2025 was also marked by significant advances that reinforced our strategic positioning. We strengthened our healthcare profile through the establishment of facilities dedicated to medium- and high-complexity care. In this context, we officially launched the Centers of Excellence in Neurology and Neurosurgery and in Orthopedics and Mobility, while also advancing the development of

the Center of Excellence in Cardiology. These initiatives reflect our ongoing commitment to differentiation, high-quality care, and the creation of value in lines of care that are increasingly strategic both for society and for the institution's future.

We also advanced our efforts to launch Croma, an initiative that embodies our commitment to developing new oncology care models, expanding our capabilities, and creating solutions aligned with today's healthcare challenges and demands. Today, sustainability requires the capacity to innovate, openness to partnerships, and the courage to build new avenues for value creation.

This report therefore presents a comprehensive view of sustainability at BP. For us, sustainability means strengthening governance, enhancing integrity and transparency, pursuing greater efficiency in the use of resources, investing in people, promoting knowledge, expanding access, improving care, and generating positive impact in a consistent and measurable way. We speak of sustainability when we balance the needs of the present with our responsibility toward the future: delivering excellence in care for those who rely on us today while building an even more meaningful legacy for future generations.

We also made tangible progress on our environmental agenda. We achieved ISO 14001:2015 certification at the BP Mirante facility and received the Gold Seal from the Brazilian GHG Protocol Program, which recognizes the preparation of a complete and externally audited greenhouse gas emissions inventory. These achievements represent important milestones in the continuous strengthening of our environmental management system.

We also continued to advance our decarbonization agenda, achieving measurable results in emissions reduction. One year after discontinuing the use of nitrous oxide, the initiative contributed to an 89% reduction in Scope 1 emissions. This progress has been recognized at leading industry forums, reinforcing BP's position in the adoption of innovative environmental practices.

During COP30 discussions held in Belém (PA), BP participated in panels, roundtables organized by international institutions, and dialogue sessions

focused on how healthcare systems must adapt to and lead responses to the climate crisis. Aligned with these discussions, we developed our climate risk matrix, becoming one of the first hospitals in the country to establish a dedicated assessment framework and advance toward the development of a Climate Adaptation Plan. This strategy has now been incorporated into the organization's risk and safety management routines. One such exercise was carried out in December 2025, when we conducted a disaster drill specifically focused on extreme wind events.

We recognize that the challenges facing the healthcare sector will continue to demand difficult decisions, agility in response, and a strong capacity for adaptation. At the same time, we remain convinced that BP's strength lies precisely in its ability to combine tradition with transformation, purpose with performance, and competitiveness with social commitment. It is this combination that enables us to move forward with responsibility, ambition, and consistency.

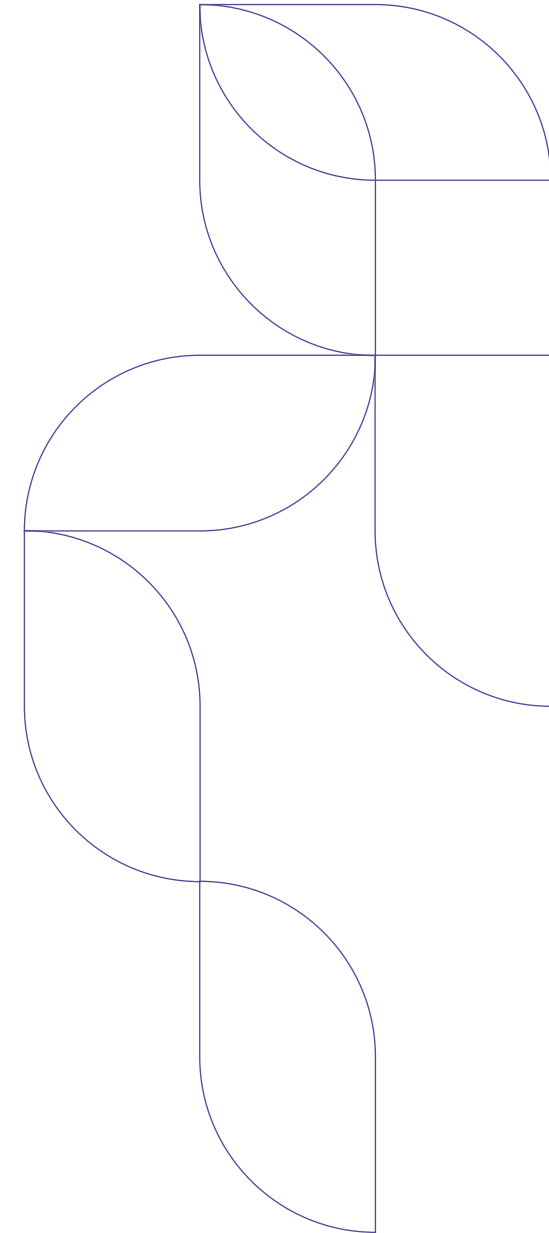
By publishing this Sustainability Report, we reaffirm our commitment to transparency and accountability toward all stakeholders connected to BP. More than a record of achievements, this document reflects the direction we have chosen to pursue: that of an institution committed to valuing life, investing in knowledge, generating social impact, and contributing every day to the development of a more sustainable, innovative, and humane healthcare system.

Josué Dimas Pimenta

Chairman of the
Board of Trustees of BP

Denise Soares dos Santos

CEO of BP



About the Report

GRI 2-2, 2-3

For the eleventh consecutive year, we are proud to present the Sustainability Report of BP – A Beneficência Portuguesa de São Paulo. To reinforce our commitment to transparency, integrity, and ethics, we are sharing the institution's key results and the progress it has made in ESG (environmental, social, and governance).

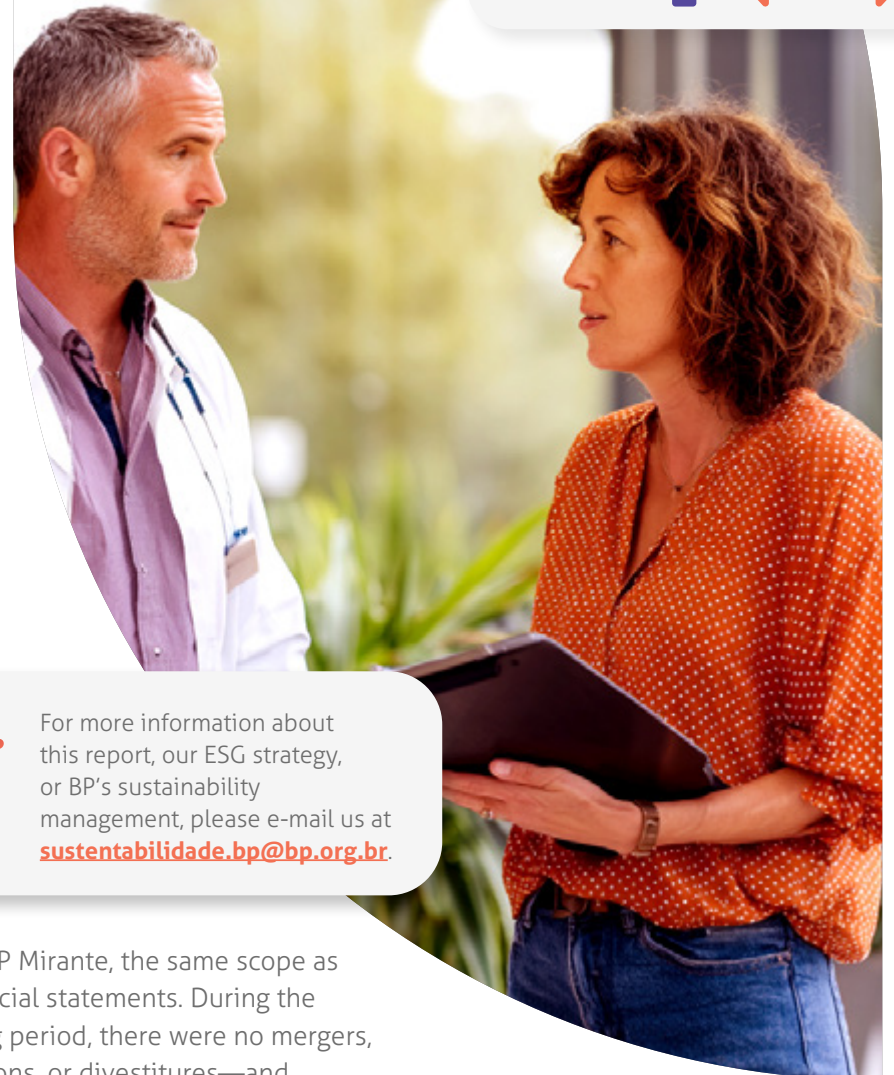
Designed for our diverse stakeholders—including patients, physicians, healthcare professionals, employees, suppliers, associations, partners, and other representatives of the healthcare sector—this publication presents an overview of the institution, which is celebrating its 166th anniversary. It also provides a snapshot of our operational and financial performance, as well as the initiatives undertaken throughout our ongoing journey toward excellence in valuing and saving lives.

Published in April 2026, this annual edition covers the period from January

1 to December 31, 2025, and follows the same periodicity as the institution's financial reporting. The document was prepared in accordance with the Global Reporting Initiative (GRI) Standards, and its disclosures are directly linked to the United Nations (UN) Sustainable Development Goals (SDGs). The report also presents proprietary disclosures and disclosures aligned with the Sustainability Accounting Standards Board (SASB), while incorporating the principles of the International Integrated Reporting Council (IIRC) framework.

The content and disclosures reported prioritize the topics identified as most relevant by our various stakeholders. This is determined during the materiality assessment process, which transitioned to a double materiality approach in 2025. *Learn more below.*

The data includes the two entities under the institution's control: Hospital



For more information about this report, our ESG strategy, or BP's sustainability management, please e-mail us at sustentabilidade.bp@bp.org.br.

BP and BP Mirante, the same scope as the financial statements. During the reporting period, there were no mergers, acquisitions, or divestitures—and, to provide a comprehensive view of operations, the approach is consistent across all BP units. Any discrepancies in data reported by the units are duly identified throughout the report. Rerwordings in the presentation of disclosures are detailed in the footnotes across the report.

Double materiality

GRI 2-29, 3-1, 3-2

BP's new materiality matrix was developed based on the principles of double materiality, an approach that integrates the assessment of the organization's actual and potential impacts on the economy, the environment, and people, together with the financial risks and opportunities associated with each material topic. The review process was conducted in 2025 with the support of a specialized external consulting firm.

As a first step, we mapped the material topics prioritized by leading industry peers and benchmark organizations in order to identify common themes, sectoral priorities, and emerging ESG trends. Subsequently, a sector-specific assessment was conducted focusing on key challenges, impacts, risks, and opportunities, including the analysis of publications issued by relevant institutions, international standards, market studies, and emerging trends.

Internal contextual factors were also considered, including corporate documents, the institutional strategy, benchmarking analyses, sustainability indices, and risk maps.

The process also involved the structured engagement of stakeholders: 655 people completed the entire questionnaire sent via an online survey. The target audience was identified based on focused surveys. A total of 27 groups were selected, and their relationship with BP was examined in terms of dependence, impact, influence, power, and proximity. Based on this analysis, the following stakeholder groups were identified: employees, communities, Board members, professional associations, donors, suppliers and service providers, government entities, physicians, the media, health insurance providers, patients, partners, researchers, labor unions, and volunteers.

After consolidating 13 preliminary topics, positive and negative impacts—both actual and potential—were identified and assessed. The relevant departments at BP validated and established the scores based on technical expertise and operational realities. A financial materiality assessment was also conducted, evaluating how each topic could impact BP's financial position, performance, and results, based on the criteria of likelihood, financial magnitude, and time horizon.



655

people fully completed the questionnaire sent via an online survey

Based on the responses collected, metrics were used to assess each group's perception of the relevance of each topic, considering both positive and negative ESG impacts and financial impacts. The final responses were evaluated using an impact matrix, which was used to select the most relevant topics. At this stage, BP's senior management validated the organization's new double materiality framework—and its 10 material topics were approved by the company's Board, which is also responsible for approving its reports, ensuring transparency and strategic alignment.

[GRI 2-12](#), [2-14](#)

The review led to the refinement and reorganization of the previously prioritized topics. Some topics are no longer addressed separately and are now treated in a cross-cutting manner across multiple areas or incorporated into new material topics. This is the case with "Natural Resources," which is now explored in greater depth within the topic "Climate Change and Environmental Management." Additional topics were explored to provide a more accurate account of impacts and risks. The former topic "Education and Research, Innovation, and Access to Healthcare" has been broken down into three specific areas: "Teaching and Research," "Innovation and Technology," and "Social Responsibility and Access to Healthcare." Check out the new topics to the side:

BP's 10 material topics



Environmental

Climate Change and Environmental Management



Social

People and Culture

Diversity, Equity, and Inclusion

Social Responsibility and Access to Healthcare



Governance

Education and Research

Customer Experience

Sustainable Growth

Patient Health and Safety

Innovation and Technology

Ethics, Integrity, and Compliance

2025 Highlights

Environmental

Gold Seal in the Brazilian GHG Protocol Program

A reduction of approximately

89% in Scope

1 emissions after one year without the use of nitrous oxide

BP Mirante secured the ISO 14001:2015 certification for excellence in environmental management

First hospital to conduct a disaster drill based on the map of climate risks and extreme weather events

A **79%**

reduction in Scope 1 and 2 emissions, ahead of the 50% reduction target by 2030.

Recognitions in the ESG agenda:

Climate Action Award (from HCWH), Friend of the Environment Award (from the Department of Health of the State of São Paulo), and ESG Award (from ANAHP)

Leading Role at COP30: the only

healthcare institution participating in the WHO-UN Climate Change Conference debate in the Blue Zone

Social

Social Initiatives:

More than **1.2 million** people benefited in **3,746 municipalities**, with more than **140,000 procedures** (outpatient and inpatient) in the cardiac line of care for public health (SUS) patients

3,500 robotic surgeries

1,000 scientific articles published, a historic milestone

30.7% of Black leaders, surpassing the target of **28.3%**

11% growth in neurosurgical procedures, totaling **1,446**

Establishment of the Customer Advisory Committee focused on diversity and inclusion

Governance

Qualification of the BP Social Institute as a **Social Health Organization (OSS)**

Center of Excellence in Neurology and Neurosurgery launched in October to treat high-complexity cases

1,500 bone marrow transplants performed by BP

Net earnings of **BRL 2.4** billion up **11% compared to 2024**

Digitizing the patient's journey

Development of the risk appetite statement and approval of the new risk and internal controls policy

Awards and recognitions



For the sixth consecutive year, BP has been listed in the **Newsweek ranking** of the best hospitals in Latin America, with a special focus on areas such as Neurology, Oncology, and Cardiology

Friend of the Environment Award (PAMA 2025), granted by the Department of Health of the State of São Paulo, for the case study “Decarbonization in the healthcare sector” and an Honorable Mention for the case study “BP Sustainability Index”

Anahp ESG Award: an award granted by the National Association of Private Hospitals (Anahp) based on three cases from BP: the Sustainability Index (Governance), the teleradiology project (Social), and decarbonization/nitrous oxide (Environmental)

Climate Action Award: Climate Resilience Gold, awarded by Healthcare Without Harm, represented in Brazil by the Healthy Hospitals Project (PHS)

In the **SCImago Institutions Ranking 2025**, BP's scientific output in **Oncology ranks 10th, in Surgery 12th, and in Cardiology 15th**

3rd place in the **2025 Reclame Aqui**

Quality Certifications

BP-07

In addition to these new achievements, the institution has maintained certifications that are essential for patient safety and quality of care:



Gold Seal – GHG Protocol
The highest recognition awarded to companies that report their greenhouse gas (GHG) emissions with rigor and transparency. It certifies that the inventory is complete (Scopes 1 and 2), public, and audited. BP earned the Seal in 2025.



ISO 14001 Environmental Management System
An international standard that certifies organizations that implement structured environmental management practices, with a focus on reducing environmental impacts and continuously improving environmental performance. Awarded to **BP Mirante**.



Association for the Advancement of Blood & Biotherapies (AABB)
International accreditation for blood services that certifies blood banks that meet strict standards of quality, safety, and best practices in transfusions. Maintained at **Hospital BP** and at **BP Mirante**.



Joint Commission International (JCI)
An international accreditation that recognizes healthcare institutions that meet high global standards for quality of care and patient safety. Maintained by **BP Mirante**.



HIMSS EMRAM Level 7 (Electronic Medical Record Adoption Model)
Certification granted by the Healthcare Information and Management Systems Society (HIMSS), recognizing the highest level of digital maturity in healthcare institutions and the full implementation of an integrated electronic health record system. The reaccreditation of **Hospital BP** and of **BP Mirante** is expected for 2026.



ISO 55001 Asset Management System
An international standard that certifies the efficient and strategic management of physical assets throughout their entire lifecycle, ensuring improved performance, risk control, and operational sustainability. Awarded to **Hospital BP** and the **BP Mirante**.



ONA Level 3 – Excellence
The highest level of accreditation awarded by the National Accreditation Organization (ONA) in Brazil, which recognizes institutions for excellence in management, quality of care, and continuous process improvement. Maintained by **Hospital BP**.



2

BP

Institutional Profile and Infrastructure

Shared-Value Model

Strategic Planning

Sustainability

Institutional Profile and Infrastructure

GRI 2-1, 2-6

Founded in 1859, Real e Benemerita Associação Portuguesa de Beneficência, known as BP - A Beneficência Portuguesa de São Paulo, has established itself in the state capital as one of the most prominent and long-standing healthcare institutions in Latin America. Committed to the mission of enhancing the quality of life through excellent healthcare and education, it is a nonprofit, philanthropic civil association headquartered in the Bela Vista district.

Over the course of its 166-year history, the institution has continuously expanded its infrastructure, services, and social impact, while remaining true to its original mission: providing health care. Its activities include inpatient care, medical, nursing, diagnostic, and support services, clinical and surgical procedures, in addition to outpatient care.

The institution operates in the private healthcare sector, but its philanthropic nature enables access to services through partnerships with the National Health

Service (SUS) and the Ministry of Health, particularly under the Institutional Development Support Program of the Unified Health System (PROADI-SUS). These initiatives help strengthen the public health system and benefit patients across all regions of Brazil, while also promoting professional training, research, innovation, and the dissemination of best practices in patient care, always prioritizing quality and patient safety.

Recognized for its high standards and ability to treat high-complexity cases, BP offers specialized care in 52 medical fields, with a focus on neurology, orthopedics, oncology, and cardiology. It has a multidisciplinary team composed of doctors, nurses, technicians, and specialists who are qualified and renowned in their respective fields. The hospital infrastructure undergoes constant upgrades, incorporating state-of-the-art technologies in diagnosis, treatment, and healthcare management, ensuring operational efficiency and quality of care.

With a strong legacy in education, BP brings together complementary initiatives that reflect its commitment to professional training: more than 24 years of medical residency programs; the São Joaquim Technical Nursing School, with over 65 years of history and more than 4,200 nursing assistants and technicians trained since 1959; and a comprehensive continuing education structure for healthcare teams and corporate training, offering development tracks that range from technical training to advanced programs in leadership, management, and healthcare business.

In 2024, the institution took a decisive step by founding BP University and moving forward with its accreditation as a higher education institution. Based on the accreditations obtained from the Ministry of Education

(MEC), the university has established undergraduate programs in Hospital Management Technology (authorized in 2024) and in Nursing and Psychology (authorized in 2025), with operations set to begin in 2026, in addition to a portfolio of graduate and short-term courses. In this way, BP University strengthens the integration of knowledge, clinical practice, and innovation, connecting people, expertise, and projects in pursuit of excellence and the future of healthcare.

In Research, BP is actively engaged in clinical studies, contributing to advances that benefit both the institution and the healthcare sector as a whole. In doing so, it reaffirms its position as one of Latin America's leading healthcare hubs and as a reference hospital for high-complexity procedures and surgeries.





Our numbers

BRL **2.4 billion**
in net earnings

BRL **63.5 million**
in investments earmarked for
infrastructure and technological
resources linked to strategic
planning

3,174
surgical procedures
performed on SUS
patients, accounting
for 9.11% of heart
surgeries on adults
in the public health
system in the state of
São Paulo

188
scientific articles
published in 2025

30.7%
of Black leadership

98.61
points on the
Sustainability Index,
out of a total of 100

251,648
customers in the
year

7,109
employees

6,518
physicians

2,597
associates

52
medical
specialties

973
robotic
surgeries

145,011
emergency room
visits

31,703
hospitalizations

24,986
chemotherapy
sessions

5.4 million
tests performed

259,000
outpatient visits
at BP Vital

Our values

A top-tier healthcare institution is not built solely on technical skills and technological advances. The conduct of physicians, associates, and leaders plays a fundamental role in the quality of care provided and in strengthening the institution's reputation and image. For this reason, we have established a set of seven core values that guide the conduct of our team members, support strategic decision-making, and shape our relationships with stakeholders.



Healthcare comes first

With an comprehensive vision of treatment, **we place the well-being and recovery of our patients above everything else.**



Credibility needs to be cultivated

Our reputation is built on the excellence of our services and on the transparency, ethics and integrity of our conduct. **We nurture genuine, sustainable relationships that we intend to last.**

We are always on the move

Dealing with human lives requires continually updating and renewing our knowledge, infrastructure and ways of thinking. In a world that is constantly evolving, we can never stop.

Connected lives

We nurture relationships that awaken a sense of meaning and connection with life. **We believe this can lighten the load, transform and inspire.**

Doing good does you good

We believe that to make a better world and a fairer society, it is not enough for each individual to do their bit. We must go further. **Philanthropy is in our DNA.**

Collaboration takes us further

Together, we achieve more robust, efficient and innovative results. **We value alliances and partnerships that allow us a broader, more comprehensive reach.**

Sustainable growth is the way forward

We generate economic value to guarantee growth, improvement, and expansion. **We believe outstanding levels of performance enable an increased capacity to value life.**

Purpose

Valuing life

Life means everything to us. Wondrous and multifaceted, we see it as an interconnected set of organic functions, a way of existing in the world. It is at once individual (and therefore finite), collective and continuous. It is continually shifting and changing.

Life evolves. We believe it needs to be permanently investigated, understood, monitored, respected and celebrated.

In different ways, using know-how and technology with sensitivity, and combining complementary specialties, we work every day to value life - everyone's life.

Aspiration

To be recognized as one of the top three healthcare institutions in **Latin America**, acting as a health care hub to provide comprehensive patient care and generating sustainable economic development combined with best ESG practices.

Vision for the future

Comprehensive health and well-being for everyone.



Our structure GRI 2-6

Hospital

Hospital BP is a leading provider of highly specialized medical care. Its medical teams specialize in 52 areas, including neurology, orthopedics, cardiology, and oncology. For the comprehensive treatment of high-complexity and rare conditions, the hospital relies on Centers of Excellence (CoEs) dedicated to Orthopedics and to Neurology and Neurosurgery.

The facility provides emergency care for adults and children and has 597 total beds, including 146 in the Intensive Care Unit (ICU). It is also equipped with advanced surgical technologies, including the Da Vinci XI Surgical System® and the Versius robotic platform developed by Cambridge Medical Robotics (CMR). The hospital serves patients with private health insurance, self-pay patients, associates, and individuals referred by the National Health Service.

To further enhance access and streamline patient care, Hospital BP also offers Digital Emergency Care through the institution’s website and the BP app. This enables the review of medical prescriptions and the identification of symptoms that may require in-person emergency care.

The hospital maintained its ONA Level 3 certification, the highest accreditation granted by the National Accreditation Organization, recognizing compliance with rigorous standards of safety, quality, and excellence in healthcare delivery.



| | | |
|----------------------------------|--|--|
| 52 medical specialties | 597 beds, of which 146 are in the ICU | 31 neurological ICU beds at the Center of Excellence in Neurology and Neurosurgery |
|----------------------------------|--|--|



bp Mirante

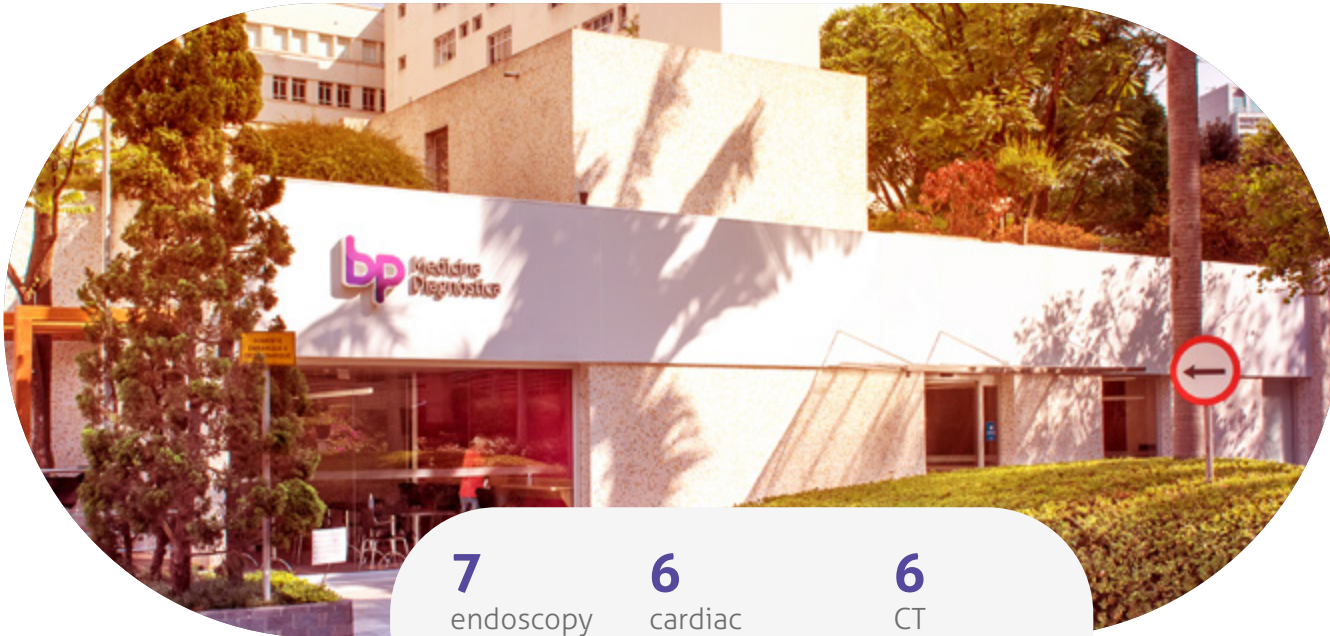
Designed to serve private patients and those with executive-level health insurance, BP Mirante is located at Rua Martiniano de Carvalho, 965, Bela Vista, São Paulo. BP's premium facility offers personalized care and high-quality hospitality. It has 113 beds, 30 of which are in the Intensive Care Unit (ICU), seven operating rooms—one of which dedicated to robotic surgery and connected to the Da Vinci XI Surgical System®—and a Diagnostics and Interventionist Therapies Center. This center performs high-complexity procedures such as Cardiac Surgery, Vascular Surgery, Oncological Surgery, Neurosurgery, and Neurointerventional procedures.

The unit also provides urgent care with extensive facilities for urgent and emergency situations, including a 24-hour cardiac catheterization service and an orthopedic emergency department. BP Mirante is accredited by Joint Commission International (JCI), one of the most prestigious accreditations in healthcare, focused on patient safety and the continuous improvement of the quality of care processes. The facility has been certified to ISO 14001:2015, attesting to the robustness of its Environmental Management System.

113
beds,
including **30**
in the ICU

7
operating
rooms

1
Diagnostics and
Interventionist
Therapies Center



7

endoscopy
rooms

6

cardiac
catheterization
labs

6

CT
scanners

bp Medicina Diagnóstica

BP's diagnostics unit offers a comprehensive portfolio of tests, ranging from routine laboratory analyses to high-complexity procedures supported by state-of-the-art technology. It also performs therapeutic procedures such as angiography, hemodialysis, nuclear medicine treatments using radiopharmaceuticals, and physical therapy, all of which are integrated into BP's hospital services.

The facility has a Hemodynamics Reference Center to provide 24-hour care for cardiovascular emergencies. In addition to the convenience of accessing multiple services in one location, BP Medicina Diagnóstica offers features designed to enhance the patient experience, including online check-in, digital access to test results, and a drive-thru service for laboratory sample collection.

2

PET-CT

7

MRI
equipment

51

hemodialysis
centers

bp Vital

With over 120 medical offices and 45 medical specialties, BP Vital is a network of clinics that offers consultations, therapies, and tests integrated with Hospital BP. It also offers patients telemedicine services for routine consultations and less complex cases.

120

medical offices

45

medical
specialties

259,000

visits

Faculdade

In 2024, BP was accredited by the Ministry of Education (MEC) as a Higher Education Institution and advanced the development of its academic portfolio with authorization to offer an undergraduate degree in Hospital Management Technology. In 2025, the institution obtained additional authorization from Brazil's Ministry of Education (MEC) to offer bachelor's degree programs in Nursing and Psychology. Scheduled to begin in 2026, these programs represent an important milestone in the consolidation of BP's higher education initiative in the healthcare field. Integrated into a leading healthcare ecosystem, BP University delivers an educational model that combines technical excellence, a strategic business perspective on healthcare, and a strong focus on innovation.

Its physical infrastructure reflects the close integration between education and healthcare services. BP University occupies six floors of the Martiniano Tower, located in the Bela Vista district, and includes approximately 1,500 m² of laboratory facilities within Hospital BP. This proximity provides students with exclusive access to a high-complexity and technologically advanced learning environment, featuring High-Fidelity and Realistic Simulation laboratories focused on critical care and ICU scenarios, a Virtual Reality laboratory equipped with Meta Quest headsets for immersive anatomy and procedural training, as well as Surgical Practice and Clinical Skills laboratories.

6

floors in the
Martiniano Tower

11

laboratories

15

classrooms

104

undergraduate
students



Genomic Medicine

BP's Genomic Medicine service offers an integrated and personalized care model focused on disease prevention, early diagnosis, and tailored treatment strategies based on each patient's genetic profile. Its multidisciplinary team includes geneticists, oncologists, cardiologists, pediatric neurologists,

nurses, and specialists in human reproduction. The service encompasses the full patient journey, from genetic counseling and diagnostic investigation to ongoing clinical follow-up for patients and their families. The facility provides access to molecular testing, imaging, and pathology services.

55%

growth compared to 2024

1,458

consultations conducted

1

personalized prevention program for high-risk patients

Women's Medicine Clinic

With qualified staff and modern, welcoming facilities, the clinic has six examination rooms and specializes in women's health care. Services are exclusively private and, among other specialties, includes general gynecology, endocrinology, fetal medicine, urogynecology, pain management, plastic surgery, nutrition, and endocrinology.

6

medical offices

3,128

visits



Cell Therapy Service BP-05

In 2025, the BP Blood Bank collected 12,995 units, including 11,480 units of whole blood and 1,515 units of platelets collected via apheresis. In addition, BP reported a significant increase in the treatment of cancer using CAR-T cell therapy. By 2025, we had reached the milestone of seven patients treated with this innovative technology. With regard to bone marrow transplants, we have performed a total of 1,487 procedures, including 235 in 2025.

BP's Blood Bank maintained a high volume of activity in 2025, dispensing 21,416 blood products and performing 4,490 procedures, reflecting strong clinical demand and a significant operational contribution. Red blood cell concentrate was the most frequently used blood component, totaling 10,778 units.

Platelet utilization was also substantial, reaching 9,303 units from both random donor and apheresis platelets, with a more pronounced increase in the second half of the year, suggesting greater clinical complexity among treated patients. Plasma consumption fluctuated throughout the year, with a notable increase in December, while cryoprecipitate volumes remained



comparatively low, consistent with its use for specific clinical indications.

At the same time, the volume of procedures remained high and relatively stable, averaging approximately 374 visits per month. Noripurum administration was the most frequently performed procedure, totaling 1,926 cases, followed by Ferinject applications and outpatient blood collection procedures, both of which also recorded significant volumes. The rise in procedures was directly associated with increased consumption of blood products, underscoring the need for proactive planning in inventory management, resource allocation, and staffing—particularly during peak periods—to ensure patient safety and operational efficiency.

12,995

blood
and platelet donations

1,487

bone marrow
transplants in 2025

Croma: Integrated Oncology journey

With strong growth in the healthcare market, Oncology is a strategic specialty at BP. Following the launch of Croma—a joint venture created through the partnership between BP – A Beneficência Portuguesa de São Paulo, the Fleury Group, and Atlântica Hospitais, a subsidiary of the Bradesco Seguros Group—the institution strengthened its position to sustain its growth trajectory and expand its leadership within the healthcare sector.

Croma was created to provide cancer patients with an integrated care model and to help manage their treatment journey: it coordinates everything from prevention and diagnosis to treatment. The business model combines hospital care expertise, diagnostics, and healthcare management of the three organizations. In 2025, three locations were opened in São Paulo—in the Tatuapé, Morumbi, and Lapa districts—and one in Rio de Janeiro.

Shared Value Model

BP's value creation model adopts a systemic view of the entire operation, enabling the identification of strengths and opportunities for improvement while fostering the generation of shared value for society.

This approach helps us identify our strengths and areas for further improvement. The model also promotes continuous dialogue among operational and corporate areas, encourages the establishment of partnerships that expand social impact, and supports the ongoing refinement of strategies, processes, and activities. The ultimate objective is to ensure the institution's sustainable growth in the short, medium, and long term.



Value creation process

INPUTS

- Financial Capital**
Financial resources that support the operation, investments, and the continuity of healthcare.
- Manufactured Capital**
Infrastructure, equipment, and technologies that support the safe and efficient delivery of health care services.
- Intellectual capital**
Clinical knowledge, protocols, information and innovation systems that guide decision-making and improve outcomes.
- Human Capital**
Skills, experience, engagement, and well-being of the professionals who ensure the quality of care.
- Social Capital**
Trust-based relationships with patients, family members, partners, government agencies, and the community.
- Natural Capital**
Natural resources used in operations and managed responsibly to reduce environmental impacts.

HOW WE CREATE VALUE

- Governance / Compliance / Risk Management
- Transparency and Ethics
- Structures, Technology, and Innovation
- Employees, Customers, and Medical Staff
- Quality, Health, and Safety
- Humanization
- Patient Experience
- Education and Research
- Dissemination of Knowledge
- Social and Environmental Management
- Value Chain

WE SHARE

- Excellence in Health
- Knowledge and Experience for Our Stakeholders

WE DELIVER VALUE TO

- Employees
- Community
- BP board members
- Professional Council
- Donors
- Suppliers
- Government
- Physicians
- Media
- Health Insurance Providers
- Patients
- Partners
- Researchers
- Service Providers
- Unions
- Volunteers

OUTPUTS

- Financial Capital**
Long-term sustainable growth, ensuring the continuity and expansion of healthcare services, greater capacity for strategic investment, and the consistent creation of value for patients, employees, society, and other stakeholders.
- Manufactured Capital**
BP's physical and technological resources enable the provision of safer, more efficient, and higher-quality healthcare services, expanding care capacity, improving care environments, and strengthening care support.
- Intellectual capital**
More assertive decision-making, standardization of care processes, and continuous improvement of services, supported by evidence-based practice.
- Human Capital**
Qualified care staff, collaborative work, and effective implementation of processes, ensuring the continuous and patient-centered delivery of services.
- Social Capital**
Strengthening BP's credibility and legitimacy, expanding its positive social impact, and building lasting relationships that support long-term value creation.
- Natural Capital**
Greater efficiency in water, energy and raw-materials use; reduced waste and emissions; and the adoption of more sustainable operational practices.

Strategic Planning

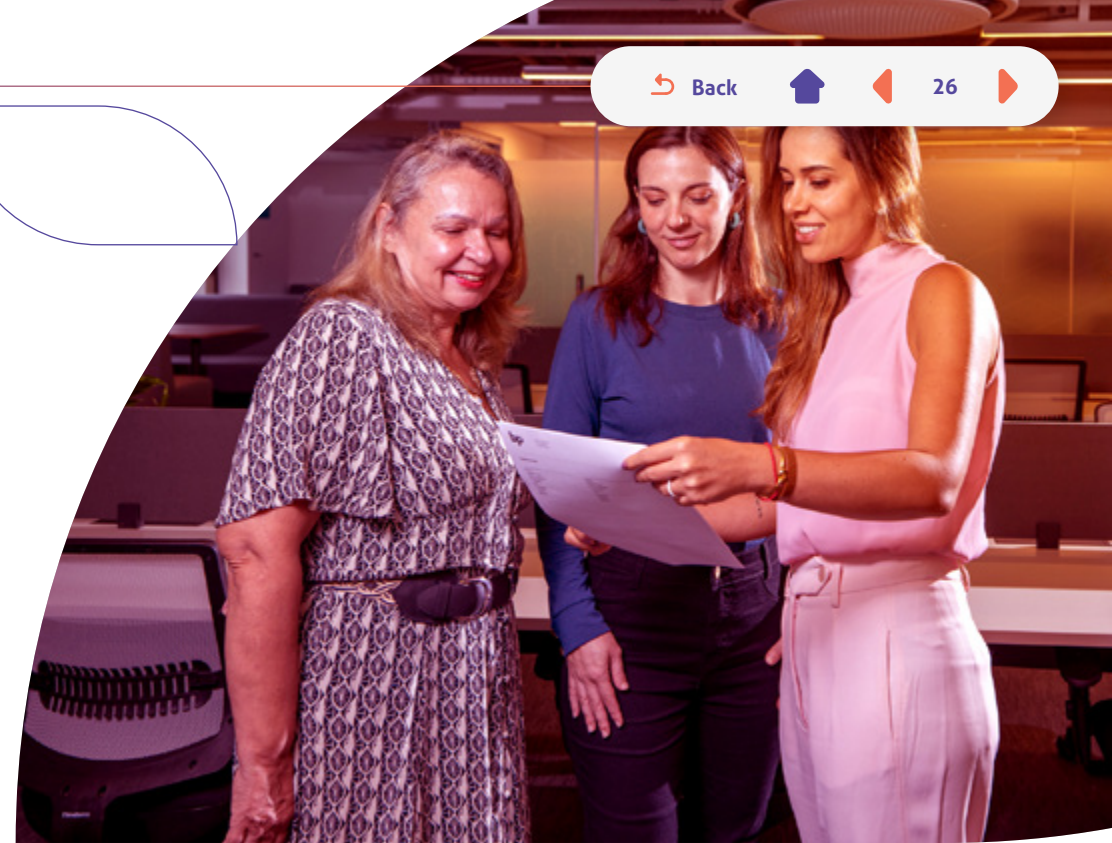
In 2025, BP revised its long-term Strategic Plan (a 5-year vision) with the aim of improving its implementation and making it more focused. The close of the fiscal year marked the culmination of the final phase of internal reorganization alongside the launch of major expansion initiatives. Our strategy for the 2026–2031 period is structured around three phases – **organization, growth, and consolidation** –, prioritizing expansion through joint ventures, digital acceleration, and business diversification initiatives that strengthen the institution’s core operations.

To support this movement, we optimized the objectives management model (Go BP), prioritizing eight strategic indicators. This robust monitoring framework ensures that short-term progress is closely aligned with our long-term vision. They are more than just operational metrics; they provide an effective framework

for measuring and categorizing the necessary adjustments.

