



FUNDAÇÃO
FACULDADE DE MEDICINA

2012

Annual
Report

Introduction

FFM has as main objective, foster consistent public utility activities when providing and developing comprehensive support to health with HCFMUSP and FMUSP, bringing benefits to society in general with a charitable approach.

In 2012, FMUSP celebrates its hundredth anniversary. Get to know a little of this long way by reading the text “FMUSP and FFM Centenary” (page 4).

Have a general view of the social scope that FFM presented in 2012 through the analysis of “**FFM Social Scope in Figures**” Picture (page 7), which demonstrates that the representativeness of the totality of free procedures made with support of FFM reached 95%.

In order to comply with its statutory objectives, FFM supports development of a series of **actions of comprehensive health care** (page 8) by always prioritizing support to SUS patients. Guaranteeing special procedures such as transplantations, implantations and other high complexity procedures (page 15) is another of its priorities.

Maintaining high performance as obtained by FM/HCFMUSP System (page 18) and by other Health Units (Page 28) has been guaranteed by FFM through human and financial resources.

Since its qualification as Social Organization, it has been possible for FFM to deal with four **Management Contracts** (page 32), which accomplished meaningful results when promoting comprehensive health development to benefit the population, as for example, in the ICESP classification in 2012 as a **High Complexity Center to Oncology Care** (CACON), officially guaranteeing a position that is has had as creator of policies in oncology area, as well as a Center to develop professionals for this sector.

Recognized and certified as a charitable entity, FFM has supported development of several **Social Welfare Projects** (page 41), inside and outside FM/HCFMUSP System facilities, focused on needy populations, without harming SUS support. A good example is “Projeto Equilíbrio” (“Balance Project”), whose performance has made 223 children/teenagers living on the streets return to live with their families again.

AIDS and STDs (Page 55) are faced by “Casa da Aids” (Aids House - Page 27) and other several programs supported by FFM, in cooperation with other several institutions.

Disabled People (page 62) have received several other initiatives supported by FFM, besides specialized support from IMREA (Page 24), IRLM (Page 38) and other Units from other Units of Lucy Montoro Rehabilitation Network (page 64), **Children and Young Individuals** (Page 67) have received, besides ICr Hospital support (Page 23) and from ITACI (page 69), other initiatives, such as support from the Comprehensive Care to Down Syndrome Ambulatory, which support an average of 60 children and adolescents at IMREA – Lapa Unit (page 67).

Families and Women (page 71) have benefited from the “Projeto Bandeira Científica” (Scientific Flag Project - Page 46), which has performed over 8.000 procedures to needy families of Afogados da Ingazeira town, in the state of Pernambuco, northeast region.

Support to Research (page 72) is one of FFM priorities through its structure and also stimulus for scientific production, besides supporting development of clinical scientific studies (page 87).

Support to Health Policy Projects (page 89), including training sessions to professionals from the public area, development of assessment, analysis of results, among others, are also part of FFM action scope.

Supporting development of **Institutional Projects** (Page 100), which aims to improve the physical and technological infrastructure of FM/HCFMUPS System facilities, was also part of FFM actions in 2012.

A **brief** on FFM (Page 116), **consolidated results** (page 117), **strategies** adopted (Page 118), main **partners** (Page 118), main **certifications** (page 120), **organizational structure** (page 123) and the **synthesis of Financial Balance Sheet of 2011** (page 128) are also presented at the end of this Report.

The **abbreviations** used in this Report (page 129) and the current composition of FFM Administration (page 131) complete the FFM Report for 2012.

Attached you can find the **2012 Financial Statements**, with their related **Explanatory Notes and Findings from Independent Auditors**.

FMUSP and FFM Centenary Year

The Medical School of São Paulo (FMUSP) celebrates its glorious centenary year in 2012, as it was founded in 1912. Its history is defined in two distinct phases: the first, a pioneering initiative as College of Surgery of São Paulo City until 1934, when the second phase started, with the creation of University of Sao Paulo and its integration as one of the Founder Units of the USP community structure of both public and state.

There have been innumerable celebrating events for such relevant date, not only due to its value to the institution, but also due to its meaning to Brazilian and International Medicine.

It is worth mentioning that, since its very first class which took place on February 02nd, 1913 (date which will end up the celebration calendar of 2013 for the Centenary with the meaningful Magna Class), to current days, FMUSP performance has always been focused on its quality in education, research and activities related to health care and culture. In spite of limitations due to the frequency of the Annual Report, it is mandatory to highlight some points (though full aware of unjustifiable omissions), as follows:

1) *FMUSP and its Clinics Hospita (HCFMUSP) are recognized as dignifying and competitive centers of **graduation**. It has the greatest program of medical **residency** with a highly strict selection, considering that every year there are 1.340 resident physicians and 1.600 students in **post graduation** position (Master and Doctorate) who belong to all specialties. In addition, the Permanent Education School, whose aim is to enable capacity and **updating** for the Best professionals in Medicine and other Health areas.*

2) *FM/HCFMUSP System is considered as the greatest national **research** Center for Health Science and FMUSP is the USP Unit recognized as protagonist of USP scientific performance recognition.*

3) *FM/HCFMUSP System is the greatest complex of medical **care** in Latin America, making outstanding contributions by the great number of medium and high complexity medical care and pioneerism in several sectors, such as organs transplantation.*

4) *USP, one new university, which in 2014 will have been only 80 years old, has already conquered an internationally outstanding comparative position in relation to thousand of universities which are much older and more traditional. For instance, in the ranking made by Shangai University, it was ranked in the 102nd position among the 500 best universities in the world. Only to remind that USP was founded in 1934 and it is ahead of some milenar universities, such as Bologna University in Italy.*

5) *Special attention should be paid to the comparison involving FMUSP with other state-of-the-art institutions in the international scenario. When completing 100 years old, FMUSP was successfully integrated to USP, which had been ranked in 2012-2013 for its very first time by "Times Higher Education World University Rankings Life Sciences" as the 50th most important university in the world and as the only representative from Latin America countries. This result is based on educational indicators, research and exchange of knowledge besides international visibility. It is important to point out that Medicine in Oxoford was originated in the XII century, Cambridge (1540), Harvard (1782), London (1839), Michigan (1850), among other several institutions.*

The Medical School Foundation (FFM) is proudly honored to comply with its statutory mission to support the Medical School of USP, which is, without any doubts, a reason for pride to Brazil and the Worldwide Medicine.

Therefore, we would like to reinforce our congratulations and we are fully aware that new conquests shall be more and more present in our continuous and successful history.

Medical School Foundation - Board of Directors

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FFM Social Scope in Figures

A – Free Procedures / Hospitalizations of SUS Patients – 2012		Quantity	Page
High Complexity	ICESP (Management Contract)	455.774	33
	Ambulatory High Complexity (University Agreement)	(*) 161.600	16
	Transplants and Implants (University Agreement)	(*) 871	15
Disabled People	Lucy Montoro Rehabilitation Institute (Management Contract)	117.838	40
	IMREA Vila Mariana (University Agreement)	143.980	24
	IMREA Lapa (Additive to University Agreement)	139.744	24
	IMREA Jardim Umarizal (Additive to University Agreement)	63.982	24
	IMREA Clínicas (University Agreement)	54.377	24
Aids Virus Patients	Aids House (University Agreement)	(***) 16.470	27
Children	ICr – Children’s Health Care (University Agreement)	486.223	23
	ITACI – Children’s Cancer Treatment (University Agreement)		
Families	West Region Project (Management Contract)	681.092	36
	ERs - Lapa and Butantã (Management Contract)	209.002	37
	ICHC + PAMB – Care in Medical Specialities (University Agreement)	7.778.650	19
	InRad – Radiology Support (University Agreement)	347.051	20
	IOT – Orthopedics and Traumatology Care (University Agreement)	343.457	21
	IPq – Psychiatry Care (University Agreement)	136.961	22
	H.A.S. – Care to long standing patients (University Agreement)	9.035	26
	H.A.C. – Intermediary Care (University Agreement)	308	26
	H.L.S. – Low Complexity Care (Additive to University Agreement)	18.163	28
	C.S.E. Butantã (University Agreement)	7.014	29
Pharmaceutical Assistance	Quantity of Exceptional Medicines	(*) 40.283.535	16
A - Subtotal Procedure / Free Hospitalizations of SUS Patients (including Management Contracts)		11.009.151	
B – Free Procedures – Special Projects		Quantity	
Social Assistance	Equilíbrio Project – Social-Family Reintegration (Other Agreements)	11.061	43
	Financial Support to Student Program – AFINAL	46	45
	Scientific Flag Project - 2012 (Other Agreements)	8.316	46
	Vision of the Future Program (Additive to University Agreement)	(**) 3.000	47
	Quantity of Pieces of Equipment – IRLM Mobile Unit	718	48
	Mental Health – CASA Foundation (Other Agreements)	(**) 24.000	49
	Quantity of Surgical Procedures to Patients who present Cleft Lip and Palate (Other Agreements)	116	52
B - Subtotal – Free Procedures – Special Projects		47.257	
A + B – Subtotal Free Procedures / Hospitalizations of SUS Patients + Free Procedures – Special Projects		11.056.408	
C – Subtotal – Supplemental Health Patients – ER and Hospitalization		320.297	13
A + B + C – General Total of Free Procedures / Hospitalizations + Supplemental Health		11.376.705	
Representativeness of Free Procedures (SUS + Other Procedures) over the General Total		95%	
Representativeness of Supplemental Health Procedures over the General Total		5%	

(*) Quantity informative only and it is not taken into account in the Subtotal of Free Procedures to SUS Patients

(**) Approximate average quantity

(***) Data from January to July 2012



1 Actions of Comprehensive Health Care

1

Actions of Comprehensive Health Care



Main entrance of the Medical School – USP



Overview of the Clinics Hospital – Medical School - USP

The **FM/HCFMUSP** System is the greatest medical care complex in Latin America and the biggest national research Center for health sciences.

1.1 FM/HCFMUSP System

The FM/HCFMUSP System is organized as one “Academic Health Science Center”, which literally speaking, can be understood as one Health Academic System. It supports around 2.5 million patients in its three levels of care; it also counts on over 2.000 beds and develops around 6% of all Brazilian research in health and biomedical research. It is the biggest and oldest Brazilian Health System, as its origin traces back to the Medical School in 1913. Nowadays, it relies on a one-billion-dollar budget annually and its structure holds the activities developed by around 1.400 graduates, 1.700 post-graduation students and 1.000 residents. The FM/HCFMUSP System is made up by the following institutions:

Medical School – University of Sao Paulo (FMUSP), with 17 departments, 350 instructors and 600 technical-administrative employees. It offers four graduation courses (Medicine, Physiotherapy, Occupational Therapy and Speech), 27 Senso Estrito Post- Graduation programs and Medical Residency in Basic and Direct Access Areas;

Clinics Hospital of Medical School of São Paulo (HCFMUSP), made up by a general hospitals and seven specialized institutes for high complexity (tertiary attention), two back-up hospitals, one unit specialized to support HIV/Aids patients and 62 Medical Investigation Laboratories (LIMs), responsible for research activities in several health sectors;

Medical School Foundation (FFM), private-owned fundation, responsible for collecting payments from SUS and Additional Health due to HCFMUSP (except InCor); it provides more agility and seriousness to domestic and international purchase orders and allows technological updating, development and capacity of staff to perform their own activities better. Today FFM performance is based on two main axis: the **University Agreement**, which was agreed upon in 1988 between SES-SP and HCFMUSP and with intervention of FFM; it is responsible for providing free procedures to SUS patients; and the **Management Contracts**, which is responsible for the administrative-financial management of four institutions of health systems: ICESP, IRLM, West Region Project and Muncial ERs from Butantã to Lapa.