The institution has focused its efforts on the issues most critical to BP’s long-term viability, such as operational efficiency, close collaboration with the clinical staff, preparation for expansion through Centers of Excellence (CoE), and sustainability. We also rely on so-called enablers, such as digitalization (the Go Digital Program), a strong focus on cultural change, and the reinforcement of our values and innovation. We also made significant progress in brand building, through rankings and customer surveys that demonstrate appreciation for our unique strengths, such as our patient-centered care.

In addition, the strategic plan aligned the medium-term objectives described in five key pillars: Expansion, Education, Customer Focus, Operational Efficiency, and Sustainability.



Under the Expansion pillar, we repositioned our care profile and strengthened structures dedicated to medium- and high-complexity care. One of the main guidelines was to make BP a more surgery-focused hospital. The objective is to optimize our operations through bed turnover and continuous process improvement, which leads to better clinical outcomes and better care for patients. There was also the official launch of the Centers of Excellence in Neurology and Neurosurgery, Orthopedics and Mobility, as well as progress in establishing the Center of Excellence

in Cardiology. [Learn more in the chapter Excellence in Service](#)

In the area of New Business and Partnerships, the institution strengthened its network through Croma, the joint venture focused on Integrated Oncology, while also advancing additional expansion projects planned for the next cycle. The institution also obtained certification for the BP Social Institute as a Social Health Organization (OSS), qualifying it to manage public healthcare facilities and expanding its potential for social impact.

At the same time, education has evolved from being merely a support function to becoming a strategic business unit. With an investment of BRL **40 million**, BP University was officially launched with undergraduate programs that have already been approved (Nursing, Hospital Management, and Psychology), in addition to the development of the medical program, graduate programs, and short-term courses. For many years, BP University has offered other training opportunities, such as residency programs, specialty training, and fellowships. The initiative aims to ensure high academic quality, train professionals who are aligned with the institution's culture, and diversify income streams (*learn more in the chapter **Education, Research, and Innovation***). The strategy reinforces the concept of lifelong learning by offering development opportunities throughout one's academic and professional journey. These initiatives generate significant synergies for BP's core business and reinforce our strategy of excellence in patient care, as education within the hospital setting promotes the ongoing professional development of our staff and contributes to an increasingly safe, up-to-date, and high-quality patient experience.

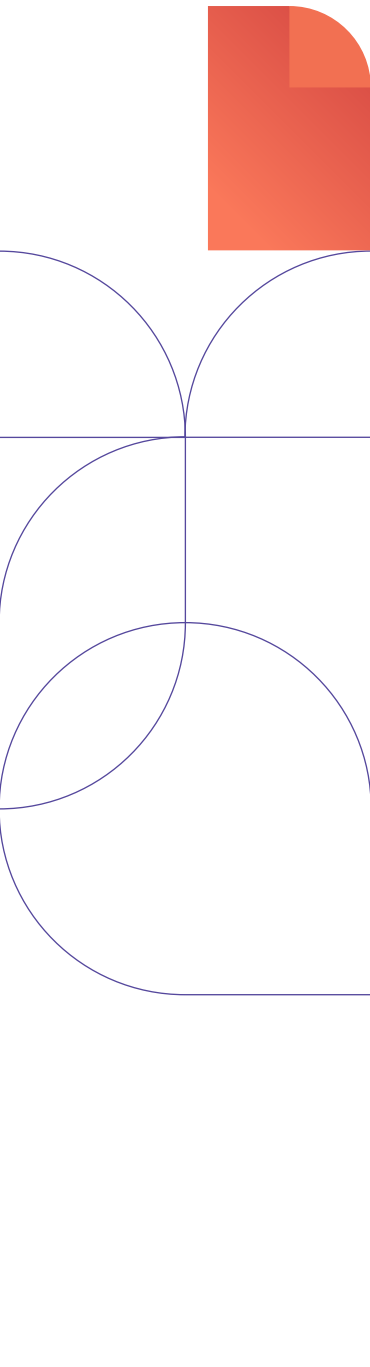
With regard to customer focus, our goal is to provide humane and excellent care for patients, facilitate their experience at the institution, and deliver the best possible care outcomes, which positively impacts patient attraction and retention among those seeking excellent healthcare treatments and services. To create a more personalized and positive experience for patients, family

members, and their companions, BP has also established the Customer Advisory Committee (*read more in the chapter **Excellence in Service***), strengthening active listening and the co-creation of improvements in care processes.

Lastly, the institution is launching a new patient app and portal integrated with an intelligent scheduling platform,

designed to expand access, enhance patient autonomy, and improve the overall digital experience. The solution will provide easy access to test results, past and upcoming appointments, online appointments, medical prescriptions, and discharge summaries, while also offering a more intuitive and integrated user experience within the healthcare ecosystem. The initiative reinforces





the institution's digital transformation strategy, enabling increased convenience, transparency, and efficiency in patient care.

Operational efficiency was guided by the inseparable link between medical quality and cost control under the New Hospital Management Model (NMGH). Strict quality metrics were incorporated, including compliance with standardized protocols and the reduction of hospital-acquired infections in surgical environments. We believe that improving clinical outcomes also reduces waste and costs, allowing for a more effective allocation of financial resources to improve public health—a smart use of our resources. Another focal area for efficiency is reducing the average residence time and ensuring safe discharges to optimize bed turnover. To increase operating room productivity, a time-and-motion study was implemented in partnership with companies such as Johnson & Johnson.

The Sustainability pillar, meanwhile, addressed the financial aspect through the profitable BP project. Focused on ensuring the organization's economic and financial sustainability, profitable BP is part of the 2025–2026 cycle. The program seeks to challenge the perception that a philanthropic institution should not generate a surplus, reinforcing the understanding that healthy cash flow and operating profitability are essential to sustaining reinvestment in BP's mission. This includes acquiring new technologies, enhancing infrastructure, strengthening professional training, and expanding access to higher-quality treatments and better patient outcomes. The idea is for BP to remain at the forefront of high-quality, cutting-edge medicine, growing and expanding to provide greater access to healthcare for the population and maximize investments, while also receiving the donations and external resources that remain at the heart of our mission: philanthropy and social impact. With regard to the ESG agenda, we have made progress on key issues such as decarbonization, resilience, and the Sustainability Index. *See more in the subchapter [Sustainability](#)*

The BP Board of Trustees, through the Strategy and Finance Committee (CEF), has taken on a more active role in guiding the institution's strategic direction. By addressing medium- and long-term trends, supporting critical projects, and challenging the organization to pursue sustainable growth, the Committee has helped establish a strong foundation for the next strategic cycle. As a result, the long-term strategic plan for the 2026–2031 period will be developed from the outset with direct participation and validation by the CEF, ensuring alignment between execution priorities and the governance vision. This new approach brought greater professionalism to strategic discussions, introduced more discipline and consistency into the decision-making process, and enabled BP to navigate a year marked by significant market changes with greater confidence.



BRL 40
million
invested in BP
University

Sustainability

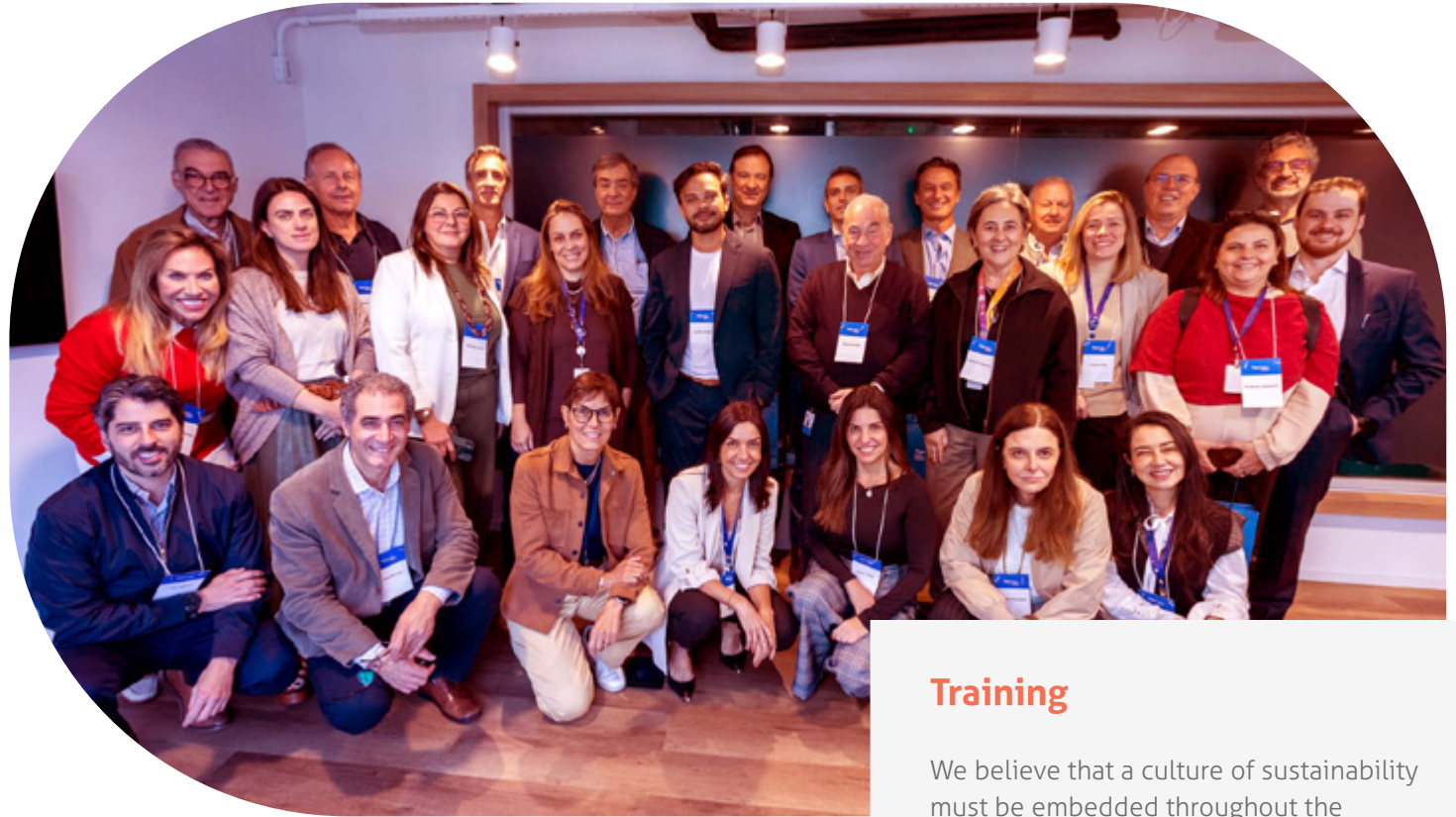
Sustainability is a cross-cutting pillar of BP's business strategy, integrating environmental, social, and governance (ESG) and economic considerations into decision-making and organizational culture. The year was marked by the reinforcement of climate governance, the commitment of senior leadership, and national and international recognition of our management practices. Below, we present the key highlights that demonstrate our commitment to creating shared value and ensuring the institution's long-term sustainability.

Sustainability is a cross-cutting priority that integrates ESG considerations into BP's business strategy



BP Sustainability Index

The BP Sustainability Index, a pioneering tool that links ESG indicators to executive performance contracts, has become the primary tool for monitoring our strategy. Structured around five key areas—Natural Resources, Diversity & Inclusion, Human Resources Management, Education, Research, Innovation, and Access to Healthcare, and Transparency, Ethics & Sustainability—the index tracked the institution's performance against challenging goals throughout 2025. In its second year of full implementation, the index reached 98.61 out of 100 points.



Practical outcomes associated with the index include:

Achievement of
31.7%
of Black leaders
(surpassing the
target of 28.3%)

Securing of the
ISO 14001:2015
certification by the BP
Mirante unit

In its second year of full
implementation, the BP
Sustainability Index reached
the milestone of
98.61 out of **100** points

Training

We believe that a culture of sustainability must be embedded throughout the organization. With this objective, in August 2025, BP held an exclusive ESG training session for its senior leadership team. Organized by the Brazilian Institute of Corporate Governance (IBGC), a national reference in corporate governance, the initiative brought together board members and executives to deepen discussions on climate governance and socio-environmental risks, further aligning the institution's strategic vision with leading market practices.

The methodology gained prominence and recognition with the publication of the case study “BP Sustainability Index: Strategic Integration of ESG Indicators into Hospital Management” in the journal Science. The article highlights how BP made sustainability tangible in hospital operations and engaged leadership through clear, auditable metrics.



ESG recognitions of the year

BP was a highlight at the 2025 National Private Hospital Congress (CONAHP), an event that brings together the country's leading private hospital executives and fosters discussions on innovation, management, technology, and the future of healthcare in Brazil. During the event, the organization was recognized by Anahp with the ESG Award and honored for initiatives that integrate sustainability, social impact, and technology, such as: infrastructure upgrades with a lower environmental

impact; adoption of the BP Sustainability Index; and OpenCare 5G, which brings specialized care to remote regions through advanced connectivity.

We were also honored to receive the Climate Action Award – Climate Resilience, granted by HealthCare Without Harm to healthcare organizations that enhance their capacity to address the impacts of climate change through initiatives that boost operational resilience,

protect patients and communities, and contribute to a more sustainable healthcare system. In addition, the organization was honored with the Friend of the Environment Award (PAMA), an initiative of the Department of Health of the State of São Paulo that recognizes innovative projects. The award was presented during the Healthy Hospitals Seminar in recognition of our decarbonization project, which involved phasing out the use of nitrous oxide in our operations.

A leading role in the ESG agenda

To strengthen its role as a catalyst for transformation in the healthcare sector and society, BP assumed leadership of the Collective Action Hub (NAC) for Climate Justice and Just Transition, an initiative of the United Nations Global Compact that emerged directly from the Commitment to Climate Justice and Health, published with BP's support in November 2024.

The inaugural workshop at NAC took place at BP University in September 2025, bringing together organizations from the healthcare industry as well as companies operating out of the energy, infrastructure, corporate food service, and financial sectors, among others. Organized to discuss collaborative strategies for climate adaptation and mitigation, the event marked the start of an agenda focused on reducing vulnerabilities and promoting an inclusive and equitable economic transition.



Global Health Impact (GHI)

The year 2025 was also a period of preparation for the Global Health Impact (GHI) chapter, introduced in the 8th edition of the Joint Commission International (JCI) Hospital Accreditation Manual. GHI addresses environmental sustainability and its direct impact on patient safety and the governance of healthcare institutions. JCI emphasizes the need for hospitals to adopt practices that

reduce greenhouse gas emissions and integrate sustainability into their operations and governance.

Impact documents

In 2025, we also published policy documents that formalize our commitments. The **BP Sustainability Policy** establishes the principles and guidelines that systematically guide the organization's operations. Meanwhile, the **Standard for**

Combating Climate Change defines the responsibilities and strategies related to emissions mitigation—establishing targets of a 50% reduction by 2030 and carbon neutrality by 2050—as well as climate adaptation measures. The standard also aligns BP's operations with the guidelines of the GHG Protocol, the internationally recognized methodology for measuring, managing, and reporting greenhouse gas (GHG) emissions.

3

Corporate Governance

Governance Structure

Transparency and Ethics

Risk Management and Mitigation

Privacy and Data Protection

Sustainable Suppliers



Governance Structure

GRI 2-9, 2-13

Since its founding 166 years ago, BP has relied on the commitment and engagement of its Associates, whose participation has been fundamental to the institution's longevity, continuity, and relevance throughout its history. Associates are divided into six categories—Regular, Benefactors, Meritorious, Grand Meritorious, Cross of Honor, and Philanthropists—comprising individuals who have contributed to the institution and, in most cases, are entitled to access BP's healthcare services, with the exception of philanthropic members. Following the amendment of the bylaws in 2018, the category of "philanthropic associate" was created to allow individuals to support the institution through annual contributions or the provision of services. Although this category does not grant access to BP's services, it plays an important role in supporting the institution's long-term sustainability.

At the end of 2025, BP had 2,597 associates, predominantly Benefactor and Full Members. These members participate annually in the Annual General Meeting (AGM), where they review, discuss, and vote on the financial statements presented by management, as well as the opinions issued by the independent auditors and the Fiscal Council. At a Meeting held in late 2024, a vote was taken to amend the institution's bylaws, marking a significant step forward in BP's corporate governance practices and decision-making processes. In addition to improving the management and governance of different areas of the organization, the bylaw update—which provides for a gradual reduction in the size of the Board of Trustees from 18 to nine members by 2027, as well as the inclusion of up to three independent directors—strengthens the institution and enhances its attractiveness to investors and financial institutions.



Accordingly, the current governance structure of A Beneficência Portuguesa de São Paulo consists of the following bodies: Board of Trustees, Fiscal Council, Advisory Board, Administrative Board, and Executive Board, which includes the Chief Executive Officer (CEO) and other officers. In addition, the Board of Trustees—which is responsible for making final decisions—receives technical support from five permanent advisory committees, whose members are elected annually. They are:

Associates Committee (CAS)

4 members

Strategy and Finance Committee (CEF)

6 members

Governance, Risks and Compliance Committee (CGRC)

4 members

Projects and Assets Committee (COP)

2 members

People Committee (CPE)

3 members

The allocation of responsibilities among the committees is intended to fully address the organization's impacts and risks. The Governance, Risk and Compliance Committee monitors organizational risks. Responsibility for overseeing social issues is shared between the People and Associates committees. For its part, the Projects and Assets Committee supports decisions regarding new construction projects and the assessment of their environmental impacts. The Strategy and Finance Committee, meanwhile, oversees economic and financial matters, as well as evaluates and monitors the implementation of the institution's strategic plan. In 2025, this monitoring process became more structured through the GO BP management system. During the year, two off-site meetings were held, during which CEF members engaged in in-depth discussions with BP's Executive Board regarding the institution's future direction. In addition, since 2022, BP has maintained a Social Investment Committee, which is responsible for defining the strategy and monitoring both social initiatives and sustainability efforts.

With the exception of the Executive Board, whose members are compensated in line with market practices, the members of the other governing bodies serve on a voluntary basis and do not receive any direct or indirect remuneration or financial benefits.

BP's new **Bylaws** enabled the organization to diversify its operations in 2025. It was this modernization that paved the way, from a legal standpoint, for the creation of the Institute of Science and Technology (ICT) and the establishment of the BP Social Institute, which has already been designated a Social Health Organization (OSS). The new structure positions BP to access more sophisticated financial instruments in the future, should it be necessary to invest further in the growth of philanthropy and the business.



Learn more about BP's governance bodies below and view the full organization chart on our [website](#).

Board of Trustees

GRI 2-10, 2-11, 2-12, 2-13, 2-15

The Board of Trustees plays a key role in the strategic oversight of BP's sustainable development, and is responsible for approving corporate policies and establishing various guidelines, including those based on structured processes to prevent and mitigate conflicts of interest. These guidelines are subject to ongoing monitoring and periodic reviews, ensuring that decision-making remains impartial and aligned with institutional objectives. The organization has formal procedures in place for identifying, documenting, and appropriately disclosing potential conflicts. When identified, such situations are communicated to stakeholders through institutional reports and, where applicable, in specific governance documents.

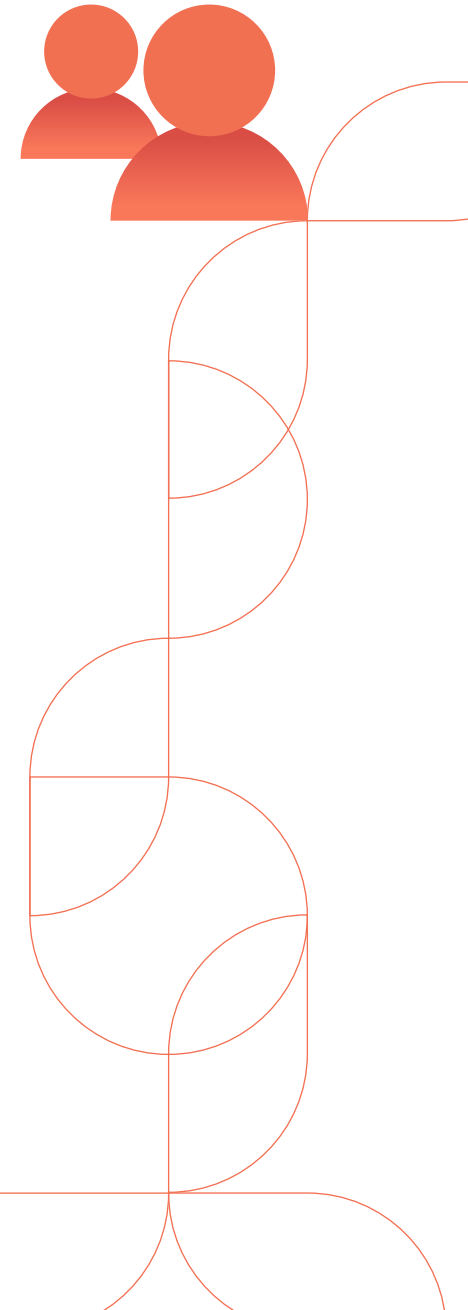
The body also monitors economic, environmental, and social impacts, periodically evaluating the results and identifying opportunities for improvement. The Board is also responsible for reviewing and approving the organization's reports,

ensuring transparency and strategic alignment. Engagement with stakeholders occurs indirectly, through analyses conducted by management that track expectations and risks for subsequent reporting to the Board. The results of these processes serve as the basis for defining strategic and operational guidelines, guiding the improvement of reporting workflows and organizational practices.

The selection and appointment of members of the Board of Trustees—as well as of the Advisory Committees—are formally grounded in the institution's Bylaws and in the internal bylaws of the governance bodies, ensuring that leadership adheres to the highest ethical and operational standards. The People Committee plays a central role in this structure, with the responsibility of proposing and discussing with the Board of Trustees the nomination of candidates for the slates to be submitted to the General Meeting. This process is guided by the institution's strategic plan and an approved competency matrix, which

serves as a guide for identifying qualified candidates.

The process is guided by fundamental guidelines that aim to ensure the sustainability and integrity of BP. Standing out among the criteria adopted are transparency, diversity, and member independence, in addition to a careful assessment of the time and commitment required for the role. Candidates are evaluated based on their professional experience, their track record of engagement with stakeholders, and their strategic alignment with BP's mission, ensuring that the highest governance body possesses the necessary competencies to manage the organization's impacts and promote best market practices. Board members serve three-year terms and may be reelected.





BP Board of Trustees as of December 31, 2025

Chairman

Josué Dimas de Melo Pimenta

Vice-Chairman

Rogério Pinto Coelho Amato

General Secretary

Rodrigo Sampaio Ribeiro de Oliveira

Board Members

Andrea Pellegrini Mammana Napolitano
(Independent)

Claudia Elisa de Pinho Soares
(independent)

Eduardo Genin de Oliveira

Emidio Dias Carvalho Junior

Ernani Antunes Araujo

José Francisco Monteiro Miranda

Leonardo Comino Neto

Luiz Eduardo Loureiro Bettarello

Mauricio Bardauil

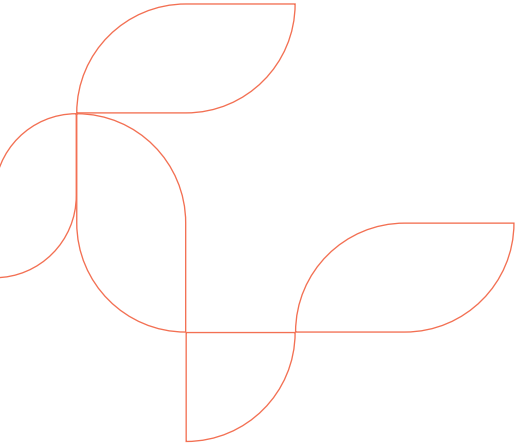
Ricardo Gustav Neuding

Knowledge and assessment

There is no formal performance evaluation of the Board of Trustees. However, the collective knowledge of its members regarding sustainable development is continually reinforced through a communication process that includes access to up-to-date information and active participation in committees. This ongoing process ensures that social, environmental, and governance issues are fully integrated into the institution's decision-making process and corporate strategy. As part of this commitment to technical development, specific training for board members titled "Best Practices in Sustainability" was held in 2025. During the training session, participants discussed global trends

and the responsibilities of senior leadership in the ESG context, as well as the specific challenges and opportunities facing the healthcare sector. [GRI 2-17, 2-18](#)

As of the end of 2025, our Board of Trustees consisted of 13 members, led by a chairman who held no executive role within the institution. In accordance with Article 30 of the Bylaws, the board included two independent directors. With respect to diversity, the Board also included two women among its members; however, during the reporting period, there were no representatives from other underrepresented social groups.



Fiscal Council

The Fiscal Council is responsible for reviewing the institution's records and financial documents to ensure that all funds are properly supported and accounted for, revenues have been duly collected, the use of resources complies with the formalities and conditions established in the Bylaws, and expenditures have been incurred in a fair, appropriate, and reasonable manner. Each year,

following a thorough review of the financial statements submitted by the Executive Board and approved by the Board of Trustees, the Fiscal Council issues an opinion on the institution's financial statements, which is then put to a vote at the General Meeting. This Council consists of five members, one of whom is independent. The term of office is three years, with the possibility of reelection.

Composition of the Fiscal Council

Chairman

Carlos Henrique A. R. Catraio

Secretary

André Ricardo Passos de Souza (independent)

Members

Carlos Byron Rodrigues
Gustavo Amato Urbano
Maurício Augusto Souza Lopes

Advisory Board

Holding no administrative role, this board is an honorary body composed of up to 20 associates appointed by the Board of Trustees for three-year terms. The Advisory Board meets every two months to make recommendations to the Board of Trustees.

Composition of the Advisory Board

Chairman

Roberto Vilela

Vice-Chairman

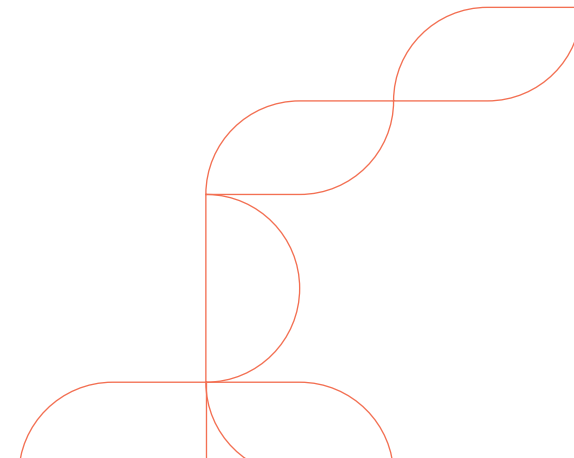
José Pastore

Secretary

Eduardo de Assis Pires

Board Members

Agnaldo Augusto Mirandez
Artur Rodrigues Quaresma Filho
Cassio dos Santos Clemente
Fábio de Araujo Nogueira
Francisco Roberto Balestrin de Andrade (independent)
Jorge da Silva Lopes (independent)
Marcelo Amaral Moraes (independent)
Nelson Vieira Barreira
Silvana Cambi



Executive Board GRI 2-13

BP's day-to-day executive management is led by a Chief Executive Officer (CEO), a qualified industry professional who acts in accordance with the decisions made by the company's governing bodies. The organization has nine departments, with the People and Customer Experience, Marketing, Sustainability, and Social Impact Executive Committee responsible for developing sustainability strategies, monitoring performance, integrating ESG practices into operations, promoting stakeholder engagement, and managing social and environmental impacts.

Senior executives and operational departments report on impacts, risks, and performance indicators to the highest governance body on a monthly basis during regular meetings. To ensure strategic alignment, the Executive Board makes regular presentations to the Board of Trustees.

Membership associations GRI 2-28

- Brazilian Association for Business Communication (Aberje)
- Association of Private Philanthropic Hospitals (Ahfip)
- National Association of Private Hospitals (Anahp)
- Portuguese Chamber of Commerce
- Federation of Santas Casas and Charitable Hospitals of the State of São Paulo (Fehosp)
- Interactive Advertising Bureau (IAB)
- Group of Institutes, Foundations and Enterprises (Gife)
- Institute for the Development of Social Investment (Idis)
- Ethos Institute for Business and Social Responsibility
- National Forum of Philanthropic Institutions (Fonif)

Government and regulatory agencies

- National Council of Municipal Health Departments (Conasems)
- National Council of Health Secretaries (Conass)
- Ministry of Health
- National Research Ethics Commission (Conep)
- Department of Health of the State of São Paulo
- Municipal Health Department of São Paulo
- Brazilian Network for Health Technology Assessment (Rebrats)

Social and environmental projects and initiatives

- The Healthy Hospitals Project, which is part of Global Green and Healthy Hospitals (GGHH) and represents Health Care Without Harm (HCWH) in Brazil, has joined the Race to Zero Campaign, as well as the Climate and Energy Challenges.
- UN Global Compact Network Brazil, in support of the They Lead, Race is a Priority, and Net Zero Ambition initiatives.
- UN Women's Women's Empowerment Principles.



Transparency and Ethics

GRI 3-3: ETHICS, INTEGRITY, AND COMPLIANCE, 2-23, 2-24, 2-25, 2-26

BP's operations are grounded in an ethical culture that permeates all relationships, from senior management down to the front lines. In 2025, our Integrity Program reached a level of operational maturity that enabled the institution to further refine its controls and enhance the transparency of its processes. This area is managed through a dedicated Compliance, Risk, and Internal Controls structure, which works in an integrated manner to ensure compliance and protect the institution's reputation. This structure is led by the Legal and Compliance area, which is responsible for managing the Integrity Program and conducting training sessions, under the direct supervision of the Finance, Legal, and Operations Department, the Governance, Risks and Compliance (GRC) Committee, and the Board of Trustees, to which the area reports directly. [GRI 2-24](#)

The year saw a comprehensive review of key governance policies, ensuring alignment with industry best practices and new regulatory requirements. The Integrity Policy, Disciplinary Action Policy, Conflict of Interest Policy, Integrity Due Diligence Policy, and Policy on Gifts, Presents, Entertainment, Hospitality, and Free Samples have been updated. All of them contain guidelines that outline the expected conduct of employees, medical staff, and business partners, establishing a zero-tolerance policy for acts of corruption, bribery, and misconduct. These instruments are aligned with national and international standards, including the Business Pact for Integrity and Against Corruption (Ethos Institute), the United Nations Guiding Principles on Business and Human Rights, and the UN Global Compact.

To ensure the effective implementation of our commitments, we maintain a robust training program that includes mandatory courses on topics such as anti-corruption, conflicts of interest, and the prevention of harassment and discrimination. Every year, we host the Ethics, Compliance, Privacy, and Data Protection Event, as well as engagement initiatives during events such as the Internal Week for the Prevention of Occupational Accidents and the Environment (SIPATMA), Wellness Week, and the *Nosso Jeito BP de ser* (Our BP Way of Being) event.

BP's key governance policies were revised in 2025 to align with best practices and regulatory requirements

Integrity in relationships with third parties has been given top priority with the update to the Partner and Supplier Integrity Due Diligence Policy. The supplier qualification process, especially for high-risk suppliers or those that interact with the government, involves a rigorous screening process. The Compliance department conducts reputation and integrity checks on partners and associated companies, while the Procurement department assesses their financial health, ensuring a multidimensional analysis before any contract is signed. In addition, contracts with medical service providers (business entities) were revised to include integrity clauses and a requirement to comply with BP's Manual for Third Parties. These commitments are designed to identify risks of corruption, fraud, and human rights violations at an early stage, and are supported by the Compliance and Integrity Risk Matrix and the Confidential Reporting Channel.

The management of Orthotics, Prosthetics, and Special Materials (OPSM), historically a sensitive issue in the healthcare sector, operates at BP under strict protocols to prevent conflicts of interest. The OPSM center operates as a single business unit that integrates

the entire OPSM process, from strategic negotiations to dispensing at service locations, ensuring the traceability and accuracy of information. In addition, the OPSM procurement process involves materials and pharmaceuticals standardization committees that independently evaluate the materials during the approval process.

To mitigate risks in the physician-professional relationship, the institution has strengthened its Medical Accreditation Committee. Composed exclusively of physicians, this committee evaluates the admission of new professionals to the medical staff based on technical criteria and a prior compliance assessment (100% of new physicians are vetted according to criteria defined in the Integrity Program), which conducts a detailed screening of the professional's background. The final decision is made collectively and based on technical criteria, thereby shielding the institution from commercial interests that are not in line with medical ethics.

Learn more about the Medical Accreditation Committee under [Medical Staff](#).

The company reinforces its culture of integrity through a series of mandatory training programs for all employees, beginning at onboarding, which is conducted three times per month. Senior management and the Board of Trustees also attend regular training. For advice and to raise concerns, BP offers a robust framework led by the Compliance department, allowing employees to seek guidance through the Service Desk, meetings, and one-on-one consultations. Should any negative impacts arise, the institution has formal commitments in place to address them, as evidenced by the Confidential Reporting Channel, which allows for the reporting of potential impacts on human rights, integrity, or working conditions.

With regard to compliance with laws and regulations, BP maintains a monitoring process conducted in an integrated manner by the Legal and Business departments. During the period under review, 38 cases of noncompliance were identified, with a potential liability of BRL 137,525.39. This amount does not include a specific tax assessment notice that resulted solely in a warning penalty. According to the organization's risk policy, none of the 38 cases was classified as significant. The definition of materiality in BP covers situations involving risks that are significant to the company's reputation or have a large-scale financial impact; in the civil sphere, this is characterized by amounts that exceed the authority of the executive level. **GRI 2-27**



Confidential Hotline

GRI 2-16, 2-25, 2-26, 408-1

BP's Confidential Hotline remains one of the key indicators of the organization's ethical culture, enjoying a high level of trust among its users. It is available to all stakeholders, including employees, third parties, suppliers, and customers. Operated independently, the hotline is available 24/7, ensuring confidentiality, the option to remain anonymous, and protection against retaliation. In 2025, 775 reports were filed through this hotline, an average of 65 reports per month. Among the reports were allegations of harassment, discrimination, corruption, fraud, and violations of rights.

All reports are investigated impartially by the Compliance area, and to ensure the process integrity, BP enforces a strict non-retaliation policy, protecting those who raise concerns in good faith and strengthening a culture of ethics throughout its value chain. The complaints-handling workflow includes receipt and triage, the opening of an internal investigation conducted with impartiality and confidentiality, a conclusion with evidence-based

recommendations, remediation through proportionate disciplinary measures, and adjustments to processes and internal controls to prevent recurrence. In 2025, the average resolution time was 19 days.

BP maintains a formal communication structure to ensure that compliance issues—which are of critical importance to its stakeholders—are reported to the highest governance body with rigor and transparency. To address these critical concerns, the institution relies on board meetings, governance committees, formal written notifications, and periodic risk and compliance reports.

We also provide quarterly internal reports on this channel's key metrics, including the number of reports received, primary submission methods, anonymity rate, report types, Diversity & Inclusion indicators, and resulting action plans—such as process improvements, disciplinary measures, and training or awareness initiatives. This initiative reinforces the organization's message that

ethics is not negotiable and that the Confidential Reporting Channel is an effective management tool.



Visit the
Confidential
Hotline

Website:

www.canalconfidencial.com.br/bp/

E-mail:

bp@canalconfidencial.com.br

Phone:

0800-882-0628

Risk management and mitigation

BP is strengthening its governance structure by taking risk management to a new level of maturity and strategic integration. With the support of the Governance, Risk, and Compliance (GRC) Committee, the Risk and Internal Controls area led a comprehensive review of the Corporate Risk Map, prioritizing the threats most critical to the business and focusing efforts on mitigation measures.

The focus shifted from merely identifying risks to providing consultative development of internal controls. The department began conducting periodic reviews and improving controls prior to the internal audit, which enables a virtuous cycle of governance in which risk management drives the continuous improvement of processes.

A major milestone this year was the approval, by the Governance, Risk, and Compliance Committee, of the Risk Appetite Statement. The strategy document defines the level of risk the institution is willing to assume in order

to achieve its objectives, which places BP's governance on par with that of major financial institutions in terms of control. Simultaneously, we approved a new Risk and Internal Controls Policy that formalizes guidelines to protect the institution's value.

Priority risks and actions

The 2025 risk matrix incorporated both traditional and emerging perspectives, with a focus on three specific topics: climate risks, cybersecurity, and financial sustainability. In line with the guidelines of the TCFD (global recommendations on climate-related financial disclosures) and the IPCC (the United Nations body responsible for assessing climate change science), BP has developed a specific Climate Risk Matrix. In it, the agency identified physical and transition risks in the short, medium, and long term and developed adaptation and resilience plans to ensure the continuity of services in the face of extreme weather events.

The institution has stepped up its efforts regarding cybersecurity and data protection. Against a backdrop of increasing digitalization and the use of artificial intelligence (AI), BP has made data protection a priority as a cornerstone of patient and business safety.

Information Security Management has adopted a two-pronged defense strategy:

1. Protection "From the Outside In"

The institution conducts annual penetration tests (Grey Box), simulating external attacks to identify and address vulnerabilities. The BitSight tool has been implemented to continuously monitor security posture and the exposure of assets on the Internet, thereby improving the institution's security score.

2. Protection "From the Inside Out"

To prevent attacks and accidental or intentional data breaches, processes for vulnerability management and a Data Loss Prevention (DLP) tool have been implemented. These solutions detect vulnerabilities in technology services and prevent the transmission of personal data (for example, patient lists) via e-mail or messaging apps on corporate desktops, ensuring compliance with the Brazilian General Data Protection Law (LGPD) and protecting the confidentiality of medical information.

The Climate Risk Matrix mapped physical and transition risks in the short, medium, and long term

Looking ahead to 2026 and the next five years, we are monitoring certain strategic risks that will require ongoing adaptation. Pressure on cash flow, health insurer defaults, and high interest rates remain critical risks that require strict financial management and diversification of income. The increasing frequency of extreme weather events will continue to require investments in resilient infrastructure and robust contingency plans to ensure uninterrupted hospital operations. The rapid adoption of AI also brings new challenges in data governance and ethics, which have already been incorporated into risk assessments to ensure the responsible use of the technology.

Privacy and data protection

SASB HC-DY-230A.2

BP implements comprehensive data protection practices to ensure the security and privacy of patients, employees, partners, and other stakeholders. The institution ensures that data subjects' rights are respected in full compliance with applicable laws and industry best practices, maintaining well-defined processes for managing access to personal data and sensitive personal data, as well as ensuring full traceability of information.

Our privacy and data protection governance is based on the principles of Security by Design and Privacy by Design, ensuring that the security and protection of personal data are built in from the very start of any project or initiative. This ecosystem is supported by robust data protection policies and continuous improvement

processes that ensure legal and regulatory compliance—not only with the Brazilian General Data Protection Law (LGPD), but also with applicable healthcare and regulatory standards—based on a process-by-process analysis of personal data use.

These privacy and governance processes enhance transparency and institutional integrity and include the storage of institutional policies and standards in a controlled system, with a strict prohibition on external reproduction, thereby ensuring the integrity of institutional guidelines. For external stakeholders, transparency is ensured through our [Privacy Policy](#).



BP's legal and regulatory compliance covers specific standards in the healthcare sector and is upheld in every process that involves the use of personal data. Governance includes:

Inventory of records

of data processing operations to comply with the data protection requirements set forth in the LGPD;

Risk management

regarding cases reviewed by the Privacy team, so that risks can be addressed and mitigated internally;

Incident management and recording

to ensure that all measures to mitigate damage and impacts on data subjects are implemented;

Review and inclusion of specific contractual clauses

to regulate the rights and obligations of the parties with respect to privacy and data protection;

Request handling process for data subjects' rights

Third-party evaluation, to ensure that our service providers and partners adopt data protection governance processes.

Risk management is a central pillar. All processes and projects that involve personal data undergo a technical review by the Privacy area. When risks are not mitigated within the established institutional timeframe, the matter is brought before executive committees for deliberation, ensuring that the CEO, directors, and business leaders have visibility into and accountability for accepting or mitigating these risks.

In its dealings with the market, BP conducts privacy and data protection assessments of third parties. When drafting contract clauses, the responsibilities, obligations, and technical and administrative measures applicable to suppliers are defined, ensuring that the entire value chain operates under the same compliance standards. In this way, we aim to build trust among data subjects and partners, contributing to a safe and ethical environment for patient care, research, and innovation.

Sustainable Suppliers

GRI 2-6, 204-1

BP's supply chain management goes beyond the buyer-seller relationship: it is guided by the creation of shared value and the mitigation of social and environmental risks. This is a cornerstone of resilience and ethics, as we believe that a well-managed supply chain ensures the continuity of our hospital services and the quality of our supplies. The Procurement department operates under a unified, end-to-end model, integrating everything from strategic negotiations to logistics and final distribution.

As such, the supply chain includes manufacturers and distributors of pharmaceuticals, medical supplies, hospital equipment, laboratory products, hygiene products, food, technology, and specialized services. Downstream entities are an essential part of this system and include partner distributors, third-party service

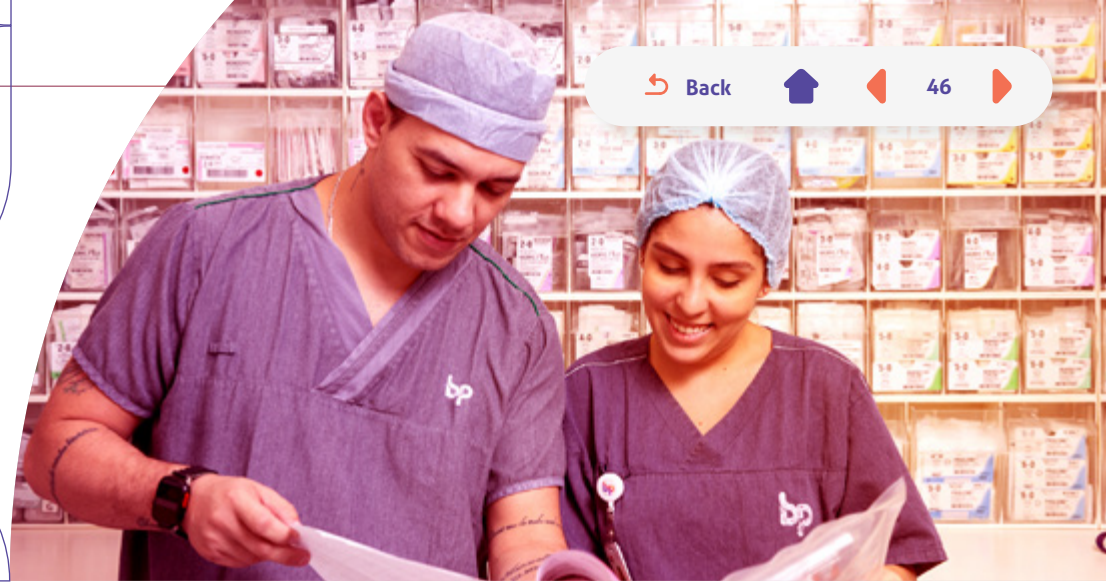
providers, subcontractors, and end consumers—represented by our patients and their families. There was no significant change compared to 2024, and BP ended 2025 with 2,053 active suppliers, which are evaluated based on criteria such as quality, tax compliance, health requirements, and compliance with regulatory standards applicable to the healthcare sector.

The procurement strategy is centralized, reinforcing the commitment to developing the domestic supply chain. BP defines "local" as any supplier established within Brazilian territory, based on the address listed on their corporate taxpayer's ID (CNPJ) (headquarters or branch). Based on this premise, approximately 96% of the institution's total spending in 2025 was made with local suppliers. The procurement

analysis covers the two main operational units: Unit 1 (BP Mirante), which accounts for 13.79% of the budget, and Unit 2 (BP Paulista), which accounts for 86.21% of the budget. We found that 96% of purchases classified as local were made using the budget administered by the organization's headquarters, which is considered the primary operational unit for financial management purposes.

A key milestone in this cycle was the review and update of the Procurement Policy, which was developed collaboratively by the Procurement, Risk, Compliance, Legal, and Sustainability departments. The new policy, implemented in conjunction with the BP Manual for Third Parties, formalizes the ESG approach to decision-making and incorporates the assessment of climate, environmental,

and social risks throughout the entire product lifecycle—from the initial identification of needs and standardization to final disposal. In the 2025–2026 biennium, the focus is on supplier development, working more closely with partners classified as high, very high, or medium risk—or those facing approval restrictions—and supporting action plans to improve the ESG maturity of the entire supply chain. In addition, the institution has made progress in "servitization," transforming supply contracts into partnerships for integrated solutions. A practical example from 2025 is the surgical workflow efficiency project conducted with a major supplier, which optimized processes and delivered significant cost savings—demonstrating that relationships across the value chain directly affect the hospital's operational and financial performance.



Monitoring of environmental and social impacts GRI 308-1, 308-2

Strict environmental controls are enforced through the Environmental Management System (EMS) and in accordance with the criteria defined by ISO 14001:2015. The process involved the use of structured questionnaires and on-site technical visits (*in loco*) to verify operating conditions, environmental practices, and compliance with legal requirements. In 2025, BP approved 22 suppliers based

on environmental criteria, representing 8.6% of the 255 companies identified as having actual or potential environmental impacts, primarily in outsourced support activities.

Services with significant impacts include: the transport of hazardous and infectious waste (risk of leakage); hospital laundry (chemical effluents and high water/energy consumption);

hazardous waste collection; building maintenance (construction waste and oils); management of laboratory and operational effluents; supply of chemicals and sanitizers; hospital cleaning; and pest control (toxic products).

These impacts, which include risks of soil contamination and air emissions, are managed through contractual requirements. The geographical proximity of suppliers, most of whom are concentrated in the São Paulo Metropolitan Area, facilitates this monitoring and traceability.

In the social pillar, BP ensures that its internal operations do not pose any risks to freedom of association or collective bargaining, and extends this expectation to its partners through the BP Manual for Third-Parties. In 2025, 197 suppliers were assessed against social criteria, and 100% of them underwent this evaluation as part of the Sustainable Procurement Program; no violations or significant negative social impacts were identified that would require the termination of business relationships. These reviews considered, for example, labor rights, poor working conditions, discrimination, child labor, and forced labor. GRI 407-1, 414-1, 414-2

Nonetheless, BP remains vigilant regarding specific sectors with high industry-specific risks. We have identified that the Waste and Effluent Management Services category poses a high risk of child labor, while the Construction Services, Textile Materials, Medical Gloves, and Linen/Uniforms segments pose a high or very high risk of forced or slave-like labor. These risks, which are inherent to the respective markets rather than to BP's direct operations, are addressed through Sustainable Procurement, which establishes stricter approval criteria, integrity due diligence, and systematic analysis of social and environmental risks to help eliminate these practices throughout the supply chain. GRI 408-1, 409-1

Launched in 2024, the Sustainable Procurement Program is BP's flagship initiative to integrate ESG criteria into the supplier selection and evaluation process, ensuring that our value chain is aligned with the company's objectives. This material topic's management is tracked using a set of indicators and metrics, which include the BP Sustainability Index and the GRI disclosures listed and tagged above.



4

Excellence in Service

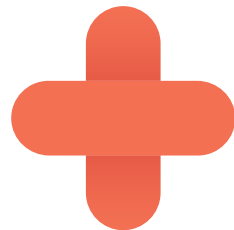
Centers of Excellence
Integrated Care
Medical Staff
Customer Experience



Centers of Excellence

One of BP's key priorities over the year was the consolidation of its Centers of Excellence (CoE) in Neurology and Neurosurgery and in Orthopedics and Mobility, as well as the planning of the CoEs in Oncology and Cardiology. The facilities dedicated to these specialties are designed to provide comprehensive, high-complexity care—from diagnosis to recovery, including treatment and surgery. In addition to benefiting patients, the initiative plays a strategic role for the institution. The so-called CoEs consolidate BP's position as a hub for advanced treatment, scientific research, and medical excellence in Latin America.

**Centers of Excellence
across key specialties
were a defining
highlight of BP's year**

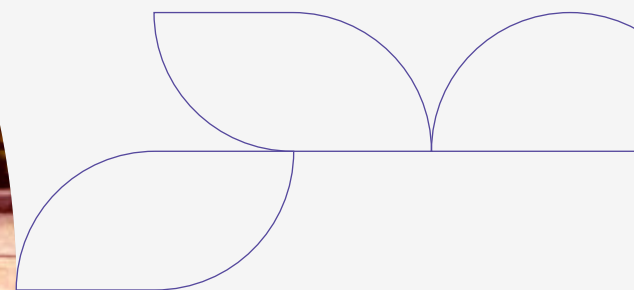


Neurology and Neurosurgery: rare and severe cases

BP's Neurology and Neurosurgery area gained prominence with the official launch of its Center of Excellence (CoE) in October. The new center employs cutting-edge technologies and improves the treatment of rare and serious conditions, thereby strengthening the institution's position as a hub for high-complexity care. Created to meet the high demand for specialized neurological care, the CoE integrates prevention, advanced diagnosis, surgical and clinical treatment, as well as rehabilitation and post-discharge follow-up.

The strategic objective of the CoE is to improve clinical outcomes through specialization and a multidisciplinary approach. The goal is to provide a complete cycle of care that does not end with hospital discharge, but rather supports the patient's quality of life in the long term. The integration of clinical neurology, neurosurgery, neurointerventional procedures, neuro-oncology, and diagnostic medicine aims to reduce diagnostic time, improve surgical precision, and facilitate the patient's functional recovery. In 2025, the medical staff and care teams in Neurology and Neurosurgery were recognized in the Newsweek rankings, placing BP among the world's leading healthcare institutions.

**The goal is to provide
a complete cycle of
care that supports the
patient's quality of life**



The CoE's infrastructure ensures safety and efficiency in the management of acute and complex cases, featuring:

Dedicated Neurological ICU

31 beds dedicated for neurological intensive care, staffed by a team specializing in neurointensive care.

24-hour Emergency

To ensure a rapid response to emergency situations.

Specialized Operating Room

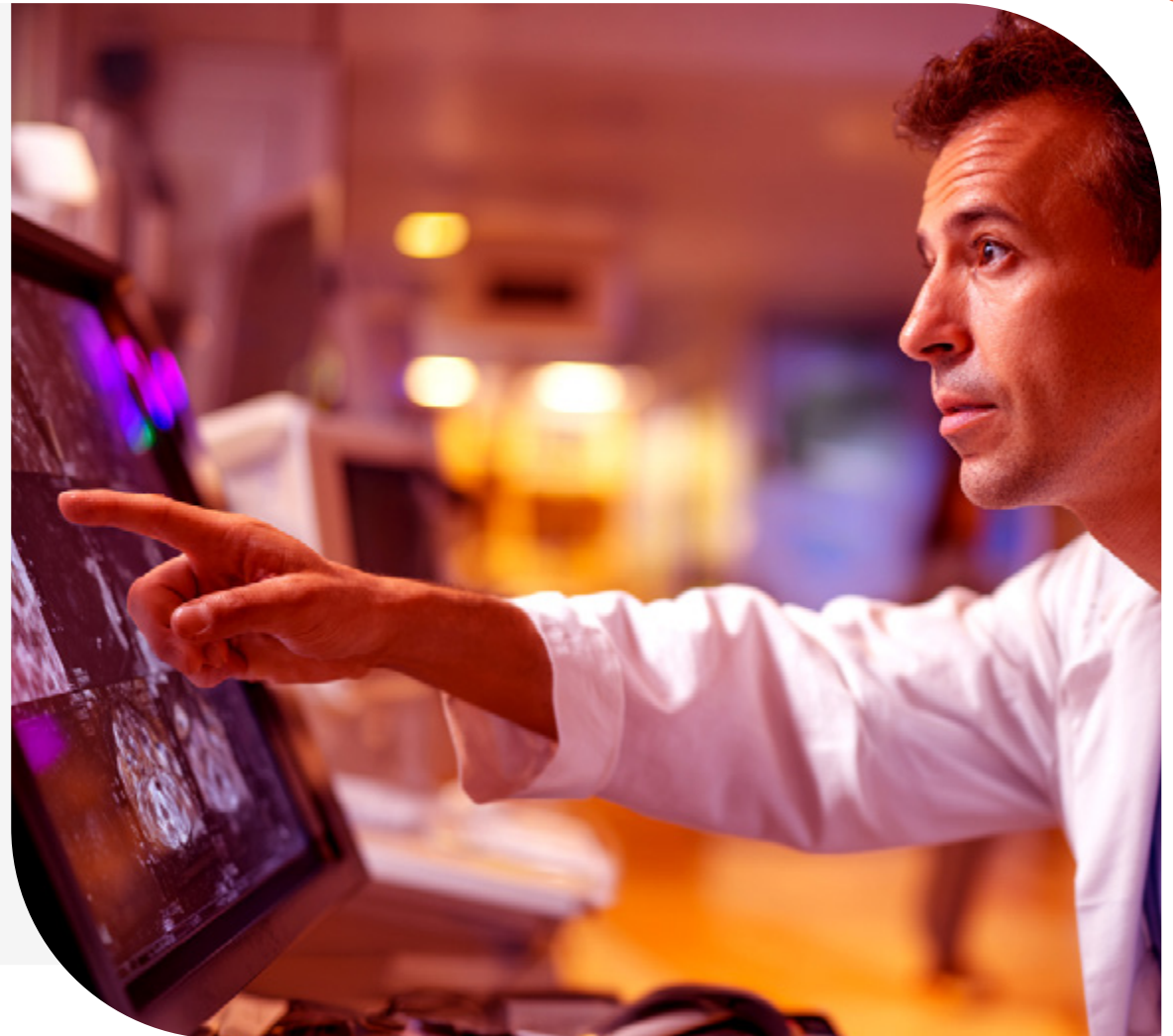
Operating rooms equipped for high-complexity procedures, including oncological and vascular neurosurgery. In 2025, this CoE performed 150 surgeries per month.

Integrated Support

Neurological semi-intensive care unit, infusion therapy center, neurophysiology, and general rehabilitation.

Center for Advanced Neuroimaging

A medical technology center that includes three 3T MRI machines (one at BP Mirante and two at Hospital BP), digital angiography, and perfusion tomography—all essential for accurate diagnoses.



In 2025, the work of this CoE was guided by the incorporation of cutting-edge technologies that improve diagnostic accuracy and surgical safety. For example, the institution has implemented the use of generative AI in preoperative and intraoperative planning. The technology fuses CT and MRI images to generate detailed 3D models of the patient's anatomy. This breakthrough enables surgery simulation for brain tumors, aneurysms, and vascular malformations. This allows the surgeon to visualize the precise relationship between the lesion and healthy tissue, reducing risk and shortening the procedure time. In addition, the Center of Excellence has developed lines of care for the major neurological conditions of the 21st century:

Neurodegenerative and vascular diseases

The center takes an integrated approach to the management of strokes and their relationship to dementia. Studies conducted or monitored by the team highlight that a stroke significantly increases the risk of Alzheimer's disease, requiring a protocol that combines vascular prevention and cognitive rehabilitation.

Rare and autoimmune diseases

The CoE has established itself as a leading center for the treatment of Multiple Sclerosis, Neuromyelitis Optica, and the Guillain-Barré syndrome. The department is involved not only in patient care but also in international clinical research, offering patients access to new medications and immunobiological therapies at the Infusion Center.

Epilepsy

BP has strengthened its care and management of complex epilepsies (whether genetic or acquired), focusing on reducing stigma and improving quality of life through accurate diagnosis and optimized medication management.

Neurological tumors

At BP, the care provided for central nervous system tumors is distinguished by its high-complexity, precise, and predictable management, supported by multidisciplinary collaboration among Advanced Neurosurgery, Neuroradiology, Oncology, and Rehabilitation. The use of state-of-the-art intraoperative technologies enables individualized planning and greater safety during resections, while preserving function.

This model is complemented by an agile care pathway, with integrated access to high-precision Radiotherapy and specialized Oncology services, ensuring continuity of care and comprehensive support for the attending physician.

Arteriovenous malformation (AVM)

At BP, the treatment of arteriovenous malformations is distinguished by the integration of robust interventional neuroradiology, highly specialized neurosurgery, and advanced imaging technologies. Multimodal evaluation enables precise vascular analysis and individualized treatment planning, guiding endovascular, microsurgical, or combined strategies, even in complex cases.

This approach is supported by an integrated environment that features structured case discussions, swift decision-making, and the infrastructure needed for critical interventions, ensuring greater safety, predictable outcomes, and qualified support for both the attending physician and the patient.

Diagnosis of Alzheimer's Disease

Brazil is undergoing a rapid demographic aging process, accompanied by a growing prevalence of neurological diseases. Data from the Brazilian Federation of Alzheimer's Associations (Febraz) indicate that Brazil currently has more than 2 million people living with dementia, and that number is projected to reach 5.5 million by 2050.

Aware of this reality, BP introduced PET-CT imaging with an amyloid tracer (florbetaben). This technology, which has recently arrived in Brazil, enables the detection of beta-amyloid protein plaques in the brain, which are essential for the differential and early diagnosis of Alzheimer's disease, especially in cases of diagnostic uncertainty or early symptoms.

Orthopedics: high-complexity surgeries

BP's **Center of Excellence in Orthopedics and Mobility**, launched in 2025, is a structured solution that embodies the institution's strategy to focus on providing high-complexity care. The goal is to reduce the length of hospital stays and prioritize more complex surgical procedures, performing an average of 300 surgeries per month. By positioning orthopedics as a premier service, the institution strengthens its negotiations with health insurers, ensuring high-quality care and financial sustainability.

Through a single integrated care model, this Center of Excellence has incorporated best practices in the diagnosis, treatment, surgery, and rehabilitation of musculoskeletal disorders and injuries. With

multidisciplinary teams, dedicated infrastructure, and state-of-the-art technology, it offers comprehensive and personalized care to patients. Its design is intended to ensure smooth patient care, operational efficiency, and patient comfort. It features state-of-the-art operating rooms, specialized inpatient units, dedicated areas for outpatient care, facilities for physical rehabilitation, and integrated diagnostic services. The Center has standardized clinical protocols and care pathways that are aligned with scientific evidence and international guidelines, which increases the predictability of outcomes and reduces risks.

The Center of Excellence in Orthopedics and Mobility provides care across a range of services, from prevention and

early diagnosis to surgical treatment and functional rehabilitation. Our main areas of expertise include: knee, hip, shoulder, hand and wrist, and foot and ankle surgery; pediatric orthopedics; sports medicine; and orthopedic oncology. Each care pathway is led by specialized teams that work closely with physical therapists, nurses, occupational therapists, and other healthcare professionals.

In the field of technological advancements, the Center of Excellence in Orthopedics and Mobility incorporates resources such as surgical navigation, advanced arthroscopic techniques, cutting-edge implants, 3D printing for surgical planning, as well as digital solutions for monitoring clinical outcomes and postoperative follow-up. The highlight is the state-of-the-art orthopedic surgical table, Hana Table, which enables minimally invasive procedures with greater precision,

shorter hospital stays, and faster recovery. With a focus on ergonomics and stability, this technology is crucial for demanding procedures such as hip replacement, arthroscopy, and the treatment of femur fractures.

The Center also continuously invests in research, teaching, and professional development through training programs, scientific updates, and exchanges with national and international institutions. This initiative contributes to the dissemination of knowledge, the adoption of new techniques, and the establishment of a culture of continuous innovation. The Orthopedics CoE is further strengthened by the institution's recognized standard of excellence, reflected in its inclusion in the Newsweek rankings for orthopedics in Brazil, where it ranked 5th in shoulder care, 6th in knee care, and 13th in hip care.



Cardiology: priority for the 2026 cycle

Currently in the final stage of development and beginning its implementation phase, the **Center of Excellence (CoE) in Cardiology** has been established as a strategic priority for the 2026 cycle, with a strong focus on expansion. It will bring together BP's already established expertise—ranging from its leadership in surgical volume in the state of São Paulo to the performance

of groundbreaking ablation and atrial occlusion procedures—into an integrated line of care. The challenge and unique selling point of this Center of Excellence will be the integration of clinical, interventional, and surgical cardiology, supported by advanced diagnostic medicine and genetics, to deliver a healthcare product to the market based on value and clinical outcomes.

The center aims to provide a comprehensive view of the care journey, from diagnosis and prevention (genomic medicine) to immediate intervention, ensuring that patients do not have to “navigate” the system on their own. The goal is to integrate the multidisciplinary, sales, communications, and nursing teams, similar to the model used in the Orthopedics and Neurology centers. Although it is not yet operational, the center will be supported by the fact that BP already operates with cutting-edge excellence in this field.

In 2025, BP performed innovative dual procedures combining technologies from Boston Scientific: the **FARAPULSE™** (pulsed-field ablation for arrhythmia) and the **WATCHMAN FLX™** (left atrial appendage occlusion for stroke prevention). This positions the institution at the forefront of minimally

invasive treatments for patients who cannot take anticoagulants. The institution has also performed high-complexity heart transplants, such as the case of a nine-month-old baby who received a heart that was air-lifted from Rio de Janeiro, reaffirming BP's status as a leading center for congenital heart disease. Robotic heart surgery is another rapidly expanding field in BP's Cardiology Department.

Scientific recognition also serves as a key factor in the establishment of the Center of Excellence in Cardiology. BP's scientific production in Cardiology and Cardiovascular Medicine was ranked **15th in Brazil and 23rd in Latin America** by the 2025 SCImage Institutions Ranking. In addition, a study led by cardiologist Rodrigo Noronha on the use of dapagliflozin was recognized by the American Heart Association.



Oncology and Hematology: a center in the development phase

Although Oncology and Hematology is one of BP's four strategic specialties—alongside Neurology, Orthopedics, and Cardiology—the formal establishment of its **Center of Excellence (CoE)** is currently in the process of being structured and undergoing a governance review. Unlike the other CoEs launched this year, Oncology is being carefully planned because of its complexity, with the goal of integrating clinical care, surgical services, and advanced therapies in the next strategic cycle.

Even in the planning stages, the facility is already operating at

the highest standards, driven by technological innovation, a high volume of surgeries, and strategic partnerships, such as the joint venture with Croma, which focuses on integrated cancer care for high-complexity patients. [Learn more in the chapter BP](#)

In 2025, BP's Oncology area reaffirmed its pioneering role in minimally invasive technologies and cutting-edge therapies: the institution performed approximately 1,000 robotic oncology surgeries out of **3,500 robotic procedures**, with urological oncology accounting for 56% of them. The scope has expanded

to include areas such as gynecology, the digestive system, the chest, and head and neck. The technology park has also been expanded, increasing access to high-precision procedures. BP's expertise aims to serve the private market and expand access through the SUS, in line with guidelines for technology integration.

BP has introduced procedures for **percutaneous cryoablation**, which freezes tumors at -180°C , with successful outcomes in cases of kidney tumors and extra-abdominal desmoid tumors in 2025. The procedure is minimally invasive, preserves organ

function, reduces hospital stays and the risk of recurrence, and improves quality of life.

The Oncology and Hematology Center continued to be a leader in supplementary healthcare, having performed the **100th pediatric bone marrow transplant** and reinforcing its leadership in high-complexity cases. BP is also at the forefront of treating hematological cancers, serving as one of the centers authorized to provide **CAR-T Cell** therapy and participating in national research efforts to expand access to genetic treatments.

In the 2025 **SCImago Institutions Ranking**, BP's scientific output in Oncology ranked among the **top 10 in Brazil and was positioned 13th in Latin America**, validating the strategy of combining medical care with knowledge generation through studies focused on clinical outcomes and therapeutic innovation.



Integrated Care

In full alignment with its institutional strategy for sustainability and value creation, BP offers specialized lines of care focused on high-complexity conditions, such as breast cancer, prostate cancer, stroke, coronary artery disease (CAD), and severe obesity requiring bariatric surgery.

The care model is based on comprehensive coordination of the patient's journey, ranging from diagnosis to successful reintegration into society. The primary goal is to ensure smooth transitions between all stages of care, enabling close monitoring of clinical and functional outcomes beyond hospital discharge.

This strategy is supported by the adoption of the Value-Based Healthcare (VBHC) model, using questionnaires validated and licensed by the Brazilian Association of Private Hospitals (ANAHP) in partnership with the International Consortium

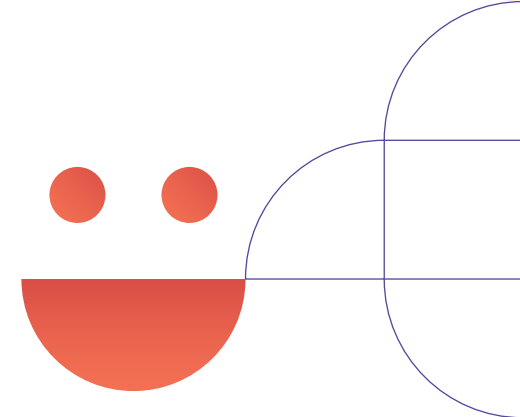
for Health Outcomes Measurement (ICHOM), to ensure the accuracy of the measured results.

This process is continuously informed by ongoing discussions with the care teams, who analyze outcomes to drive the continual redesign of care pathways, always keeping the patient at the center of care.

By 2025, the program had matured to the point where 1,423 patients were eligible and enrolled in this specialized care program, with appointments taking place at Hospital BP, BP Mirante Hospital, and at BP Vital.

To measure these patients' quality of life and ensure the continuity of care provided, BP has specific indicators designed to assess this outcome. To this end, internationally validated questionnaires are used to assess patients with breast cancer, prostate cancer, CAD, strokes, and

bariatric surgery. The assessment of quality of life covers various domains, with an emphasis on functionality, including social, emotional, physical, and cognitive aspects, as well as the impact of treatment-related symptoms. A combined assessment of these domains provides a comprehensive overview of the clinical and functional progress of patients followed across different lines of care throughout the monitoring period.



Questionnaires used by BP to measure the patient's quality of life by line of care

| Lines of care | Questionnaires used |
|--------------------------------|--|
| Breast Cancer | EORTC QLQ-30 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30) EORTC QLQ23 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire – Breast Cancer Module) EORTC LMC-21 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire – Liver Metastases Colorectal Module) FACT-ES (Functional Assessment of Cancer Therapy – Endocrine Symptoms) BREAST-Q (Patient-Reported Outcome Measure for Breast Surgery) |
| Prostate Cancer | EPIC-26 (Expanded Prostate Cancer Index Composite – Short Form) EORTC QLQ-PR25 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire – Prostate Cancer Module) |
| Coronary Artery Disease (DAC) | SF-36 (Medical Outcomes Study 36-Item Short-Form Health Survey) PHQ-2 (Patient Health Questionnaire-2) |
| Obesity and Bariatric Surgery | SF-36 (Medical Outcomes Study 36-Item Short-Form Health Survey) Beck's Depression Inventory |
| Cerebrovascular Accident (CVA) | EQ-5D-3L (EuroQol-5D descriptive system) and EQ-VAS (visual analogue scale) PROMIS-10 (Patient-Reported Outcomes Measurement Information System – Global Health 10) smRSq (Simplified Modified Rankin Scale Questionnaire) |

Care-related indicators associated with the Lines of Care

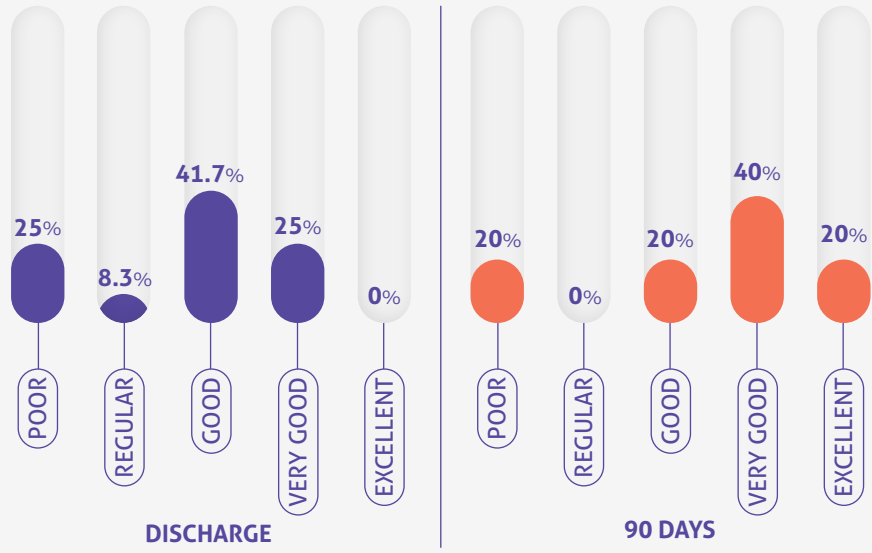
| Indicator | BP | Market benchmark |
|---|------|--------------------|
| Stroke Mortality (percentage) | 6.7% | 6.25% ¹ |
| Coronary artery bypass grafting mortality (percentage) | 0.9% | 1.62% ² |
| Average residence time following robotic radical prostatectomy – Mirante (days) | 1.6 | - |
| Surgical site infection rate following robotic radical prostatectomy (percentage) | 0% | - |
| Incidence of grade 3 and 4 radiodermatitis – Breast | 0 | - |

¹ Observatório Anahp 2025: dados e análises. São Paulo: ANAHP; 2025. p. 137. Available at: <https://www.anahp.com.br/wp-content/uploads/2025/04/Observatorio-Anahp-2025.pdf>.

² Chua TKT, Gao F, Chia SY, Sin KYK, Naik MJ, Tan TE, Tham YC. Long-term mortality following isolated coronary artery bypass grafting and risk factors for mortality. *J Cardiothorac Surg*. 2024;19:429. Doi: 10.1186/s13019-024-02943-0.

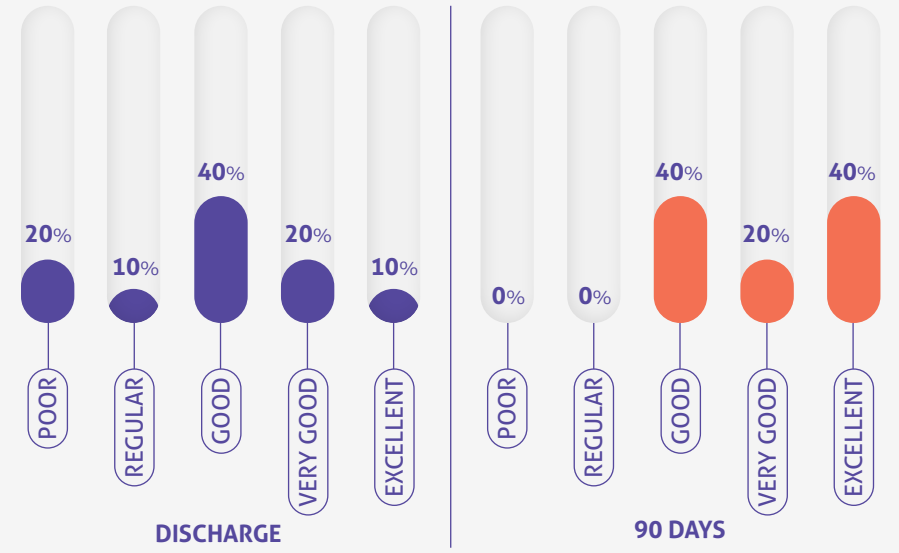
Stroke Line of Care – PROMIS-10

Social activities and roles



Stroke Line of Care – PROMIS-10

Mental Health



Breast Cancer Line of Care – EORTC-QLQ30

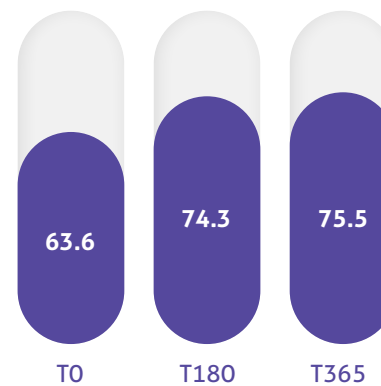
Breast Cancer – Social Functioning¹



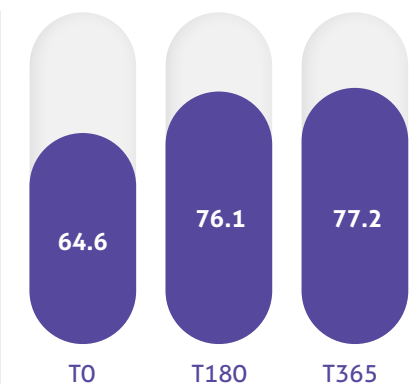
¹ Social functioning refers to the extent to which the illness and its treatment have impacted social interactions and daily activities (e.g., social activities, family life, interpersonal relationships).

Coronary Artery Disease Line of Care – SF36

Quality of life – Functional capacity

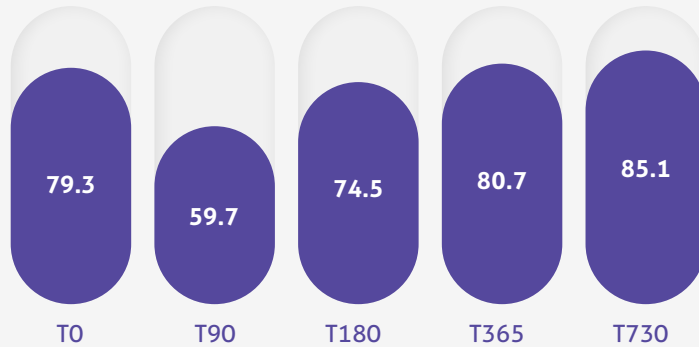


Quality of life – Social aspects



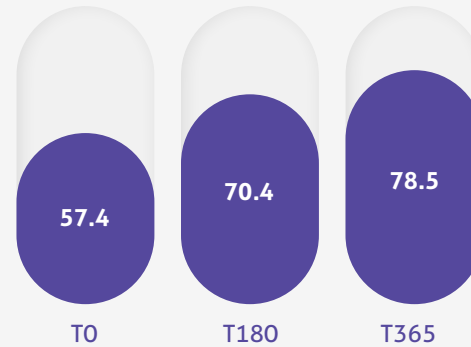
Prostate Cancer Line of Care – EPIC 26

Quality of Life – Urinary incontinence



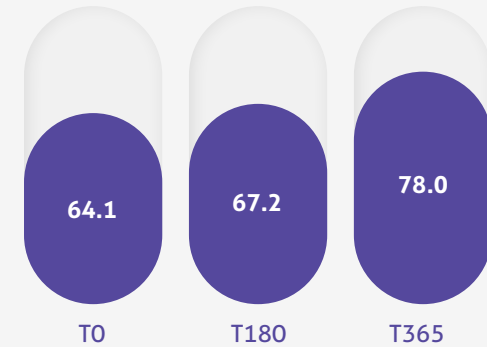
Obesity and Bariatric Surgery Line of Care – SF36

Quality of life – General state of health



Obesity and Bariatric Surgery Line of Care – Beck’s Depression Inventory

Quality of life – Mental health



Healthcare Quality Index (HQI)

The HQI is a strategic index composed of 18 indicators that measure the performance of various dimensions of quality: centrality, effectiveness, efficiency, timeliness, safety, and equity. It is a key tool and an important driver of continuous improvement in the quality of care at BP.

Of the 18 indicators, two are specifically focused on equity, monitoring whether adverse events are distributed consistently across different patient groups, including SUS patients, associates, private health insurance beneficiaries, and self-pay patients. These indicators also track potential disparities related to race, ensuring equitable care for everyone.

The index elevated quality of care to the highest level of governance within the institution, with oversight by the Board of Trustees, the CEO, and the entire BP executive leadership team, thereby reinforcing transparency and strengthening the trust of partners and patients in the excellence of our services.

In addition, the HQI is part of the set of targets linked to 100% of BP managers’ variable remuneration, encouraging leadership to commit to the continuous improvement of care quality and safety.

BP was a highlight at the 2025 National Private Hospital Congress (CONAHP), an event that

brings together the country’s leading private hospital executives and fosters discussions on innovation, management, technology, and the future of healthcare in Brazil. The institution was recognized for its adoption of quality standards in selected indicators from the ANAHP Hospital Indicator System, as verified by an external audit conducted as part of the voluntary participation program promoted by the Association.

Relationship with Healthcare Insurers

With income derived primarily from paying sources, BP's sustainable growth is directly linked to the quality of its relationship with the 112 health insurers that make up its portfolio. In 2025, the business strategy focused on optimizing income and technical partnerships to ensure the sector's sustainability.



112 insurers
and **329** new health
insurance plans included



To achieve this, a few initiatives were key:

Efficiency and claim denial management

Extensive efforts were made to foster closer cooperation between BP's audit teams and those of the insurers, resulting in a significant reduction in the claim denial rate and income cycle optimization.

Strategic partnerships

The institution has strengthened partnerships with insurance companies, notably the one established with self-management to expand access through the accreditation of outpatient services and the expansion of services at Hospital BP. In addition, population health management programs were developed for specific corporate groups of insured individuals.

Insurer Risk Matrix

With indicators that assess the financial health of the paying sources, this new matrix determines whether to continue or delist portfolios or sources that threaten BP's economic sustainability.



Medical staff

GRI 3-3: PATIENT HEALTH AND SAFETY

To enhance the performance of this key group of professionals across all areas, the department underwent deep changes in 2025, encompassing governance, stakeholder relations, education, and alignment with healthcare and financial sustainability. BP believes that excellent operations enable strict cost control and the continuity of high-complexity activities, proactively mitigating the risks of failures or waste that could compromise quality.

Our medical staff includes a significant number of professionals divided into two groups: those who work in critical care units, such as the ICU, the emergency room, and the anesthesia department, and those who refer their patients from their private practices for treatment or surgery at BP. Communication with the medical staff and associates is maintained through dedicated communication channels, such as newsletters and the *Bem-Viver*

magazine. All of these management practices comply with the Medical Staff Regulations (revised in 2025), the Code of Conduct, and the Institutional Policies, ensuring that medical care meets high technical standards and follows auditable processes. [GRI 2-24](#), [2-29](#)

To improve governance and compliance in this area, we have made progress in managing access (accreditation) and retention of physicians working at BP. A key development in 2025 was the revision of the Medical Staff Regulations, aimed at streamlining the process for revoking the credentials of physicians who commit ethical violations and breach our code of conduct. Submitted to and approved by the Medical Staff of Hospital BP and BP Mirante in December 2025, the document took effect following approval by the Regional Board of Medicine (CRM), thereby consolidating the institution's regulatory framework.