Zerbini Foundation (FZ), private-owned foundation which has had an important role in promoting administrative agility and efficiency to InCor, as well as collecting additional resources;

Pro-Blood Hemocenter Foundation of São Paulo (FPSHSP), Center of cooperation for the Health Panamerican Organization (OPAS) and Worldwide Health Organization (OMS) to control the quality of serologic screening for tests on blood donors;

Octávio Frias de Oliveira Institute of Cancer of State of São Paulo (ICESP), institute specialized to support cancer patients with educational and research activities in Oncology;

Lucy Montoro Rehabilitation Network (IRLM), Center of excellence in treatment, education and research in rehabilitation;

West Region Project (PRO) created from a partnership between the Health Municipal Secretary, FMUSP and FFM, aiming to make stronger integration of health services from west region of Sao Paulo city;

University Hospital - USP (HU), of average complexity and responsible for secondary care to local communities;

Tropical Medicine Institute (IMT), Center specialized in research and education of infectious-contagious diseases; and

“Emílio Ribas” Infectious Diseases Institute, main infectious diseases hospital in America;

Service for Checking Deaths in the Capital City (SVOC), department linked to FMUSP whose responsibility if to clarify *causa mortis* in case of deaths due to indefinite diseases or without any health care which took place in Sao Paulo County.

1.2 University Agreement

The **University Agreement** enables free consultation and support to SUS patients along in several different units of HCFMUSP



Central ER of ICHC

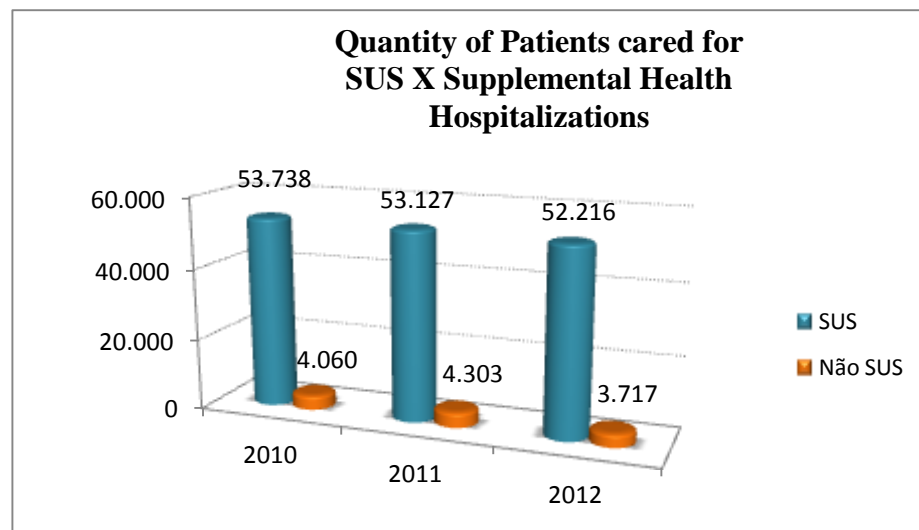
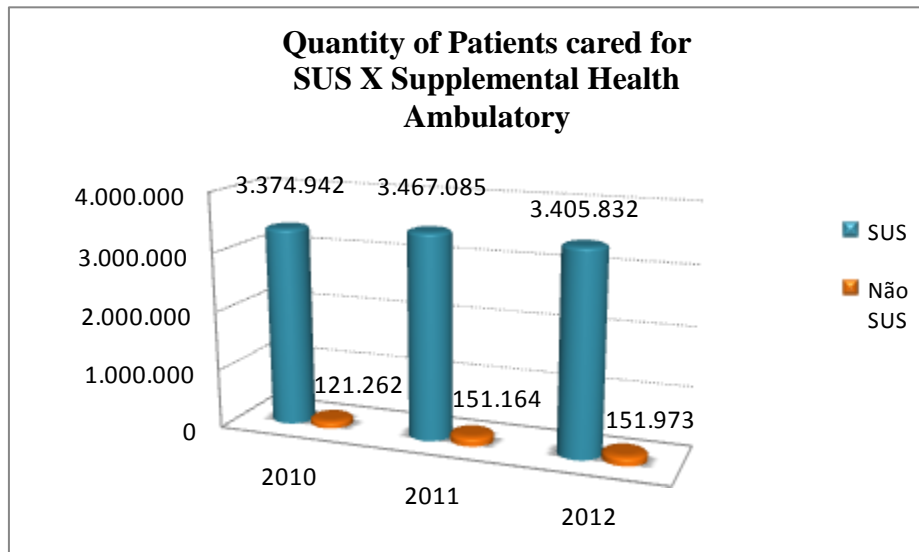
The **University Agreement** signed in 1988 between SES-SP and HCFMUSP, and with intervention of FFM enables free services to SUS patients along with HCFMUSP units.

Access and support to SUS throughout HCFMUSP (except InCor) is provided by FFM through a combination of human and financial resources of the System into the own Hospital, enabling that HCFMUSP meets SUS levels of support (ambulatory and hospitalizations) in an average percentage of 95%. The number of patients cared for in the last three years is shown on graphs and tables below:

QUANTITY OF PATIENTS CARED FOR – SUS			
Type of Support	Period		
	2010	2011	2012
Clinic	3.374.942	3.467.085	3.405.832
Hospitalization	53.738	53.127	52.216
Total SUS	3.428.680	3.520.212	3.458.048
Obs.: Data on hospitalizations refer to the first presentation and clinic data has gone through some corrections.			

QUANTITY OF PATIENTS CARED FOR – ADDITIONAL HEALTH			
Type of Care	Period		
	2010	2011	2012
Clinic	121.262	151.164	151.973
Hospitalization	4.060	4.303	3.717
Total – Additional Health	125.322	155.467	155.690
Obs.: Hospitalization and clinic data has been corrected			

QUANTITY OF PATIENTS CARED FOR - SUS + ADDITIONAL HEALTH SUS REPRESENTATIVENESS				
Patient Profile	Type of Care	Period		
		2010	2011	2012
Total SUS + Additional Health	Clinic	3.496.204	3.618.249	3.557.805
	Hospitalization	57.798	57.430	55.933
General Total		3.554.002	3.675.679	3.613.738
Representativeness SUS	Clinic	96,6%	95,8%	95,7%
	Hospitalization	92,9%	92,5%	93,3%



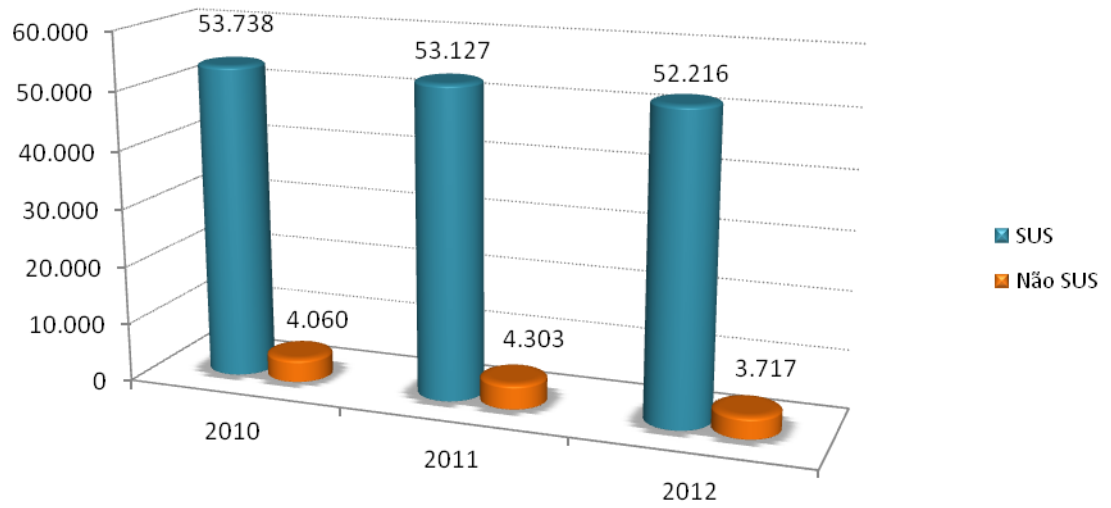
In the operationalization of the University Agreement, FFM's objective was to prioritize and continue focusing all its financial and human efforts towards its maintenance in 2012, for the average rate of 95% for free procedures to SUS patients, according to the tables and graphs below, which show the **quantities of procedures** made in 2010, 2011 and 2012:

QUANTITY OF PROCEDURES PERFORMED SUS PATIENTS			
Procedures	Period		
	2010	2011	2012
Clinic Procedures	8.772.436	9.241.812	9.354.638
Authorizations for hospitalizations	53.738	53.127	52.216
Total	8.826.174	9.294.939	9.406.854
Obs.: Data on authorizations for Hospitalizations refer to the first presentation.			

QUANTITY OF PROCEDURES PERFORMED ADDITIONAL HEALTH PATIENTS			
Procedures	Period		
	2010	2011	2012
Clinic Procedures	287.281	337.856	316.580
Authorization for Hospitalizations	4.060	4.303	3.717
Total	291.341	342.159	320.297

QUANTITY OF PROCEDURES PERFORMED - SUS + ADDITIONAL HEALTH SUS REPRESENTATIVENESS				
Patient Profile	Procedures	Period		
		2010	2011	2012
Total SUS + Additional Health	Clinic	9.059.717	9.579.668	9.671.218
	Hospitalization	57.798	57.430	55.933
General Total		9.117.515	9.637.098	9.727.151
Representativeness SUS	Clinic	96,8%	96,5%	96,7%
	Hospitalization	92,9%	92,5%	93,3%

Quantity of Procedures performed to SUS Patients x Supplemental Health Hospitalizations



1.2.1 Special Procedures



ICHC Surgical Center

Supporting performance of special high complexity procedures, besides providing medication is one of the institution's targets.

1.2.1.a Transplants and Implants

In compliance to the objectives of the University Agreement agreed upon between HCFMUSP and SES-SP, and with intervention of FFM, transplantation and implantation procedures are of great relevance to the population and they are considered as strategic to SUS by the Ministry of Health. The quantity of transplantation and implantation procedures made free in the last years through FFM has been as follows:

STRATEGIC PROCEDURES – TRANSPLANTS AND IMPLANTS			
Description	Quantity		
	2010	2011	2012
Cochlear Implant	100	101	99
Partial hepatectomy for transplantation (living donor)	25	30	23
Unilateral nephroureterectomy for transplant	77	83	78
Allogeneic hematopoietic stem cell bone marrow – akin	5	13	20
Allogeneic hematopoietic stem cell bone marrow	0	0	8
Allogeneic hematopoietic stem cells from umbilical cord blood	0	0	4
Allogeneic hematopoietic stem cells from peripheral blood	0	0	20
Allogeneic hematopoietic stem cells from peripheral blood - unrelated			
Autologous transplantation of hematopoietic stem cells from bone marrow			
Autologous transplantation of hematopoietic stem cells from peripheral blood			
Corneal transplantation			
Corneal transplantation (in surgery combined)			
Corneal transplantation (in re)			
Sclera transplant			
Liver transplantation (cadaveric organ)			
Liver transplantation (organ from a living donor)			
Pancreas transplantation			
Kidney transplant (deceased donor organ)			
Kidney transplant (living donor organ)			
Transplantation Simultaneous pancreas and kidney	0	0	1
Total	637	739	871

1.2.1.b High Complexity Procedures

Among the several care actions in health area, Ambulatory High Complexity Procedures should be highlighted, whose production during the last three years is shown below:

OUTPATIENT TABLE AUTHORIZATION FOR HIGH COMPLEXITY PROCEDURES - APAC			
Description	Quantity		
	2010	2011	2012
Diagnosis in Clinical Laboratory	8.292	14.964	17.288
Diagnosis by Radiology	14	35	51
Ultrasound	10	12	6
Diagnostic Methods in Specialties	17.638	19.920	19.916
Consultations/ Medical Care / Follow-ups	4.295	4.815	5.223
Treatment in Oncology	86.619	82.812	74.460
Treatment in Nephrology	15.030	15.972	17.693
Dental Treatments	950	43 (*)	96 (*)
Specialized Therapies	2.324	1.536	1.624
Sight Surgeries	5.281	5.652	6.211
Genitourinary System Surgery	243	285	257
Reconstructive Surgery	1.530	1.193	1344
Nephrology Surgeries	26	42	63
Collection and Exams for Organ Donations	7.306	6.612	6.026
Post Transplant Follow-up and Intercorrencies	9.584	9.665	7.925
Non-related to Surgeries OPM's	2.751	2.797	2.839
Related to surgeries OPM's	359	340	467
Processing of Tissues for Transplants	-	-	111
Total	162.252	166.695	161.600
(*) The drop is a result of registration instrument and/or rating of procedures along SUS			

1.2.1.c Comprehensive Pharmaceutical Assistance

In compliance with the University Agreement objectives agreed upon between HCFMUSP and SES-SP and with intervention of FFM in health comprehensive care, the pharmaceutical Assistance is one critical activity and doubtless of humanitarian approach. The guarantee of supply for **Excepcional Medicines** of this program is crucial not to put in danger patients' lives and to provide complex and expensive medical-hospital procedures, such as transplants, for instance. In 2012 **40. 283.535 exceptional medicines** were given away by FFM.