In addition, the institution reinforced the Medical Accreditation Committee. Composed exclusively of physicians, the committee evaluates the admission of new professionals to the medical staff based on technical qualifications and a prior assessment conducted by the Compliance area. In line with the criteria established under the Integrity Program, 100% of new physicians undergo a detailed background screening before approval. The final decision is made collectively and based on technical criteria, thereby shielding the institution from commercial interests that are not in line with medical ethics. In addition, the ongoing pursuit of market certifications encourages the adoption of global best practices in hospital management.

In addition, BP has made progress in retaining and developing its medical staff by strengthening the **Physician Relations Program (PRM)** – a strategic initiative that links clinical performance, quality of care, and financial sustainability.

The PRM structures its relationship with physicians based on objective indicators of volume, quality of care, patient safety, and institutional engagement. Based on these criteria, the professionals

are categorized into relationship tiers (Infinity, Advantage, and Plus), enabling active management of the patient experience and improved predictability of care. More than just recognizing performance, the program promotes integration between physicians and the institution’s care model, encouraging practices aligned with clinical protocols, the rational use of resources, and improved patient outcomes.

The initiative positions physicians as strategic partners of the institution and directly contributes to operational efficiency, waste reduction, and improved income from patient care. Notable among these initiatives are educational programs, scientific participation, and support for professional development, including grants for conferences and continuing education.

The leading role of the medical staff was also taken into account in the leadership of the Centers of Excellence (CoE), whose goal is to reorganize medical practice around strategic specialties, high-complexity care, and operational efficiency.

Another key initiative for the professional development of our teams was the launch of the *Med Carreiras* (Med Careers) project, which focuses

on treating physicians—especially those in the Open Medical Staff—as integral members of the organizational culture, offering training in soft skills, onboarding, and mentoring programs. Despite our progress, we view engaging these professionals in our goals of operational efficiency, rational use of resources, and financial sustainability as an ongoing challenge, moving beyond a narrow focus on healthcare delivery in favor of cost-effectiveness.

The *Med Carreiras* Project offers training to the Open Medical Staff as part of the organizational culture



Customer experience

GRI 3-3: CUSTOMER EXPERIENCE

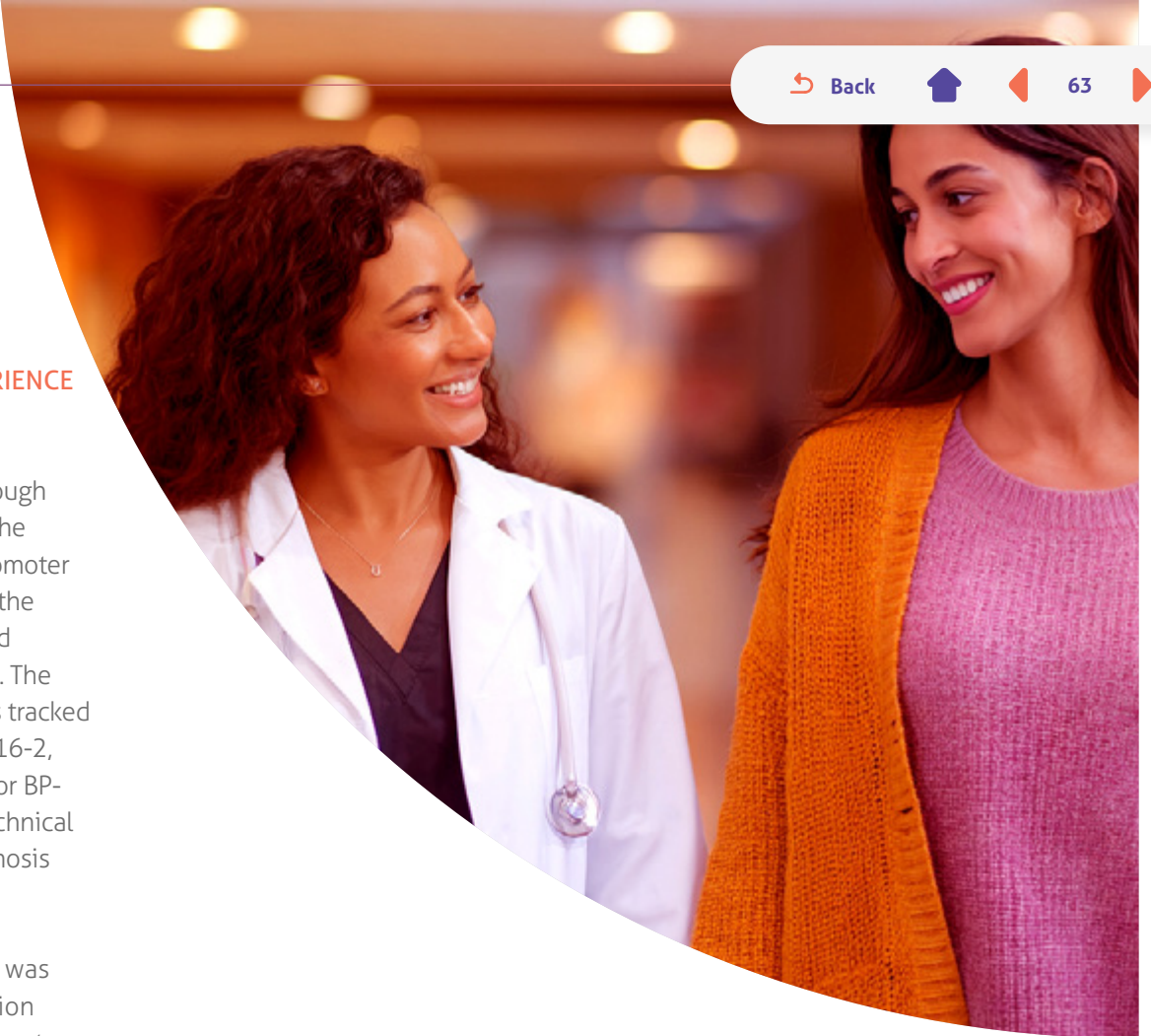
In 2025, BP took a significant step forward in the evolution of its strategic vision regarding the patient's journey—a strategic focus that goes beyond clinical care, driving professional development, knowledge generation, and innovation in patient care. In 2025, we adopted a more segmented management approach to align our care services with high-complexity care, our primary focus. We actively monitor risks related to process failures or communication gaps, ensuring that the journey is evaluated with the same rigor as financial metrics, including targets integrated into executive leadership's performance contract through the BP Sustainability Index.

Our work is based on three key pillars: digitizing access, implementing a new model of care management, and humanizing patient care with a focus on diversity. These guidelines have guided investments in initiatives focused on quality, safety, and patient-centered care.

Management is carried out through the Customer Committee and the close monitoring of the Net Promoter Score (NPS), tools that support the identification of pain points and opportunities for improvement. The effectiveness of these efforts is tracked using GRI disclosures 416-1, 416-2, 418-1, and the internal indicator BP-12, ensuring that safety and technical quality are priorities from diagnosis through post-discharge care.

A major milestone of the year was the consolidation and expansion of the New Hospital Management Model (NMGH). Launched in 2024 at Hospital BP, the pilot program was expanded in 2025 to BP Mirante, leading to a major overhaul of patient care operations. The main innovation of NMGH was the unification of leadership for the nursing and multiprofessional teams — including physiotherapy, speech therapy, and clinical nutrition, among others — under a single department.

This integrated structure has enabled more fluid and effective communication among professionals, ensuring that each team member can perform their role with the necessary autonomy and confidence within their scope of responsibility. The result is a model that strengthens clinical governance and ensures that the patient truly remains at the center of all care decisions.



Operational Excellence and Satisfaction (NPS) – The period was also marked by an intensive effort by the Brand Management and Experience departments to improve satisfaction indicators in critical sectors, such as the Emergency Room and Diagnostic Medicine, which have historically been sensitive to wait times.

With the support of technology and improvements in patient care processes, the Emergency Department has consistently improved its satisfaction metrics. Patient journey digitization was a key factor in the area achieving an NPS score in the 45–55 range, striking a balance between operational efficiency and the quality perceived by patients. Simultaneously, BP maintained high levels of satisfaction regarding its patient-centered care, reaffirming the institution’s longstanding commitment to technical excellence and patient care.

Internal Reputation Index

Motivated by the idea of measuring the value of our brand and reputation without relying on external analyses, but rather through our own perspective, we developed an index composed of the sum of various key indicators that drive value creation in our business model. It is also essential to the patient's journey, as it serves as a multidimensional barometer, consolidating metrics for monitoring safety, quality of care, and customer satisfaction, and incorporates data from surveys and the Reclame Aqui platform.

90% resolution rate at the Customer Service Center and the Ombudsman's Office

Customer Service and the Ombudsman's Office

Our performance metrics for case resolution improved over the course of the year, reaching 90%. Response times have also been streamlined with immediate and systematic feedback.

BP achieved a score of 8.6 in the second half of the year. The improvement in these metrics reflects the strengthening of the customer relations area—including Customer Service and

the Ombudsman’s Office—with a focus on agile processes and root-cause resolution, preventing issues from escalating to external channels.

The area’s efforts and the improvements implemented have resulted in tangible benefits for both BP and its customers. The BP brand was recognized at the 2025 edition of the Reclame Aqui Awards, ranking among the three companies with the best reputation on the platform.

Ombudsman's Office performance BP-12

| | 2023 | 2024 | 2025 | Variation 2024 x 2025 | |
|--------------------------|---------------|---------------|---------------|-----------------------|------------|
| Compliments | 3,873 | 4,561 | 5,303 | 742 | 16% |
| Grievances | 7,229 | 10,405 | 11,270 | 865 | 8% |
| Requests for information | 1,178 | 1,974 | 3,958 | 1,984 | 101% |
| Suggestions | 39 | 27 | 34 | 7 | 26% |
| Total | 12,319 | 16,967 | 20,565 | 3,598 | 21% |

Customer Advisory Committee

With a focus on active listening and tailoring the customer journey to diverse audiences, in 2025 the Customer Advisory Committee played a strategic role in driving cultural and operational transformation centered on diversity, inclusion, and co-creation. The Committee's performance was recognized, and it was named one of the winning projects at the 2025 internal innovation awards.

Created to translate active listening and the insights of patients and their families into concrete actions, placing the patient at the center of care and promoting a more equitable and welcoming healthcare ecosystem, the Committee proposed 42 actions, 59% of which have been completed. Among the key initiatives is the Trans Patient's Journey, which has been fully revised to ensure the use of a patient's chosen name from the time of scheduling to post-care follow-up.

Another important point to consider relates to accessibility, specifically through the conduct of an internal survey of employees regarding their proficiency in the Brazilian Sign



Language (Libras), as well as in other languages, such as Spanish and English, aiming to improve care for foreign patients or those with hearing impairments. We have also begun training customer service teams to address communication gaps between patients and healthcare professionals.

It is worth noting that, for BP, engagement with stakeholders has the following core objectives: identifying

actual and potential impacts; defining prevention and mitigation measures for negative impacts; understanding needs and expectations; and improving people's health. In addition, BP uses these interactions to improve decision-making, manage risks and opportunities, promote innovation and sustainability, comply with regulatory requirements, build its reputation and brand image, meet investor demands, and resolve conflicts. **GRI 2-29**

59%
of the initiatives
proposed by the
Customer Advisory
Committee during the
year were completed

5

People and Culture

Our Employees

Diversity, Equity and Inclusion

Safety and Well-Being



Our Employees

GRI 3-3 PEOPLE AND CULTURE

Our professionals are at the forefront of BP's strategic evolution. We recognize that effective management helps attract and retain talent, reduces turnover and absenteeism, and enhances institutional performance. On the other hand, weaknesses in these areas can lead to labor risks, accidents, and lost productivity. Based on this principle, we monitor positive impacts, such as the strengthening of organizational culture and technical skills, and mitigate potential negative impacts, such as work overload or training gaps.

To support this dynamic, our engagement with stakeholders is bidirectional: we use ongoing consultation to gather feedback and opinions that underpin our decisions, ensuring full transparency about the effectiveness of the actions taken. This dialogue directly informs the

management of this issue, which is conducted pursuant to the Policies on Well-Being and Quality of Life, the Development Ecosystem, and Compensation and Benefits.

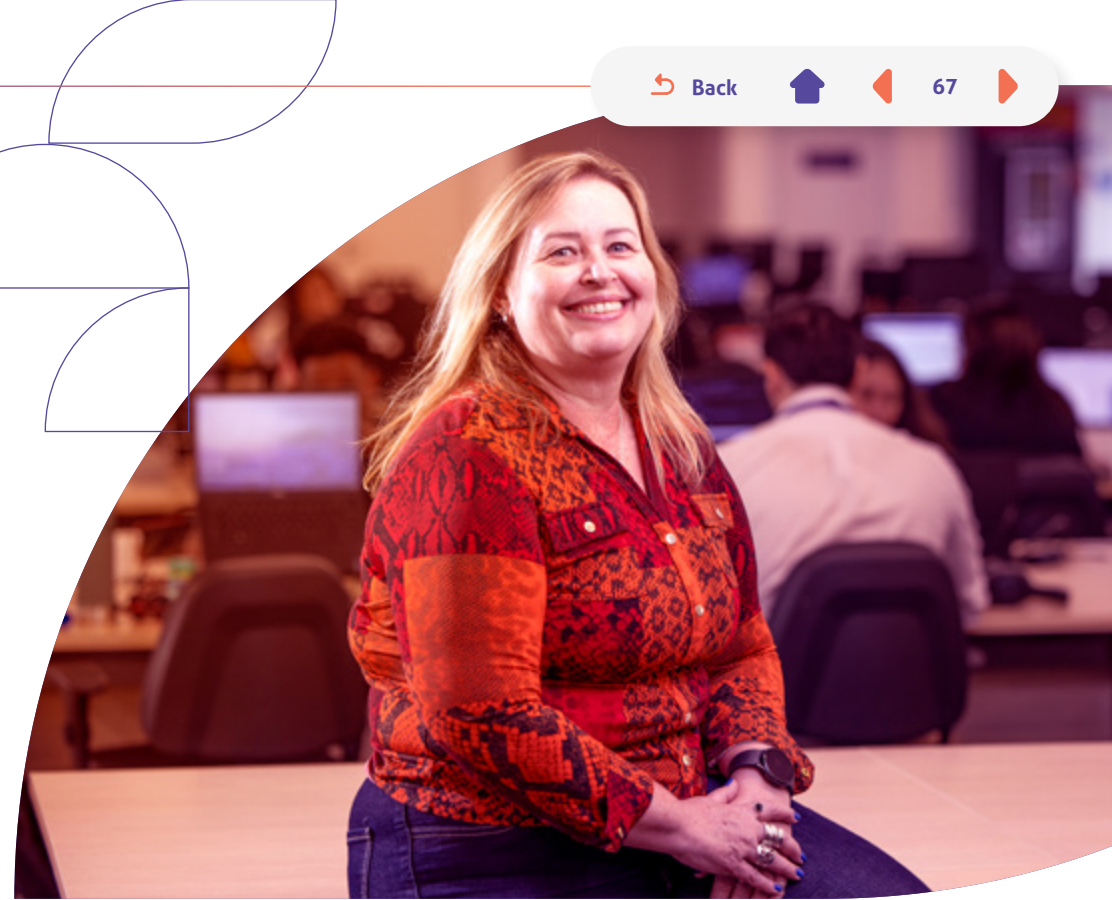
With this regulatory framework in place, our human resources department successfully consolidated BP's transition in 2025 into a hub of excellence in healthcare, aligning team development with the business's challenges of expansion, diversification, and sustainability. This strategy is based on three main pillars: **Living Culture, Sustainable Organization and Innovative and High Performance.**

The **Living Culture** initiative serves as the foundation for transforming institutional thinking, ensuring that the culture aligns with the new, broader vision. The focus is on fostering a data-driven culture, empowering leadership,

and promoting greater integration across departments and units, ensuring that the mission of valuing life permeates all areas of work, such as the BP University and Croma Oncology.

In this pillar, comprehensive health and well-being are key components for strengthening engagement. Comprehensive health has taken center stage with the expansion of the VIVA 365 program and the launch of the *Cuide-se* (**Take Care of Yourself**)

program, which focuses specifically on mental health and psychological support for care and operational teams. In addition, efforts to promote psychological safety and combat violence were structured with the creation of the **Workplace Safety Culture and Ethics Commission**, whose purpose is to identify, analyze, and propose preventive and corrective measures related to psychosocial risks, harassment, and other forms of violence in the workplace.



Based on the premise that “caring for those who care” is essential, BP offers structured benefits focused on social protection and work-life balance. Notable among the benefits provided are health and dental insurance, daycare assistance, extended parental leave, insurance coverage, as well as the Personal Support Program and free prenatal care through the Employee Health Program. These benefits apply to the entire hospital complex and are extended to full-time, part-time, and temporary employees, depending on their employment status. [GRI 401-2](#)

Under **Sustainable and Innovative Organization**, we prioritize the organization’s longevity through integrated risk management and the continuous development of its ecosystem. A key milestone in 2025 was the **integration of the Occupational Safety, Fire Safety, and Environmental (SSMA) departments**, which enhanced compliance and contributed to achievements such as ISO 14001:2015 certification at the Mirante unit. The Development, Diversity, and Inclusion Ecosystem was further strengthened to better prepare the institution to adapt to ongoing change.

On the **High Performance** front, BP invests in a culture of meritocracy and operational efficiency to support its growth. The major highlight of 2025 was the consolidation of the *Potencializa* program, a cross-functional performance evaluation platform that, by expanding its scope, enabled succession planning and readiness assessments for **all of the leadership positions**.

Unlike previous cycles, which focused exclusively on senior management, the current mapping process encompasses the entire leadership structure, identifying potential successors and assessing their readiness across time horizons of 0 to 2 years, 2 to 4 years, and 4 to 6 years. This strategy, which combines internal acceleration plans with market scouting, has lowered the succession risk rating on the corporate map and has already proven effective this year, with several management positions being filled by previously prepared internal successors.



Learn more in the subchapter [Diversity, Equity, and Inclusion](#)



In 2025,

100%

of the employees received performance reviews



Access the [Disclosures supplement](#) and see the breakdown of [GRI 404-3](#)

The program’s maturity was reflected in high participation: *Potencializa* recorded a participation rate of **98% of eligible employees** in its first full-scale implementation cycle. The index revealed that teams want greater clarity regarding performance and opportunities for advancement, thereby making career tools more widely accessible. The process is based on a 360° evaluation (self-assessment, manager review, direct reports and

peers), promoting structured dialogues about performance and behaviors through “Dialogue Forums.” At these meetings, leaders discuss performance, readiness, and succession plans in a structured manner. In addition, the initiative identified “Feedback and Recognition” as priority areas for improvement, reinforcing BP’s commitment to continuously enhancing its ability to listen and align expectations across the organization.

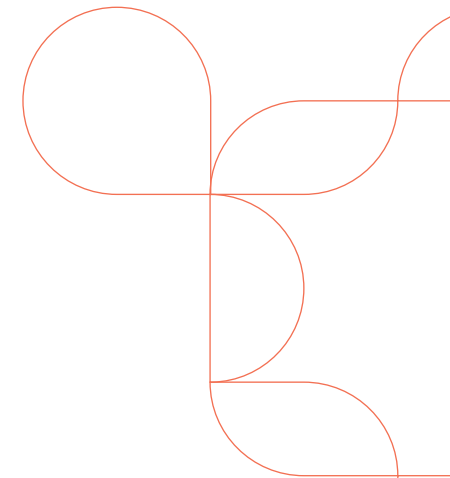


Talent attraction, retention, and development GRI 404-2 | SASB HC-DY-330A.2

Given the complexity and fast-paced nature of the healthcare industry, BP has implemented targeted strategies for recruiting and selecting new professionals. In 2025, a key milestone in this process was the evolution of the **Candidate Journey** with the support of artificial intelligence (AI). By developing specific personas for each department, the institution began to identify talent that combines technical excellence, cultural fit, and a deep alignment with the mission of valuing life. This strategic refinement, supported by technological tools, has led to a significant improvement in the success rate of new hires: the retention rate for employees with more than 12 months of service rose to 87%, up from a historical average of 56%.

This progress was accompanied by another significant improvement in efficiency: the average time to fill a position (SLA), which previously exceeded 30 days, was reduced to between 18 and 30 days, aligning it with industry best practices. The quality of the new process is recognized by the participants themselves. The candidates' Net Promoter Score (NPS) reached **93 points**, reflecting a positive experience from their very first contact with the institution.

**The Development ecosystem is
another factor that encourages
top talent to stay at BP**



Two programs, in particular, are worth highlighting in 2025:

BP's **Mentoring Program** has established itself as a strategic tool for cultural transformation and the comprehensive development of talent, distinguishing itself by breaking down traditional hierarchies and the barriers between departments. The initiative fosters a rich and cross-functional exchange of experiences: physicians mentor administrative executives, administrators mentor physicians, and peers mentor peers on specific skills, creating an environment of continuous learning and mutual trust.

By 2025, the program had tripled in size and involved leaders and physicians at all levels. In addition to offering mentorship programs aimed at empowering Black leaders, there has been a significant effort to integrate the "open medical staff" (physicians who work as self-employed professionals). These professionals began to serve as both mentors and mentees, an initiative designed to familiarize them with the organizational culture, strengthen their institutional ties, and develop medical succession plans, thereby fully integrating them into the BP team.

The **Demystifying Leadership Program** is a development initiative specifically focused on frontline leadership (coordinators, supervisors, and senior leaders), designed to address the practical challenges of day-to-day team management. The program operates through "roundtable discussions" that translate institutional guidelines into practical applications, offering direct support to address the challenges faced by managers who lead large teams.

The topics covered are practical and essential for operational efficiency, including absenteeism management, time and attendance tracking, turnover, the proper application of disciplinary measures, and the implementation of a culture of meritocracy and performance. The main goal is to empower these leaders by providing them with clarity and tools so they can act independently and with confidence.

In 2025, training and capacity-building programs were strengthened with the launch of the **BP: An Integrated Organization** forum, and of the **Multiply** program, a peer-to-peer learning product that collaboratively disseminates practical and contextualized knowledge through internal multipliers, while the **Virtual Academy** functions as a digital learning platform (distance learning) for providing and recording development and training tracks, including mandatory tracks required by legal regulations and institutional standards (quality and safety). Of particular note is the **Care Journey**, a large-scale training program focused on customer service and experience that involved the entire company, aligning all employees with the new patient profile and the institution's standards of excellence. In addition, initiatives such as the **Hospital Firefighters Career Plan** and ongoing technical training for environmental assistants have reinforced the Fire Department's commitment to ensuring the qualifications of its operational teams.

BP also maintains a **network of educational partnerships that expands access to development and training**, currently comprising

36
partnerships and

468
employee enrollment programs, offering **discounts of up to 50%** on undergraduate, graduate, and specialization programs, language courses, non-degree courses, and early childhood education.

Retention SASB HC-DY-330A.2

Despite all efforts to retain top talent, BP's overall turnover remained at an average of **20% per year**. This is an ongoing challenge, especially in core operational areas such as hygiene and cleaning. To mitigate these figures, BP has implemented the **People Plan** strategy: customized action plans for each division and sector, designed by Business Partners who are familiar with the day-to-day operations of these areas. As a result, they offer solutions tailored to each team's specific challenges, rather than generic approaches.

In any case, BP has made progress in its Employer Brand strategy by conducting an in-depth analysis of target audiences. The study provided greater clarity regarding the expectations, perceptions, and value propositions that the institution offers to the talent it seeks to attract. This mapping guided the evolution of our communication strategy and the redesign of a candidate journey that is more closely aligned with the future and the culture that BP seeks to foster.

The organization remains convinced that by attracting professionals who share its purpose, values, and culture, it increases the likelihood of building

more lasting working relationships, which directly contributes to improved retention rates.

A key differentiator in terms of talent retention is the **IO (Internal Opportunities) Program**, which broadens access to job openings and encourages lateral and vertical mobility. This allows employees to manage their careers within the BP ecosystem without hierarchical red tape and to feel more motivated to stay with the organization. The program is available to active employees hired under the CLT regime and to Young Apprentices, provided they meet eligibility criteria such as a minimum period of employment or time in the current position (ranging from six to 12 months, depending on the level), a minimum attendance rate of 96%, no recent unexcused absences, and no disciplinary actions within the specified evaluation period.

These initiatives, combined with the actions implemented in previous years—such as the review of the value proposition and the standardization of the EVP (Employee Value Proposition) narrative—ensure consistency, continuity, and maturity in how BP positions itself as a strong, clear, and attractive employer brand in the healthcare industry.



The average number of training hours per employee was

8.88

In 2025



Access the [Disclosures supplement](#) to see the breakdown of [GRI 404-1](#)

On the other hand, BP does not have ongoing, structured programs for managing the end of an employee's career due to retirement or termination of employment as a permanent policy. When organizational restructuring is necessary, an outplacement program may be offered to support the reemployment and career transition of affected employees.

Remuneration strategy and governance GRI 2-19, 2-20

In line with our values, BP's remuneration policy is based on criteria of competitiveness and fairness. The structure is reviewed annually based on market analyses that take into account both the healthcare sector and organizations in other industries with similar remuneration models, thereby ensuring the institution's strategic positioning. For our professionals, we offer a fixed salary and a benefits package in line with best practices in the healthcare industry. For members elected to the Association's senior governing bodies—including the Board of Trustees, Fiscal Council, Advisory Board, and Executive Board—no remuneration is provided for their services, reflecting the Association's philanthropic character.

The development of these guidelines is based on the establishment of strategic objectives and a unique remuneration philosophy, which aims to ensure the organization's consistency and attractiveness in the face of market challenges. The process includes performance evaluations, periodic reviews, and the implementation of transparency practices, with technical support from external consultants specializing in all aspects of the remuneration determination process. To ensure the impartiality and robustness of decision-making, the process incorporates the perspectives and input of relevant stakeholders through analyses conducted by independent compensation consultants. These professionals help shape policy and play an active role in determining institutional remuneration, ensuring the model's technical alignment and governance.



Positive assessment

BP's cultural transformation journey yielded highly significant engagement metrics in 2025, reflecting the strength of our position as a hub of excellence in healthcare. The Employee Net Promoter Score (eNPS), which measures the level of organizational recommendation among our employees, has shown consistent growth, rising by 20 points since the implementation of continuous monitoring, reaching an **annual average of 43**.

This performance is tracked in real time by *ImPulsos* Network, our active listening platform that conducts weekly surveys on employee morale and satisfaction. In 2025, the overall satisfaction indicator remained at an excellent level, with the score ranging between **7.9 and 8.0**, ranking BP among the elite groups in the hospital sector. This development reflects the effectiveness of our People and Culture strategies, which have prioritized active listening and a swift response to the teams' needs, thereby fostering an environment of mutual trust.

The high level of recommendation from our employees is directly linked to the pillars of **Ambassadorship and Alignment with the Company**, identified in the climate assessment as the organization's greatest strengths (*see more in the box [Climate Survey](#)*). This result underscores the connection to the mission of "valuing life" and reflects pride in the reputation BP has built. In addition, this positive perception was driven by key achievements throughout the year, such as the democratization of development through the *Potencialize* Program, the expansion of comprehensive healthcare initiatives within the *VIVA 365* ecosystem, and the strengthening of interpersonal relationships.



20 points

was the improvement in the eNPS since its implementation

Climate Survey GRI 2-29

The survey assessed employees' views of the institution's work environment and organizational culture in 2025 and identified positive aspects and strengths, as well as areas for improvement.

The results highlighted **Ambassadorship and Alignment with the Company** as the highest-rated items, underscoring BP's credibility in the healthcare sector and employees' connection to the company. **Interpersonal relationships** also stood out and reflect a well-established culture of collaboration, respect, and inclusivity among the teams. In addition, the **Professional development** area has been identified as a significant step forward in recent years, driven by the availability of customized development ecosystems and a greater emphasis on well-being.

The assessment identified opportunities for improvement in **Innovation** and highlighted the need to foster an environment that is even more open to the creation of ideas and to increase communication about the institution's innovative projects. Another area of focus is **Feedback and Recognition**, which are being strategically addressed through the performance program *Potencialize* and new projects aimed at celebrating achievements, scheduled for the next cycle.

Diversity, equity and inclusion

GRI 3-3: DIVERSITY, EQUITY AND INCLUSION

At BP, Diversity, Equity, and Inclusion (DE&I) are not just pillars of human resources, but cross-functional strategic drivers linked to our purpose of valuing life. In 2025, the management of this material topic was formally integrated into our corporate governance and public commitments. We believe that a diverse environment is a prerequisite for innovation, patient-centered care, and business sustainability. In addition, effective DE&I practices strengthen employee engagement and the quality of internal relationships, while the lack of such practices can lead to labor risks and talent loss. We recognize the positive impact of bringing diverse perspectives to decision-making and take proactive steps to address biases and inequalities in the implementation of our inclusive practices.

DE&I governance is guided by the Diversity and Inclusion Policy and the Code of Conduct, and is implemented through ongoing corporate training and programs designed to increase representation. The strategy for this topic is directly linked to BP's Sustainability Index, a management tool that connects ESG targets—such as increasing the representation of Black people in leadership and the recruitment and inclusion of people with disabilities—to senior leadership's performance contracts, ensuring that equity is an institutional deliverable rigorously monitored.

To ensure the effectiveness of our initiatives, BP bases its management on the analysis of demographic data and on actively listening to its teams. In 2025, the

organization further developed its diversity management practices by updating its leadership-focused Diversity Census, achieving an 89% participation rate. The movement was preceded by a strategic phase of institutional capacity-building to ensure the integrity of the self-declaration. This initiative builds on the assessment that began in 2023, when the survey was administered across the institution. To ensure the data remains up to date, BP has integrated demographic mapping into the onboarding process and set up a permanent channel via TopDesk for voluntary updates, enabling periodic analyses by department.

Our goal is to reflect the diversity found within the organization at all levels of decision-making. To that end, we are

making a concerted effort to advance Black talent and maintain a strong presence of women in leadership roles, a hallmark of our institution. In addition, we conduct periodic reviews of our remuneration practices to monitor and ensure pay equity among genders and minority groups.

We maintain a zero-tolerance policy toward any form of discrimination, harassment, or racism. The Conduct Channel and the Ethics Committee serve as independent investigative bodies, ensuring that incidents are handled confidentially and thoroughly, and that victims receive psychological support. In 2025, this support was expanded to protect employees who are assaulted by patients, through the establishment of policies and institutional support mechanisms.



The power of female leadership

GRI 3-3 DIVERSITY, EQUITY AND INCLUSION

BP is positioning itself not only as a center of excellence in healthcare, but also as a benchmark for women's leadership within the sector. In 2025, the organization reached the milestone of having more than **67% of women in leadership positions**. This statistic reflects an organizational culture that values women's competence in strategic decision-making positions. Leading this journey is Denise Santos, CEO of BP since 2013, whose leadership has guided the institution's transformation into a modern, innovative, and evidence-based healthcare complex.

Women are equally well-represented in the area of **Research and Development**, where they make up **72.2% of the team** in various positions and roles. The data underscore their leading role in scientific output: in investigator-initiated research, women account for **51.2% of the 168 active researchers**. In addition to the numerical representation, the

institution maintains a qualitative focus on women's health, with dozens of studies dedicated to gynecological and breast oncology led by female researchers at BP.

As a reflection of this commitment, BP is a signatory to the **They Lead 2030** movement, a UN Global Compact initiative aimed at increasing the number of women in senior leadership roles, and has adopted the **Women's Empowerment Principles (WEPs)**. In the most recent cycle, women accounted for 54% of senior leadership positions, meaning the institution has already exceeded the movement's target of 30% female representation in senior leadership by 2025, as well as the final goal of 50% established for 2030.



67%
of women in
leadership positions

51.2%
of the **168 active
researchers** are women

72.2%
of the Research and
Development area is
composed of women
in various positions
and roles



Professionals with disabilities

BP reinforces its commitment to the inclusion of people with disabilities through a structured and ongoing approach that seeks not only to increase representation but also to ensure equal opportunities for development, retention, and leadership. We believe that the diversity of experiences and perspectives strengthens our organizational culture and contributes to a more innovative, people-centered, and sustainable environment.



The Employee Experience Journey for Employees with Disabilities covers all stages of the professional lifecycle

In this context, we have organized the Employee Experience Journey for Employees with Disabilities, featuring initiatives that cover every stage of their career journey. Notable initiatives include recruitment efforts involving partnerships and specialized consulting firms, as well as a dedicated talent pool; inclusive hiring processes that include accessibility assessments; meetings to map the onboarding experience; development programs, including learning tracks; integration with the internal recruitment program; and awareness-raising initiatives with leadership.

In addition, BP invests in employee well-being and comprehensive support, with initiatives focused on health and quality of life, as well as ongoing feedback mechanisms that guide the development of its initiatives. In this way, we have established a consistent and sustainable approach, promoting inclusion and equity throughout the entire employee journey.

Race is a priority

In line with its commitment to the Race is a Priority Movement—a UN Global Compact initiative that encourages the expansion of Black representation in leadership roles and sets a target of 50% representation by 2030—BP continues to make progress in promoting diversity, equity, and inclusion in its people management.

In 2025, we reached the milestone of **30.7% Black people in leadership positions within the organization**, the result of ongoing initiatives focused on development—such as mentoring programs for Black employees—as well as the recognition and empowerment of diverse talent, contributing to the creation of a more representative and equitable environment.



Combating violence and racism

BP has brought about a fundamental shift in the relationship between patients, their families, and the healthcare team. In light of the increasing number of reports of verbal and physical abuse, often motivated by racial discrimination, the institution has now adopted a structured process for protection, support, and accountability. In addition to providing emotional support, the organization takes a firm stance in the legal and administrative spheres to ensure the physical and psychological safety of its teams.

In 2025, we strengthened our protection mechanisms by establishing the Discrimination Awareness Journey and implementing new procedures to combat violence and racism against employees. The strategy begins with contractual prevention. There has been a significant change in the patient admission policy: now, upon admission to the hospital, the patient and their companions formally agree to abide by BP's

Code of Conduct. This change is not merely a bureaucratic formality; it provides the necessary legal basis for the institution to act promptly in defense of its staff.

To ensure that our commitment to respect is an integral part of our daily routine, we have translated our guidelines into active and educational visual communication. We have placed strategic signage in rooms and common areas, clearly and explicitly reaffirming that BP has a zero-tolerance policy toward any act of discrimination or violence. This measure goes beyond simply providing information: it serves as a mechanism for institutional and psychological support, encouraging our teams to break the culture of silence. By making our stance clear and non-negotiable to everyone, we assure our staff that they have our full support in reporting any incident, ensuring that the dignity of our caregivers is upheld with the same priority we give to the safety of our patients.

Affinity groups

In 2025, BP took another important step in its Diversity, Equity, and Inclusion strategy with the launch of Affinity Groups focused on the Black and LGBTQIAPN+ communities. This initiative stems from the insights gained from the Diversity Census and active listening to employees, with the goal of creating structured spaces for dialogue, representation, and the collective development of solutions to the challenges identified.

The groups were designed to be safe and welcoming environments that promote the sharing of experiences, the strengthening of identities, and greater visibility for the diverse experiences within the organization. More than just forums for listening, Affinity Groups play an active role in building a more inclusive culture by proposing initiatives and action plans aligned with BP's strategic DE&I priorities.



The structure of the groups includes a defined governance framework, with leaders, co-leaders, and support from Human Resources, as well as a structured process involving regular meetings, ongoing interactions, and the development of action plans. Throughout this process, participants take the lead in identifying challenges, fostering collective learning, and developing solutions, thereby strengthening their sense of belonging and shared responsibility for the inclusion agenda.

With strong participation and high engagement among members, the Affinity Groups are already having a positive impact on the employee experience by fostering environments of trust, active listening, and open dialogue. The initiative reinforces BP's commitment to building an increasingly diverse, equitable, and inclusive environment where everyone can be themselves, with a sense of security, respect, and opportunities for growth.

Inclusion and customer experience

A highlight of the year was the meeting of the Customer Advisory Committee focused on DE&I, which brought together patients and family members from the disability community, the Black community, and the LGBTQIAPN+ community. Active listening allowed us to map improvements in the patient journey and convert individual competencies into accessibility assets:

Customer Advisory Committee focused on DE&I brings together patients and their families



Accessibility in the Brazilian Sign Language (Libras)

We have identified and mapped employees with knowledge of Brazilian Sign Language (Libras)—ranging from basic to fluent—in strategic areas, such as the Emergency Room. Now that they are part of an institutional framework, these professionals can serve as volunteer facilitators in assisting deaf patients.

Process improvement

We have implemented the short-term measures recommended by the Committee to streamline service delivery and ensure a more inclusive and patient-centered experience.

Governance and respect for identity

Respect for gender identity and the use of a chosen name remain priorities, despite the technical challenges of integrating reception, nursing, and laboratory systems. Recognizing that laboratory systems operate with biological reference ranges that can lead to systemic conflicts, BP is taking action on two fronts: developing definitive technological solutions and providing immediate mitigation through manual protocols and staff training. With the support of the Advisory Committee, the institution included the topic in the materials for the Care Journey event, and additional initiatives are planned for 2026.

Safety and well-being

GRI 403-3, 403-6

In addition to ensuring the safety and well-being of patients, a healthcare institution must also care for those who deliver healthcare services, including physicians, nurses, managers, analysts, and all other employees. The physical, emotional, and social well-being of these professionals is reflected in the quality of patient care and in the organization's reputation. Recognizing its role, BP offers a range of benefits, such as health insurance for employees, spouses, and dependents, dental insurance, and discounts on prescription drugs. Through the **Employee Health Center (NSC)**, the organization conducts initiatives that promote the well-being and safety of its teams, such as the Personal Support Program. [Learn more in the **box** below](#)

In 2025, the Employee Health Center (NSC) conducted several initiatives aimed at disease prevention and promoting employee health. Standing out among these initiatives is the

implementation of spinal lines of care, which are designed for employees experiencing pain and involve follow-up and interventions led by multidisciplinary teams that work together in a coordinated manner to provide assessment and care.

Health promotion initiatives were also carried out, such as healthy eating campaigns, developed with the support of a nutritionist, a psychologist, and an endocrinologist. In addition, the Center expanded its team of specialists to include a pulmonologist—with a focus on smoking cessation—and a cardiologist, thereby strengthening the care and monitoring of employees' cardiovascular health.

Spinal lines of care to address employees' pain complaints were one of the initiatives launched by the Employee Health Center in 2025



As part of the smoking cessation campaign, we provide nicotine gum at no cost to employees and offer specialized follow-up care with a pulmonologist, thereby expanding clinical support and increasing the chances of successfully quitting smoking.



We have also remained committed to vaccinating our employees, with vaccines against hepatitis B; MMR (measles, mumps, and rubella); the adult Td (tetanus and diphtheria) vaccine; and the flu vaccine always available at the Center's clinic. In addition, we have added the Abrysvo vaccine, which is recommended for pregnant women; it promotes the transfer of antibodies to the baby and helps reduce cases of respiratory illnesses caused by respiratory syncytial virus after birth.

This year, we have increased participation in breast cancer screening by waiving the copayment for mammograms performed at Hospital BP. Launched in October 2024, the initiative was very well received and was extended to the rest of the year, strengthening early detection and promoting continuous women's health care throughout the year, beyond Pink October.

We continued advancing the physical and conceptual transformation of our employee services. BP has begun to separate the areas dedicated to occupational medicine (pre-employment and periodic examinations) from those dedicated to clinical medicine (care and treatment). This strategic change has led

to a more welcoming environment, with expanded physical space and improved organization of patient flow, including the separation of symptomatic and asymptomatic cases.

With the aim of improving access to healthcare, and given that our workforce is predominantly female, we have continued the Female Employee Health Program, which was launched in 2019, expanding its scope to include dependents as well. The program offers comprehensive care, with gynecologists and obstetricians dedicated to providing care for women and their dependents at every stage of life.

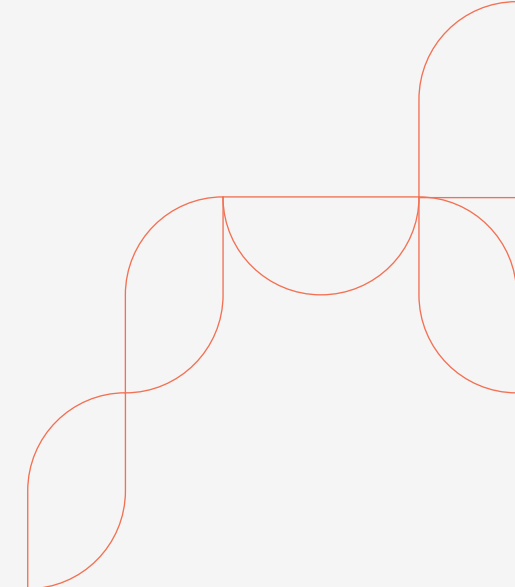
In addition, we have an on-site clinic that provides in-person medical care, offering support similar to that of an urgent care center, including clinical evaluations, diagnostic tests, medication administration, and referrals to specialists.

The multidisciplinary team consists of a psychiatrist, a neurosurgeon, an acupuncturist, cardiologists, a gynecologist, obstetricians, and pulmonologists, ensuring high-quality outpatient care for employees and their dependents.

Our focus, in addition to providing comprehensive healthcare for our employees, is to ensure their trust in the services we provide. We operate in compliance with the LGPD, adhering to best institutional practices and the standards set by professional associations, ensuring that all processes are guided by confidentiality and data protection.

We are also constantly working to optimize our workflows, establishing the Center as a model for initiatives that can be expanded to other departments within the hospital. As part of this drive toward innovation, we have implemented electronic signatures for all professionals working at the Center and adopted the MEVO tool, which streamlines the process of requesting tests and issuing medical prescriptions. These measures resulted in a reduction of approximately 18,000 sheets of paper consumption.

Another initiative that began at the Center and was later extended to the entire hospital was the implementation of telemedicine, which serves employees and their dependents six days a week, ensuring remote, efficient, and continuous access to care.



Elimination of copayments for mammograms

performed at Hospital BP

These initiatives resulted in a reduction of approximately

18,000

sheets of paper consumption

Personal Support Program (PAP) GRI 403-6

The Personal Support Program is part of the Employee Health Center's comprehensive care strategy, providing specialized support for mental health and physical well-being. The service offers psychological counseling 24 hours a day, seven days a week, as well as consultations with nutritionists, physical therapists, and fitness instructors during business hours. Access is provided confidentially via the 0800 hotline and e-mail, and is available to employees and their immediate family members, including ascending, descending, and collateral relatives.

The program's structure combines immediate psychological counseling over the phone with remote assessments conducted by professionals from various fields, thereby expanding the scope and responsiveness of the support. In 2025, the program recorded 1,481 psychological consultations and 166 nutritional consultations, reinforcing the importance of the initiative as a tool for health promotion and disease prevention.

Throughout the year, the program was enhanced with the addition of new digital solutions. Standing out among them is the Oriente-me platform, a telehealth app that enables ongoing sessions with psychologists and nutritionists, extending the scope of care. A partnership was also established with TotalPass, which provides access to gyms and a wide range of physical activities, encouraging healthy habits and regular exercise.



Health and Safety Management System GRI 403-1

BP maintains an Occupational Health and Safety (OHS) Management System that operates in strict compliance with applicable legislation and regulatory standards (NR-01, 04, 05, 06, 07, 09, 17, 23, and 32). The system establishes processes and responsibilities across all organizational levels, with a focus on accident prevention, the mitigation of occupational risks, and the promotion of healthy and safe work environments. Currently, the system covers 7,109 employees and 1,163 workers who are not employees whose activities or workplaces are under the institution's direct control. Although it has not yet undergone an internal audit or external certification, it is managed by in-house specialists—including qualified engineers and technicians—and receives assistance from external technicians when necessary.

GRI 403-8

7,109
employees and

1,163
workers who are not employees
covered by the System

Risk identification and incident investigation GRI 403-2

Hazard identification and risk assessment are conducted on an ongoing and structured basis, in accordance with the **Risk Management Program (RMP)**, as required by NR-01. Routine monitoring is conducted through systematic inspections carried out in accordance with institutional procedures, covering occupational safety, fire prevention, environmental protection, waste inspection blitzes, construction site inspections, and site assessments. Unlike routine assessments, these evaluations are initiated by specific triggers, such as changes in processes, new equipment or chemicals, and accident investigations.

To ensure a safe environment, BP follows these guidelines:

Hazard reporting

Formal, direct, and anonymous channels (such as the Pulses and Epimed tools) are maintained so that workers can report unsafe conditions without fear of reprisal; protection is guaranteed by institutional guidelines that prohibit any form of punishment or intimidation.

Right of refusal

Employees have the right to stop work in situations of serious and imminent danger and must immediately notify their supervisors regarding them; they may only return to work after corrective measures have been taken.

Incident analysis

The investigations, conducted by the Occupational Safety department, use the hierarchy of controls to define preventive and corrective measures, always focusing on eliminating the original hazard.

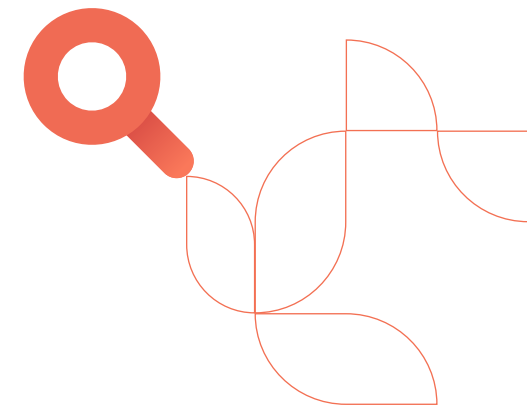
Occupational health services and data protection GRI 403-3

BP offers integrated occupational health services designed to minimize risks and promote well-being, in accordance with the **Occupational Health Medical Control Program (OHMCP)**. A multidisciplinary team—comprising occupational physicians and specialists, nurses, physical therapists, psychologists, and nutritionists—conducts occupational health examinations, analyzes health risks, and carries out active and passive surveillance in the workplace. Access is guaranteed to all employees and extended to third-party workers in emergency situations, cases of occupational exposure, or immunization campaigns.

The management of this information is conducted in a rigorous and transparent manner. In accordance with the Brazilian General Data Protection Law (LGPD – Law No. 13,709/2018) and the Code of Medical Ethics, medical records are stored in secure systems with individualized access controls and full traceability. Data management is overseen by the Compliance Department, which reports directly to the CEO and the Board of Trustees, ensuring that information is used to identify areas for improvement without identifying individual employees. **GRI 403-6**

Work-related injuries

In 2025, there were nine serious accidents and 265 reportable accidents. The main categories of incidents included accidents involving sharp objects, which accounted for approximately 30% of cases; falls, representing around 20%; collisions with objects or structures, corresponding to approximately 10%; and other types of incidents, which comprised roughly 40% and included a variety of situations with lower individual occurrence rates. **GRI 403-9**



Worker participation and training **GRI 403-4**

Employee participation is organized through committees that are essential to corporate governance. In 2024, BP restructured committees such as the Internal Occupational Accident Prevention Commission (CIPA), the Solid Waste (PGRSS), the Sharps (PPRAMP), and the Radiation Protection Committees. CIPA, with its monthly meetings and equal representation, plays a direct role in identifying risks and investigating incidents, and serves as a permanent channel for dialogue. In addition, all health and safety issues are covered by collective bargaining

agreements, even though the institution does not have a formal individual collective bargaining agreement with a union.

GRI 2-29, 403-2

With regard to skills development, we offer a free training program that is primarily conducted during working hours; its effectiveness is evaluated through attendance records, monitoring of accident and incident indicators, analysis of incidents, and feedback from risk management processes.

This learning pathway includes: **GRI 403-5**

General training

Conducted via a digital platform, these sessions cover topics such as risk perception, NR-32, emergency procedures, fire prevention, and the Employee Health Program.

Specific training

Focused on specific risks, such as ergonomics and NR 10, 20, 33, and 35. The effectiveness of these training programs is continuously assessed through the monitoring of accident metrics and feedback from risk management.

Impact mitigation

GRI 403-7, 403-8

BP recognizes that significant occupational health and safety impacts may be directly associated with its operations, products, and services through business relationships, including activities performed by third parties, service providers, and employees working outside the organization's physical facilities.

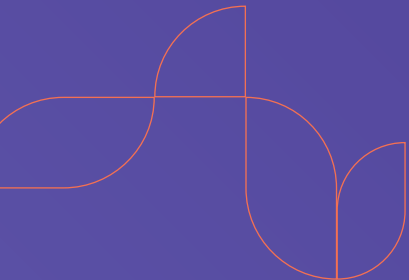
For PROADI-SUS staff or external contractors, the management system's scope is tailored to the operational constraints of each location, ensuring safety guidelines and formal reporting channels.

With the aim of enhancing management maturity, a structured monitoring initiative was launched in 2025 in partnership with the Specialized Service in Occupational Safety Engineering and Medicine (SESMTs) of third-party companies to standardize prevention practices and communication flows. For 2026, BP plans to advance hazard mapping at off-site locations and to expand the systematic collection of third-party Health, Safety, and Environment (HSE) data, thereby strengthening resilience and shared responsibility throughout its value chain. **GRI 403-9**



VIVA 365 GRI 403-6

The VIVA 365 Program has remained one of the key initiatives aimed at promoting employees' health, well-being, and quality of life, encouraging them to take an active role in their own self-care and helping to create a healthier, more balanced, and welcoming work environment.



With an integrated approach, it encompasses six dimensions of health —emotional, physical, social, intellectual, financial, and spiritual





Emotional

The emotional pillar brought together initiatives focused on mental health and the development of emotional awareness, with a special focus on the “White January” campaign, which promoted awareness-raising activities, integrative practices, and the promotion of psychological support services. The *Cuide-se* Program (see the [box](#)) offered psychoeducation activities in both the in-person and online formats, focusing on developing coping strategies for everyday challenges.

Spiritual

The spiritual dimension encouraged practices of reflection, mindfulness, and self-awareness, fostering moments of pause and connection with personal values. These initiatives contributed to inner balance and helped create a more respectful and welcoming environment.

Physical

With a focus on promoting physical health and prevention, the physical health initiative encouraged healthy habits through various programs. *VIVA + Saudável* (Live Healthier) offered multidisciplinary support and challenges related to nutrition and physical activity. In partnership with TotalPass, the 120-Day Challenge encouraged regular exercise. The *VIVA 365 Room* continued to offer integrative practices and group classes, while *VIVA In Loco* brought activities to the various departments, expanding access to these programs. The *Agita Madrugada* (Rock the Night) initiative benefited night-shift employees, and the installation of massage chairs helped ensure that breaks and recovery were prioritized during the workday.

Social

The social initiative promoted integration and strengthened bonds through workshops, classes, social spaces, and themed bazaars, encouraging interaction among teams and a sense of belonging. The company also expanded its benefit partnerships focused on leisure and well-being, in addition to organizing corporate volunteer activities, which reinforced its social commitment and strengthened employees’ connection to community initiatives.

Intellectual

The intellectual pillar has fostered continuous development through the Development Ecosystem, offering courses, educational content, and partnerships with educational institutions. The initiative expanded access to training and reinforced the role of learning as an essential component of well-being and professional growth.

Financial

With a focus on financial health, the program launched the Financial Health Learning Pathway in a digital format, covering financial planning, responsible money management, investments, and the relationship between finances and mental health. The initiative aimed to encourage more informed decision-making and reduce financial stress in employees’ daily lives.

BP recognizes the reality of the hospital sector, which operates 24/7; that is why *VIVA 365* has expanded its services to include employees working alternate shifts. As a result, access to wellness has become democratic and inclusive for all shifts. The combined impact of this broader effort and the initiatives implemented resulted in a high level of participation.

From senior leadership down to the operational teams, there has been an increase in confidence in the *VIVA 365* program, which reinforces the culture of psychological safety and a sense of belonging at BP.

In 2025, three initiatives stood out within VIVA 365:

VIVA + Saudável (Live Healthier)

The VIVA + Saudável Program benefited 126 employees through multidisciplinary support provided by nutritionists, physical education instructors, and psychologists, with a focus on promoting healthy eating habits and regular physical activity.

The program lasted 90 days, during which participants were divided into groups and challenged to complete

two weekly challenges focused on physical activity and healthy eating. The journey included nutritional consultations, educational live sessions, group Pilates and functional training classes, mindful eating sessions, and biweekly home delivery of fruit and vegetable baskets in partnership with Fruta Imperfeita.

VIVA 365 Room

In the VIVA 365 Room, a space dedicated to self-care, we offer a monthly calendar of integrative practices, including auriculotherapy, massage, reflexology, reiki, Access Bars, and group classes such as Pilates. In 2025, the space recorded 13,676 visits.

Meanwhile, VIVA In Loco brought health and wellness initiatives directly to the various departments, expanding access for employees who, due to the

nature of their work, are not always able to participate in the activities held in the VIVA 365 Room. The initiative strengthens the program's presence across the institution's various settings, ensuring that care reaches everyone, regardless of their shift or care routine.

In 2025, the program held 46 initiatives, including in the ICU, Pediatrics, Pharmacy, Sanitation, and administrative areas, as well as

120-Day Challenge

In partnership with TotalPass, the 120-Day Challenge was launched to encourage regular physical activity and raise awareness of its benefits for both physical and emotional well-being. During the challenge period, employees were encouraged to engage in physical activity at least twice a week for 120 days, with recognition and prizes awarded to those who logged the highest number of check-ins at gyms.

The initiative engaged 222 employees, highlighting the workforce's strong commitment to programs that promote healthy habits and overall well-being. We also encouraged our employees to participate in the traditional Coren Race, an event for nursing professionals that attracted 239 participants. On the day of the event, support services are provided to participants, including stretching sessions led by a certified professional, as well as food and beverages.

The VIVA 365 program grew **30%** compared to 2024, totaling

29,446 participations

Focus on mental health GRI 403-6

In 2025, BP elevated the management of its employees' mental health to a strategic level. The institution integrated scientific diagnosis, patient care, and regulatory compliance. BP has recognized that, in order to maintain excellence in patient care, it is essential to take proactive measures to prevent burnout and mental health issues among those who care for patients.

The 2025 initiatives were grounded in a comprehensive perception survey on mental health conducted during the first half of the year. The Health, Safety, and Environment (HSE) department administered a questionnaire to employees using the COPSOQ II (Copenhagen Psychosocial Questionnaire) methodology, a scientifically validated tool for assessing psychosocial risks in the workplace.

According to care management, this assessment was crucial for identifying not only stress levels but also the main psychosocial factors present in the workplace. For the 2026 cycle, BP has identified strengthening the governance of psychosocial risks as a strategic priority, in direct alignment with the updated guidelines of NR-1.

The institution believes that employee safety goes beyond physical well-being, encompassing mental and emotional health as fundamental pillars for the sustainability of hospital operations. The primary goal is to integrate this management approach into institutional policies focused on people, thereby enhancing institutional maturity and promoting a more humane, safe, and prevention-oriented work environment.



Cuide-se!

Based on the mapping results, BP expanded the *Cuide-se* ("Take Care of Yourself") Program during the second half of 2025. The initiative does not operate in isolation, but in synergy with the *VIVA 365* quality-of-life ecosystem. These initiatives are designed to be proactive and to meet employees where they are:

in loco initiatives: Psychologists have begun providing mental health counseling directly in ICUs and inpatient units. Thus, they broke out of the confines of the office and began working in the workplace itself.

Psycho-emotional support: A program has been established under which psychologists provide self-care tools and direct support to staff, in addition to expanding the range of psychiatric and psychological services offered at the Health Center.

SOL Program

The BP Occupational Safety, Fire Prevention & Emergency Response, and Environment teams consolidated a fundamental change in the institution's operational routine with the implementation of the **SOL Program for Safety, Organization, and Cleanliness**. The initiative was launched with the strategic goal of strengthening a culture of prevention and quality in the hospital setting. In addition to ensuring building maintenance, the program establishes safety as a daily and non-negotiable priority for all employees.

The methodological foundation of the SOL Program is the well-established **5S method (Seiri – Sense of use; Seiton – Sense of order; Seiso – Sense of cleanliness; Seiketsu – Sense of standardization/health; and Shitsuke – Sense of self-discipline)**, a management philosophy focused on total quality and behavioral change. To ensure clarity and buy-in from the teams, the program adapted these concepts to BP's specific context.

Although based on the 5S methodology, the key distinguishing feature of the SOL Program was the explicit incorporation of **safety as a central pillar**. The institution recognized that, in a hub for high-complexity healthcare, organization and cleanliness are not merely matters of aesthetics or efficiency, but active safeguards against workplace accidents and patient care risks.

The SOL Program had a deep impact on BP's organizational culture throughout 2025. By encouraging active employee participation, the initiative fostered **team ownership**: staff transformed from merely executing tasks to managing their own work environments.

In addition to bringing about tangible improvements in the organization of the departments, SOL has established a system for recognizing best practices, thereby acknowledging the efforts of those who contribute to making the hospital safer, more organized, and more welcoming for both staff and patients.



Fire prevention and emergency response

By 2025, Fire Prevention and Emergency Response had established themselves as one of the pillars of operational sustainability at BP – A Beneficência Portuguesa de São Paulo. In a high-complexity hospital setting, protecting lives, ensuring continuity of care, and safeguarding critical assets is not merely a legal requirement—it is an institutional commitment to sustainability and excellence in healthcare.

The department's efforts encompassed risk governance, regulatory compliance, process modernization, continuous training, and the strengthening of the Fire Brigade, thereby reinforcing preventive capabilities and operational preparedness for critical situations. From an ESG perspective, these initiatives helped mitigate operational and environmental risks, strengthening the resilience of hospital infrastructure and the confidence of patients, employees, and other stakeholders.

Among the main advances of 2025, the implementation of the Civil Fire Brigade team's Development Plan stands out—structured in Levels I, II, and III (a pioneering model in the

hospital setting)—which establishes technical pathways, progression criteria, and competency standardization. The initiative strengthens operational maturity, enhances responsiveness, and fosters a culture of high performance based on accountability and expertise.

In terms of practical training, a high-altitude rescue drill was conducted on the institution's main facade, which stands approximately 50 meters tall, demonstrating technical expertise, multidisciplinary collaboration, and institutional transparency in the management of complex risks. The drill reinforced the commitment to realistic training and safety in unconventional scenarios.

Standardized Fire Brigade kits were also implemented, consisting of an identification vest, a flashlight, and a whistle, strategically positioned to ensure organization, quick identification of brigade members, and greater efficiency in situations involving fire and/or smoke. The measure strengthens operational preparedness and institutional resilience in the event of a crisis.



Another significant milestone was the in-house training and refresher courses for the Fire Brigade, with sessions held on-site and led by the institution's own firefighters. The initiative enhances technical autonomy, optimizes resources, preserves strategic knowledge, and promotes the dissemination of life-saving skills, while ensuring that the hospital is increasingly well-prepared to guarantee continuity of care.

All of these initiatives are in line with the SOL Program, which promotes operational discipline, standardization, and safe behavior in day-to-day operations. By integrating prevention,

organization, and culture, the program reduces vulnerabilities, facilitates the early identification of risks, and supports a structured response to emergencies.

Thus, fire prevention at BP has established itself as a cross-cutting pillar of sustainability, bringing together a culture of safety, risk management, and operational excellence. More than just responding to emergencies, the institution is strengthening its ability to anticipate them—protecting lives, ensuring continuity of care, and reaffirming its commitment to safe, responsible, and resilient hospital management.



6

Support for Public Health

Social Responsibility

Partnerships

National Health Service (SUS)





Social Responsibility

GRI 3-3: SOCIAL RESPONSIBILITY AND ACCESS TO HEALTHCARE, 413-1

BP – A Beneficência Portuguesa de São Paulo's social initiatives are an integral part of its history and its commitment to health as a fundamental right. BP reports that 100% of its operations include structured community engagement initiatives, impact assessments, and local development programs. This comprehensive scope is consistent with the Association's philanthropic nature and its institutional mission to support the strengthening of the National Health Service (SUS).

In 2025, this commitment became even more structured and strategic, integrating quality healthcare, the strengthening of the SUS, knowledge generation, and resource mobilization to expand access to care, particularly for vulnerable populations.

Throughout the year, BP reinforced its role as a philanthropic institution of excellence, strengthened partnerships with public and private organizations, and contributed not only through the direct provision of Care, Education, Management, and Research services, but also through technical support, scientific research, the training of managers and healthcare networks, and the development of systemic solutions aimed at advancing public health policies.

We have further expanded our institutional structure by creating two new strategic initiatives that enable us to enhance the quality of care provided by BP and our capacity to manage public healthcare facilities for the population dependent on the SUS, while also contributing in a structured manner to the advancement of innovation and scientific research in the field of healthcare.

The **BP Social Institute** was established to manage healthcare facilities in partnership with municipal and state health departments, in primary, secondary, and tertiary care, with the potential to operate nationwide, and was designated a Social Health Organization by the municipality of São Paulo in 2025.

The **BP Institute of Science and Technology**, established as an ICT and organized as a nonprofit entity, aims to conduct and promote scientific and technological research, with outcomes focused on developing health solutions and technologies, in alignment with the Innovation and Research divisions of the institution and major companies in the healthcare market.



BP Social Institute and the BP Institute of Science and Technology expanded the institutional framework for social responsibility

Results

In 2025, we strengthened BP’s corporate social responsibility agenda through an integrated approach that coordinated initiatives focused on public health and sustainability. This strategy also expanded our capacity for engagement and dialogue with public authorities, social investors, international organizations, and technical partners, with the goal of increasing the scale and impact of our projects while contributing to the strengthening of the SUS.

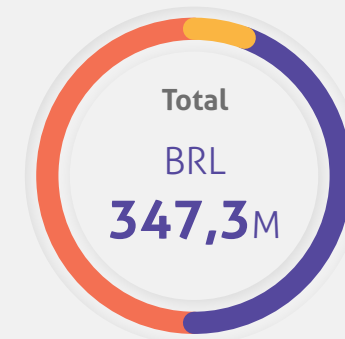
We continue to work collaboratively with municipal, state and federal governments, social organizations, universities and international institutions, consolidating a model based on technical cooperation, operational efficiency and innovation. This applies both to projects we carry out under our tax immunity, in partnership with the Ministry of Health within the Institutional Development Support Program of the Unified Health System (PROADI-SUS), and to voluntary initiatives carried out with support from the private sector and in partnership with various levels of government.

Given the volume of funds allocated to public health support projects, in 2025 BP consistently expanded its efforts to strengthen the SUS, recording 15.9% growth and allocating BRL 347.3 million to social initiatives. Of this total, BRL 151.5 million resulted from tax immunity and were allocated to PROADI-SUS projects, while the larger share of investments was applied to non-mandatory initiatives, demonstrating a commitment that goes beyond legal requirements.

Support for public health / SUS-dependent population

2024

54.6% portfolio composed of public funds and non-mandatory third-party funds



2025

56.3% portfolio composed of public funds and non-mandatory third-party funds



- Corporate social investment **BRL 25.1M**
- Public funds **BRL 170.7M**
- Tax counterpart/PROADI-SUS **BRL 151.5M**

Social impact

Our social initiatives covers 3,746 municipalities, spread across 26 states and the Federal District

Our commitment remains focused on promoting equitable access, raising standards of care, and making an effective contribution to the sustainability of the Brazilian healthcare system.

In 2025, we carried out 31 projects across every state in Brazil, reaching 3,746 municipalities and benefiting 1,264,741 people in partnership with more than 10,000 healthcare institutions. These results demonstrate the broad reach and national relevance of our social initiatives and their contribution to strengthening access to healthcare nationwide.

In addition to our nationwide operations, the **CARDIO** project has been strengthening its ties with nationally and internationally renowned partners, with the aim of sharing the Brazilian model with other countries. In 2025, we initiated negotiations to implement the project in Portugal, Colombia, Chile, and Argentina, strengthening technical exchange and expanding the dissemination of best practices. We also supported Qatar and Singapore through the transfer of expertise and know-how.



In addition, we are working to expand our international presence **through our social initiatives**

1.2+
million
people benefited

Available in
10,000+
healthcare facilities

Get to know BP's projects in 2025

Direct assistance

- 01**
More BMT
- 02**
SUS Cardiology
- 03**
Orthopedics for Vulnerable Athletes
- 04**
Women's Health
- 05**
HPV DNA

Telemedicine in healthcare

- 06**
Telenordeste (33 specialties)
- 07**
Good Practices
- 08**
OpenCare 5G

Education

- 09**
Educa
DTN – VE
- 10**
QualiGuia
PHC
- 11**
Improve
SUS
- 12**
Hospital
QualiGuia
- 13**
Nursing
School
- 14**
CCU
-PRONON

Management

- 15**
Healthcare Planning
- 16**
Lean Approach in Emergencies
- 17**
CARDIO4Cities
- 18**
Interoperability
- 19**
Portuguesa
Ombudsman
- 20**
BMT Brazil
Support
- 21**
Health in
Our Hands
- 22**
Network
CONASEMS – COSEMS
- 23**
Cardio+
- 24**
Management
SES/PAHO
- 25**
Territory
of Care

Research

- 26**
Brazil
Genome Map
- 27**
MR SNC
Impact
- 28**
PROVEN
– Day
- 29**
Promasto
PRONON
- 30**
VitaTEA
PRONAS – PwD
- 31**
Champalimaud
Foundation

31
projects
in all states

The implementation of the 2025 projects was marked by the responsible management of public resources and a high standard of technical excellence, reinforcing BP's institutional credibility and its ability to deliver consistent results with transparency, efficiency, and rigor.

In addition to PROADI-SUS, BP has expanded its work with local health networks through contracts and partnerships with the Municipal Health Department of São Paulo and the Department of Health of the State of São Paulo, including the launch of a project in cooperation with the Pan American Health Organization (PAHO). These initiatives have strengthened the integration between hospital care, primary care, and care networks.

The projects developed by BP in 2025 reflect a broader and more strategic approach to social engagement, focused on strengthening institutional capacity and empowering local communities. Leveraging our expertise in strategic specialties such as Oncology and Cardiology, these initiatives were translated into flagship projects including BMT, DNA-HPV, Women's Health, CARDIO, OpenCare 5G, and Best Practices, all designed to expand access to quality healthcare, disseminate



knowledge, and promote innovation in healthcare delivery. The initiatives encompassed different levels of care and addressed priority challenges within the Brazilian healthcare system, including care planning, the organization of healthcare networks, improvements in the quality of care for chronic conditions, patient safety, and innovation in healthcare delivery models.

The implementation of our projects was also reflected in our scientific output and participation in events. We recorded, during this period, 73 scientific outputs, including 10 published articles, and we took part in 76 national and international events, expanding the sharing of

evidence and experiences arising from our practice.

We advanced strategic initiatives such as the development of healthcare interoperability in partnership with leading industry organizations and began structuring BP's first ICT project, with the objective of contributing to innovation initiatives with the potential to generate scale and impact across the healthcare sector.

In 2025, institutional recognition accompanied this consolidation. We received five nationally and internationally recognized awards, including the ANAHP ESG Award,

the Friend of the Environment Award, the Climate Resilience Gold Award, first place at the Brazilian Congress of Medical Genetics for the Genoma project, and the Lotus Flower Award from the Conasems/Consems Network.

The progress made in 2025 demonstrates that BP's social initiatives are becoming increasingly structured, based on robust governance, responsible management of public and private resources, and a commitment to measurable results. We remain committed to combining excellence in care, innovation, education, and social impact, helping to build a more equitable, efficient, and sustainable healthcare system for Brazil.

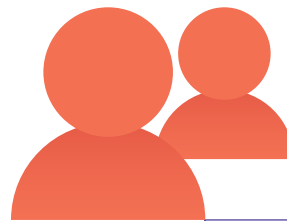
Partnerships

GRI 3-3: SOCIAL RESPONSIBILITY AND ACCESS TO HEALTHCARE, 413-1

BP's work with local communities is integrated across all hospital activities and is primarily focused on implementing projects that support public health. These initiatives are carried out both under the PROADI-SUS program and through additional projects funded with internal resources and in partnership with public and private entities, going beyond current legal and regulatory requirements.

The management of these social impacts is based on impact assessments and the ongoing monitoring of indicators agreed upon with institutional partners and government agencies. Local development programs are structured to address the specific needs of the SUS and priority regions, directing efforts toward strengthening healthcare capacity, improving management practices, and fostering innovation in public health.

Local development programs are structured to address the specific needs of SUS and priority regions



The Novartis Foundation and its partners

CARDIO4Cities, known as CARDIO in Brazil, is a global public health initiative developed by the Novartis Foundation and implemented in Brazil by BP, focusing on the prevention and management of chronic noncommunicable diseases (CNCDs)—such as hypertension and diabetes—within the primary health care system.

Since its launch in Brazil in 2017, the initiative has evolved from a local pilot program into a scalable strategy for enhancing cardiovascular care. In 2025, it reached 44 municipalities and 1,077 Basic Health Units (UBS), with a potential impact on a population of over 15.1 million people.

The initiative is structured around a package of ten solutions organized into four strategic pillars—Management, Integrated Care, Active Search, and Self-Care Plan—which combine training for healthcare professionals, clinical tools, technological solutions, and continuous technical support. This approach promotes the early identification of cardiovascular risk, patient stratification, and the improvement of care management in Primary Health Care.

In the Active Search front, the dedicated spaces set up at the Basic Health Units (UBS), known as “Cantinhos,” stand out for their focus on expanding screening and the early identification of patients. Between July 2022 and June 2025, these facilities provided more than 370,000 consultations.

The implementation of CARDIO in regions such as the Amazon highlights the model’s ability to adapt to contexts involving high-complexity logistics. In Santarém, for example, access to communities is primarily by river, requiring travel by chartered boats. This dynamic demands tailored operational solutions and close coordination with local teams, highlighting the resilience and adaptability of the model across different regions of the country.

The results demonstrate a consistent and measurable impact, with significant reductions in hospitalizations due to stroke and heart attack, increased rates of high blood pressure control, and a decline in in-hospital mortality rates. In São Paulo, high blood pressure control rates rose from 12.3% to 31.2%, with a projected 7.9% reduction in

cardiovascular mortality over a ten-year period. These findings were summarized in a study published in the *Journal of the American Heart Association (JAHA)*¹ in May 2025, which analyzed clinical outcomes in urban settings in Brazil and Senegal, underscoring the model’s effectiveness in different contexts.

The expansion of CARDIO has been made possible by a multisectoral coalition of partners, including the Novartis Foundation, BP, Umane, and the Swiss Re Foundation, as well as a partnership with the *Juntos Pela Saúde* (Together for Health) Program (BNDES/IDIS).

Based on the results achieved in Brazil, the project is expanding internationally and is currently being implemented in Lisbon in partnership with the Novartis Foundation, the United Nations Development Programme (UNDP), municipal authorities, and local healthcare services. The model is also being structured as a dissemination hub for countries in Latin America and the Community of Portuguese Language Countries (CPLP), further expanding its international reach and impact.

CARDIO has had its findings published in high-impact international journals,



such as *American Journal of Hypertension*, *PLOS Global Public Health*, the *Journal of the American Heart Association (JAHA)*, and the *International Journal of Public Health*, as well as recent studies currently under review in publications such as *The Lancet*. This approach strengthens the model’s consistency and positions the project as a global benchmark in public health by combining scale, effectiveness, and sustainability in the fight against cardiovascular disease.

¹ FERRER, J. M. E. et al. Stroke outcomes in a population-based urban hypertension program in Brazil and Senegal. *Journal of the American Heart Association (JAHA)*, 2025.

OpenCare 5G – Miguel Alves

With the goal of generating evidence on the benefits of smart technologies and telemedicine in addressing the real needs of the SUS, BP established an unprecedented partnership in 2025 with Samsung Brazil, InovaHC (Center for Innovation and Technology at the Hospital das Clínicas of the University of São Paulo), the Embrapii-CPQD Competence Center, and the Municipal Health Department of Miguel Alves to conduct a research project.

In Piauí, only four of the 224 municipalities offer echocardiogram services through the SUS, and the wait for the test was as long as six months. Located 117 kilometers from Teresina, the municipality of Miguel Alves has a population that is approximately 70% rural. As a result, the municipality faces significant challenges in providing access through the SUS to medical examinations, emergency care, and specialized consultations, including cardiology and women's health services. Given this situation, the municipality was selected to implement a feasibility study for a telediagnostic service aligned with the climate justice agenda.

Digital health is a key tool for equity and climate justice. By reducing the

need for travel, it cuts greenhouse gas emissions; by reaching remote areas, it saves lives, and by being integrated into a national network, it strengthens the system as a whole.

The initiative is in line with the Belém Health Action Plan, launched at COP30, which proposes concrete measures to strengthen the adaptation and resilience of health systems in the face of the impacts of climate change. Among the plan's priority actions is the expansion of telehealth to remote populations, ensuring equitable access to care and reducing regional disparities.

Launched in May 2025, the research project provided technology and new equipment and utilized a 5G network to perform remote echocardiography, remote obstetric fetal ultrasounds, diagnostic testing for endometriosis, and remote colposcopies. Patients who needed these exams through the SUS were seen by qualified, locally based health professionals who had been previously trained and who conducted the procedures with remote guidance from BP specialist physicians in São Paulo.

Through a project implemented in a partnership with the Municipal Health Department of Miguel Alves, 910



Learn more about the project and its impact [here](#).

consultations were conducted—736 in the field of cardiology and 154 in women's health—with a 100% patient satisfaction rate, helping to reduce waiting lists and cut the wait time for tests from 180 to 13 days.

The experiences and studies conducted throughout the program reinforce the

commitment of BP and its partners to advancing scientific evidence, fostering innovation, supporting professional development, and reducing inequalities in access to critical diagnostic tests. These efforts contribute to the identification and implementation of new insights and strategies that can strengthen public health policies in Brazil.



Nursing School

The São Joaquim Nursing School has been offering free training programs for nursing technicians and nursing assistants since 1959, and has long been a leader in providing education to healthcare professionals. The courses, which are accredited by the Ministry of Education (MEC), are part of BP's commitment to social development through investment in the training of qualified professionals. In addition to a solid technical foundation, the methodology we use fosters personal and professional growth, preparing students to act with responsibility, ethics, and empathy.

Since its founding, the school has trained 4,210 students across 158 classes. Among graduates from recent years, 88% are employed in the workforce, working in hospitals and clinics in both the public and private sectors. In 2025, students in the technical nursing program completed the training they had begun in the 2024 academic year as nursing assistants. They received support from the Votorantim Institute, which helped expand the program's activities and modernize its infrastructure, ensuring a higher-quality learning environment that is aligned with the needs of the healthcare sector.

Tax incentive projects

Incentivized projects are an important tool for expanding access to healthcare and strengthening social initiatives. Through tax incentives, businesses and individuals can redirect a portion of their taxes to programs that make a difference in the lives of thousands of people, ensuring that funds are allocated where they are most needed.

BP, committed to promoting the health and well-being of all generations, has projects approved under the incentive laws of the São Paulo State Council for the Rights of Children and Adolescents (CONDECA), the São Paulo State Council for the Elderly (CEI), and the Ministry of Health through the Pronas/PcD and Pronon laws.

National Health Service (SUS)

GRI 3-3: SOCIAL RESPONSIBILITY
AND ACCESS TO HEALTHCARE, 413-1

Partnership with the Municipal Health Department – our local initiatives

In 2025, BP expanded its collaboration with the Municipal Health Department of São Paulo (SMS-SP), continuing its strategic partnership aimed at strengthening the public healthcare system in the largest city in Brazil.

We have strengthened our relationship with SMS-SP by increasing the scope of our contract to provide high-complexity cardiac care. In addition, we have expanded our work in partnership with the Department through the PROADI-SUS projects—Women’s Health and Best Practices in Cardiology—and have extended the CARDIO project to 100% of the municipality’s primary health care centers.

This joint effort with the Municipal Health Department of São Paulo (SMS-SP) reinforces BP’s institutional commitment to the continuous improvement of SUS in the municipality, expanding access to and improving the quality of care, especially in the most vulnerable areas. In this context, BP stands out as the only partner of the SMS-SP in the field of cardiology capable of providing the full continuum of care. Through this partnership, BP provided more than 143,000 outpatient consultations and 3,174 SUS hospitalizations in the municipality, accounting for 19% of adult cardiac catheterization procedures and 9.11% of adult cardiac surgeries performed within the public health system in the state of São Paulo.

143,000+
outpatient visits

3,174
surgical procedures performed on SUS patients, accounting for **9.11% of cardiac surgeries** in adults within the public health system in the state of São Paulo



Based on the test results, I was diagnosed with a serious heart condition and referred to BP through the public health system. From the very beginning, I felt genuinely welcomed by the team, who conducted the entire process with clarity, professionalism, and confidence. Throughout the process, I realized that BP is an exceptional place to undergo treatment, with a highly organized team and professionals who provide care with a level of sensitivity and compassion that truly makes a difference in the patient experience.

Daniel Rossi – SUS Patient



Understand the significance and proportion of patient visits in this and other specialties as reflected in Indicator **BP-13**, published in our [Disclosures Supplement](#).

In addition to providing direct patient care, BP plays a key role in improving the management of the SUS through PROADI-SUS, a Ministry of Health initiative aimed at bolstering the public health system through training programs, research, and specialized care.

As a leading hospital, we develop and implement, in partnership with the SUS, solutions that improve hospital management, streamline processes, and expand public access to high-complexity treatments.

In 2025, we allocated BRL 151.5 million from tax exemption funds to the program, supporting the implementation of 19 initiatives focused on areas ranging from the training of healthcare professionals to the development of new technologies, clinical protocols, and research. These initiatives directly contribute to improving the quality of healthcare in the country, particularly in priority areas such as Oncology, Cardiology, and Women's Health.

Of the 19 projects underway throughout the year, 15 were already in progress, and we also approved four new projects aligned with the Ministry of Health's priorities: Projects such as Improve SUS, Hospital QualiGuia,



DNA-HPV, and Healthy Brazil further expand our contribution across strategic fronts aimed at strengthening the SUS.

We believe that investing in training and innovation within the SUS is essential to ensuring a more equitable and accessible healthcare system. That is why we continue to improve our work within PROADI-SUS, focusing on results that directly impact millions of Brazilians.

To ensure dialogue and active participation, the institution maintains structured engagement processes that involve public officials, health

professionals, civil society organizations, and the beneficiary communities. This model of social governance includes formal consultation mechanisms, such as internal commissions and technical committees, as well as formal channels for feedback and complaints that are accessible to all stakeholders, including the communities affected by the projects. Transparency regarding the results achieved is ensured through the publication of institutional reports, financial statements, and technical documents related to the implementation and outcomes of each initiative.