Besides, on the 8th floor of the ICHC (PAMB) Ambulatory Building, there is the ICHC Pharmacy, which supplies medicines to all FM/HCFMUSP System. Much more than a simple medicine distribution Center, it works as a real factory, where medicines that do not exist in the market are produced, as they are not interesting from a commercial point of view. Also, in this place dilutions and different dosages from what is offered by the market are prepared, according to the patient's needs or compositions which are different from the ordinary ones.



Assessoria de Imprensa ICHC

In 2012 production and dispensation of medicines generated savings of around R\$ 12.36 million (R\$ 7.5 million in 2011). 149 types of standardized medicines were produced, totalling more than 12.8 million units. The Pharmacy also dispensed 62 special medicines, produced for research protocols and resulting in a total quantity of over 72.5 thousand units. Besides the medicines produced internally, 431 different medicines were acquired and made unitary, adding up to more than 2.3 million units.

The dispensation of medicines process control is made by Medex specialized Software developed by the FFM Information Technology Staff. The system was awarded with the Mario Covas Award in 2007, which recognizes main initiatives of management and perfecting in public sectors.

1.2.2 Institutes, Auxiliary Hospitals and Specialized Health Units of FM/HCFMUSP System



HCFMUSP and surrounding area

Access and support to SUS in all FM/HCFMUSP System (except for InCor) is guaranteed by FFM through human and financial resources of the own hospital system.

The **University Agreement** originally signed in 1988 between SES-SP and HCFMUSP with intervention of FFM enables free consultations to SUS patients along several different HCFMUSP units whose performance in 2012 is briefed in the table below:

PERFORMANCE OF INSTITUTES, AUXILIARY HOSPITALS AND SPECIALIZED UNITS OF HCFMUSP IN 2012				
Institute / Hospitals	Number of Hospitalizations	Number of Procedures	Number of beds	Number of beds - ITU
ICHC + PAMB	34.958	7.743.692	891	157
INRAD	-	347.051	08	-
ICr + ITACI	5.824	480.399	131	53
IOT	6.288	337.169	138	12
IPq	3.003	133.958	104	04
IMREA - Vila Mariana	-	143.980	24	-
Casa da Aids	66	16.404	09	-
HAS	1.524	7.511	120	-
HAC	153	155	48	-

On the following pages there is a brief on activities developed in 2012 by these and other units of the FM/HCFMUSP System.

1.2.2.a ICHC



The new Human Reproduction room, which supports female patients presenting difficulties to get pregnant



Central Laboratory



Ambulatory Buildings

The **Central Institute** – ICHC is one of the HCFMUSP Institutes and it was opened in 1944. Since then, it has been made up by 53 specialized clinics; actually it is a Center for tertiary support that also works in education and research, producing hundreds of clinical studies every year.

Its activities are developed in two different buildings inside the FM/HCFMUSP System: the main one, which was the origin of Clinics Hospital in 1944 and the Ambulatory Building (PAMB), which was opened in 1981. Around 100 thousand people are supported there monthly.

Always pursuing updating and adaptation to improve support to the three pillars – education-research-support, it has been receiving cutting-edge resources and Technologies. Besides medical and surgical clinics, it also relies on the central ER, which supports daily high complexity emergencies and people coming from other different spots of the capital, countryside and other states.

In the Central Building, a new floor is under construction, which will be dedicated to Intensive Therapy Units. There will be 75 ITUs counting on the ultimate resources available in Latin America. Little by little, the surgical centers are also being modernized and enlarged with installation of sterilization robotic equipment, for instance. Currently there are 33 surgery rooms and pretty soon, five new ones will be incorporated.

The PAMB will be submitted to an extensive retrofit process, in other words: a set of reforms that will readequate and modernize it. There the Pharmacy Division and the Central Laboratory Division are placed; it is the first area of HCFMUSP and the first Public Service Laboratory in the country to be certified with ISO 9002.

The ER has undergone expansion in order to support better its patients. Also, the Manchester Protocol has been implemented, which rates the patient according to his/her risk. A piece of equipment measures the vital signs of the patient's finger and rates him/her so that support can be made a priority. The system also allows continuing follow-up of the patient until he/she is dismissed, keeping records of the whole process.

While investing in structure and equipment, ICHC is also implementing a major humanization Project, which covers all institution. The Project was started up around one and half year ago and with it, every single employee has become a member of the Humanization Committee.

In 2012 **34.958 hospitalizations and 7.743.692 ambulatorial procedures** had been performed by FFM.

1.2.2.b InRad



Ciclotrom Panoramic View



New facilities of the Nuclear Medicine Service

The **Radiology Institute (InRad)** of HCFMUSP was created 18 years ago and it has always been a good example of pioneering, especially as far as technology is concerned. It is focused on diagnostic of images and radiation therapies; it works in scientific research, education and support to HCFMUSP patients who need to go through image exams for diagnosis and treatment of diseases with use of radiotherapy, for instance.

Modernization of its equipment set by adopting cutting edge technology, along with a staff of skilled and qualified professionals has contributed to more efficiency in the image diagnosis and therapies on several different pathologies.

In São Paulo city, it is the only public hospital where MRI exams are offered for urinary and biliary studies and evaluation of *in vivo* brain through the brain proton spectroscopy and pioneer in using diffusion and brain perforation techniques. It has got national coverage when implementing one emergency radiology unit, pioneer in public hospitals to support ER.

It has been the very first time in a Latin America institution to apply Nuclear Medicine techniques and the first in South America to be equipped with high rate dosage brachytherapy equipment. Also it was the first public hospital in the country to have one Production and Development Unit for Positron Radiopharmaco issues in Nuclear Medicine (**Ciclotron Project**) to be used in exams involving diagnosis of small tumors and in research projects in molecular image research.

Pioneer in Latin America, the Nuclear Medicine Center presents radioisotopes and chemist laboratory, a vivarium, experimental surgeries in animals' room and a laboratory for tumor markings, offering more than 60 types of *in vivo and in vitro* cintilographic procedures.

In 2012 this service was improved by new facilities for research and support. There are now eight laboratories and one vivarium for storage of small animals in the Nuclear Research Center. Among the highlights, the new piece of equipment which is able to detect activities of cancer cells in animals before they become tumors.

The machine gathers three types of techniques (whose abbreviations form its own name: micro-PET-SPECT-CT) which is able to collect high definition images. For such reason, the piece of equipment will help in the diagnosis and treatment of molecular cancer, in other words: while it is still within the cells, in their initial phase.

The piece of equipment will make it easier to carry out research on nuclear medicine, as before the staff needed to travel to other countries in order to use similar equipment. With the new Center, HCFMUSP has the ultimate infrastructure in Latin America for development of this type of research.

In 2012 **347.051 ambulatorial procedures** were performed by FFM.

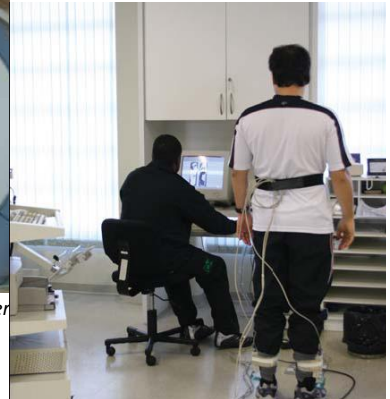
1.2.2.c IOT



Artroscopy Laboratory



Diagnose Center



Physical Movement Study Laboratory

The **Institute of Orthopedics and Traumatology** – IOT, which was opened in 1953, provides specialized support to patients with orthopedics and traumatological conditions; it is considered a benchmark as a center for reimplantation of limbs. Its modern facilities and ER support patients for treatments of high complexity orthopedic traumas. Besides, it provides support in orthopedics and traumatology with specialized teams in several sub-specialities, such as: knee, hips, foot, hand, physiatry, spine, brain palsy, bone tumors and reimplant of limbs and prosthesis. Nowadays, there are 13 groups of specialties dedicated to several types of treatments of diseases involving the locomotor.

Besides research and education provided to FMUSP graduation, residency and post-graduation students, IOT also provides specialized support, working as a tertiary and even quaternary hospital for high complexity cases. One example is reimplantation of limbs, arthroplasty, and reconstructive surgery for children with deformities, bone tumors and politraumatism.

Traumatology is the most used: from almost 140 beds at IOT, around 60% are dedicated to patients with trauma. The most frequent ones are motorcycle riders and motoboy, besides other patients who have been victims of traffic on the streets and of guns. Aiming to reduce this kind of problem, IOT has developed a series of campaigns in the press, especially on the radio in order to raise awareness on the dangers of traffic on the streets, especially with focus on motorcycle accidents and drinking and driving.

Besides support and surgeries, the institute also provides all post-surgery treatment with follow-up made by a team of psychologists, physiotherapists and occupational therapists in their 25-thousand-square-meter facilities, divided into two buildings, one a ten-floor and the other a three-floor building.

Elderly patients are also offered specialized support in muscle-skeleton geriatrics and do exercises in the **Physical Movement Study Laboratory**. IOT also relies on seven speciality laboratories (LIMs) and a clinical team of around 160 physicians among orthopedists, residency physicians in their specialties and their own group of anesthesiologists. Also as part of this group, one can find pediatricians, geriatricians, physiatrists, chest surgeons, plastic surgery surgeons, urologists and cardiologists, who provide medical support to patients undergoing orthopedics treatment.

In 2012 **6.288 hospitalizations and 337.169 ambulatorial procedures** were performed by FFM.

1.2.2.d IPq



Psychiatric Institute



Ipq Hall

Opened in 1952, the Psychiatric **Institute** – IPq is considered the biggest and best equipped Center in its specialty in Brazil today. Along its almost 60 years of history, the Institute has a good match of science and sensitiveness to offer excellence in its three major areas of activity: research, education and neuropsychiatric health care.

As far as research is concerned, the Institute cooperates with other departments of FMUSP and HCFMUSP, as well as with other several entities in Brazil and abroad in projects related to diagnoses and psychiatric therapy.

In the academic education field, the Institute works as an operational base where the Psychiatric department of FMSUP offers graduation courses, residency and post-graduation in psychiatric medicine with upgraded concept by CAPES, besides specialization and continued education stages to all professionals who work with mental health.

As one of the HCFMUSP Institutes, IPq contributes to this center of excellence and reference which supports around two million and a half people per year. The IPq has the best professionals in the country to offer customized and high level support to patients from the Public Health and Additional Health System.

Pioneer in the creation of specialized groups and services the Institute is prepared to support several types of psychiatric derangement involving children, teenagers, adults and elderly patients. For that, Ipq has one infrastructure compared to the most modern psychiatric institutions in the world, planned to match use of cutting edge equipment, several of them as unique in Latin America and focused on welcoming patients and their relatives the warmest way possible.

This modern infrastructure covers, among other items, general and specialized ambulatories, laboratories and diagnosis services, hospital-day, hospitalization units, rehabilitation centers, psychotherapy, odontology for psychiatric patients and one functional neurosurgery division, which is a national benchmark.

Besides assistance services offered, the Institute also works in public initiatives to value and promote health and quality of life striving to increase its positive influence in the community.

In 2012 **3.003 hospitalizations and 133.958 ambulatorial procedures** were performed by FFM.

1.2.2.e ICr



UTI Neonatal



Children Institute



Doutores da Alegria

The **Children Institute (ICr)**, which is recognized by the Ministry of Health as a national Children Health Reference Center, supports patients from all the country and Latin America from 0 to 19 years through 21 medical specialties. The hospital, which was opened in 1976, is prepared to care for patients who present high complexity diseases, such as rare syndromes, Cancer, AIDS, besides performing liver transplant (including inter living) and bone marrow.