BRL 151.5
million allocated
to PROADI-SUS

PROADI-SUS Projects and alignment with the AdaptaSUS agenda

In response to the increasing frequency of extreme weather events and their growing impacts on public health, the Ministry of Health established **AdaptaSUS** as part of the 2024–2035 Climate Plan—an initiative aimed at guiding the adaptation of the National Health Service (SUS) to climate change, with a focus on reducing vulnerabilities, strengthening the resilience of healthcare services, and protecting the population.

In line with this national strategic guideline, BP, through its participation in PROADI-SUS, has focused its projects on helping to build a more prepared, efficient, and adaptable healthcare system. This initiative is organized in accordance with the four core objectives of AdaptaSUS: Health Surveillance, Health Care, Health Promotion and Education, Science, Technology, and Production, highlighting the alignment between the institution's strategic philanthropy and public health policy priorities.

Health Surveillance and Prevention

In this context, BP's projects contribute to strengthening the SUS's capacity to monitor risks, anticipate scenarios, and respond more rapidly to events expected to intensify as a result of climate change, with the goal of reducing morbidity and mortality.

The **Educa DTN-VE** focuses directly on the epidemiological surveillance of neglected diseases and is essential for monitoring climate-sensitive outbreaks. **HPV DNA** plays a role in prevention and population-based screening, enhancing the capacity for early diagnosis.

BP's projects under PROADI-SUS contribute to building a more prepared, efficient, and adaptable healthcare system

Healthy Brazil is aligned with the goal of eliminating socially determined diseases, which are often associated with contexts of environmental vulnerability. The **Improve SUS** initiative helps strengthen the response capacity of local health networks.

The **Brazil Genome Map** supports the development of genomic and clinical databases, enabling advances in the identification of population-level risks. Meanwhile, **QualiGuia PHC** supports the improvement of primary care through the use of data to monitor indicators and enhance care coordination, while the work of the **CONASEMS/COSEMS Network** bolsters surveillance at the local level through inter-federative coordination and support for municipal management.



Healthcare

From this perspective, these projects help improve the efficiency of the healthcare system and the organization of care.

The **Lean Approach in Emergencies** and **Health in Our Hands** projects are designed to reduce waste and shorten hospital stays, promoting greater efficiency in care delivery and a more appropriate use of resources.

TeleNordeste is expanding access to specialized care through telemedicine, reducing the need for travel and the impact of carbon footprint commuting causes. **QualiGuia PHC** and **Planning** strengthen primary care as the coordinator of care, promoting the organization of care pathways and helping to reduce the burden on more complex, resource-intensive services.

The **Improve SUS** initiative also ties into this area by contributing to the training and certification of medical specialists, thereby reinforcing the SUS's capacity to provide care and supporting the organization of care across different levels of care.



The **Women's Health** and **CONASEMS/COSEMS Network** projects help ensure continuity of care for vulnerable groups, strengthening social resilience in the face of adverse weather events. **MR Impact** supports the improvement of care by enhancing diagnostic accuracy and informing clinical decision-making, while **PROVEN-DAY** encourages the adoption of evidence-based practices, promoting greater efficiency and quality in healthcare.

The **Brazil Genome Map** also contributes to this area by helping to improve diagnostic accuracy, reclassify cases, and establish more effective treatment strategies.

Through PROADI-SUS, BP is expanding access, improving the quality of care, and helping to strengthen the SUS throughout Brazil

Promotion and Education

Under this approach, the projects are aimed at disseminating technical knowledge and strengthening the capacities of health care teams.

The **Good Practices** project focuses on standardizing processes, helping to reduce rework and unnecessary material consumption. **Hospital QualiGuia** provides guidance to hospital administrators on quality standards, which may include guidelines on sustainability and patient safety.

Planning supports the training of teams to organize healthcare and improve care pathways. Working with the CONASEMS/COSEMS Network helps train and support municipal managers and teams, thereby promoting institutional strengthening.

Projects such as **QualiGuia PHC**, **PROVEN-DAY**, and **Women's Health** work to disseminate best practices and strengthen prevention and ongoing care strategies.

Science, technology, innovation, and production

In support of the objectives of this priority area, the projects are focused on incorporating innovation and strengthening the technological capacity of the SUS.

The **Brazilian Genome Map** contributes to our understanding of genetic susceptibility to diseases and to the personalization of treatment. **MR Impact** monitors bacterial resistance and central nervous system infections.

PROVEN-DAY is focused on innovation in diagnostic processes. The **BMT Brazil Support and BMT Brazil Assistance** projects, meanwhile, work to ensure access to high-complexity procedures (bone marrow transplants), structuring the network so that life support is resilient and decentralized.

There is significant potential to expand training initiatives over the 2024–2026 period, with a focus on topics such as sustainability, resilience, and risk management, thereby contributing to greater awareness and preparedness among senior leadership and healthcare teams.



Projects bring innovation and technology to the SUS

Our partners

We are grateful to our partners.

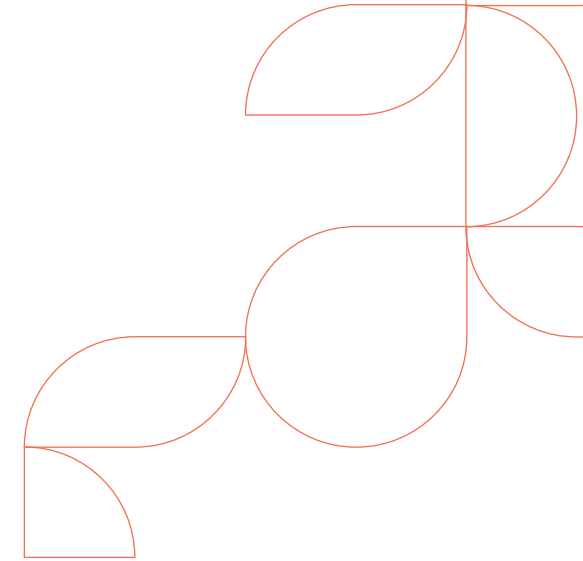


Volunteering BP-02

In 2025, we made progress in consolidating our Volunteer Program by establishing the **Volunteering Journey**. Based on the 6C Methodology ("Criar," "Captar," "Capacitar," "Coordenar," "Cuidar," and "Celebrar," or Create, Recruit, Train, Coordinate, Care, and Celebrate), this initiative covers the entire volunteer journey within the organization—from the strategic design of opportunities to the recognition and celebration of contributions made.

This broader approach has made it possible to improve the performance of the teams and strengthen processes, generating social impacts directly linked to the institutional strategy. By enhancing the experience of those dedicated to this cause, we reaffirm BP's mission to value life in all its dimensions, promoting a more human approach to patient care and strengthening our bond with the community.

As a result, the BP Volunteering Program remains an initiative that connects people to the organization's mission, fostering an environment of warmth, empathy, and care. It is divided into two categories: community volunteering, which involves external participants and partner NGOs, and corporate volunteering, which involves BP employees. Both initiatives work in tandem, expanding the institution's reach and social impact.



Within the hospital, volunteers work at the BP Paulista and BP Mirante units, supporting patients and their families based on **four fundamental pillars**:



Welcoming

Volunteers are dedicated to welcoming patients and their families in a warm and empathetic manner, assisting with reception and admission procedures at the front desk and inpatient units.

Well-Being

We offer programs focused on physical and emotional well-being through integrative therapies such as auriculotherapy, massage, and reiki, as well as services that boost self-esteem, such as beauty treatments.

Spiritual support

With respect for diversity of beliefs, volunteers offer emotional and spiritual support, providing moments of listening, comfort, and connection throughout the patient's journey.

Entertainment

Recreational and cultural activities, such as arts and crafts, musical performances, clown shows, visits from therapy dogs, and chess workshops, provide a lighthearted and relaxing atmosphere for patients and their companions.

To support this effort, the program has a team consisting of three staff members and four volunteer coordinators, each responsible for one pillar. This structure ensures continuous monitoring, effective organization, and quality in the activities performed. In fact, in a survey assessing satisfaction with the program's management, the volunteers gave it a score of 9.5 out of 10. In addition, the program achieved the following figures in 2025:

54
new volunteers on board

253
active volunteers

10
NGOs and partner groups

9,564
volunteer hours
(+25.8% compared to 2024)

46,874
people affected in areas
such as inpatient units,
ICUs, oncology, reception
areas, operating rooms,
hemodialysis units, and
pediatrics

As for corporate volunteering, we conducted a needs assessment for the members of the Provedoria Portuguesa Community of São Paulo, ensuring that all initiatives were strategically planned and aligned with the institution's actual needs. The assessment identified three key priorities: Psychological support for older adults, speech therapy services, and the strengthening of recreational and social activities focused on promoting social interaction and emotional well-being.

In light of these needs, we have established a partnership with BP University, specifically with its Psychology program, which will provide psychological counseling to residents through the students' internship program. We are also helping to publicize the opening for a volunteer speech therapy pathologist.

In-person activities

To complement this care, we promote initiatives focused on social interaction and humanization, with activities that foster bonds, affection, and a sense of presence. Throughout the year, we held four in-person events, including three discussion groups led by a volunteer psychologist, as well as recreational activities at all events—reinforcing the importance of listening, providing a welcoming environment, and offering comprehensive care to older adults living in long-term care.

In its third year, the program also organized the Christmas Letter Sponsorship Campaign in partnership with the NGO Madrinhas da Vida. Employee engagement led to the sponsorship of 126 letters, and volunteers participated in the institution's Christmas party, helping to deliver the gifts and bolstering bonds of solidarity, care, and meaningful presence.

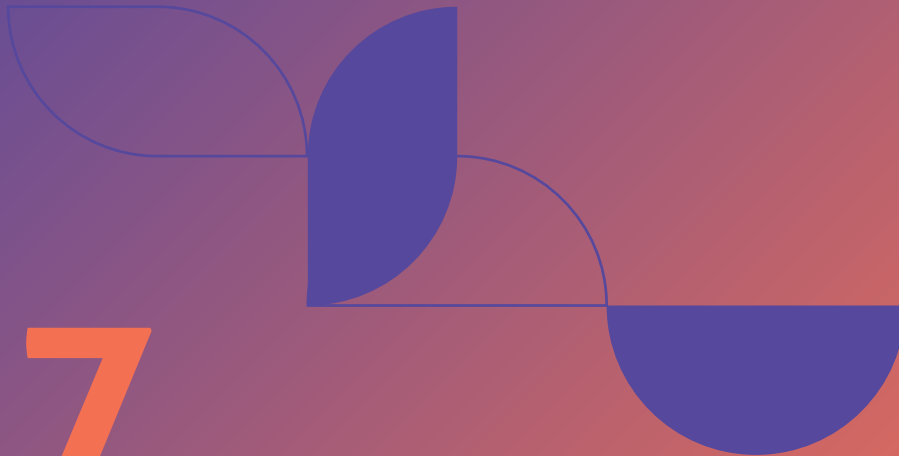
In total, 46 employee volunteers participated in corporate volunteer initiatives in 2025, demonstrating their dedication, willingness, and social commitment. The satisfaction survey underscores the quality of this experience, with an overall average score of 9.9, highlighting how these

initiatives foster a sense of belonging and drive positive change.

Another highlight of the year was the Memorable Experiences program, a series of initiatives designed to provide meaningful moments for long-term patients in inpatient units, the ICU, the Bone Marrow Transplant (BMT) unit, and outpatient clinics. These initiatives mark important milestones in the patient's journey, such as discharge from the hospital or the completion of a course of treatment.

In 2025, 165 initiatives were implemented, benefiting 264 patients and their companions across inpatient, ICU, oncology, and BMT units. Activities included baptisms, special lunches and dinners, movie screenings in the ICU, beauty days, and culinary experiences, representing a 114% increase compared to the previous year.

The positive impact generated by the BP Volunteering Program in 2025 reflects the dedication of volunteers, partners, and employees, as well as the effectiveness of a structured program. This development reaffirms BP's commitment to valuing life, promoting well-being, and building more humane and meaningful relationships in all of its care settings.



7

Environment

Resource Management
Climate Change

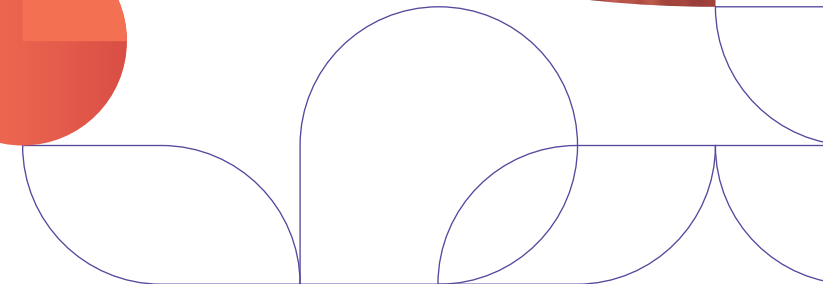
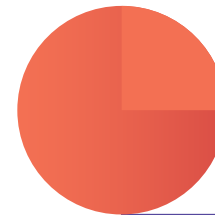
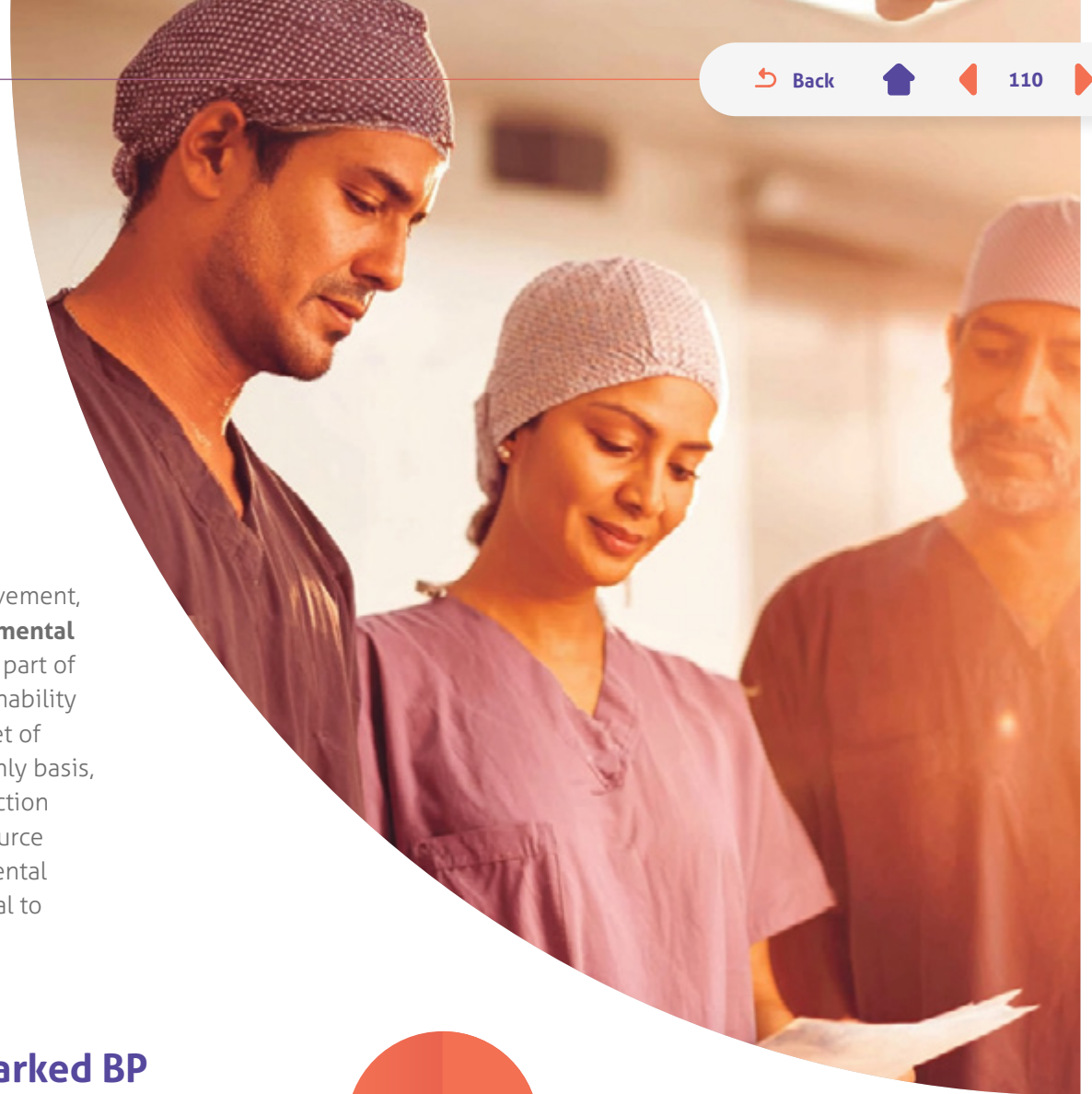


Resource management

BP's 2025 environmental strategy was based on data integration and analytics. The restructuring of governance, which integrated environmental management with the Occupational Safety and Fire Prevention and Suppression areas, strengthened the systemic approach to risk management and enabled more robust actions across the facilities. This initiative played a key role in BP Mirante obtaining **ISO 14001:2015** certification, granted by DNV, attesting to the compliance, effectiveness, and excellence of the facility's Environmental Management System (EMS). The institution has already begun preparations to extend this certification to Hospital BP in the coming cycles.

To ensure continuous improvement, BP has adopted the **Environmental Performance Index (EPI)**. As part of the senior leadership Sustainability Index, this tool monitors a set of critical indicators on a monthly basis, establishing ambitious reduction targets for each natural resource and ensuring that environmental considerations remain central to strategic decision-making.

The year 2025 marked BP Mirante's achievement of ISO 14001:2015 certification




Water and effluents GRI 303-1

In a healthcare complex comprising hospitals, diagnostic facilities, and outpatient clinics, water is treated as a shared asset and a critical resource for patient and staff safety, as well as for the continuity of operations. In addition to human consumption, water is essential for refrigeration systems, sanitation processes, laboratories, facility and equipment cleaning and maintenance, and fire suppression systems.

As a result, BP adopts a proactive and continuous approach to identifying impacts, prioritizing operational safety, efficiency, and waste reduction. Our water supply comes from two deep artesian wells—one of which was drilled in 2025—as well as from the local utility’s distribution system.

No water is abstracted from areas classified as water-stressed, and during the year, efficiency projects were implemented to install flow restrictors and enable real-time consumption monitoring. In addition, water quality is tested daily to ensure compliance with legal, environmental, and health standards.

Guided by objectives and targets established through systematic monitoring, the progress of water management is assessed using the Environmental Performance Indicator (EPI). In 2025, the organization achieved an absolute reduction of 25,378 m³ in water consumption, representing an 8% decrease compared to the baseline period. This performance exceeds the minimum reduction target of 5% established in the EPI. This performance reflects initiatives such as the installation of flow-reducing devices in partnership with T&D Sustentável, continuous monitoring of water consumption, and the prioritization of actions at facilities located in regions under greater pressure on water resources.

 **8%**
absolute reduction in water consumption





Disposal GRI 303-2

BP establishes effluent discharge standards based on applicable environmental and health regulations, including State Decree No. 8,468/1976, which governs pollution prevention and control in the State of São Paulo and defines the parameters for discharging effluents into sewer systems and receiving water bodies. In addition, the institution considers the requirements established by the sanitation utility and industry standards applicable to the healthcare sector.

To ensure compliance and mitigate environmental risks, BP has implemented internal guidelines for the control and monitoring of effluent quality, taking into account the physical, chemical, and biological parameters established by legislation, such as pH, temperature, settleable solids, oils and greases, biochemical oxygen demand (BOD), and suspended solids. This monitoring enables the continuous assessment of effluent quality prior to discharge into the receiving system, whether through the public collection and treatment network or, where applicable, directly into receiving water bodies.

Regarding the measurement methodology, the organization adopts technical parameters that ensure the consistency, reliability, and comparability of the data. The methodology is based on the assumption that 80% of the water collected is converted into wastewater and discharged, while the remaining 20% corresponds to actual consumption, in accordance with ABNT NBR 7.229.

In 2025, water intake and discharge decreased

7.9%

compared to the previous year



Track the progress of the [GRI 303-3](#) and [303-4](#) disclosures in the [Disclosures Supplement](#)

Energy GRI 302-2, 302-4

BP's energy mix in 2025 remained 100% clean, achieved through the purchase of energy on the Open Market using Renewable Energy Certificates (I-RECs) to cover all electricity consumption. In addition to the source of the energy consumed, the institution has invested in modernizing its core infrastructure to improve efficiency, reduce consumption, ensure the safety and reliability of energy distribution, and strengthen contingency measures for internal failures.

In 2025, electricity consumption decreased by 5,413 GJ compared to 2024, considering the total consumption across all facilities during the period. Energy consumption is monitored monthly through utility bills, electricity meters, and records from critical equipment, enabling the identification of consumption patterns and opportunities for efficiency gains.

One of the main initiatives was the replacement of natural gas boilers. Equipment that had been in operation for more than 40 years was replaced with modern, high-efficiency steam generators capable of operating on demand according to operational needs. This modernization delivered significant results: when comparing the first four months of 2024 and 2025, natural gas consumption decreased by 56.97%.

At the same time, the institution advanced the replacement and modernization of chillers and other HVAC equipment with high-performance, energy-efficient models that comply with specifications requiring refrigerants with lower impacts on the ozone layer. In 2025, a strategic partnership was also established with the energy utility, enabling equipment upgrades through dedicated projects and the execution of a long-term power purchase agreement (PPA), ensuring the supply of renewable energy and greater cost predictability over the next five years.



35.5%

was the reduction in our organization's electricity consumption in 2025, compared to 2024



See the breakdown of this data in the [Disclosures Supplement](#)

Waste GRI 306-1, 306-2

BP systematically monitors the life cycle of materials used in its operations in order to mitigate the environmental impacts associated with hospital activities. Waste management was one of the key focus areas of the external audit conducted by DNV at Hospital BP and BP Mirante facilities, which resulted in ISO 14001:2015 certification for the Mirante unit.

The process confirmed compliance with applicable legal requirements and adherence to the company's Environmental Policy, while also driving improvements in engineering processes and in the collection and handling of specific materials such as oil, plaster, and paint. Although the use of raw materials and chemical products is essential for healthcare delivery, BP recognizes that these materials are also the main source of waste generation. During use, they are transformed into infectious and chemical waste, which, due to their hazardous characteristics, require specialized treatment and environmentally appropriate final disposal.

In 2025, the institution reviewed its Health Care Waste Management Plan (PGRSS), with a focus on

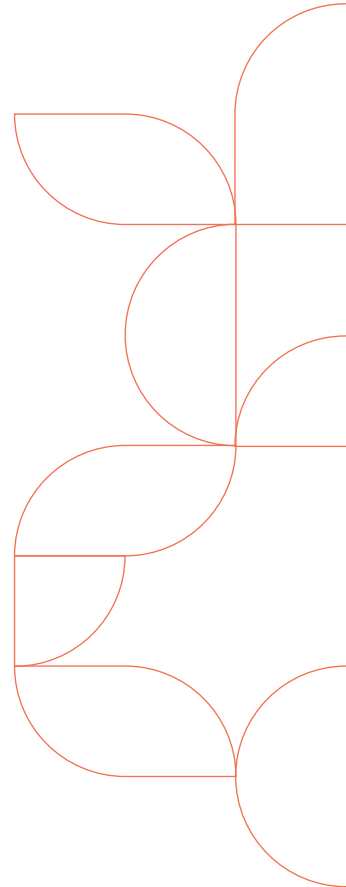


strengthening operational controls and improving waste management procedures. At the same time, BP intensified efforts to engage care and operational teams, expanded the availability and adequacy of waste bins to support proper waste segregation, and reinforced training and awareness initiatives. These actions contributed to improving the quality of waste separation at the source and generated positive

quantitative results: the proportion of infectious waste decreased from 47% in 2024 to 43% in 2025 of the total waste generated, reducing both the volume sent for thermal treatment (incineration/autoclaving) and the associated costs. Throughout the process, several additional measures were implemented, including greater engagement of employees, physicians, and service providers, as well as expanded training programs for teams.

43%

of infectious waste was sent for thermal treatment, down from 47% in 2024



Operation, monitoring, and the circular economy

Operational waste management is supported by strategic partnerships and a rigorous control process. Waste generated at the facilities is collected on-site, stored in temporary storage areas, and subsequently transported to central storage facilities until final collection by properly licensed service providers. To ensure traceability and accuracy, all materials are weighed and classified by type, with the data recorded for the issuance of the Waste Transport Manifest (MTR) and consolidated monthly into dashboards made available to management and governance teams. Recurring audits conducted by internal teams pursuant to the best practices reinforce process governance and strengthen contract management through supplier approval procedures and technical inspections carried out by the Environment and Facilities teams.

BP has also expanded its circular economy and reverse logistics initiatives. Materials such as gel packs, alcohol and soap containers, SMS drapes, and anesthesia circuits are returned to the production cycle through partnerships with Comercial Nacional de Produtos

Hospitales (CNPH). Other waste streams—including cardboard, glass, wood, and metals—are directed to recycling processes, enabling reuse and reprocessing for new applications. Complementing this strategy, the upcycling project transforms nonwoven fabric blankets and used uniforms into new products, such as bags and blankets, generating positive

social impacts through partnerships with NGOs composed of socially vulnerable groups. Together, these initiatives contribute to mitigating impacts identified in the value chain, particularly those related to logistics and greenhouse gas (GHG) emissions, while reinforcing the organization's focus on waste reduction.



Climate change

GRI 3-3: CLIMATE CHANGE | SASB HC-DY-450A.1

Climate change is one of the main risk factors for global health. Rising global temperatures and the increasing frequency of extreme weather events pose direct challenges to hospital management, as they exacerbate cardiovascular, respiratory, renal, and metabolic conditions and place a

strain on healthcare systems. Added to this, rapid urbanization and warming favor the spread of arboviruses and infectious diseases, requiring hospitals to fulfill their central role as agents of transformation and health-system resilience.

The first hospital to conduct a disaster drill based on the climate risk and extreme weather event map

Through this mapping process, it is possible to manage potential financial implications, such as increases in operating costs related to energy, water, and maintenance, as well as the need for emergency repairs. Although BP currently monitors and manages these variables to ensure continuity of care and operational resilience, the organization has not yet quantified the specific financial costs associated with these management measures. **GRI 201-2**

The strategy moved beyond the drawing board and was embedded into the security routine through the Climate Adaptation Plan. In December 2025, following a climate risk assessment, BP became the first hospital in Brazil to run a mass-casualty drill simulating an adverse weather event (high winds) to test preparedness for natural disasters. This integrated exercise involved quality control, patient care and support departments, emergency services, and the fire brigade to test response capabilities and the continuity of essential services in the event of external disruptions. The goal is to make sure that the facility remains operational and safe for critically ill patients even under adverse weather conditions.

Pioneering Climate Risk Matrix

To anticipate these scenarios, BP has developed a pioneering Climate Risk Matrix grounded in the methodologies of the Task Force on Climate-related Financial Disclosures (TCFD) and informed by Intergovernmental Panel on Climate Change (IPCC) reports. This mapping study projected scenarios over the next 100 years, assessing both physical and transition risks across the

short, medium, and long term. Among the physical risks, based on IPCC data that includes RCPs (Representative Concentration Pathways) and SSPs (Shared Socioeconomic Pathways), four phenomena critical to operations were identified: precipitation, temperature, drought, and strong winds. All were evaluated in terms of economic, infrastructure, and health variables.

Our transition analysis considers the Net Zero Emissions by 2050 and the Stated Policies Scenario (STEPS) from the International Energy Agency (IEA), focusing on economic and reputational impacts. With regard to transition risks, four factors were addressed: energy demand; renewable energy consumption; public policy; and consumer preferences.

The event was attended by more than 70 volunteers, including employees and physicians from various clinical and support departments, as well as technical and operational management, and featured the first-ever participation in BP by the Fire Department, the Military Police, and the Traffic Engineering Company (CET). This marks the largest mass casualty drill ever conducted at BP.

We recognize that our operations generate positive impacts through water efficiency and the adoption of clean technologies, but they also create negative impacts inherent to hospital activities, such as high energy consumption, the use of chemical supplies, and the generation of waste. For all these reasons, we consider climate change to be a material topic and have adopted a robust governance framework supported by policies that mitigate regulatory and operational risks, optimize costs, and, above all, ensure effective management of energy consumption, emissions, waste, and effluents.

Since 2016, we have published greenhouse gas (GHG) inventories, and in 2025, we earned the Gold Seal from the Brazilian GHG Protocol Program, affirming our leadership in

climate management through audited and publicly available inventories. The highlight of the year was the results of the nitrous oxide phase-out project, which began in 2024. Recognized for its high global-warming potential, this anesthetic gas was replaced with safer, less polluting clinical alternatives after intensive engagement with medical staff and anesthesia teams. After a year offline, we recorded an 89% reduction in our direct emissions (Scope 1).

This journey toward Net Zero also included monitoring ozone-depleting substances (ODS). In 2025, SDO emissions associated with R-22 gas in air conditioning systems totaled 0.00374 tons of CFC-11 equivalent (tCFC-11e), without the use of any products banned by the Montreal Protocol. To calculate this indicator, the institution uses the metric that 1 kg of R-22 is equivalent to 0.055 kg of CFC-11 equivalent, according to the following formula: CFC-11 equivalent (t) = [R-22 consumption (kg) × 0.055 / 1,000]. The reference used for the Ozone Depletion Potential (ODP) factor is based on technical parameters provided by specialized manufacturers, ensuring the accuracy of the atmospheric emissions inventory. **GRI 305-6**

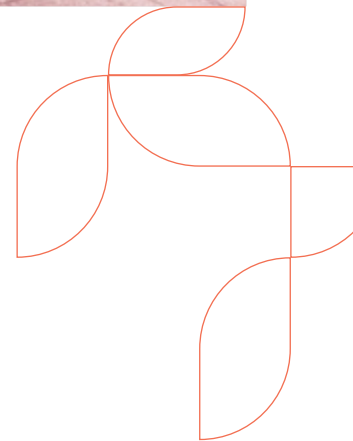


BP's transparency extends to other significant atmospheric emissions, which in 2025 totaled 0.044 tons of nitrogen oxides (NOx) and 0.008 tons of particulate matter (PM), resulting from the consumption of diesel in generators. At Hospital BP, the consumption of 21,500 liters resulted in 0.383 tons of NOx and 0.007 tons of PM, while at BP Mirante, the consumption of 3,000 liters generated 0.054 tons of NOx and 0.001 tons of PM. Mapping of Volatile Organic Compounds (VOCs) is planned for the coming cycles. **GRI 305-7**



89%

reduction in Scope 1
GHG emissions, after
one year without
Nitrous Oxide



To demonstrate its public and industry-wide commitment to climate change issues, BP also signed the **Climate is Health, Health is Climate** manifesto, led by the Healthy Hospitals Project (PHS). By signing this document, the institution acknowledges that human health is directly dependent on the health of the planet and commits to leading the transition to a low-carbon healthcare model. This stance places BP at the forefront of climate justice, arguing that the adaptation of health systems must prioritize equity and the protection of populations most vulnerable to the impacts of global warming.

This leadership was recognized internationally with the Climate Resilience Gold Award, an award presented by Global Green and Healthy Hospitals and Health Care Without Harm. The award recognizes institutions that are leading efforts to mitigate and adapt to climate change in the health sector.

BP at COP30

BP represented the private healthcare sector at COP30, highlighting its initiatives in vulnerable regions such as the Legal Amazon. During the discussions held in Belém (PA), the institution participated in strategic panels, roundtables organized by international organizations such as the WHO, and dialogue sessions focused on how health systems must adapt to and lead responses to the climate crisis.

Throughout the conference, the strong interconnection between climate and health was consistently emphasized. Climate change intensifies health risks, aggravates communicable and chronic diseases, and deepens existing social vulnerabilities. In this context, BP reinforced the importance of education, science, management, and monitoring as fundamental pillars for building healthcare systems that are more resilient, equitable, and prepared to face future challenges.

Through its participation in three strategic panels, we shared experiences and best practices that integrate sustainability, innovation, and equity, reinforcing the institution's role in advancing a healthier, more resilient, and future-oriented healthcare system. Casa Folha (November 11): Climate, Diseases, and Health Surveillance; World Economic Forum / PAHO / Novartis Foundation (Nov. 12): Health Risks – Health Risks on a Changing Planet; Blue Zone – WHO and HCWH (November 13): Growing Momentum for Climate Action in Health Care.



8

Education, Research, and Innovation

BP University

Research

Innovation and Technology



BP University

The year 2025 marked the definitive consolidation of **BP University** as a strategic pillar of the institution's business and a source of social value. With an investment of approximately **BRL 40 million** in infrastructure and educational technology, BP University bridges the gap between theory, practice, and hands-on hospital experience. By launching a higher education institution that combines 166 years of excellence in patient care with contemporary teaching methods, the institution has realized its mission of enriching lives through education.

During this period, the institution, which has always invested in education, made significant strides in expanding its academic offerings. In 2025, the undergraduate programs in **Nursing** and **Psychology** were **officially approved by the Ministry of Education (MEC), both with a score of 5 (the highest achievable)**. As a result, the higher technical degree in Hospital Management (blended learning), as well as the Psychology and Nursing programs, will begin in 2026.



As part of its continuing education programs, the University awarded its first *lato sensu* graduate degree in Breast Imaging and plans to offer 15 *lato sensu* graduate programs in 2026, such as Oncology Nursing, Quality Management and Patient Safety, Hospital Psychology and Psychosomatic Medicine, Hospital Dentistry, Hospital Architecture, and Occupational Medicine, in addition to several short-term courses in strategic areas.



**BP University
bridges theory,
practice,
and hospital
experience**

Undergraduate Degree in Medicine

A key milestone of the year was the preparation for the launch of the **Undergraduate Degree in Medicine** program. In December 2025, the institution was visited by the MEC evaluation committee, which recognized the quality of its infrastructure and academic program, assigning the highest assessment ratings. As a result, the institution closed the year expecting to receive authorization to launch its first medical school class in the first semester of 2027, with 100 available places.

The educational approach at BP University is distinguished by **interprofessionalism** and a patient-centered focus. The curricula were designed so that students from different programs (Medicine, Nursing, Psychology) can take the same courses and work on the same projects, learning to work collaboratively and in a multidisciplinary manner from the very beginning.

Another distinguishing feature is the **"Z-shaped curriculum"** and the spiral of complexity, in which students revisit the basic sciences throughout their training and maintain a connection between theory and clinical practice from the beginning to the end of the program. A humanities-based education and the encouragement of research participation starting in the first year are also key pillars.

Connection to the purpose

BP University goes beyond training technical professionals by fostering the development of socially responsible citizens. In 2025, through partnerships such as the Friendly Hand project, the institution awarded full scholarships to low-income students, promoting inclusion, access to education, and social mobility.

We believe that teaching and research are strategic drivers of clinical innovation and operational excellence. The generation of knowledge and the training of highly qualified professionals directly contribute to the quality of care and patient safety. We recognize that our positive impacts are reflected in scientific advancement and in the professional development of the Brazilian healthcare sector. At the same time, we actively monitor ethical, regulatory, and operational risks to prevent process obsolescence or failures in research protocols that could compromise institutional sustainability. **GRI 3-3 EDUCATION AND RESEARCH**



In the coming years, the outlook is for continued expansion, establishing BP as a comprehensive hub that integrates care, research, and education, a place where employees are both students and teachers. The educational dynamics promote the concept of lifelong learning within the institution itself.

An innovative campus

BP University has completed the construction of a comprehensive educational facility featuring five floors dedicated to classrooms, collaborative spaces, a computer lab, and a library with extensive digital resources. The structure also includes practical training laboratories designed to support the development of healthcare skills, including an advanced virtual reality lab focused on immersive learning experiences. In addition, BP has made available more than 1,500 square meters of laboratory space within Hospital BP itself, specifically designed to support future medical students. This initiative reinforces the concept of an integrated university campus, in which the hospital and medical school operate as a single ecosystem, enabling students to engage with the hospital environment from the beginning of their academic journey through progressive exposure to real-world care settings and supervised clinical practice. This integrated model enhances the learning experience and contributes to the development of a new generation of healthcare professionals committed to innovation, clinical excellence, and high-quality patient care.

Research

In 2025, research at BP reaffirmed its strategic role as a driver of innovation and excellence within our healthcare hub. We understand that knowledge generation is not an isolated activity but a fundamental link that connects high-complexity care to cutting-edge education. By integrating scientific research into our daily hospital practice, we not only anticipate trends and adopt new technologies, but we also ensure that every clinical decision is based on the best available evidence.

Our research generates real value for patients, enhances the institution's reputation, and contributes to the sustainability of the Brazilian healthcare system. In this context, we maintain a constant flow of information and scientific findings with our stakeholders. This transparency strengthens the institution's reputation as a hub for knowledge generation and ensures that advances in patient care are disseminated throughout the healthcare ecosystem. **GRI 3-3 EDUCATION AND RESEARCH**

The area reports to the Executive Board of Medical and Technical Development. It is divided into two main groups: Clinical Research, where BP participates in studies during the drug development phases in partnership with pharmaceutical companies, as well as Investigator-Initiated Research, which is conceived by BP's own professionals and plays a key role in the institution's scientific reputation.

In the area of Clinical Research, in 2025, the institution had approximately 120 clinical trials underway, conducted by a team of about 100 physicians. The primary focus is on highly specialized fields such as Oncology, Hematology, Cardiology, and Neurology, linking the institution to global multicenter protocols.

To promote its own intellectual output, BP relies on the **Researcher Support and Incentive Center (Naipe)**. The framework offers end-to-end support—scientific, regulatory, and operational—from project conception

Highlights of the area

76 active
national partnerships

8 active
international
partnerships

Active biobank with

247
aliquots stored in 2025

Approximately

1,000
molecular biology
experiments conducted
in our laboratory

through results publication, including legal feasibility and compliance with Brazil's General Data Protection Law (LGPD). In the 2025 cycle, the center monitored 213 ongoing researcher-initiated research projects, involving 126 researchers from the institution. The studies address critical issues in contemporary health, including obesity and telehealth, as well as basic research at the cellular and molecular levels conducted in BP's own laboratory.



Research creates value for patients, enhances the institution's reputation, and contributes to the sustainability of the healthcare system

Historic milestone: 1,000 scientific articles published

BP's Research Division has reached a milestone that reflects the consistency of its intellectual output: we published **1,000 scientific articles over the past decade** in nationally and internationally recognized peer-reviewed journals. This establishes the institution not only as a center for patient care, but also as a hub for knowledge generation that influences clinical protocols and public policy.

The 2025 production stood out for its diversity and for its integration of high-complexity medical expertise with sustainability and social responsibility. Below, we list five projects that demonstrate the quality and scope of our applied science:

3. ESG Governance: The BP Sustainability Index *Published in Science magazine*

The article details the pioneering methodology used to create the BP Sustainability Index. It describes how the institution incorporated environmental, social, and governance indicators into senior leadership performance contracts, drawing inspiration from the ISE B3. The study presents practical findings, such as a score of 98.23 in the first year and a direct correlation between ESG goals and business strategy.