ICr has one area of 13.037.00 m², which holds two buildings (one seven-floor building, opened in 1976 and the newer one, the ER, which is a five-floor building which started to work in 2001).

Aiming at humanization of support, modern concepts of hospital architecture have been applied to the new building, which presents large and illuminated areas with proper visualization for the environment and colors. The total number of beds in the Children Institute is 131.

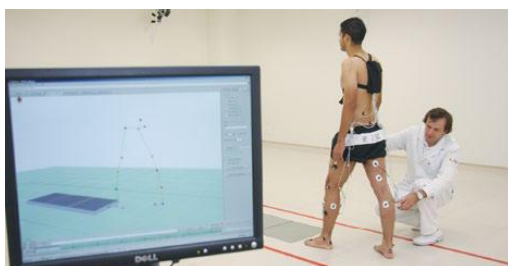
The ICr has Services for Diagnosis by Image (SDI) with structure to offer special attention to children and adolescents needs. The institute prioritizes global support by integrating biological, psychological and social structure aspects to each patient. Besides that, support is provided by multiprofessional teams made up by social assistants, educators, nurses, psysiotherapists, physicians, nutritionists, psychologists and occupational therapists. This joint effort makes the support more complete and efficient.

In the hospital, each child is treated uniquely and the professionals providing such support are trained to offer care and well-being to each patient. Efforts are made to provide, besides treatment, a comfortable environment which is connected to a child world by using plays, drawings, colors and much fun.

On October 26th, 2012 the ICr celebrated the outstanding number of 500 liver transplantations to children. The first transplant was made in September 1989 and since then improvements in the technique have been constant. A proof of that is that patient number 500 is the youngest baby to have such procedure, only two months old.

In 2012 the joint production of ICr and ITACI was **5.824 hospitalizations and 480.399 ambulatorial procedures** by FFM.

1.2.2.f IMREA



Software monitors performance of the patient's muscles in the Physical Movement Analysis Laboratory - IMREA Vila Mariana



Facilities of IMREA - Jardim Umarizal



Lokomat, piece of equipment for rehabilitation of lower limbs - IMREA Vila Mariana

IMREA path had started in 1958, after UPS had an agreement with ONU and consequently created the National Institute of Rehabilitation (INAR that later on was called Rehabilitation Institute (IR), which fostered studies and research that ended up in the creation of the Rehabilitation Center of Clinics Hospital, opened in 1975. Initially called Vergueiro Professional Rehabilitation Division (DRPV), it had its name changed to Rehabilitation Medicine Division (DMR) in July 1994. In January 2009 it became another HCFMUSP Institute and received the name of Institute of Physical Medicine and Rehabilitation (IMREA).

Supporting people with physical, transitory or definitive impairment, the individuals who need to be supported with rehabilitation care in order to develop their physical, psychological, social, Professional and educational potential is IMREA mission – a multidisciplinary Center where there are physicians, nurses, social assistants, occupational therapists, physiotherapists, phonoaudiologists, odontologists and psychologists.

The institute supports patients who have suffered from medular lesions, amputations, brain lesions or who present degenerative diseases, also, children suffering from brain paralysis and Down syndrome, hemophiliacs and patients suffering from muscle-skeleton pain. Besides rehabilitation, one of the great objectives behind all work is to allow patients to have their autonomy back. Because of that, the work is done not only with patients, but also with their family members. Also, pre-professionalizing and sensitiveness courses are offered for art and cultural activities with focus on income generation.

Nowadays IMREA has **four units**: Vila Mariana, Lapa, Umarizal and Clínicas, which currently integrate the **Lucy Montoro Rehabilitation Center** (item 3.2.4 of this Report).

IMREA headquarter is located in **Vila Mariana**, few meters far from the Klabin Subway station. Totally reformed, it relies on cutting edge equipment and techniques to treat patients who suffer from incapacity physical impartment. IMREA Vila Mariana was opened on December 22nd, 2011 with its Hospitalization Unit (item 3.2.3 of this Report). In 2012, through FFM, production at Vila Mariana Unit was **143.980 procedures**, including consultations, exams and multiprofessional support.

IMREA is also located in Campo Limpo district, South region of São Paulo, where there is the **Marizal Rehabilitation Center**. Patients there are forwarded from Basic Units of local Health, reaching 15 administrative districts of the region. In 2012, through FFM, production of Umarizal Unit was **63.982 procedures**, including consultations, exams and multiprofessional support.

In the West region of the city, there is the **Lapa Unit**. Besides rehabilitation programs for people who suffer from physical and sensorial impairment, it also offers therapeutic workshops, adapted sports events and Professional capacity courses for social inclusion for people who suffer from physical and sensorial impairment. In 2012, through FFM, the Lapa Unit production was **139.744 procedures**, including consultations, exams and multiprofessional support.

In the old Oncology center of InRad there is the **Clinics Unit**, one extension of Vila Mariana Unit. Smaller, it welcomes part of patients forwarded by the HCFMUSP Institutes. In 2012 production of Clinicas unit was **54.377 procedures**, including consultations, exams and multiprofessional support.

1.2.2.g LIMs Institute



Laboratories of Medical Investigation

The **Laboratories of Medical Investigation** - LIM's are a benchmark in scientific quality in the country, being comparable to the best institutions in the world for similar purposes.

Made up of 62 Laboratorial Units dedicated to scientific research in different fields of health science, the LIMs have over 200 research groups which are academically and scientifically linked to FMUSP Departments and administratively linked to HCFMUSP.

Its mission is to expand the knowledge boundaries through scientific research in health field, therefore contributing to promote health, prevention and treatment of diseases and scientific development in the country; and it also works as a campus for preparation of professionals and students in the health area, while maintaining excellence in education quality level.

In the LIMs there are 218 independent groups of research registered, which represent great part of scientific activity developed by FM/HCFMUSP System. In the last five years the number of groups established in LIMs has increased from 175 to 218, representing an increase of 24.5%. In these groups several lines of research are developed; some of them work with application of knowledge generated by modern technology, for instance, in Genomic and Immunology fields. In projects developed in LIMs ordinary disease of our environment are investigated, such as leishmaniose, AIDS, hepatitis C, Alzheimer, schizophrenia, obsessive-compulsive derangement, asthma, breast cancer and uterus colon, myocardial infarction, among others.

The research performed at FM/HCFMUSP System happens jointly with post-graduation and health assistance through interaction of researchers with the HCFMUSP Units. Such interaction contributes meaningfully for continuity and renewal of human resources for research and guarantees association with the health situation for what the system is focused on.

Due to daily contact with several different professionals who work at HCFMUSP, along with professors and graduates and Post-Graduation courses students of FMUSP, the human dimension of the patient and the progress of a medical treatment help to create fundamental guidelines for the research developed in FM/HCFMUSP System. Side by side, and in equivalent numbers, researchers of USP and HCFMUSP work in partnerships for ordinary projects which are of the institution's interest and work to outline the FM/HCFMUSP System in the scientific field.

1.2.2.h Auxiliary Hospital of Suzano

The **Auxiliary Hospital of Suzano - HAS** is one Division of HCFMUSP with backup beds for all HCFMUSP institutes. It offers health services by the SUS System in assistencial area for medical-hospital treatments to chronic patients who need extended care in general clinic medical specialties, surgeries, neurology, orthopedics and pediatrics.

HAS relies on 120 beds and a multiprofessional team made up by physicians, nurses, social assistants, psychologists, physiotherapists, occupational therapists nutritionists and dental services.



Auxiliar Hospital of Suzano – Occupational Therapy Workshop

Responsible for patients who suffer from chronic diseases and need a longer time for recovery; HAS offers a pioneering and humanitarian treatment in this area, taking patients to the next step of treatment, which aims at maximum recovery. At the same time, the patient's family is supported and advised professionally so that when they are dismissed, the family is ready to welcome him/her back in their homes and society. The patient is also prepared to return to his/her social life.

In 2012 **1.524 hospitalizations and 7.511 ambulatorial procedures were performed by FFM.**

1.2.2.i Auxiliary Hospital of Cotoxó

Located in the Pompeia district, the Auxiliary **Hospital of Cotoxó – HAC** works as a backup hospital, with capacity for 48 beds to welcome patients who suffer from heart and general pediatrics by SUS and forwarded by Institutes of Heart and Children.

It provides medical-hospital assistance for intermediary care to patients who present a non-critical sub-acute clinical condition.



internal garden of Auxiliary Hospital of Cotoxó

Its mission is to provide medical hospital care with quality for hospitalizations and secondary education to graduates, development of scientific research in several areas and fields for improvement of health professionals.

The construction of the building is pavillion type with 4.300 m² of built area, located in a real estate of 5.700 m² with a park of 3.300 m² of green area.

There is a proposal to create, within HAC's real estate, a Support Center for crack and other drugs for HCFMUSP, which will provide support, education and research related to usage, abuse and addiction to crack, alcohol, tobacco and other drugs (item 6.1.2 of this Report).

In 2012 **153 hospitalizations and 155 ambulatorial procedures** were performed by FFM.

1.2.2.j Casa da Aids (Aids House)

The Service for Extension of Support to HIV/Aids Patients- Casa da Aids has been working since 1994. In July 2012, the SEAP HIV/Aids started working inside the Emilio Ribas Institute of Infectology (IIER) developing ambulatorial activities related to education, research and support to adult patients who have the human immunology deficiency - HIV and Aids. It supports around 3.000 adult patients who suffer from HIV/Aids and has counted on FFM administrative support since 2004. There is a team with 53 employees at the SEAP HIV/Aids, made up by infectology physicians, gynecologists, dental surgeons, pharmaceuticals, nurses, psychologists, social assistants, nurse team and administrative support team.

In the **educational area** in 2012, the following activities were highlighted:

- Development of theoretical-practical activities of the Medical Residency Program for Infectious and Parasitary Diseases: R-1, R-2 e R-3;
- Development of classes and activities of the HIV/Aids Prevention League - FMUSP;
- Classes attended by students from the 4th year of Graduation Courses - FMUSP;
- Development of practical activities of the Medical Residency Program in Gynecology - FMUSP;
- Development of activities of Psychology, Social Service and Hospital Odontology Improvement – HCFMUSP;
- Training supervised for graduates – Nurse of USP Nurse School.

In the **research** field, the following activities were highlighted:

- Conclusion of three thesis, considering that two one them were to be granted with doctorate certification and one for master certificate;
- Publication of a scientific article in the periodic *AIDS Behav* called: *Measuring adherence to antiretroviral treatment: the role of pharmacy records of drug withdrawals*;
- Publication of a scientific article in the periodic *Menopause* called: *Correlates of human immunodeficiency virus cervicovaginal shedding among postmenopausal and fertile-aged women*.

In the **assistencial area**, until transfer of SEAP HIV/AIDS to IIER, which took place in July 2012, 2,898 patents had been followed up according to data from the Hospital Management Information System (SIGH). In the table below, assistencial activities developed by SEAP HIV/Aids can be observed.

DEVELOPMENT OF CASA DA AIDS IN 2012	
Activity	Quant.
Patients in follow-up	2.989
Medical consultations performed	6.733
Dental consultations	426
Enfermary Procedures	458
Psychology procedures	678
Social service procedures	1.014
Quick test for HIV Diagnosis	96
PPD Test – tuberculic test	340
Daily stays for Hospital-Day	107
Prescriptions for antirretroviral medicines supported	25.951
Quantity of ambulatorial procedures	16.404
Quantity of hospitalizations	66
Obs.: data above refer to a period from January to Julho 2012	

1.2.3 Other Health Units

FFM also develops actions focused on improving other Units and Health Centers, equally with the intention to provide free support to SUS patients.

1.2.3.a Local Hospital of Sapopemba

The Local Hospital of Sapopemba “Dr. David Capistrano Filho” (HLS) was opened on December 18th, 2005 and closed down by the Government of the State of São Paulo in December 2012. It was one unit focused on state health and ran by HCMFUSP with intervention of FFM, according to agreement with SES-SP.

Built as idealized by Professor Dr. Adib Jatene, the hospital was located in the district of Jardim Planalto, region of Sapopemba district in São Paulo. It was built in a 1.900m² built area and presented two floors, 35 beds (30 of them were being used by then), seven doctors' offices for medical specialties and multiprofessionals, one surgery room, one physiotherapy and SADT (X-Rays and Ultra sound) services.



Front view of the Local Hospital of Sapopemba

The hospital mission was to provide low complexity support to SUS users, develop and support education and research program and contribute to health education of population. It supported the districts of Vila Prudente, Parque São Lucas and Sapopemba, which covers over 530 thousand inhabitants. The specialties for ambulatorial support were: Dermatology, Cardiology, Reumatology, Pain Therapy, Allergology, Orthopedy, Endocrinology, Adult Neurology, Physiotherapy, Psychology and Nutrition.

The HLS relies on a total of 157 employees; 40 of them work in administrative area, 89 technicians (physicians, nurses, nurse assistants, Radiology, Psychology technicians, Nutricionists, Social Assistants and Physiotherapists) and 28 outsourced employees (in transport, security, hall, telephone operators and cleaning services).

In the table below the assistencial activities developed by HLS through FFM in 2012 are listed.

DEVELOPMENT OF LOCAL HOSPITAL OF SAPOPEMBA IN 2012	
Activity	Quant.
First-Aid Consultations	758
Hospitalizations	451
Ambulatorial support	11.771
Ambulatorial surgeries	603
External SADT – X Ray and USG	4.580
Total of Procedures	18.163

1.2.3.b Butantã School Health Center

The School Health Center - Samuel Barnsley Pessoa School (CSEB) – **CSE Butantã** is one school-assistencial unit of FMUSP under responsibility of the Preventive Medicine, Pediatrics, Medical Clinic and FOFITO Departments, focused on assisting Butantã district population.

Since 1977, CSEB has contributed to development of primary care practices to health in Brazil, especially through its activities related to education and research in service. The Center develops activities jointly with West Region Project.



Samuel Barnsley Pessoa School Health Center

CSEB has as mission to develop integrated education to graduates of medicine, nursing and speech , residency physicians and other health professionals; lines of research related to educational projects and innovative Technologies focused on health primary care; assistance to quality health to population who live in the CSE surroundings, promoting health, prevention of diseases and support of grievance.

In 2012, CSEB performed **7.014 ambulatorial procedures** through FFM

1.2.3.c Emílio Ribas Institute

The **Emilio Ribas Infectology Institute** is one of the first Public Health Institutions in São Paulo, as it was opened on January 08th, 1.880.

In 1932 the Hospital had its name changed to “Emílio Ribas” Isolation Hospital. The nine-floor hospitalization building was opened in 1961.

In June 1991 the Hospital was transformed into Emilio Ribas Infectology Institute.



Front view of Emílio Ribas Institutes

The Emilio Ribas Infectology Institute has an outstanding participation as a great Center to support, diagnose and treat infectious diseases and control epidemics that have already happened in the State of São Paulo and Brazil.

At the same time of assistencial activities, the Center is a benchmark for education and research contributing for training and development of health professionals.

Starting in the middle of 2010 and during 2011 and 2012 through Additive Terms to the University Agreement signed between HCFMUSP and SES-SP, and with intervention of FFM, the following projects were made viable:

- a) Recovery, Updating and Development Project;
- b) Boarding School Institutional Program – Hospital training in Infectology at Emílio Ribas;
- c) Providing Laboratorial Services by the ICHC Central Laboratorial Division to Emílio Ribas; and
- d) Maintenance and Expansion of Emílio Ribas Staff.

1.2.3.d NGA Várzea do Carmo

Through Additive Terms to the University Agreement signed between HCFMUSP and SES-SP and with intervention of FFM, the Clinic Gastroenterology of HCFMUSP has been responsible for Endoscopy and Hepatology Services of the Center of Assistencial Management (NGA) Várzea do Carmo, a SES specialty ambulatory, which works in Sao Paulo downtown. The service fills a gap at supporting secondary patients by SUS, consequently solving most of the cases and forwarding patients who present the most complex cases to specialized treatment at HCFMUSP.



Colonoscopy at NGA - Várzea do Carmo

Currently 570 consultations and 600 endoscopies are performed monthly. The ambulatory of Várzea do Carmo is a benchmark to 39 counties of São Paulo City. The cases are forwarded from primary attention services, such as AMEs, UBSs and prompt support hospitals.

The service fills a gap related to Anvisa recommendations, with two doctors per room and one nurse, cleaning room and disinfection of equipment and recovery room. NGA Várzea do Carmo was totally reformed due to its service needs.

1.2.3.e Regional Hospital of Osasco

The Regional Hospital of Osasco, Dr. Vivaldo Martins Simões, with capacity for 212 beds, 177 being operational beds; it supports SUS patients 100% and is considered as a secondary benchmark in hospital support of Osasco, Jandira, Carapicuíba, Itapevi, Barueri, Santana de Parnaíba, Pirapora do Bom Jesus, Cotia, Embu, Embu-Guaçu, Itapeverica da Serra, São Lourenço da Serra, Jujutiba, Vargem Grande Paulista and Taboão da Serra counties.



Regional Hospital of Osasco

Since the middle of 2010 through Additive Terms to the University Agreement signed between HCFMUSP and SES-SP and with intervention of FFM, the implantation and operational maintenance of one Hemodiálise Unit for chronic kidney patients- phase V, supporting patients with sheer kidney insufficiency in ICU environment, hospital interconsultations, creation of vascular accesses, nephrology ambulatory and enabling teams to support patients with chronic kidney diseases was made viable through the Nephrology Service of HCFMUSP.

The hemodialysis unit has reached its maximum capacity of support with good assistencial results (low rate of mortality and hospitalization) and good acceptance of local community. In average, 1.500 conventional hemodialysis sessions were performed, around ten vascular access procedures and 1.200 exams. In average, three daily interconsultations and around 30 hemodialysis procedures were performed nearby the bed in the ICU.

1.2.3.f Medical School of USP

Opened in August 1981, the Medical School of USP (HU) is part of practical learning of not only Medicine students, but also students from other regular courses in health area, such as Odontology, Public Health, Pyshiotherapy, Speech , and Occupational Therapy (TO), Psychology, Pharmacy and Public Health. One third of graduation curriculum for Medicine course is filled there, mainly in subjects of Pediatrics, Medical and Surgical Clinic. It also supports residency doctors of Medicine in general, from the Bucomaxilo-facial Surgery of Odontology and multiprofessional residency of Speech , Physiotherapy and Pharmacy, besides extension courses in several areas.



Located in Butantã Campus of USP, the HU is the only public general hospital of the West Region.

The HU has its own Center of clinical research with a commission for ethics analysis in research and high scientific production, especially in mother-child area and adult health, whose contracts are signed with intervention of FFM, as well as several books, which have been published, many of them in their fields and used in graduation courses throughout Brazil.

The HU is today a fundamental key in the West Region Project structure, whose management contract is under FFM responsibility. Due to its secondary attention service to health, it serves as one possible benchmark to support diagnosis and treatment of patients of the region, who need hospital resources to solve their problems. Currently it can support 90% of Caetano Virgílio Neto ER, also known as Butantã ER, and 40% of demand of Lapa ER is forwarded to Clinics Hospital of FMUSP.

Alike the West Region Project, the HU plays an important role due to its frequency in assistance activities in the sub-district of Butantã-Jaguapé, as it started organizing health and care actions. As it is primarily a hospital, it promotes meetings with the unit managers in order to evaluate assistance flow and counter-reference and protocols, what allows it to rate and estratify risks at ERs, what means evaluating statistics to establish priorities.

This is only possible as the West Region Project brought in a new item to the health management in the region: work based on quality and assistance indicators with clear targets and statistics which guide the decision making process, in order to rationally distribute material and human resources available.

1.3 Management Contracts

Between 2008 and 2010
FFM signed four
Management Contracts
from qualification of FFM
as a Social Organization.

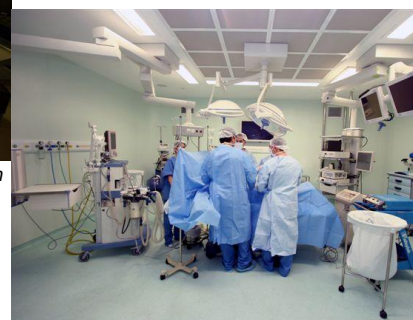
1.3.1 ICESP State Management Contract



ICESP is a benchmark today in oncology treatment throughout São Paulo State



Tomography – Report Room



Intelligent Surgery Room 4

The “Octávio Frias de Oliveira” - ICESP Institute of Cancer of State of São Paulo - was opened on May 06th, 2008 in a partnership between the Government of the State of São Paulo, Medical School Foundation (FFM) and Medicine School of USP (FMUSP), to be a benchmark in human assistance support, education and research on treating patients who present oncology pathologies.

Exclusively dedicated to supporting patients from Public Health (SUS) and specialized in the treatment of high complexity cancer, the Institute was created and equipped to provide intensive care to oncology patients from initial treatment to rehabilitation.

Services available at ICESP are distributed throughout a 28-floor building in around 82.000m². Technological resources make up a complete structure for treatment and monitoring of cancer. The institute also relies on the biggest and most advanced radiotherapy and image infrastructure in Latin America, dedicated to oncology treatment.

Innovation in the **care** provided, which allows patients to have all their stages of support integrated in the same location, as well as the humanitarian concept disseminated throughout the institution are outstanding features of ICESP. The humanization policy, which covers assistance and humanitarian management in all levels of the institution, serves as a role model for all the state health structure. The **Caminhos na Rede** Project (Paths on the Network Project) pursues improvement in integration of all pieces of equipment so that patients have the same level of support and keep on counting on a reduced waiting time.

Besides support, **research and education** are strategic areas for ICESP, which has a key role for the Society; it consists of researching, standardizing and disseminating the Best practices in diagnosis and treatment of Cancer, as well as contributing to professional development for excellence level for Oncology professionals.

Today ICESP, accounts for 72% of its capacity already working; it plays a major role in the health policy towards oncology in the State of São Paulo, leading the committee that discusses guidelines for prevention, early detection, support, treatment and palliative care. Since the beginning of activities, there have been over one million medical procedures performed; among them: consultations, hospitalizations, chemotherapies, diagnostic procedures, “hospital-day” exams and prompt support.

In order to provide ambulatorial care, 63 doctors’ offices are available for clinic specialties and surgeries, distributed on four floors and resulting in over **185 thousand** medical consultations in 2012. For ambulatorial chemotherapy treatment the structure, which is equipped with 82 armchairs, was responsible for performing **57.350** sessions in 2012. The monthly result exceeds 4.700 sessions by now.

Currently there are 325 beds in hospitalization units for patients who present complications or are under clinic oncology, hematologic, iodotherapeutic, palliative treatment or under surgery follow-up. For the intensive therapy support, 54 ICU beds are active. During 2012 there were over 13 thousand entries registered at the hospitalization units, an increase of 10.5% of hospitalization beds, what corresponds to 18% of growth in hospital entries. The Surgery Center relies on ten rooms for elective surgeries, two rooms for ambulatorial surgeries and one room working 24 hours a day. During the year, such activity resulted in 8.8 thousand surgeries.

Considering humanitarian support, ICESP relies on support from a multiprofessional staff (psychologists, phonoaudiologists, nutritionists, social assistants, among others) to patients and family members, aiming to welcome them in a moment of health fragility; as result, a monthly average of 7.800 multiprofessional consultations took place in 2012 (**93.6 thousand/year**) and over 2.100 non-medical therapies per month (**25.9 thousand/year**).

The beginning of radiotherapy activities took place in July 2010, reaching a monthly production of over 5.000 sessions performed in December 2012 (**55.980/year**). The average quantity of hospital dismissals in 2012 was **16.140**.