1. International Recognition in Cardio-Oncology and Diabetes

The study led by cardiologist Rodrigo Noronha on the use of dapagliflozin was named the best unsolicited abstract in Brazil by the American Heart Association and published in *Circulation*, one of the world's most prestigious journals. The study found that the medication, used to treat diabetes, also reduces the risk of life-threatening arrhythmias and sudden death, providing new evidence of its cardiovascular protective effects.

4. Surgical Decarbonization: The End of Nitrous Oxide *Presented at the Healthy Hospitals and ISQua (International Society for Quality in Health Care) Seminar*

The technical study documented the impacts of discontinuing the use of nitrous oxide—an anesthetic gas with a global warming potential 268 times higher than CO₂—across BP facilities. The results showed an 89.8% reduction in Scope 1 emissions during the first half of 2025 compared to the same period in 2024, without compromising patient safety or quality of care. The study has become an important benchmark for the healthcare sector.

2. Telemedicine and Equity: The TeleNordeste Case *Published in the American Journal of Hospice & Palliative Medicine*

The article examined the achievements of the TeleNordeste project, led by BP through PROADI-SUS, and demonstrated how telehealth has broken down geographical barriers, ensuring the human right to palliative care in remote regions. The publication scientifically validates telemedicine as a tool for promoting equity and providing specialized support to primary care teams.

5. Innovation in Hospital Environmental Management *Published in ISQua (International Society for Quality in Health Care)*

The Environment and Occupational Safety team published technical studies on the integration of environmental quality and safety in the hospital setting. The Environment and Occupational Safety team published technical studies on the integration of environmental quality and safety in the hospital setting. It reinforces BP's position as a reference for innovation and responsible management.

Innovation and technology

GRI 3-3 INNOVATION AND TECHNOLOGY

Innovation at BP has gone beyond the realm of technology to become a cornerstone of cultural and process transformation. We believe that effective technology management reduces waste and optimizes care processes. We also closely monitor the risks of obsolescence and coordination failures in digital care that could lead to rework or undermine the perceived value of our brand.

The strategy adopted by the institution was to integrate innovation into its institutional strategy, going beyond technology. The goal is to foster decentralized innovation, in which clinical and administrative departments have the autonomy and agency to identify pain points and propose solutions in their day-to-day work. The expected outcome is a shift in the organization's mindset toward a more predictive and less reactive approach.

At the core of its business, BP has strengthened its position as a hub for

high-complexity care by incorporating cutting-edge therapies and technologies. The institution has made strides in the commercialization and research of cutting-edge products, such as **gene therapy (CAR-T Cell)**, actively participating in the development of this revolutionary technology for cancer treatment in the country.

Robotic surgery has also reached new heights, surpassing the milestone of **3,500 procedures performed**, thanks to the introduction of new platforms and expansion into specialties such as cardiac surgery. Other highlights include the pioneering use of **Farapulse** technology (pulsed-field ablation) for the treatment of arrhythmias and **cryoablation**, a minimally invasive technique that freezes tumors at -18°C. In neurosurgery, innovation was evident in the use of generative artificial intelligence for 3D surgical planning, which increases precision and safety in complex cases.



The use of AI and digital tools has been instrumental in streamlining processes and improving clinical accuracy. Notable initiatives include:

Virtual assistant

Implementation of a virtual assistant based on generative AI (LLM) and made available on the BP website that is capable of identifying the patient's intent and streamlining care, with the goal of transforming the digital experience, facilitating customer interaction, and providing faster, more personalized, and more effective service, thereby increasing satisfaction and bolstering the relationship with the institution.

Medical audit

Partnership to use generative AI in audits, creating strategic opportunities for the institution, with the potential to streamline processes, increase operational efficiency, and significantly facilitate analysis, thereby raising the quality, accuracy, and productivity of audits.

Accelerated diagnosis

Use of AI to read electrocardiograms, reducing the time it takes to issue reports by 80%.

Smart schedule management

Implementation of a new platform that goes beyond the functionality of conventional scheduling software to serve as a layer of strategic intelligence in the governance of diagnostic centers. Using predictive algorithms, the solution dynamically orchestrates the patient's journey, mitigating operational risks by automatically identifying preparation conflicts, such as critical issues involving fasting and hydration protocols. By aligning resource availability with real-time room status, the platform enhances operational efficiency and reinforces clinical safety standards, ensuring a seamless workflow and a high-value care experience.



Another notable project in 2025 was **Go Digital**, a strategic, cross-functional BP initiative focused on the digital transformation of the patient's journey and improving operational efficiency. By focusing technology on people's needs, BP ensures that innovation leads to real gains in operational efficiency and quality of care. From scheduling to billing, we have enhanced our operational processes by expanding the capabilities of our Tasy digital platform. We have also introduced the option to confirm appointments and tests via WhatsApp, thereby reducing the no-show rate from 13% to 6% by December 2025.

The modernization included the installation of new **self-service kiosks**, which reduced wait times at the reception desks from 25 minutes to about 13 minutes. As part of this efficiency drive, a project has been launched to implement digital signatures on tablets, thereby eliminating the need for physical printouts of forms and documents. This initiative, combined with the digitization of workflows, has led to a significant reduction in paper consumption, estimated at **1 million sheets**. The plan for 2026 is to implement an integrated facial recognition solution, with the goal of making patient check-in even faster, more secure, and more transparent.

The initiative incorporates an active and passive check-in model, combined with OCR technology to automatically verify that the medical order matches the scheduled procedure, ensuring compliance, reducing inconsistencies, and enhancing patient safety.

Facial recognition will be used for employees, medical staff, and patients, streamlining the hospital entry process and granting access. In addition, smart welcome initiatives are planned, featuring camera-based identification and the automatic triggering of admission and communication workflows via digital tools, providing a seamless, innovative, and patient-centered experience.

Our technological progress and the milestones of the Go Digital project are continuously monitored and incorporated into the BP Sustainability Index. This index, modeled after the ISE B3, links the achievement of innovation goals to the performance contracts of our executives. This governance structure ensures that investments in technology are accompanied by clear performance metrics, with annual assessments that allow for a review of the institution's direction and the strengthening of its digital maturity.



BP Institute of Science and Technology

Established in 2025, the **BP Institute of Science and Technology (ICT)** represents the evolution of our capacity to generate applied knowledge. The ICT will serve as a catalyst for **open innovation**, acting as a bridge that connects internally generated scientific research to the private sector and society. By fostering strategic partnerships with industry, the institute will be able to provide solutions to chronic public health issues and complex social challenges that it could not address on its own.



9

Sustainable Growth

Macroeconomic and Sectoral Outlook
Economic Performance
Investments



Macroeconomic and sectoral overview

GRI 3-3: SUSTAINABLE GROWTH

The year 2025 was characterized as a period of complex rebalancing for the Brazilian economy, which operated under a regime of fiscal consolidation and tight monetary policy. According to the Brazilian Institute of Economics at the Getúlio Vargas Foundation (FGV IBRE), Brazil's Gross Domestic Product (GDP) grew at a moderate rate of around 2.0%. This performance reflects a planned slowdown compared to the previous cycle, directly influenced by the maintenance of the Selic rate at levels close to 15% per year.

For the healthcare sector, the current interest rate environment represents a critical challenge to financial sustainability and limits investments in infrastructure modernization and technological expansion. In addition to the difficulties associated with raising capital, the high cost of financing continues to place significant pressure on profitability and cash flow generation. At the same time, inflation in the services sector and exchange rate volatility

directly affect the cost of imported medical supplies, equipment, and medications. As a result, medical inflation (VCMH) remained above the general IPCA inflation index, which closed the period at approximately 4.6%.

Within this scenario, demographic change stands out as the factor with the most significant long-term structural impact. Brazil is experiencing a "silver revolution" at a pace unprecedented anywhere in the world. Data from the Brazilian Institute of Geography and Statistics (IBGE) and research centers at the College of Economics and Business Administration at the University of São Paulo (FEA-USP) indicate that the population over 65 has grown by nearly 60% over the past decade. By 2025, this demographic shift had ceased to be a statistical projection and had become the prevailing reality in emergency rooms and inpatient units. Population aging is radically changing the epidemiological profile, shifting the burden from acute illnesses to chronic, oncological, and neurodegenerative





conditions that require longer, more intensive, and higher-cost care.

The private health insurance industry faces other challenges as well. The rise in more complex diseases and high-cost treatments is putting significant financial pressure on a market that is growing very little. There are the lingering effects of the post-COVID-19 pandemic period, such as the direct health impact, disruptions to global supply chains, and the chaotic backlog of elective procedures. Although the risk of a new global pandemic has been mitigated, the threat of new viral variants and growing bacterial resistance (superbugs) remain at the top of the World Economic Forum's global risk agenda. This scenario requires the healthcare sector to maintain ongoing investments in epidemiological surveillance and robust safety protocols, thereby increasing fixed operating costs to ensure the system's resilience.

The sector's performance was also affected by environmental factors. Climate change is no longer a future risk. Instead, it has become an immediate cost factor. The increasing frequency of extreme events, such as floods, sudden temperature changes, and severe heat waves, has a direct

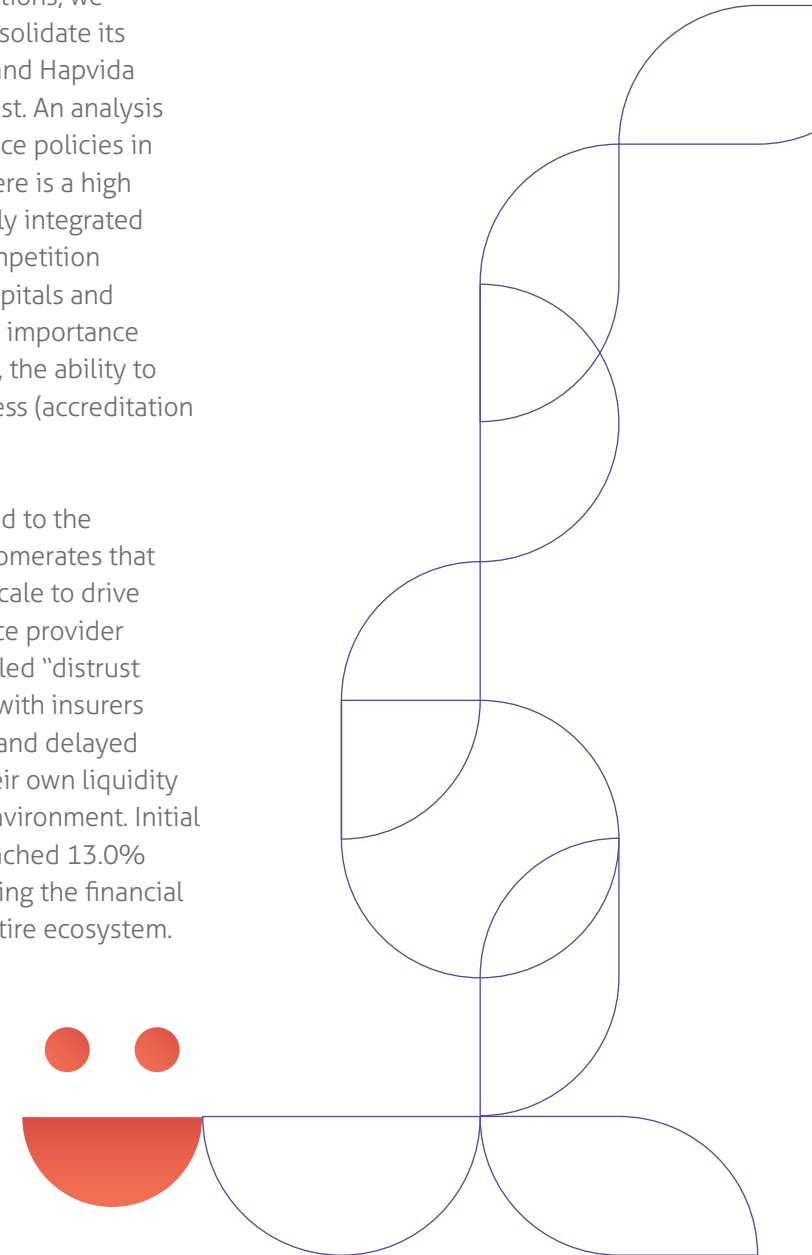
impact on public health. In other words, it increases the incidence of respiratory and infectious diseases and requires substantial investments in the physical infrastructure of hospitals.

The supplemental health insurance market in 2025 marked a "turning point" in terms of operational efficiency, but amid a climate of conflict between insurers and providers. After years of accumulated deficits, health insurers sought to restore their profit margins through strict control of claims. In practice, this has led to a highly tense environment within the value chain, characterized by the rapid vertical integration of large conglomerates and the increased use of denials and punitive audits as cash-preservation measures by payers. The judicialization of healthcare, driven by uncertainties regarding the list of procedures maintained by the National Health Agency (ANS) and by costly preliminary injunctions, has added an extra layer of legal and financial unpredictability for all parties involved.

Another very important factor in the healthcare sector was the rapid vertical integration of large conglomerates. Mergers and acquisitions (M&A) activity in the sector saw a significant rebound, with a 37.0% increase in transactions

compared to the previous year, according to KPMG data. In addition to the increase in the number of transactions, we are seeing Dor+Sula consolidate its position, Amil stabilize, and Hapvida expand into the Southeast. An analysis of private health insurance policies in São Paulo shows that there is a high concentration in vertically integrated networks, increasing competition among independent hospitals and further underscoring the importance of operational efficiency, the ability to attract patients, and access (accreditation and location).

This consolidation has led to the formation of large conglomerates that leverage economies of scale to drive down prices at the service provider end. However, the so-called "distrust industry" has persisted, with insurers using increased denials and delayed payments to manage their own liquidity in a high-interest-rate environment. Initial denials in the market reached 13.0% (ANAHP average), reflecting the financial difficulties across the entire ecosystem.



The financial sustainability of the entire sector in the coming years depends on the transition from purely volume-based remuneration models (fee-for-service) to new models involving shared savings, risk sharing and other alternatives that strengthen value-based models (Value-Based Healthcare – VBHC) and clinical outcomes. Digitization and automation, driven by artificial intelligence, are emerging as crucial tools for business scalability with asset light (less reliance on physical assets and greater digital agility). In addition, ESG criteria have become an established component of the banks' credit analysis processes, influencing institutional ratings and access to more competitive financing conditions.



BP recognizes that sustainable growth is essential to ensuring business continuity, maintaining the capacity to invest in new technologies, and preserving excellence in the services provided. Efficient management of resources, revenues, and costs strengthens economic resilience and enables the institution to respond more effectively to market risks and changing economic conditions. We recognize that financial strength generates positive outcomes for the organization and its stakeholders, while we actively monitor risks

related to resource allocation and macroeconomic fluctuations that could limit our capacity for expansion and modernization.

As a result, our financial governance is guided by transparency, technical rigor, and accountability, with information disclosed annually in our Financial Statements and Sustainability Reports. Operational monitoring focuses on profitability and cash flow indicators, particularly EBITDA performance and revenue growth. These metrics enable a continuous assessment of business

health and supporting the reinvestment cycle required to sustain the complexity of BP's healthcare services.

In a context marked by constant transformation, BP continues to reinforce its strategic relevance. Surpassing market averages, the institution closed 2025 with record net revenue of BRL 2.4 billion, supported by strong cash generation and significant growth compared to 2024. This performance was driven by a strategy structured around four key pillars: a segmented customer base,

operational excellence, profitable BP, and the development of new businesses.

Our commitment to sustainability was also reflected in investments made in 2026 focused on upgrading the power grid and modernizing equipment and infrastructure. As a result, BP concluded 2025 not only with solid financial performance, but also positioned as a resilient healthcare hub prepared to respond to the structural transformations expected over the coming decade.

Economic Performance

Against a backdrop of intense cost pressures, a tight monetary policy, rapid demographic change, and growing tensions between insurers and service providers, financial sustainability has evolved from being merely a management discipline to becoming a central pillar of institutional sustainability. In 2025, BP responded to this challenging environment with strategic consistency, operational discipline, and a focus on creating sustainable value, thereby strengthening its capacity for growth, adaptation, and investment.

The institution's performance throughout the year was directly influenced by the implementation of its care strategy, which focused on high-complexity surgical procedures and the continued development of Centers of Excellence in Orthopedics, Cardiology, Neurology, and Oncology. This strategy has strengthened BP's

position in higher-value-added care segments, improving income quality and expanding its ability to generate operating gains in an industry environment marked by intense pressure on margins.

At the same time, the institution expanded its operational efficiency agenda with initiatives aimed at leveling variable costs, actively managing the average residence time, and controlling the consumption of supplies, medications, and orthoses, prostheses and special materials. In parallel, the ongoing review of the fixed-cost structure helped boost the EBITDA margin and increase the conversion of earnings into cash. This trend reinforces a vision of financial sustainability based not only on growth, but also on productivity, disciplined resource allocation, and greater operational efficiency.

Another significant development in 2025 was observed in the evolution of the income cycle. The indicators for denials and recoveries showed very positive results, reflecting the outcomes of the action plans that have been developed and consistently implemented in recent years. In a market environment characterized by stricter requirements from payers, pressure on accounts receivable, and increased auditing, this development underscores the importance of a technical, integrated approach focused on the continuous improvement of billing, collection, and denial recovery processes.



BP has also made progress on digitization and digital transformation projects related to the income cycle, with a focus on improving process accuracy, speeding up billing, and reducing the time to collection. These investments have strengthened working capital management, contributed to cash generation, and expanded the institution's ability to sustain its pipeline of strategic investments, its technological modernization, and its expansion into areas critical to the future of the business.

Our tax exemption also made it possible to allocate BRL 151.5 million to the Institutional Development Support Program of the Unified Health System (PROADI-SUS), enabling projects focused on professional training, research in health, medical care, and the improvement of management in health. For 2026, the forecast is an allocation of R\$ 152.5 million derived from tax exemptions.

As a result of these initiatives, BP ended 2025 with EBITDA of BRL 153.5 million; its ending cash balance was BRL 112.2 million, with gross debt of BRL 341.9 million and net debt of BRL 229.7 million.

Income Statements¹ (BRL thousand)

| | 2023 | 2024 | 2025 |
|---|-------------|-------------|-------------|
| Net operating income | 2,143,848 | 2,223,155 | 2,468,230 |
| Operating costs and expenses | (2,291,909) | (2,341,216) | (2,390,911) |
| Operating income (1-2) | (148,061) | (118,061) | 77,319 |
| Total financial result | (126,687) | (148,019) | (161,989) |
| Results for the fiscal year (3-4) | (274,748) | (266,080) | (84,670) |
| EBITDA (earnings before interest, taxes, depreciation and amortization) | (88,459) | (55,084) | 153,539 |

Balance sheet¹ (BRL thousand)

| | 2023 | 2024 | 2025 |
|--|-----------|-----------|-----------|
| Total current assets | 1,172,605 | 984,957 | 876,119 |
| Fixed assets | 894,561 | 925,470 | 917,992 |
| Intangible | 3,044 | 2,998 | 6,812 |
| Other non-current assets | 62,395 | 62,934 | 88,869 |
| Total non-current assets | 960,000 | 991,402 | 1,013,673 |
| Total assets | 2,132,605 | 1,976,359 | 1,889,792 |
| Current liabilities | 753,495 | 763,037 | 1,095,216 |
| Non-current liabilities | 852,093 | 773,847 | 431,627 |
| Shareholders' equity | 527,017 | 439,475 | 362,949 |
| Total liabilities and shareholders' equity | 2,132,605 | 1,976,359 | 1,889,792 |

¹ The historical data have been reviewed. The restatement of the financial information is intended to reflect the identified adjustments, ensuring consistency and comparability between fiscal years. In this context, the assumptions underpinning the allowance for expected credit losses were revised, shortening the period for fully recognizing the risk of uncollectible receivables from two years to one. Additionally, the methodology for allocating indirect fixed costs to associates was enhanced, which affects the measurement of the present value of the actuarial liability. **GRI 2-4**

Financial commitments made¹ (BRL thousand)

| | 2023 | 2024 | 2025 |
|----------------|------|-------|------|
| Leverage ratio | 1.3x | -5.8x | 1.5x |

Financial results¹ (BRL thousand)

| | 2023 | 2024 | 2025 |
|---|----------|----------|---------|
| Earnings before interest, taxes, depreciation, and amortization (EBITDA) | (88,459) | (55,084) | 153,539 |
| Capital expenditure | 47,918 | 85,282 | 61,771 |
| Banking and financial services | 172,086 | 101,242 | 112,196 |
| Working capital requirements | 421,594 | 309,067 | 172,846 |
| Institutional Development Support Program of the Unified Health System (PROADI-SUS) | 141,402 | 138,337 | 149,577 |

Direct economic value generated¹ (BRL) GRI 201-1

| | 2023 | 2024 | 2025 |
|------------------|-----------|-----------|-----------|
| Operating income | 2,038,565 | 2,173,632 | 2,471,607 |

Economic value withheld¹ (BRL) GRI 201-1

| | 2023 | 2024 | 2025 |
|--|-----------|-----------|----------|
| "Direct economic value generated" minus "Economic value distributed" | (274,748) | (266,080) | (84,670) |

Economic value distributed¹ (BRL) GRI 201-1

| | 2023 | 2024 | 2025 |
|---|-------------|-------------|-------------|
| Operational costs | (1,315,721) | (1,393,385) | (1,506,126) |
| Employees (remuneration, benefits, and employee-related expenses) | (742,856) | (755,700) | (784,123) |
| Institutional Development Support Program of the Unified Health System (PROADI-SUS) | (141,402) | (138,337) | (149,577) |
| Investments in the community | (12,498) | (34,176) | (121) |
| Payments to government | (5,103) | (3,642) | (3,356) |
| Financial expenses | (110,003) | (114,471) | (112,975) |

Value Added Statements¹ (VAS) (BRL) GRI 201-1

| | 2023 | 2024 | 2025 |
|---|------|------|------|
| Shareholders (return on equity) | 0% | 0% | 0% |
| Employees (remuneration, benefits, and employee-related expenses) | 101% | 97% | 81% |
| Government (taxes, fees, and contributions) | 1% | 0% | 0% |
| Retained Profit/Loss in the fiscal year | -38% | -34% | -9% |
| Interest and leases (return on third-party capital) | 15% | 15% | 12% |
| Investments in the community | 2% | 4% | 0% |
| PROADI-SUS Application | 20% | 18% | 15% |

¹The data for 2023 and 2024 have been revised. The financial information was restated to incorporate the identified adjustments, enhancing consistency, transparency, and comparability across fiscal years. In this context, the assumptions used to determine the allowance for expected credit losses on accounts receivable were reviewed, reducing the period for full recognition of the risk of uncollectible receivables from two years to one year. In addition, the methodology for allocating indirect fixed costs to associates was refined, resulting in changes to the measurement of the present obligation associated with the actuarial liability. [GRI 2-4](#)

Investments

In 2025, BP maintained its investment agenda focused on strengthening operations, modernizing hospital infrastructure, and advancing strategic initiatives aligned with its long-term vision. One of the main highlights of the year was the launch of BP University, an initiative connected to the institution's strategic plan and designed to support the development of undergraduate and graduate programs in the healthcare field. During the year, BRL 63.5 million was invested in strategic projects aimed at enhancing the quality of care, expanding operational capacity, upgrading technology, and supporting the implementation of BP University.

Of the total amount invested, BRL 35.0 million was directed toward Construction, with a focus on hospital modernization and retrofit projects; BRL 20.4 million was allocated to Clinical Engineering for the renewal of medical equipment and improvements to the hemodialysis service, and BRL 8.1 million was invested in Technology to modernize the technological infrastructure and strengthen operational support systems.

For 2026, BP forecasts capital expenditures (CapEx) exceeding BRL 88 million, primarily focused on the continued modernization of hospital infrastructure, the construction of new examination rooms, and the expansion of medical technologies, including the acquisition of an additional surgical robot, bringing the institution's total to three units.

This investment plan reinforces the strategic role of CapEx as a driver of modernization, expansion, innovation, and sustainable growth across the organization.

BRL 63.5 million

invested with a focus
on strategic projects





10 Annexes

Disclosures Supplement
GRI Content Index
SASB Content Index



Disclosures Supplement

People standards

Employees by type of employment, gender, and region^{1,2} GRI 2-7

| Gender | 2023 | | | 2024 | | | 2025 | | |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total |
| Men | 835 | 1,018 | 1,853 | 919 | 1,124 | 2,043 | 871 | 1,133 | 2,004 |
| Women | 1,866 | 2,713 | 4,579 | 2,135 | 3,003 | 5,138 | 2,060 | 3,045 | 5,105 |
| Total | 2,701 | 3,731 | 6,432 | 3,054 | 4,127 | 7,181 | 2,931 | 4,178 | 7,109 |

¹ Data obtained through extraction from the RM TOTVS system after each month-end closing, using direct counts and considering the closing date of December 31, 2025.

² All employees have open-ended employment contracts and are based in São Paulo (SP). There are no employees without guaranteed working hours.

Workers who are not employees¹ GRI 2-8

| Employment relationship | 2023 | 2024 | 2025 |
|----------------------------|--------------|--------------|--------------|
| Apprentices ² | 103 | 107 | 97 |
| Self-employed | 246 | 93 | 455 |
| Third parties ³ | 1,801 | 2,184 | 1,444 |
| Volunteers ⁴ | 170 | 250 | 253 |
| Total | 2,320 | 2,634 | 2,249 |

¹ Data obtained through a direct count, as of December 31, 2025.

² Recent High School graduates or college students working in administrative support roles.

³ Professionals from the Laundry, Nutrition (Pantry), Asset Security (Gatehouse/Reception), and Clinic Cleaning and Hygiene departments.

⁴ Volunteers.

Total number and rate of employee turnover by gender and age group¹ GRI 401-1

| Gender | 2023 | | | | 2024 | | | | 2025 | | | |
|--------------------|--------------|-------------------|--------------|---------------|--------------|-------------------|--------------|---------------|--------------|-------------------|--------------|---------------|
| | Hires | Rate of new hires | Terminations | Turnover rate | Hires | Rate of new hires | Terminations | Turnover rate | Hires | Rate of new hires | Terminations | Turnover rate |
| Men | 426 | 23% | 490 | 25% | 499 | 24% | 487 | 24% | 478 | 67% | 518 | 25% |
| Women | 1,001 | 22% | 1,144 | 23% | 487 | 23% | 1,198 | 23% | 1,053 | 67% | 1,077 | 21% |
| Total | 1,427 | 22% | 1,634 | 23% | 1,680 | 23% | 1,685 | 23% | 1,531 | 22% | 1,595 | 22% |
| Age group | Hires | Rate of new hires | Terminations | Turnover rate | Hires | Rate of new hires | Terminations | Turnover rate | Hires | Rate of new hires | Terminations | Turnover rate |
| Under 30 years old | 712 | 42% | 640 | 40% | 836 | 45% | 717 | 42% | 759 | 41% | 612 | 39% |
| 30 to 50 years old | 679 | 17% | 851 | 19% | 780 | 18% | 879 | 19% | 688 | 19% | 859 | 18% |
| Over 50 years old | 36 | 5% | 143 | 13% | 64 | 6% | 89 | 7% | 84 | 7% | 124 | 9% |
| Total | 1,427 | 22% | 1,634 | 23% | 1,680 | 23% | 1,685 | 23% | 1,531 | 22% | 1,595 | 22% |

¹ All employees are based in São Paulo (SP).

Voluntary turnover rates SASB HC-DY-330A.1

| | 2023 | | | | 2024 | | | | 2025 | | | |
|---------------------------|------------|------------------------------------|-----------------|-------|------------|------------------------------------|-----------------|-------|------------|------------------------------------|-----------------|-------|
| | Physicians | Non-physician health professionals | Other employees | Total | Physicians | Non-physician health professionals | Other employees | Total | Physicians | Non-physician health professionals | Other employees | Total |
| Total number of employees | 33 | 3,452 | 2,947 | 6,432 | 32 | 3,523 | 3,044 | 6,599 | 48 | 3,360 | 3,182 | 6,590 |
| Hires | 0 | 429 | 998 | 1,427 | 0 | 511 | 1,161 | 1,672 | 3 | 453 | 1,076 | 1,532 |
| Terminations | 1 | 202 | 519 | 722 | 1 | 230 | 588 | 819 | 4 | 256 | 611 | 871 |
| Termination rate | 1.52 | 9.14 | 25.72 | 16.71 | 1.56 | 10.52 | 28.73 | 18.87 | 7.29 | 10.55 | 26.51 | 18.23 |

Parental leave GRI 401-3

2023

2024

2025

Total number of employees

| | 2023 | 2024 | 2025 |
|-------|-------|-------|-------|
| Men | 1,853 | 2,043 | 2,004 |
| Women | 4,579 | 5,138 | 5,105 |

Total number of employees that took parental leave in the reporting period

| | 2023 | 2024 | 2025 |
|-------|------|------|------|
| Men | 55 | 30 | 35 |
| Women | 60 | 56 | 152 |

Total number of employees expected to return in the current year

| | 2023 | 2024 | 2025 |
|-------|------|------|------|
| Men | 46 | 33 | 34 |
| Women | 36 | 66 | 53 |

Total number of employees that returned to work after parental leave ended that were still employed 12 months after their return to work

| | 2023 | 2024 | 2025 |
|-------|------|------|------|
| Men | 40 | 30 | 24 |
| Women | 36 | 45 | 73 |

Rate of return

| | 2023 | 2024 | 2025 |
|-------|------|------|------|
| Men | 85% | 85% | 97% |
| Women | 59% | 53% | 35% |

Rate of retention¹

| | 2023 | 2024 | 2025 |
|-------|------|------|------|
| Men | 87 | 107% | 97% |
| Women | 100 | 129% | 81% |

Labor Relations

GRI 2-30, 402-1, 407-1, 408-1, 409-1

BP bases its people management practices on full respect for human rights and strict compliance with labor legislation and collective bargaining agreements, which cover 100% of employees. Given the nature of our operations and the principles established in our Code of Conduct—which expressly prohibits any form of exploitation or violation of rights—we have not identified significant risks related to child labor, forced labor, labor practices analogous to slavery, or violations of freedom of association and collective bargaining rights within our own operations.

With regard to transparency in labor relations, the institution has established a minimum notice period of four weeks for communicating operational changes that may significantly impact employees. Although current collective bargaining agreements do not establish specific deadlines or require prior consultation for such transitions, BP remains committed to maintaining advance communication practices as part of its culture of dialogue, transparency, and respect for employees.

Average number of employee training hours by employee category GRI 404-1

| Employee category | 2023 | 2024 | 2025 |
|----------------------|--------------|--------------|-------------|
| CEO | - | 5.25 | 9.25 |
| Director | 2.62 | 2.75 | 6.30 |
| Executive Manager | 24.96 | 17.93 | 10.88 |
| Manager | 20.60 | 32.14 | 4.55 |
| Coordinator | 18.88 | 24.19 | 9.21 |
| Supervisor | 19.62 | 26.15 | 6.21 |
| Specialist | 10.23 | 20.72 | 12.06 |
| Consultant | 14.10 | 21.92 | 8.11 |
| Administrative staff | 6.38 | 10.03 | 11.58 |
| Operational staff | 9.07 | 8.52 | 6.18 |
| Care staff | 13.91 | 14.26 | 10.90 |
| Service staff | 5.48 | 7.44 | 11.35 |
| Total average | 13.26 | 15.94 | 8.88 |

Percentage of employees receiving regular performance and career development reviews 404-3

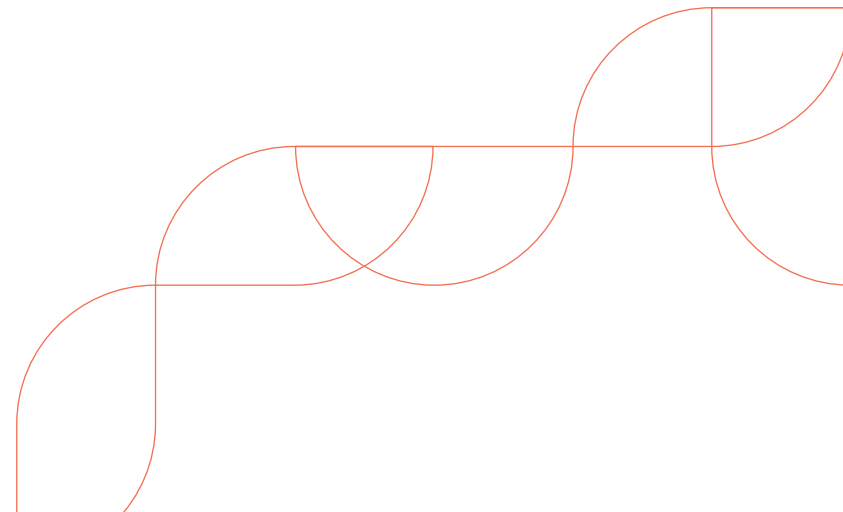
| Employee category | 2023 | | 2024 | | 2025 | |
|-----------------------|---------------|---------------|---------------|---------------|-------------|-------------|
| | Men | Women | Men | Women | Men | Women |
| Executive Management | 100% | 100% | 100% | 100% | 100% | 100% |
| Management | 100% | 100% | 100% | 100% | 100% | 100% |
| Technical/Supervision | 20.10% | 17.01% | 34.67% | 25.27% | 100% | 100% |
| Administrative staff | 7.20% | 11.18% | 47.83% | 49.78% | 100% | 100% |
| Total | 19.00% | 16.84% | 38.55% | 31.05% | 100% | 100% |

Diversity of governance bodies and employees, by gender GRI 405-1

| | 2023 | | 2024 | | 2025 | |
|--|------|-------|------|-------|------|-------|
| | Men | Women | Men | Women | Men | Women |
| Board of Trustees | 94% | 6% | 88% | 12% | 85% | 15% |
| Advisory Board | 82% | 18% | 82% | 18% | 92% | 8% |
| Fiscal Council | 80% | 20% | 100% | 0% | 100% | 0% |
| Administrative Board | 100% | 0% | 100% | 0% | 100% | 0% |
| Associates Committee | 80% | 20% | 80% | 20% | 75% | 25% |
| Strategy and Finance Committee | 75% | 25% | 80% | 20% | 67% | 33% |
| Governance, Risks and Compliance Committee | 100% | 0% | 100% | 0% | 100% | 0% |
| Projects and Assets Committee | 100% | 0% | 100% | 0% | 100% | 0% |
| People Committee | 67% | 33% | 67% | 33% | 67% | 33% |
| Executive Board | 67% | 33% | 67% | 33% | 56% | 44% |

Percentage of employees per employee category and gender GRI 405-1

| | Men | Women | Total |
|----------------------|------------|------------|-------------|
| CEO | 0% | 100% | 100% |
| Director | 63% | 38% | 100% |
| Executive Manager | 39% | 61% | 100% |
| Manager | 45% | 55% | 100% |
| Coordinator | 25% | 75% | 100% |
| Supervisor | 42% | 58% | 100% |
| Specialist | 24% | 76% | 100% |
| Consultant | 38% | 62% | 100% |
| Administrative staff | 31% | 69% | 100% |
| Operational staff | 38% | 62% | 100% |
| Care staff | 24% | 76% | 100% |
| Service staff | 24% | 76% | 100% |
| Total | 28% | 72% | 100% |



Percentage of employees per employee category and age group GRI 405-1

| | Under 30 years old | 30 to 50 years old | More than 50 years old |
|----------------------|--------------------|--------------------|------------------------|
| CEO | 0% | 0% | 100% |
| Director | 0% | 63% | 38% |
| Executive Manager | 0% | 70% | 30% |
| Manager | 3% | 85% | 13% |
| Coordinator | 1% | 88% | 11% |
| Supervisor | 5% | 82% | 13% |
| Specialist | 3% | 87% | 10% |
| Consultant | 7% | 86% | 7% |
| Administrative staff | 33% | 57% | 11% |
| Operational staff | 32% | 42% | 26% |
| Care staff | 16% | 68% | 16% |
| Service staff | 53% | 40% | 7% |
| Total | 22% | 61% | 16% |

Diversity of governance bodies and employees, by age group GRI 405-1

| | 2023 | | | 2024 | | | 2025 | | |
|--|--------------------|--------------------|------------------------|--------------------|--------------------|------------------------|--------------------|--------------------|------------------------|
| | Under 30 years old | 30 to 50 years old | More than 50 years old | Under 30 years old | 30 to 50 years old | More than 50 years old | Under 30 years old | 30 to 50 years old | More than 50 years old |
| Board of Trustees | 0% | 6% | 94% | 0% | 6% | 94% | 0.0% | 8% | 92% |
| Advisory Board | 0% | 9% | 91% | 0% | 18% | 82% | 0.0% | 8% | 92% |
| Fiscal Council | 0% | 20% | 80% | 0% | 17% | 83% | 0.0% | 20% | 80% |
| Administrative Board | 0% | 0% | 100% | 0% | 0% | 100% | 0.0% | 0% | 100% |
| Associates Committee | 0% | 0% | 100% | 0% | 0% | 100% | 0.0% | 0% | 100% |
| Strategy and Finance Committee | 0% | 25% | 75% | 0% | 40% | 60% | 0.0% | 50% | 50% |
| Governance, Risks and Compliance Committee | 0% | 25% | 75% | 0% | 25% | 75% | 0.0% | 25% | 75% |
| Projects and Assets Committee | 0% | 0% | 100% | 0% | 0% | 100% | 0.0% | 0% | 100% |
| People Committee | 0% | 0% | 100% | 0% | 0% | 100% | 0.0% | 0% | 100% |
| Executive Board | 0% | 22% | 78% | 0% | 33% | 67% | 0.0% | 56% | 44% |

Percentage of employees from minority and/or vulnerable groups by employee category GRI 405-1

| Black | 2023 | 2024 | 2025 | LGBTQIAPN+ | 2023 | 2024 | 2025 | PwD | 2023 | 2024 | 2025 |
|----------------------|---------------|---------------|------------|----------------------|--------------|--------------|-----------|----------------------|--------------|--------------|-----------|
| CEO | 0% | 100% | 100% | CEO | 0% | 0% | 0.0% | CEO | 0% | 0% | 0.0% |
| Director | 14.29% | 0% | 25.0% | Director | 0% | 0% | 0.0% | Director | 0% | 0% | 0.0% |
| Executive Manager | 6.52% | 6.82% | 8.7% | Executive Manager | 4.35% | 4.55% | 4.3% | Executive Manager | 4.35% | 4.55% | 4.3% |
| Manager | 18.75% | 25.00% | 27.5% | Manager | 6.25% | 10.71% | 10.0% | Manager | 0% | 0% | 2.5% |
| Coordinator | 24.56% | 22.69% | 24.8% | Coordinator | 7.02% | 9.24% | 10.4% | Coordinator | 0.88% | 1.68% | 0.8% |
| Supervisor | 33.87% | 42.19% | 53.3% | Supervisor | 8.06% | 6.25% | 5.0% | Supervisor | 0% | 0% | 0.0% |
| Specialist | 18.33% | 20.22% | 27.8% | Specialist | 8.33% | 6.74% | 10.0% | Specialist | 1.67% | 1.12% | 1.1% |
| Consultant | 16.67% | 20.59% | 13.8% | Consultant | 8.33% | 11.76% | 13.8% | Consultant | 0% | 0% | 0.0% |
| Administrative staff | 39.79% | 40.36% | 39.7% | Administrative staff | 7.46% | 7.26% | 6.8% | Administrative staff | 7.46% | 9.87% | 14.9% |
| Operational staff | 56.64% | 54.61% | 56.8% | Operational staff | 6.90% | 5.99% | 5.8% | Operational staff | 14.48% | 12.06% | 6.7% |
| Care staff | 41.98% | 43.04% | 43.9% | Care staff | 4.59% | 4.45% | 4.7% | Care staff | 0.98% | 1.05% | 1.1% |
| Service staff | 41.97% | 40.98% | 46.3% | Service staff | 11.92% | 7.32% | 10.7% | Service staff | 3.11% | 3.41% | 4.1% |
| Total | 43.14% | 43.56% | 45% | Total | 5.91% | 5.53% | 6% | Total | 4.76% | 4.83% | 5% |

Ratio of basic salary and remuneration of women to men GRI 405-2

In line with its governance guidelines and its commitment to confidentiality and the protection of sensitive information, BP does not publicly disclose this information, as it is considered strategic and confidential in nature. The key operational units comprise the institution's entire hospital complex, encompassing the following two facilities: Hospital BP and Hospital BP Mirante.