Therefore, the number of procedures performed by ICESP in 2012 can be summarized in the table below:

ICESP PERFORMANCE IN 2012	
Procedures Performed	Average Quantity
Medical Consultations	184.912
Chemotherapy Sessions	57.357
Radiotherapy Sessions	55.980
Hospitalizations	13.000
Surgeries	8.805
Multiprofessional Consultations	93.639
Non-medical Therapies	25.941
Hospital Dismissals	16.140
Total	455.774

Besides increasing production and services in 2012, ICESP developed several projects, implemented new sectors and supported initiatives aiming to improve use of resources and consequently intensifying its role in our Society, which is a continuous pursue of quality and safety when providing support to patients and excellence in management. Some of them are: **a)** Risk Management; **b)** Health Information Center - ICESP; **c)** Development of the Chemotherapy Module; **d)** Users Spontaneous Opinion Pool; **e)** Educating is Preventing Project; **f)** Patient Electronic Report; **g)** Trackability for materials and Medicines; **h)** Creation of Non-presence booking; **i)** Reorganization of the Ambulatory for the Integrated Clinics Model; **j)** Creation of GIC- Internal Management of Doctors Offices; **k)** Reestructuring of Support Flow on Ground Floor; **l)** Systemization in Qualification for Suppliers of Medical Material and Medicines; **m)** Expansion of Ombudsman support channels; **n)** Reciclarte – Reduction of the number of printing services and reuse of paper; **o)** Rational use of oxygen in hospital environment; **p)** Management by Competences; and **q)** Organizational Climate Research.

ICESP, which has always pursued excellence, is now also working hard to be granted with national and international **certificates of quality**. Nowadays, the Institute is already credited by National Accreditation Organization (ONA), a private rights institution responsible for evaluation and accreditation of health institutions. In 2011 ICESP was accredited on level 2 and had been able to keep such ranking in 2012; now it is getting ready to request accreditation for level 3. At the same time, and focused on internationalizing FMUSP, it is now pursuing its first international accreditation, which has already been requested along with Brazilian Consortium of Accreditation, represented by a Joint Comission International in Brazil.

In May 2012, the Material and Sterilization Center (CME) of ICESP was granted with a Diamond Certification in the “Safe Sterelization Process” category, evaluation granted by 3M Brazil – company that offers innovative products for different markets. The aim is to analyze institutional quality standards that involve the sterilization process; for such, the sector has undergone auditings, which outlined excellence in all process involving sterelization: cleanliness, storage of instruments and tools and biological indicators control, as well as existence of institutional protocols.

This year, ICESP has already become a **Center of High Complexity on Oncology (CACON)**, rating made by the Ministry of Health in relation to medical centers and according to their competences for support and treatment offered. This recognition officially guarantees ICESP with the same ranking it already has as creator of policies in the area of oncology, as well as a developer of professionals for the sector.

In 2012 the **Center of Research and Translational Investigation in Oncology (CTO)** of ICESP was opened. It is the only one in Brazil, whose main aim is to multiply the number of researches for new medicines and more efficient and less aggressive treatments against cancer, besides investigating and collecting scientific data. The laboratory also has an important role in social responsibility by supporting the treatment, as this is one alternative to patients who do not have benefits as expected for conventional therapies. The clinical research center controls all work performed in the institution. Therefore, processes area performed it in only one place, improving flow of information, communication among areas and mainly, quality of studies. The center relies on specialist professionals, who are around 80, and high quality equipment, such as centrifuges, refrigerators and special armchairs for chemotherapy.

Also in 2012 there was the **Alô Enfermeiro Project** of ICESP, whose main target is to guarantee that patients proceed with continuity of their treatments, even when dismissed from the hospital. By telephone, it is possible for patients who are registered at ICEPS and their relatives / friends to solve doubts on medicines, preparatives, treatments, symptoms and guidelines as offered in hospital, besides informing whenever they cannot attend consultations or even questioning whether it is necessary to have the care taken at ERs. A survey has been performed by the institute and it could tell that over 90% of all doubts could be clarified by telephone, what prevents patients from unnecessary moving to the hospital besides bringing more comfort and safety for patients. The Project works 24 hours a day and supports around 2.5 thousand telephone calls monthly. The same survey states that 60% of telephone calls are related to the symptoms which arise after chemotherapy, such as diarrhea, fever, hair falling, fatigue, nauseas and excessive heat; also, other common questionings on daily activities such as feeding, ingestion of medications or whether it is allowed to shave regularly take place.

According to a global trend on technological innovation and search for sustainable attitudes, ICESP implemented the **electronic certification system** in 2012. The process for Certification of Health Electronic Registration is recognized by the Federal Council of Medicine (CFM) and Brazilian Society of IT in Health (SBIS) and it eliminates the need to file hard copies of reports, factor which reduces drastically the physical volume of printing material and results in optimization of physical space and brings more agility to the process.

1.3.2 Municipal Management Contract for West Region Project - PRO



Front view of UBS - Vila Dalva



Homepage of the Project Portal

One partnership for reorganization of the network for health care was created in 2008 through a management contract signed between SMS-SP and FFM, along with FMUSP in a populational spot defined, which covers families registered in the Family Health Program of the Microregion of Butantã / Jaguaré. Such reorganization for health care, hierarchically organized and integrated and with emphasis on strengthening of primary care, makes up the educational-assistencial foundation of FMUSP and serves as interface for educational, research and technological development.

Made up by six Administrative Districts (Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia and Jaguaré), this Microregion is located in the West side of the county and has a total population of around 420 thousand inhabitants. The aim of the partnership is the development of one educational, research and care platform, consequently contributing effectively for development of SUS and resulting in a clear picture of primary, secondary and tertiary levels according to the health public policies. This way, the West Region Project (PRO) aims to transfer technologies and assistencial and managerial expertise which help to maximize their activities by offering SUS users a support based on quality, efficiency, respect and human touch.

In 2012 the target audience and territorial coverage of the Project were as follows:

HEALTH UNITS THAT BENEFITED FROM THE WEST REGION PROJECT			
Coverage	Units	Number of Teams	Registered People
Five Health Basic Units with coverage area defined – 31 Family Health Teams (SF) and 2 Centers of Support to Family Health (NASF)	UBS Jardim Boa Vista	6 teams SF	20.399
	UBS Jardim D'Abril	4 teams SF + 1 NASF	12.212
	UBS Jardim São Jorge	6 teams SF	17.933
	UBS Paulo VI	6 teams SF + 1 NASF	20.411
	UBS Vila Dalva	5 teams SF	14.354
	UBS Vila Nova Jaguaré	4 teams SF	12.171
Subtotal			97.480
Four Ambulatorial Health Care Units (AMA)	AMA Jardim São Jorge	No area of Coverage defined	
	AMA Paulo VI		
	AMA Vila Nova Jaguaré		
	AMA Vila Sonia		
One Speciality ambulatory (AE)	AE Jardim Peri-Peri		
One image service (mammography and ultrasound)	UBS Vila Sonia		

Data on production of these units in 2012:

PERFORMANCE OF WEST REGION PROJECT IN 2012		
	Description	Quantity of Procedures
Family Health Strategy	Medical Appointments	105.003
	Nursing Care	62.765
	Visits at home made by Health Community Agents	289.662
Odontology	Care in Odontology	7.092
	Procedures in Odontology	20.486
Image Exams	Mammographies	4.050
	Ultrasounds	4.803
Ambulatorial Medical Care	Medical Care	187.231
Total		681.092

In 2012 PRO started operating an on-line portal (www.pro.fm.usp.br), whose aim is to value importance of actions performed by PRO in order to make them more accessible to public knowledge objectively and transparently. The portal is dynamic and easy to navigate and it focuses on “Education”, “Research” and “Care”, the three pillars that support its activities.

In “Education”, the visitor finds information on the permanent educational program for health professionals and unit workers involved in PRO, as well as health services besides graphs and relevant data on the trainings performed in the PRO units. In “Research”, it is possible to be updated on the latest studies and projects performed by PRO and also know about scientific publications resulting from such research. In “Care”, one can find numeric data on assistencial indicators at UBS involved in PRO, the map of the region outlining pieces of health equipment which cover the Management Contract of the Microregion, ERs and Agreements where the visitor can have access to information, background and services provided by each unit, besides links to partner sites of the West Region Project.

In addition to that, direct participation of users take place through monthly meetings at health units, besides other meetings arranged for after-work time at places such as churches and local associations. In these meetings, which are open to the public, proposals related to access status, welcoming, references, counter references, care model, structure and financing are raised and discussed. Besides adequacies of units and planning, integration of actions and health services, intersectorial projects are approved, made viable and strengthened aiming to improve life quality as a whole: construction of outdoor gymnastic centers; organization of community gardens where medicinal herbs and vegetables are grown; health surveillance actions; trash collection; increased spots of illumination; and other improvements related to public safety.

PRO is making FMUSP students training richer and so are other USP Colleges in health area. In compliance to SUS principles, PRO complies with the National Curriculum Guidelines for Medicine courses, which provide orientation to the community and its needs, a deep training, which is also humanitarian, critical and autonomous. The Project relies on an Educational and Research Center that counts on five physicians as orientators and who coordinate students’ trainings. FMUSP also offers interdepartamental subjects (Preventive Medicine, Medical Clinic, Pediatrics and Gynecology and Obstetrics) for the 1st, 2nd and 6th semesters. Annually, 360 students are allocated in the six Health Basic Units (UBSs) where PRO is present.

In 2012, PRO also improved the Health Basic Care in West Region of the county and made part of a deep change that had been implemented in the FMUSP graduation curriculum and its program for medical residency. Freshmen are grouped and go visit UBS once a week where they can have their first contact with the service, how it works and with PSF teams. During the first year students pay visits, provide health diagnosis in the community, know the family structures and how they are supported, follow up communitary agents who take priority problems in consideration and every end of semester they develop an intervention project. Students of the second semester of the thirty term perform activities along the community and also perform internal activities with the family health team, including discussion of cases, appointments, vaccinations, Immunization and other group activities.

1.3.3 Municipal Management Contract – ERs



Municipal ER - Lapa



Municipal ER - Butantã

In July 2010 the Management Contract with SMS-SP to manage actions and health services of **Municipal ER** - (Prof. João Catarin Mezomo) and **Municipal ER - Butantã** (Prof. Dr. Caetano Virgilio Neto) were agreed upon, therefore expanding implementation of PRO actions – West Region Project (item 3.2 of this report).

The Municipal ERs are part of the SMS-SP services network, whose responsibility is to provide medical care not originally appointed and support situations of medical emergency for patients forwarded by the pre-hospital care or health units of Basic Care. Inclusion of these two new ERs increases significantly coverage of care, as OS Butantã is located in a region nearby the UBS, which are also part of the contract; however, the Lapa unit is located in a totally new region.

In these Municipal ERs patients in severe health conditions are taken care of; the ones who stay under observation up to 24 hours, and patients dismissed or forwarded to other hospitals whenever necessary. PS of Butantã offers support as a Medical Clinic, Pediatrics, General Surgery, Orthopedics and Traumatology. The management contract covers an average of four thousand monthly appointments, including the health units of Butantã. The ER of Lapa is located in Vila Leopoldina and offers support to all areas of PS – Butantã and also in Psychiatry. The reference is for health units located in the regions.

Production data of these two ERs in 2012:

PERFORMANCE OF PSM LAPA IN 2012	
Specialty Areas	Total
General Surgery	11.822
Medical Clinic	57.966
Ortophedics	19.062
Pediatrics	14.604
Psychiatry	5.643
Total	109.097

PERFORMANCE OF PSM BUTANTÃ IN 2012	
Specialty Areas	Total
General Surgery	12.367
Medical Clinic	51.667
Orthopedics	22.352
Pediatrics	13.519
Total	99.905

1.3.4 State Management Contract – Lucy Montoro Institute



Lokomat



Rehabilitation Clinic System – Ergys Model



InMotion Shoulder Elbow

In 2010 FFM signed a management contract with SES-SP for management of health activities and services at the **Lucy Montoro Rehabilitation Institute (IRLM)**, one of the Lucy Montoro Rehabilitation Network Units (item 3.2.4 of this report).

It was open in September 2009 and still in implementation process, the IRLM unit, which is located in Santo Amaro district, was designed to be a center of excellence in treatment, education and research on rehabilitation. The ten-floor building has 13.5 thousand m² is totally adapted and provides ambulatorial services and hospitalization in an environment that is not what a regular “hospital” would look like.

The unit cares for people from all ages; however, children care has one dedicated exclusive floor, as they need a differentiated approach. The setting was designed so that children could associate therapies to fun; it is a totally children-like decorated place and the furniture is adapted to them.

This is the first unit in São Paulo to offer hospitalization to patients in severe conditions. In comfortable and functional rooms, patients are taken care of by a team specialized in rehabilitation, twice a day and can immediately start their specific treatments. The new unit has 80 individual rooms, 20 doctor’s room and a one-thousand-square-meter ward for diagnoses.

In 2012 IRLM started activities at the hospital specialized in patients with physical impairment rehabilitation needs by using its human and technical resources, exclusively through SUS and offering, according to the complexity degree of its care and operational capacity, health services that fit into specific fields, to be determined by the initial medical evaluation at the hospital and ambulatorial unit, besides creation of human resources in the rehabilitation area.

Initial medical evaluation determines to which team the patient will be forwarded to, including the following teams to work with: **a)** SCI – Lesions on the Spine Cord of different etiologies (traumatic, mielomeningocele, tumor, etc.); **b)** Hemiplegia – Brain Lesions of different etiologies (AVE, TCE, Tumors, etc.); **c)** Amputees – parcial or total absence of limbs (Vascular, Traumatic, Malformation, Congenits, etc.); **d)** Infant – Neuropsychomotor Development Retardation (Brain Paralysis, Obstetrics Paralysis, etc.).

After inicial medical evaluation, the physiatrics doctor performs a therapeutical plan in relation to OPM needs and support of the multidisciplinary team, besides determining a group to welcome patients, where the Social and Nursing services will take place.

In 2012 the **Laboratory of Robotics** was opened exclusively for development of new programs on treatment by using advanced and modern equipment which aims to provide better life quality to patients.

In addition to that, four new pieces of equipment were bought in order to help in recovery of patients suffering from different pathologies and to help improve physical movements in areas affected, consequently improving brain plasticity, what results in adaptation of the brain to lesions to the body.

Among the acquisitions, there are the **InMotion** robots, which are brand new in Latin America; they are used to stimulate upper limbs movement; the **Armeo Spring**, associated to virtual reality games, which monitors performance in functional tasks, understands the difficulties and proposes real time challenges with characters for each treatment; **Lokomat**, the only one at SUS; it has been developed in a research Center in Switzerland and little by little it has been used in major rehabilitation centers all over the world – it is indicated for treatments involving patients who present problems related to locomotor incapacity; and **Ergys**, one ergometric bicycle which helps patients who present SCI and other neurological conditions to perform active physical exercises for lower limb muscles, therefore contributing to better quality of organic functions.

Among the Technologies available to care for disabled people in 2012 we could highlight:

1. **Baropodometry:** evaluation which identifies distribution of pressure on foot soles during a march. The measurement is very useful for treatments of chronic pain; changes in sensitiveness on the lower limbs, both for wound healing and correction of posture and movements; also for deformity prevention.
2. **Electro-stimulation – Transcranial Magnetic:** a British methodology for stimulating the central nervous system, where it is possible to provoke and receive favorable responses to physical reconditioning and progress of movements.
3. **Telethermografy:** system to measure temperature through emission of infrared radiation on the body surface, which helps in the diagnosis, treatment and evolution of some diseases, such as tumors of muscle-skelton system, bedsores and thrombosis on paraplegics and infections, etc.
4. **InMotion Shoulder Elbow:** promotes rehabilitation of patients who suffer from reduced function on upper limbs, besides allowing evaluation of muscle strength for shoulders and elbows, and whose aim is rehabilitation of patients who suffer from partial paralysis of arms by keeping and restauring their motor abilities and providing learning to new access to movement and improvement of their coordination abilities and prevention of consequences of immobility caused by secondary effects to spasticity and join contractures. The system is indicated for the following affections: Stroke, Multiple Sclerosis, Cerebral Palsy, Spinal Cord Injury, Traumatic Brain Injury, Stent (shoulder and elbow), and Degenerative Joint Disease of the Upper Extremity, Spinal Muscular Atrophy and Muscle Weakness by stasis syndrome.
5. **IREX:** piece of equipment that uses virtual reality to guide patients interactively to work on their specific functions through games and other activities. The interactive environment provides more focus during the games, therefore increasing tolerance to pain. The system is able to measure and store data on performance and development of patients, enabling avaluation on the functional gains.
6. **I-TOY:** through capture video technology patients sees themselves inside the game as they have their own image projected onto a monitor, what stimulates them to move around. With ludic and animated games, EyeToy Playstation is mostly indicated to children who might present delay in development, coordination problems and deficit of attention and thinking.
7. **LOKOMAT:** piece of equipment used in treatment for recovery of patients who suffer from motor deficits resulting from lesions on the Central Nervous System; it is made up of an automated orthosis to walk on a threadmill. It presents a guiding computer program which could be adjusted as marching standard and with proper strength, according to needs and/or difficulties of each patient and allowing making the therapy individualized according to the progress of each patient during each session. It also allows immersion of patients into a virtual environment, favoring the rehabillitation process and turning it into something more interactive and attractive to patients. The use of a system like this allows systemization and understanding of neuroplasticity through rehabilitation techniques.

8. **ERGYS:** device that allows patients who present complete spastic SCI to perform aerobics training on ergometric bicycles through positioning electrodes on the lower limbs muscles and activating them accordingly, consequently promoting cyclic movement through functional electrical stimulation (FES). The equipment also promotes strengthening and prevention of contractures and improvement of bone mineral density.
9. **ARMEO:** promotes motor rehabilitation for partial paralysis on upper limbs. It consists of an exoskeleton, which removes gravity from the suffering limb and allows its mobility. The device is coupled to a virtual reality screen, which allows real situations in functional activities. The system is indicated for the following affections: Stroke, Multiple Sclerosis, Cerebral Palsy, Spinal Cord Injury, Traumatic Brain Injury, Stent (shoulder and elbow), Degenerative Joint Disease of the Upper Extremity, Spinal Muscular Atrophy and Muscle Weakness by stasis syndrome.

Besides assistencial activities performed at IRLM during 2012, the following could be highlighted:

a) Training courses focused on professional improvement in rehabilitation of RRLM employees in partnership with SEDPD-SP; **b)** Development of specific rehabilitation programs, aiming at gaining functionality to patients included; **c)** Orientation to family members and caretakers through educational activities, enabling them to provide the necessary care to patients; **d)** Operationalization of all resources aiming at adequacy assisted to patients who present physical impairment and potentially incapacitating pathologies; **e)** Home care to patients who present physical impairment through visits of Occupational Therapists, Physiotherapists and Social Service Agents; **f)** Follow-up by Medical board of directors and administrative staff for all actions that are being developed by the service teams through a monthly report on activities performed; **g)** Continuity of expansion of Humanization Work Group activities; **h)** Continued education through internal capacity programs, as for instance, weekly clinic meetings; **i)** Continuity of implamentation of Cost Centers; **j)** Evolvement of communication actions (corporate e-mails, internal standartization for communication, etc); **k)** Evolvement of Ombudsman actions; **l)** Continuity for activities related to programs to be granted with accreditation certificates specifically on rehabilitation (CARF - Comission On Accreditation for Rehabilitation Facilities); **m)** beginning of activities on Therapeutic Workshops (body expression and rhythm and creation of decorative panels); **n)** Music-therapy project; and **o)** beginning of activities in the Special Procedures Ambulatory.

The quantities of procedures in 2012 were:

LUCY MONTORO REHABILITATION INSTITUTE - 2012	
Procedures performed	Quantity
Ambulatorial activities- Physiatry	8.249
Ambulatorial activities – Urology	528
Ambulatorial activities – Nursing	36.150
Ambulatorial activities – Physiotherapy	15.899
Ambulatoial activities – Speech	4.695
Ambulatorial activities – Psychology	8.638
Ambulatorial activities – Occupational therapy	16.982
Ambulatorial activities – Nutrition	4.786
Ambulatorial activities – Social Service	9.854
Ambulatorial activities – Others	6.004
Dispensation of Othesis, Prosthesis and Means of Locomotion	5.495
Medical Clinic – Hospital Dismissals	558
Total	117.838

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Social Assistance

2

Social Assistance Actions

2.1. Main Social Assistance Projects

FFM develops several social assistance programs and projects focused on needy populations, without harming support to SUS patients.

2.1.1 Children and teenagers living on the streets of São Paulo downtown area: the mental health of this population and effectiveness of multidisciplinary intervention in the social-family reintegration process – Equilíbrio Program



Celebration of Five years anniversary of Equilíbrio Program



Facilities of the Raul Tabajara Club-School in Barra Funda

This Project, which resulted from an agreement signed in 2007 between FFM and SMS-SP, is coordinated by IPq. Its main objective is to promote social-family reintegration of children/teenagers who live risky situation and social vulnerability as most of them live on the streets and shelters. When they are with their families, the aim is to strengthen the relationship in order to reduce conflicts and provide a safer staying of such children/teenagers at home along with their families. In order to provide such reintegration, the Equilíbrio Program works in a club-school unit located in Barra Funda, which is open to the community of the region.

The Program offers sports activities, workshops (preparation for the labor market, communication and practical daily routine activities), pedagogic activities, school subjects reinforcement, besides psychological psychotherapeutic treatments, speech, physiotherapeutic, pediatrics, psychiatrist and family orientation and therapy, developed in an environment focused on promoting health, and away from a hospital environment and definitely different from shelters.

After five years working, effectiveness of this institution had been clinically proven and measured through scientific evaluations as published in the main magazine of this field: Child Abuse & Neglect. From these findings, the Equilíbrio Program was incorporated as a role model for services provided to future professionals by offering training sessions for graduates from FMUSP, besides resident physicians in Psychiatry in Infancy and Adolescence of IPq-HCFMUSP.

The Equilíbrio Program had 509 patients taken care of, 163 medical dismissals and **11.061 procedures** in 2012, considering that:

- a) **10.558 care services** (multidisciplinaries) were performed;
- b) 38 new cases;
- c) The family support area performed 994 psychological consultations and 39 psychiatrist supports to family members;
- d) Counting on its team, it performed **503 supervisions** on educators/shelter technicians (who are responsible for enabling and guiding educators and technical teams of shelters at the own shelters, therefore providing more stability in the follow-up process for such children and teenagers).

All children/adolescents had gone through medical and psychiatric evaluation; 88.89% presented enough symptoms to receive, at least, a psychiatrist diagnosis: 40.4% suffering from abuse or addiction to drugs; 35.3% from affective; 16.2% from TDAH and 8.8% of anxiety disorders. In this population abuses - both physical and sexual, as well as mistreat and negligence are common to happen. Practically all of them have been neglected by parents; 58.4% have suffered from physical or sexual abuse; out of that number 13.1% had been victims in both situations.

So far, the rate for **FAMILY REINTEGRATION is 43.8%** (223 children/adolescents have come back to their families or foster families).

In addition, the Equilíbrio Program works with technical teams of Childhood and Youth Tutelary Protection Council, Social Protection Agents Call Center Permanent Emergency (CAPE) linked to SMADS. In 2008 the Equilíbrio Project was part of a training program for over 120 Health Community and Social Protection Agents, besides receiving more than 60 professionals who work in shelters throughout the city for discussion of cases and guidelines.

As it is about an innovative initiative, it is still necessary to know the characteristics of such population and their needs for development of more suitable interventions. From this knowledge, new interventions have been developed and their effectiveness has been constantly evaluated through research. The continuous analysis of results obtained allows a new adequacy for therapeutic interventions and activities offered. This way, therapeutic activities are constantly changing to support better users' needs. In these last five years, nine research projects have been ongoing, seven scholarships for research have been granted by FFM, one scholarship for Master has been offered by CAPES, two scholarships for Scientific Initiation have been granted by CNPq and three scholarships on FAPESP Technical Training have been offered. Scientific production was: 25 works were presented in Congresses. 32 conferences were given in scientific events; six articles published and the Program was presented in three chapters of books.

Between July 23rd and August 2nd, 2012 two audiologists of the Program were in Luanda (Angola) as guests to Agostinho Neto Medicine School in order to deliver a Conference along with Post-Graduation Course in Neuropsychology on the topics: "Brazilian Experience in Caring Children Victims of Mistreat" and "Speech Findings on Children and Teenagers Victims of Mistreat".

As part of the work developed in Luanda, they also visited the Luanda Psychiatrist Hospital, David Bernardino Pediatrics Hospital, Kuzola - Home of Abandoned Children and United Kandengues NGO. The aim of the visit to Angola was to exchange experiences and services to support children and adolescents in risky situations and facing social vulnerability.