Work-related injuries ^{1,2} GRI 403-9

| | 2023 | 2024 | 2025 |
|--|------------|------------|------------|
| Number of hours worked | 10,174,876 | 10,273,014 | 10,428,888 |
| Number of recordable work-related injuries | 170 | 206 | 265 |
| Number of recordable work-related injuries without leave | 87 | 68 | 47 |
| Total number of recordable work-related injuries | 257 | 274 | 265 |
| Rate of recordable work-related injuries | 25.25 | 25.43 | 25.41 |

¹ The baseline number of hours worked from previous years was adjusted and standardized to 1,000,000. GRI 2-4



Environmental standards

Water withdrawal, discharge, and consumption¹ GRI 303-3, 303-4, 303-5

| 2023 | | | 2024 | | | 2025 | | |
|-------------|------------|-------|-------------|------------|-------|-------------|------------|-------|
| Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total |

Withdrawal^{2,3}

| | | | | | | | | | |
|---------------|---------------|--------------|---------------|---------------|--------------|---------------|---------------|--------------|---------------|
| Underground | 101.04 | 30.41 | 131.45 | 89.35 | 34.06 | 123.41 | 91.27 | 23.51 | 114.78 |
| Third parties | 142.54 | 24.39 | 166.93 | 173.83 | 22.38 | 196.21 | 157.18 | 22.29 | 179.47 |
| Total | 243.58 | 54.81 | 298.39 | 263.18 | 56.44 | 319.62 | 248.45 | 45.80 | 294.25 |

Discharge

| | | | | | | | | | |
|---------------|---------------|--------------|---------------|---------------|--------------|---------------|---------------|--------------|---------------|
| Underground | | | | | | | 73.02 | 18.81 | 91.83 |
| Third parties | 184.86 | 43.84 | 228.70 | 210.54 | 45.14 | 255.68 | 125.75 | 17.83 | 143.58 |
| Total | 184.86 | 43.84 | 228.70 | 210.54 | 45.14 | 255.68 | 198.77 | 36.64 | 235.41 |

Consumption

| | | | | | | | | | |
|--------------|--------------|--------------|--------------|--------------|-------------|--------------|--------------|-------------|--------------|
| Total | 48.72 | 10.97 | 59.69 | 52.64 | 11.3 | 63.67 | 49.68 | 9.16 | 58.84 |
|--------------|--------------|--------------|--------------|--------------|-------------|--------------|--------------|-------------|--------------|

¹ The calculations for this disclosure are based on the monthly data provided by the utility company Sabesp.

² There is no water withdrawal in areas experiencing water stress.

³ Water withdrawal refers to freshwater sources.

Energy consumption from renewable and non-renewable sources and energy intensity (GJ)¹ GRI 302-1, 302-3, SASB HC-DY-130A.1

| Unit | Source | Fuel | 2023 | 2024 | 2025 | |
|--|---------------------------|--|-------------------|-------------------|-------------------|----------|
| Hospital BP | Non-renewable | Diesel | 958.42 | 622.97 | 687.00 | |
| | | Natural Gas | 15,459.06 | 14,252.40 | 10,995.00 | |
| | | Total | 16,417.48 | 14,875.37 | 11,682.00 | |
| | Renewables | Biodiesel | 99.41 | 64.62 | 71.27 | |
| | Energy consumed by source | Electricity | 32,912.96 | 87,493.53 | 82,003.05 | |
| | | Heating | 12,282.64 | 12,841.46 | 12,841.46 | |
| | | Cooling | 37,027.08 | 37.92 | 40.45 | |
| | | Steam | 59.72 | 61.96 | 16,025 | |
| | | Total energy consumed | 82,282.41 | 100,434.87 | 110,909.96 | |
| | | Consumption within the organization | 98,799.30 | 115,374.86 | 122,663.23 | |
| | | Energy intensity | 0.4 | 0.5 | 0.66 | |
| | BP Mirante | Non-renewable | Diesel | 63.89 | 111.82 | 95 |
| | | | Natural Gas | 10,233.97 | 8,540.37 | 1,925.00 |
| Total | | | 10,297.86 | 8,652.19 | 2,020.00 | |
| Renewables | | Biodiesel | 6.63 | 11.60 | 0 | |
| Energy consumed by source | | Electricity | 10,349.09 | 25,998.72 | 26,076.47 | |
| | | Heating | 5,174.57 | 7,433.79 | 7,433.79 | |
| | | Cooling | 10,349.13 | 10,128.96 | 2,461.90 | |
| | | Total energy consumed | 25,872.79 | 43,561.47 | 35,972.16 | |
| | | Consumption within the organization | 36,177.28 | 52,225.26 | 37,992.16 | |
| | | Energy intensity | 0.7 | 1.2 | 1,1 | |
| Total energy consumed within the organization | | | 134,976.58 | 167,600.12 | 160,655.21 | |

¹ The data refer only to energy consumption within the organization, as BP does not track energy consumption outside the organization.

² There was no reduction in energy requirements at Hospital BP and at BP Mirante.

Total weight of waste generated (t) and disposal

GRI 306-3, 306-4, 306-5, SASB HC-DY-150A.1

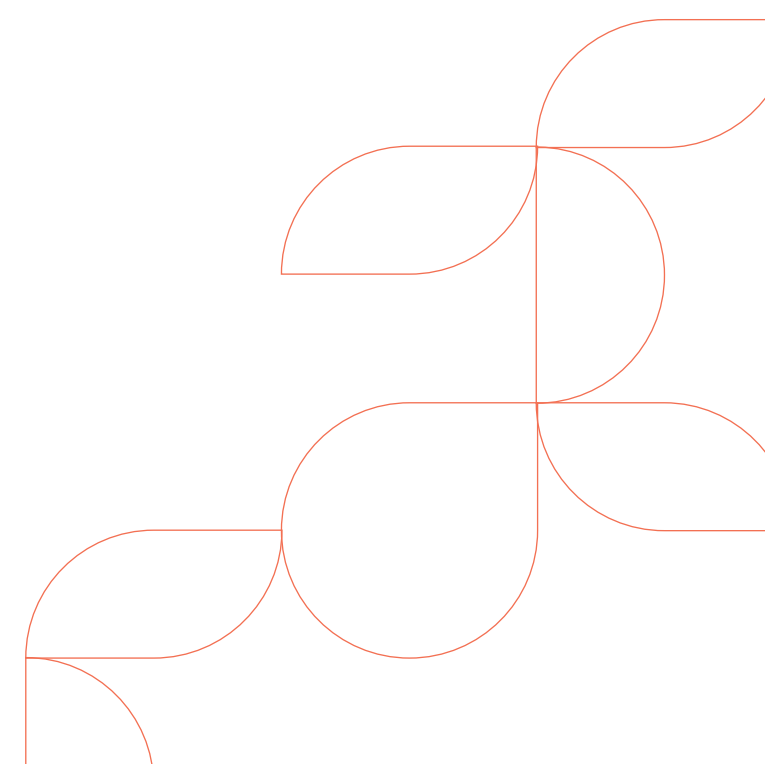
| Type of waste | 2023 | | 2024 | | 2025 | |
|---|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| | Hospital BP | BP Mirante | Hospital BP | BP Mirante | Hospital BP | BP Mirante |
| Sharps | 0 | 4.1 | 27.65 | 1.04 | 0 | 0 |
| Infectious matter | 1,669.57 | 224.9 | 1,698.18 | 194.64 | 1,383.70 | 201.53 |
| Chemicals | 4 | 24.14 | 69.37 | 22.16 | 60.86 | 36.93 |
| Electronics/ batteries | | | 9.35 | 0 | 13.61 | 3.61 |
| Explanted tissues | 0 | 0 | 0.14 | 0 | 0 | 0 |
| Lead castles | 0 | 0 | 0.35 | 0 | 0 | 0 |
| Total (hazardous) | 1,714.17 | 253.14 | 1,805.04 | 217.84 | 1,458.17 | 242.07 |
| Recyclables (paper, glass, metal, and plastic) | 379.15 | 109.19 | 360.53 | 78.52 | 346.58 | 73.95 |
| Ordinary | 1,121.14 | 395.5 | 1,210.31 | 403.66 | 884.99 | 381.56 |
| Solid waste from the construction industry | 115.6 | 7 | | 0 | 0.61 | 0 |
| Organic | 0 | 0 | 78.68 | 0 | 265.29 | 29.36 |
| Mattresses | 0 | 0 | 1.42 | 0 | 0 | 0 |
| Packaging (reverse logistics) | 0 | 0 | 0.36 | 0 | 0.46 | 0.23 |
| Textiles | 0 | 0 | 0.52 | 0 | 0 | 0 |
| Total (non-hazardous) | 1,615.89 | 504.69 | 1,651.82 | 482.18 | 1,497.93 | 485.10 |
| GRAND TOTAL | 3,330.06 | 757.83 | 3,456.86 | 700.02 | 2,956.10 | 727.17 |

¹ All waste generated by the institution was sent to certified companies.

Management of medical and pharmaceutical waste

SASB HC-DY-150A.1, HC-DY-150A.2

| Category | Hospital BP | BP Mirante |
|--|---|---|
| Medical waste – total amount (kg) | 2,676.14 | 693.98 |
| Medical waste (destination) | 2.27% incinerated 51.80% autoclaved 33.05% landfill | 5.34% incinerated 29.13% autoclaved 55.15% landfill |
| Hazardous pharmaceutical waste (destination) | 60.86% incinerated | 36.93% incinerated |



Emissions

The calculation metric is obtained by summing the Scope 1 and Scope 2 emissions and dividing that total by the total number of patient-days. The emission sources reported under Scope 3 include critical categories in the value chain, such as:

- Transportation and distribution (upstream): referring to the movement of materials and supplies to the organization;
- Waste generated during operations: environmental impact of the final disposal of discarded materials;
- Business travel: partial survey of corporate travel;
- Transportation and distribution (downstream): outbound logistics for materials.

GHG emissions (tCO₂eq)^{1, 2, 3} GRI 305-1, 305-2, 305-3, 305-4, 305-5

| Scope 1 | 2023 | | | 2024 ⁴ | | | 2025 | | |
|--|-------------|------------|----------|-------------------|------------|----------|-------------|------------|-----------|
| | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total |
| Total emissions ⁵ | 4,381.20 | 864.95 | 5,246.15 | 3,871.46 | 1,516.73 | 5,388.20 | 758.58 | 123.28 | 881.86 |
| Result | - | - | - | -509.74 | 651.78 | 142.04 | -3,112.88 | -1,393.45 | -4,506.33 |
| Scope 2 | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total |
| Total emissions ⁵ (location-based approach) | 880.18 | 276.76 | 1,156.95 | 1,310.92 | 387.70 | 1,698.63 | 1,024.70 | 327.16 | 1,351.86 |
| Total emissions ⁶ (market-based approach) | 880.18 | 276.76 | 1,156.95 | 1,310.92 | 387.70 | 1,698.63 | 1,024.70 | 327.16 | 1,351.86 |
| Result | - | - | - | 430.74 | 110.94 | 541.68 | -286.21 | -60.54 | -346.76 |
| Scope 3 | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total | Hospital BP | BP Mirante | Total |
| Total emissions ⁵ | 2,606.02 | 415.37 | 3,021.39 | 6,010.01 | 1,116.57 | 7,126.58 | 5,674.50 | 1,237.22 | 6,911.72 |
| Result | - | - | - | 3,404.00 | 701.19 | 4,105.19 | 335.51 | 120.65 | -214.86 |
| Emissions intensity per patient-day (GJ) | 0.02 | 0.02 | - | 0.02 | 0.01 | - | 0.01 | 0.01 | - |

¹ Gases included: Carbon dioxide (CO₂); Methane (CH₄); Nitrous oxide (N₂O).

² The reference used for emission factors and global warming potentials (GWPs) is the GHG Protocol.

³ The consolidation approach used to calculate emissions is operational control.

⁴ The 2024 data has been revised in accordance with the Public Emissions Registry (<https://registropublicodeemissoes.fgv.br/estatistica/estatistica-participantes/2920>), which was verified by an external audit only after the publication of the 2024 Sustainability Report. **GRI 2-4**

⁵ Historical data on total emissions have been revised and restated. **GRI 2-4**

⁶ Emissions were offset through the purchase of clean, renewable energy, as verified by I-REC certificates.

| Decreases compared to the base year 2020 ¹ | 2023 | 2024 | 2025 |
|---|------|------|------|
| Scope 1 | -56% | -55% | -93% |
| Scope 2 | -49% | 51% | 20% |
| Scope 3 | -37% | 44% | 44% |

¹ For the calculation of reductions, the selected base year is 2020. We changed the base year because we joined Race to Zero, a global campaign supported by Health Care Without Harm in Brazil—represented by the Healthy Hospitals Project (PHS)—to reduce carbon emissions by 50% by 2030 and eliminate them entirely by 2050. We have also joined the UN Global Compact's Net Zero Ambition Initiative, which sets out emission reduction targets through 2050.

Proprietary disclosures

| BP BP-08 Figures | 2025 |
|---|-------------|
| Number of customers for the year | 251,648 |
| Number of medical specialties | 52 |
| Number of physicians | 6,518 |
| Number of associates | 2,597 |
| Number of operating rooms equipped with surgical robots | 3 |
| Number of operating rooms | 32 |
| Number of surgeries performed in the year | 41,007 |
| Number of emergency room visits | 145,011 |
| Number of hospitalizations in the year | 31,703 |
| Number of chemotherapy sessions in the year | 24,986 |
| Number of exams performed in the year | 5.4 million |
| Number of outpatient visits at BP Vital | 259,000 |
| Number of robotic surgeries | 973 |

| BP BP-09 Infrastructure ^{1,2} | Hospital BP | BP Mirante | Total |
|--|-------------|------------|------------|
| Number of BP buildings | | | 7 |
| Built area (m ²) | | | 141,000 |
| Number of beds | 451 | 83 | 534 |
| Number of ICU beds | 146 | 30 | 176 |
| Total number of beds | 597 | 113 | 710 |

¹ Period considered prior to the renovation of the first-floor ICU in Tower I, which will reopen with a total of 20 beds at the end of the works (unlike the 30 beds that existed before the intervention).

² There is also a Women's Health Clinic (R. Colômbia, 332) and 10 other specialty clinics in the vicinity of Hospital BP.

| Number of customers served per year BP-10 | 2023 | 2024 | 2025 |
|---|----------------|----------------|----------------|
| Hospital BP | 201,677 | 214,492 | 214,595 |
| BP Mirante | 33,360 | 37,191 | 37,053 |
| Total | 235,037 | 251,683 | 251,648 |

Service figures for the year BP-10

2025

Type of service

| | |
|------------------|----------------|
| Health insurance | 810,499 |
| Private | 66,818 |
| Associates | 31,302 |
| SUS | 16,368 |
| Total | 924,987 |

Number of patients treated by specialty

| | |
|------------------------------|----------------|
| Internal medicine | 36,8151 |
| Oncology | 64,006 |
| Cardiology | 58,628 |
| Orthopedics and Traumatology | 62,319 |
| General Practice | 29,636 |
| Pediatrics | 25,817 |
| General Surgery | 24,898 |
| Hematology | 25,044 |
| Digestive System Surgery | 18,009 |
| Urology | 25,631 |
| Otorhinolaryngology | 21,889 |
| Gynecology and Obstetrics | 21,918 |
| Nephrology | 12,214 |
| Ophthalmology | 15,591 |
| Neurology | 8,640 |
| Total | 924,987 |

Own disclosure BP-11

2025

Personal Support Program (PAP)

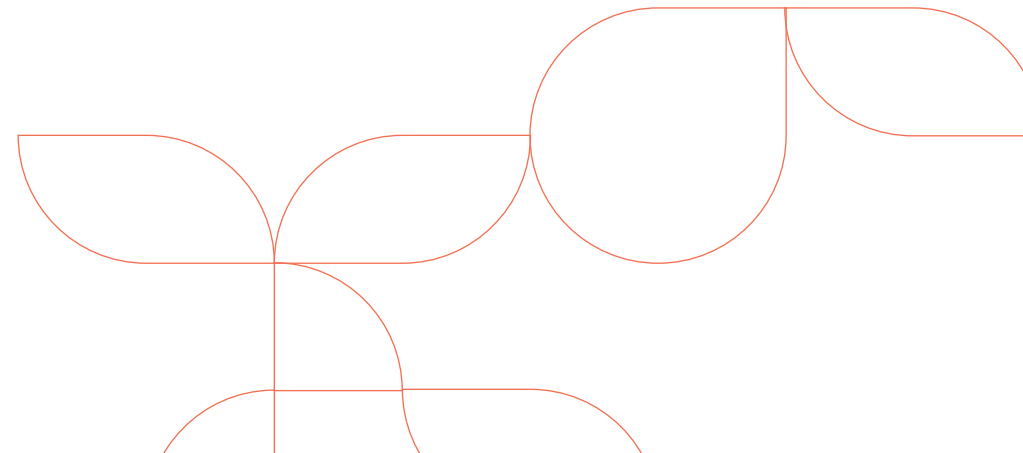
| | |
|-------------------------|-------|
| Number of people served | 609 |
| Number of contacts made | 2,677 |

Employee health and safety

| | |
|--|--------|
| Number of visits | 33,202 |
| Appointments and medical care | 10,692 |
| Telemedicine and telemonitoring services | 118 |
| Healthcare services for employees | 3,259 |

Immunization of employees, dependents, associates, and third parties (doses administered)

| | |
|-----------------------------|-------|
| Diphtheria and tetanus | 799 |
| Hepatitis B | 1,059 |
| Measles, mumps, and rubella | 488 |
| Meningo C | 0 |
| Influenza | 4,862 |



Outpatient visits SUS BP-13

| Specialties | BP | Municipality | % BP/Municipality | State | % BP/State | Brazil | % BP/Brazil |
|---|----------------|--------------------|-------------------|--------------------|------------|----------------------|-------------|
| Cardiac catheterization | 3,356 | 17,427 | 19% | 45,126 | 7% | 160,720 | 2% |
| Specialty care appointments | 3,380 | 8,961,639 | 0% | 32,520,044 | 0% | 121,860,033 | 0% |
| Consultations with allied health professionals in specialized care (excluding physicians) | 857 | 5,611,089 | 0% | 26,372,958 | 0% | 166,069,827 | 0% |
| Hemodialysis | 36 | 1,104,238 | 0% | 3,944,089 | 0% | 17,941,607 | 0% |
| Exams | 106,128 | 92,834,670 | 0% | 374,912,972 | 0% | 1,281,648,476 | 0% |
| Chemotherapy | 0 | 136,811 | 0% | 487,295 | 0% | 2,042,356 | 0% |
| Radiation Therapy | 0 | 11,347 | 0% | 39,789 | 0% | 171,320 | 0% |
| Others | 30,003 | 339,314,075 | 0% | 403,545,266 | 0% | 3,427,753,038 | 0% |
| Total | 143,760 | 447,991,296 | | 841,867,539 | | 5,017,647,377 | |

Hospitalizations

| Specialties | BP | Municipality | % BP/Municipality | State | % BP/State | Brazil | % BP/Brazil |
|---------------------------------------|--------------|----------------|-------------------|------------------|------------|-------------------|-------------|
| Angioplasty | 1,633 | 11,520 | 1.06% | 35,264 | 4.63% | 132,377 | 1.23% |
| Adult heart surgery | 594 | 6,523 | 9.11% | 20,357 | 2.92% | 83,328 | 0.71% |
| Pediatric heart surgery (0 to 12 yoa) | 7 | 956 | 0.73% | 2,842 | 0.25% | 11,889 | 0.06% |
| Vascular | 3 | 11,683 | 0.03% | 43,198 | 0.01% | 128,424 | 0.00% |
| Childbirth | 0 | 73,869 | 0.00% | 287,584 | 0.00% | 1,380,134 | 0.00% |
| Pre- and Post-Transplant | 133 | 12,570 | 1.06% | 24,046 | 0.55% | 66,444 | 0.20% |
| Transplant | 22 | 2,544 | 0.86% | 4,287 | 0.51% | 13,522 | 0.16% |
| Pacemaker | 132 | 2,553 | 5.17% | 8,751 | 1.51% | 35,611 | 0.37% |
| Hemodynamics | 2 | 1,627 | 0.12% | 2,602 | 0.08% | 10,865 | 0.02% |
| Oncology | 0 | 13,737 | 0.00% | 50,665 | 0.00% | 179,307 | 0.00% |
| Orthopedics | 1 | 52,705 | 0.00% | 199,110 | 0.00% | 846,467 | 0.00% |
| Others | 647 | 567,005 | 0.11% | 2,245,860 | 0.03% | 12,079,021 | 0.01% |
| Total | 3,174 | 757,292 | | 2,924,566 | | 14,967,389 | |

GRI Content Index

| | |
|---------------------------------------|--|
| Statement of Use | A Beneficência Portuguesa de São Paulo reported in accordance with the GRI Standards for the period from January 1 to December 31, 2025. |
| GRI 1 used | GRI 1: Fundamentals 2021 |
| Applicable GRI Sector Standard | Not applicable. |

| GRI Standards | Contents | Location | SDGS |
|---------------------------------|--|---|-------|
| General content | | | |
| GRI 2: General disclosures 2021 | 2-1 Organizational details | 14 | |
| | 2-2 Entities included in the organization's sustainability reporting | 7 | |
| | 2-3 Reporting period, frequency and contact point | 7 | |
| | 2-4 Restatements of information | Restatements were made to disclosures 201-1, 305-1, 305-2, 305-3, 305-5, and 403-9. | |
| | 2-5 External assurance | None. | |
| | 2-6 Activities, value chain and other business relationships | 14, 18, and 46 | |
| | 2-7 Employees | 136 | 8, 10 |
| | 2-8 Workers who are not employees | 136 | 8 |
| | 2-9 Governance structure and composition | 34 and 36 | 5, 16 |
| | 2-10 Nomination and selection of the highest governance body | 36 | 5, 16 |
| | 2-11 Chair of the highest governance body | 36 | 16 |
| | 2-12 Role of the highest governance body in overseeing the management of impacts | 9 and 36 | 16 |
| | 2-13 Delegation of responsibility for managing impacts | 34, 36, and 39 | |
| | 2-14 Role of the highest governance body in sustainability reporting | 9 | |

| GRI Standards | Contents | Location | SDGS |
|--|---|--|------|
| GRI 2: General disclosures 2021 | 2-15 Conflicts of interest | 36 | 16 |
| | 2-16 Communication of crucial concerns | 42 | |
| | 2-17 Collective knowledge of the highest governance body | 37 | |
| | 2-18 Evaluation of the performance of the highest governance body | 37 | |
| | 2-19 Remuneration policies | 72 | |
| | 2-20 Process to determine remuneration | 72 | |
| | 2-21 Annual total compensation ratio | BP considers information regarding the remuneration of its executives to be sensitive and strategic and, for this reason, chooses not to disclose it publicly. | |
| | 2-22 Statement on the sustainable development strategy | 4 | |
| | 2-23 Policy commitments | 40 | 16 |
| | 2-24 Embedding policy commitments | 40 and 61 | |
| | 2-25 Processes to remediate negative impacts | 40 and 42 | |
| | 2-26 Mechanisms for seeking advice and raising concerns | 40 and 42 | 16 |
| | 2-27 Compliance with laws and regulations | 41 | |
| | 2-28 Membership associations | 39 | |
| | 2-29 Approach to stakeholder engagement | 8, 61, 65, 73, and 84 | |
| 2-30 Collective bargaining agreements | 138 | 8 | |
| Material topics | | | |
| GRI 3: Material topics 2021 | 3-1 Process of determining material topics | 8 | |
| | 3-2 List of material topics | 8 | |
| Climate change and environmental management | | | |
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 116 | |

| GRI Standards | Contents | Location | SDGS |
|-----------------------------------|---|-----------------|-------------------|
| GRI 302: Energy 2016 | 302-1 Energy consumption within the organization | 144 | 7, 8, 12, 13 |
| | 302-2 Energy consumption outside of the organization | 113 | 7, 8, 12, 13 |
| | 302-3 Energy intensity | 144 | 7, 8, 12, 13 |
| | 302-4 Reductions in energy consumption | 113 | 7, 8, 12, 13 |
| | 302-5 Reduction in energy requirements | Not applicable. | |
| GRI 303: Water and Effluents 2018 | 303-1 Interactions with water as a shared resource | 111 | 6, 12 |
| | 303-2 Management of water discharge-related impacts | 112 and 152 | 6 |
| | 303-3 Water withdrawal | 143 | 6, 8, 12 |
| | 303-4 Water discharge | 143 | 6 |
| | 303-5 Water consumption | 143 | 6 |
| GRI 305: Emissions 2016 | 305-1 Direct (Scope 1) GHG emissions | 146 | 7, 8, 12, 13 |
| | 305-2 Energy indirect (Scope 2) GHG emissions | 146 | 3, 12, 13, 14, 15 |
| | 305-3 Other indirect (Scope 3) GHG emissions | 146 | 3, 12, 13, 14, 15 |
| | 305-4 GHG emissions intensity | 146 | 13, 14, 15 |
| | 305-5 Reduction of GHG emissions | 146 | 13, 14, 15 |
| | 305-6 Emissions of ozone-depleting substances (ODS) | 117 | 3, 12 |
| | 305-7 Nitrogen oxides (NOx), sulfur oxides (SOx), and other significant air emissions | 117 | 3, 12, 14, 15 |
| GRI 306: Waste 2020 | 306-1 Waste generation and significant waste-related impacts | 114 | 3, 6, 11, 12 |
| | 306-2 Management of significant waste-related impacts | 114 | 3, 6, 8, 11, 12 |
| | 306-3 Waste generated | 145 | 3, 12, 15 |
| | 306-4 Waste diverted from disposal | 145 | 3, 11, 12 |
| | 306-5 Waste directed to disposal | 145 | 3, 6, 11, 12, 15 |

| GRI Standards | Contents | Location | SDGS |
|--|---|--------------------------------|-------------|
| People and culture | | | |
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 67 | |
| GRI 401: Employment 2016 | 401-1 New employee hires and employee turnover | 137 | 4, 5, 8, 10 |
| | 401-2 Benefits provided to full-time employees that are not provided to temporary or part-time employees | 68 | 3, 5, 8 |
| | 401-3 Parental leave | 138 | 5, 8 |
| GRI 402: Labor/Management Relations 2016 | 402-1 Minimum notice periods regarding operational changes | 138 | 8 |
| GRI 403: Occupational Health and Safety 2018 | 403-1 Occupational health and safety management system | 82 | 3, 8, 16 |
| | 403-2 Hazard identification, risk assessment and incident investigation | 83 and 84 | 3, 8 |
| | 403-3 Occupational health services | 80 and 83 | 3, 8 |
| | 403-4 Worker participation, consultation and communication on occupational health and safety | 84 | 8, 16 |
| | 403-5 Training for workers on occupational health and safety | 84 | 8 |
| | 403-6 Promotion of worker health | 80, 82, 83, 85, and 88 | 3 |
| | 403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships | 84 | 8 |
| | 403-8 Workers covered by an occupational health and safety management system | 82 and 84 | 8 |
| | 403-9 Work-related injuries | 83, 84, and 142 | 3, 8, 16 |
| | 403-10 Work-related ill health | There were no records in 2025. | 3, 8, 16 |
| Proprietary disclosure | BP-11 Employee health figures | 148 | |
| GRI 404: Training and Education 2016 | 404-1 Average hours of training per year per employee | 138 | 4, 5, 8, 10 |
| | 404-2 Programs for upgrading employee skills and transition assistance programs | 69 | 8 |
| | 404-3 Percent of employees receiving regular performance and career development reviews | 139 | 5, 8, 10 |

GRI Standards

Contents

Location

SDGS

Diversity, equity and inclusion

| | | | |
|---|--|--------------------------------|----------|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 74 | |
| GRI 405: Diversity and Equal Opportunity 2016 | 405-1 Diversity of governance bodies and employees | 139, 140, and 141 | 5, 8 |
| | 405-2 Ratio of basic salary and remuneration | 142 | 5, 8, 10 |
| GRI 406: Non-discrimination 2016 | 406-1 Incidents of discrimination and corrective actions taken | There were no records in 2025. | 5, 8 |

Social responsibility and access to healthcare

| | | | |
|---------------------------------|--|---|------|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 92, 97, and 101 | |
| GRI 413: Local communities 2016 | 413-1 Operations with local community engagement, impact assessments, and development programs | 92, 97, and 101 | |
| | 413-2 Operations with significant actual and potential negative impacts on local communities | The company states that its hospital operations do not generate significant negative impacts on local communities, considering the nature of its activities and the essential services provided by the healthcare sector. | 1, 2 |

Sustainable growth

| | | | |
|-------------------------------------|--|---|---------|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 128 | |
| GRI 201: Financial Performance 2016 | 201-1 Direct economic value generated and distributed | 133 | 8, 9 |
| | 201-2 Financial implications and other risks and opportunities due to climate change | 116 | 13 |
| | 201-4 Financial assistance received from government | During the reporting period, the organization received financial support from the Brazilian government, totaling BRL 3,321,768.10 in 2025. The organization has no government shareholders. | |
| Proprietary disclosures | BP-08 BP Figures | 147 | 1, 5, 8 |
| | BP-09 BP Infrastructure Figures | 147 | |
| | BP-10 Number of visits in the year | 147 and 148 | 8 |

GRI Standards

Contents

Location

SDGS

Customer experience

| | | | |
|--|---|---|----|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 63 | |
| GRI 416: Consumer health and safety 2016 | 416-1 Assessment of the health and safety impacts of product and service categories | BP reports a 90% disclosure rate for patient safety incidents, representing the proportion of reported occurrences related to potential errors and adverse events—with or without patient harm—relative to the total number of reports recorded. The remaining 10% corresponds to reports that, after evaluation, were considered unfounded and did not result in any harm or impact on patient care. | |
| GRI 416: Consumer health and safety 2016 | 416-2 Incidents of non-compliance concerning the health and safety impacts of products and services | There were no instances of non-compliance with laws or voluntary codes in 2025. Two cases were reviewed this year involving alleged failures in the provision of health care services, and as of the date of this report, none of them had resulted in a fine, penalty, or warning, as they were still pending in court. | 16 |
| GRI 418: Customer privacy 2016 | 418-1 Substantiated complaints concerning breaches of customer privacy and losses of customer data | None. | 16 |
| Proprietary disclosure | BP-12 Ombudsman's Office figures | 64 | |

Education and research

| | | | |
|-----------------------------|--|-------------|--|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 121 and 122 | |
| Proprietary disclosure | BP-02 Internal and external volunteers | 107 | |
| | BP-05 BP Blood Bank Indicators | 23 | |
| | BP-07 Certifications and recertifications for the year | 12 | |
| | BP-13 SUS service figures | 149 | |

GRI Standards

Contents

Location

SDGS

Innovation and technology

| | | | |
|-----------------------------|-----------------------------------|-------------------|--|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 124, 125, and 126 | |
|-----------------------------|-----------------------------------|-------------------|--|

Ethics, integrity, and compliance

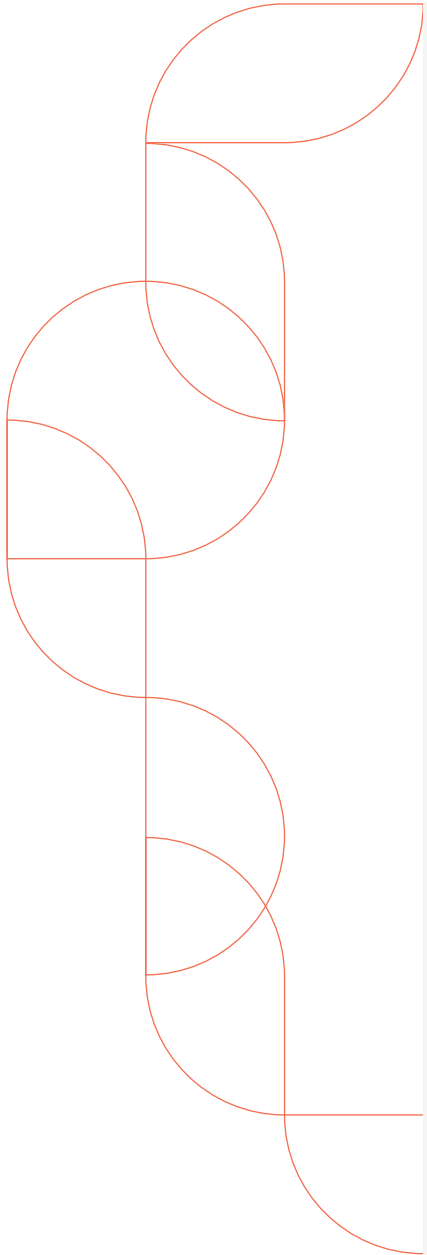
| | | | |
|--|--|-----------------|----------|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 40 and 41 | |
| GRI 204: Procurement Practices 2016 | 204-1 Proportion of spending on local suppliers | 46 | 8 |
| GRI 308: Supplier environmental assessment 2016 | 308-1 New suppliers that were screened using environmental criteria | 47 | |
| | 308-2 Negative environmental impacts in the supply chain and actions taken | 47 | |
| GRI 407: Freedom of association and collective bargaining 2016 | 407-1 Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk | 74 and 138 | 8 |
| GRI 408: Child Labor 2016 | 408-1 Operations and suppliers at significant risk for incidents of child labor | 42, 47, and 138 | 8 |
| GRI 409: Forced or compulsory labor 2016 | 409-1 Operations and suppliers at significant risk for incidents of forced or compulsory labor | 47 and 138 | 8 |
| GRI 414 Social assessment of suppliers 2016 | 414-1 New suppliers that were screened using social criteria | 47 | 5, 8, 16 |
| | 414-2 Negative social impacts in the supply chain and actions taken | 47 | 5, 8, 16 |

Patient health and safety

| | | | |
|-----------------------------|-----------------------------------|-----------|--|
| GRI 3: Material topics 2021 | 3-3 Management of material topics | 61 and 62 | |
|-----------------------------|-----------------------------------|-----------|--|

UN Sustainable Development Goals

| MATERIAL TOPICS | RELATED SDGS |
|--|--|
| Sustainable Growth | 8 DECENT WORK AND ECONOMIC GROWTH, 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE |
| Customer Experience | 16 PEACE, JUSTICE AND STRONG INSTITUTIONS, 12 RESPONSIBLE CONSUMPTION AND PRODUCTION |
| Patient Health and Safety | 16 PEACE, JUSTICE AND STRONG INSTITUTIONS, 12 RESPONSIBLE CONSUMPTION AND PRODUCTION |
| People and Culture | 3 GOOD HEALTH AND WELL-BEING, 8 DECENT WORK AND ECONOMIC GROWTH, 11 SUSTAINABLE CITIES AND COMMUNITIES |
| Diversity, Equity, and Inclusion | 5 GENDER EQUALITY, 10 REDUCED INEQUALITIES |
| Climate Change and Environmental Management | 15 LIFE ON LAND, 6 CLEAN WATER AND SANITATION, 7 AFFORDABLE AND CLEAN ENERGY, 13 CLIMATE ACTION |
| Ethics, Integrity and Compliance | 8 DECENT WORK AND ECONOMIC GROWTH, 10 REDUCED INEQUALITIES, 12 RESPONSIBLE CONSUMPTION AND PRODUCTION, 16 PEACE, JUSTICE AND STRONG INSTITUTIONS |
| Innovation and Technology | 11 SUSTAINABLE CITIES AND COMMUNITIES, 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE |
| Education and Research | 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE, 4 QUALITY EDUCATION |
| Social Responsibility and Access to Healthcare | 5 GENDER EQUALITY, 10 REDUCED INEQUALITIES, 3 GOOD HEALTH AND WELL-BEING |



- 1 NO POVERTY
- 2 ZERO HUNGER
- 3 GOOD HEALTH AND WELL-BEING
- 4 QUALITY EDUCATION
- 5 GENDER EQUALITY
- 6 CLEAN WATER AND SANITATION
- 7 AFFORDABLE AND CLEAN ENERGY
- 8 DECENT WORK AND ECONOMIC GROWTH
- 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
- 10 REDUCED INEQUALITIES
- 11 SUSTAINABLE CITIES AND COMMUNITIES
- 12 RESPONSIBLE CONSUMPTION AND PRODUCTION
- 13 CLIMATE ACTION
- 14 LIFE BELOW WATER
- 15 LIFE ON LAND
- 16 PEACE, JUSTICE AND STRONG INSTITUTIONS
- 17 PARTNERSHIPS FOR THE GOALS

SASB Content Index

| Topic | Code | Title | Page |
|--|--------------|---|--|
| Health care services [HC-DY] | | | |
| Energy management | HC-DY-130a.1 | (1) Total energy consumed, (2) percentage grid electricity and (3) percentage renewable | 144 |
| Waste management | HC-DY-150a.1 | Total amount of medical waste: percentage (a) incinerated, (b) recycled or treated and (c) landfilled | 145 |
| | HC-DY-150a.2 | (1) hazardous and (2) non-hazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated and (c) landfilled | 145 |
| Patient privacy and electronic health records | HC-DY-230a.2 | Description of policies and practices to secure customers' personal health data records and other personal data | 44 |
| | HC-DY-230a.3 | (1) Number of data breaches, (2) percentage involving (a) personal data only and (b) personal health data, (3) number of customers affected in each category, (a) personal data only and (b) personal health data | In 2025, there were no confirmed or documented incidents of breaches of privacy or data protection involving data subjects processed by BP that compromised the authenticity, confidentiality, integrity, or availability of their data. |
| Recruitment, development, and retention of employees | HC-DY-330a.1 | (1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician health care practitioners, and (c) all other employees | 137 |
| | HC-DY-330a.2 | Description of talent recruitment and retention efforts | 69 and 71 |
| Impacts of climate change on human health and infrastructure | HC-DY-450a.1 | Description of policies and practices to address: (1) the physical risks because of an increased frequency and intensity of extreme weather events, (2) changes in the morbidity and mortality rates of illnesses and diseases associated with climate change and (3) emergency preparedness and response | 116 |

Credits

BP Team

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Grupo Report – Translation

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A Beneficência
Portuguesa
de São Paulo