2.1.2 Equilíbrio Program – Best Friends Project – Multidisciplinary Approach in Therapies Supported by Dogs



Activities developed in the Best Friends Project

Approaching children and adolescents who live on the streets of big cities and mobilization to change it has been written about and studied (Gregori, 2000). The services to support such problem are still getting adapted to the new orientation on support by establishing a work connected to health, education and social assistance. However, one of the main difficulties is the maintenance of any meaningful bond for children and adolescents which could guarantee continuity of the case, a fundamental factor for the approach on the distance from the family.

The Equilíbrio Program aims to follow up the child, from living on the streets to social-family reintegration. For so, since 2007 it has been developing interventions and evaluating its effectiveness in order to find therapeutic interventions which can better support specific needs of such population.

We, as human beings, present a natural tendency to get closer to animals. The bond between men and their pets could easily be used in several ways.

Therapy Supported by Dogs (TAC) aims to introduce the dog along with an individual or group, where it is part of the treatment process. Therefore, a dog is used as a facilitator and mediator of therapeutic activities, both for physical, emotional and social rehabilitation (Dotti, 2005).

The Therapy Supported by Dogs is an excellent way for social-family reintegration and treatment of children and adolescents in risk. The dog, being an animal, does not present the capacity to judge or any prejudice, what facilitates its acceptance by patients, who develop a strong affective bond with such animals, what can be worked on by therapists in several different ways (Dotti, 2005).

This project, which started in 2012 and is developed by Equilíbrio Program through an agreement signed by the County Secretary for Participation and Partnership and with intervention of FFM, has as main aims: **1.** Provide therapists of the Equilíbrio Program with another rehabilitation and social reintegration tool; **2.** Provide necessary training to professionals of the Equilíbrio Program for development of Therapy Supported by Dogs; **3.** Provide Individual and Group support, aiming at social-family reintegration for children and adolescents; and **4.** Evaluate the impact of such intervention for patients adherence to activities and global functioning of patients.

Besides that, it has as specific aims: **1.** Carry out support services in areas of psychotherapy, physiotherapy and occupational therapy by using dogs as facilitators during sessions; **2.** Offer another tool to increase adherence to therapeutical sessions of the Equilibrio Program; **3.** Offer another alternative to increase motivation of patients in relation to rehabilitation process; **4.** Develop, along with children and teenagers, work groups including dogs; **5.** Provide basic notions of animal health and hygiene; **6.** Raise awareness on responsible possession of animals; and **7.** Develop and work social abilities of these children and Young people through sport practices with dogs and training dogs.

Interventions were conducted during six weeks for some of these children/adolescents supported in the Equilibrio Program; they ranged from seven to seventeen years old, both genders. Monthly presences and absences were controled as well as activities programmed for each patient in the related month; the monthly adherence rate was then calculated considering two prior to the beginning of the activities and after TAC for six months. The adherence rates of TAC participants were then compared to control groups - children/adolescents with the same characteristics, but who did not received TAC. Other information that could influence adherence was also analysed aiming to identify a possible profile for patients who can respond better to TAC. Until the moment, several descriptive analyses have been made on the sample and initial analysis for the two groups' adherence. The preliminary results show that the participation in the group activities for those who had received TAC moved from 67.22%, before the beginning of intervention to 79.54%, in other words, an increase of 12.32%. The participation rate for the group who did not receive intervention stood at around 80%. There are still analysis to be made in relation to the patient profile that best responds to intervention and the impact of TAC in the global progression of participating patients. Therefore, initial data shows that there is a positive TAC impact, at least in the participation rate of the therapeutical activities of the Program.

2.1.3 Financial Support to Students Program – AFINAL

Since 2007, one commission made by FMUSP, HCFMUSP and FFM Board of Directors Representatives, FMUSP Graduation Commission, Association of FMUSP Former Students, CEDEM Tutoring Program – Prof. Eduardo Marcondes Center for Development of Medical Education of FMUSP, students representatives, Casa do Estudante, Ethics Commission, FMUSP Academic Advice and other courses on Speech, Physiotherapy and Occupational Therapy develop the Financial Support to Students Program (AFINAL), which provides financial help to graduates for a better performance during their studies.

The annual selective process to Grant scholarships is made by USP Social Assistance Coordination (COSEAS), which receives applications from students and makes a selection based on the social-economic profile of students, similar in the way and values used by Auxílio-FAPESP.

In 2012 **46 scholarships** were granted, where FFM was responsible for ten of them, while the other ones were granted by other fixed sources, such as former and currently students' parents, all contacted by the Commission.



FMUSP Students who present financial difficulties can be accommodated in the Casa do Estudante and be granted with help from Afinal Project.

The initiative arose after many graduates presenting financial difficulties looked for FMUSP Directors in order to ask for help with their transportation and material costs and small daily expenses. The School offers accommodations at the Casa do Estudante with individual apartments and daily meals. The scholarship recipients use great part of the Money to buy food and school books but they also have to spare part of the money to help their own families.

2.1.4 “Scientific Flag 2012” Project

The Scientific Flag Project is an academic Project with university extension, which involves students from several units of São Paulo University. The group performs one **annual expedition** to needy communities for health care or in some specific situations by developing social activities focused on education, research and assistance in the country-side where there is need of health care.

The performance is based on preventive and curative actions, besides developing activities in several technical areas related to development and maintenance of health as main characteristic of biosocialwell-being of the individual.

Structural data is also detailed through reports on the local health condition and several other social indicators related, besides technical reports on infrastructure and characteristics of the county. Such data is also provided to the county through a databasis including all social, epidemiologic and health information collected during the expedition.

In the period of 08th to 19th December, 2012 and with support from Sanofi Group – Essilor Group and Finnet besides intervention of FFM, the expedition of “Scientific Flag 2012”, coordinated by FMUSP Pathology Department worked in Afogados da Ingazeira town, located in the countryside of Pernambuco state. In this expedition, the following findings were collected:



Assistance Center of Scientific Flag in Afogados da Ingazeira - Pernambuco



Part of the Scientific Flag team in front of a FAB aircraft before departing to Pernambuco

SCIENTIFIC FLAG PERFORMANCE 2012	
Description	Quant.
Academic participants	153
Professional participants	61
University students	03
People cared for – assistencial activities	3.720
People cared for – total of the project	4.980
Activities	Quant.
Total number of assistances	6.895
Total number of exams	1.421
Total of procedures	8.316
Assistances	Quant.
Medical assistances	2.932
Physiotherapy	735
Nutrition	310
Psychology	62
Dentistry	1.975
Speech	21
Other areas	860
Total number of assistances	6.895

SCIENTIFIC FLAG PERFORMANCE 2012	
Description	Quant.
Speeches/Workshops	16
Interviews	35
Meetings with managers/Professionals of the area	38
Pairs of glasses	564
Prothesis	48
Material collection	12
Exams	Quant.
Tip of the finger glycemy test	840
Blood sample	456
Cytologic Exams	85
Pathologic Anatomio Exams	5
Electrocardiograms	35
Total of Exams	1.421

2.1.5 “Vision of the Future” Program

DEPTO. OTORRINO HCFMUSP



Children await at the PAMB hall



Children undergo ophthalmologic exams



After undergoing the exams, children choose their own glasses

This program, which was started in 2009 and had its continuity in 2012, is promoted by SEE-SP, SES-SP, SME-SP, SMS-SP, SMADS-SP and its aim is to evaluate visual acuteness of elementary school students by providing them with glasses and related treatment they need. In São Paulo city the work is developed in partnership with three main Medicine Schools – Santa Casa, Unifesp and FMUSP.

At FMUSP, through Additive Terms to the University Agreement agreed upon between HCFMUSP and SES-SP, and with intervention of FFM, the Otorhinolaringologist and Ophthalmology Department of HCFMUSP is responsible for supporting children who are chosen at school. The program started with training sessions to teachers from state and municipal schools to test sight acuteness of students ranging from six to eight years old. From this first screening children are forwarded to ophthalmologist collective consultations that take place at least six times a year at HCFMUSP.

Each collective consultation gathers up to one thousand children, who come to HCFMUSP on specific Saturdays by bus provided by the government. They go through all kinds of ophthalmologic exams and in case there are any problems, they are forwarded to the HCFMUSP assistance and either continue being assisted or are advised to proceed and go to optician shops which supply glass frames and lenses for glasses. The program also includes advice on how to wear glasses, how to take care of them and the need to have periodic reviews on glasses.

The main causes of low level of sight are strabism and amblyopia, which can be easily corrected in case it is detected in this age range. Amblyopia is the abnormal development of one eye, what makes the brain try to compensate such underdevelopment by concentrating all sight capacity in the regular eye. If the problem is not spotted on time, the brain compensates this asymmetry by annulling the underdeveloped eye, which cannot be recovered anymore in the future.

While waiting, children read books offered by DPaschoal Foundation; they also watch shows and presentations and have recreational and ludic activities. Besides the collective consultation involving doctors and nurses who perform the exams, the work is only made possible thanks to cooperation of several volunteers who help in all steps of it, from the organization of lines to forwarding children to optician shops, also going through plays and games. At the end, there are around 200 individuals involved in each collective consultation, and out of that figure 60 are doctors.

In 2011 there were 4.717 consultations and 2.230 ophthalmologic exams involving 4.717 children. In 2012, five campaigns had already been organized with assistance to around **3.000 children**.

2.1.6 Mobile Unit of Rehabilitation - IRLM



IRLM in São José do Rio Preto



IRLM reception in São José do Rio Preto



Assistance at the Mobile Unit in São José do Rio Preto

In 2012 IMREA, through an Additive Term to the University Agreement and signed between HCFMUSP and SES-SP, and with intervention of FFM, continued its assistance to disabled people through the Mobile Unit of **Lucy Montoro Rehabilitation Network** (item 3.2.4 of this Report), which goes from cities to cities within the State of São Paulo in order to make medical evaluations and supply prosthesis, wheel-chairs and bath-chairs besides other resources to disabled people.

The vehicle, the only one in Brazil, is 15 meter long and 2.60 meters wide and weights 20 tons; it is equipped with special equipment, including one hydraulic lift, to support people on wheel-chairs or stretches, besides a totally adapted toilet for disabled people. The mobile unit also counts on a waiting room, doctor's office, testing room, mini-kitchen, office, reversible stage and orthosis and prosthesis offices, which are distributed in the needy areas covered by the vehicle.

Specialized treatment, multidisciplinary team including professionals and cutting edge equipment are some of the highlights that make the Mobile Unit a differentiated spot for accessibility and functional gain for disabled people. SUS patients presenting SCIs, amputations, brain lesions such as skull traumatism and cardiovascular accident, brain paralysis and mobility restrictions are supported.

The Mobile Unit aims to reintegrate patients to society from development of their abilities and potentialities through multidisciplinary rehabilitation. It is aimed at decentralized assistance for disabled patients in Sao Paulo State countryside by providing assistencial activity and training sessions in needy regions where there is no specialized support for rehabilitation.

In 2012 from May to August, the Mobile Unit supported IRLM (item 1.3.4 of this Report) in São José do Rio Preto and in dispensation of 718 pieces of equipment, according to the table below:

QUANTITY OF PIECES OF EQUIPMENT DISTRIBUTED BY THE MOBILE UNIT IN 2012	
Type of Equipment	Total
Orthosis	342
Prosthesis	11
Means of locomotion	365
Total	718

2.1.7 Mental Health Program for Underaged Offenders – CASA Foundation – São Paulo City

Through an agreement signed with CASA Foundation and with intervention of FFM, this Project, which was approved at the end of 2009, is being developed by NUFOR-IPq. Its main aims are: **1-** Ambulatorial assistance in Psychiatrist and Social-educational General Clinic in several units of all underaged offenders in Social-educational Measure in the several Units of Casa Foundation in São Paulo County; **2-** Diagnostic Help or Differential Diagnosis through Neuropsychological Evaluation, which includes methods to investigate the role of individual brain systems in complex forms of mental activity and its expression in behavior; and **3-** Performe supervision of Casa Foundation Psychologists in relation to the Short Psychotherapy applied to young people.

Activities developed in 2012 were:

Attention in Psychiatry: **a)** Working in primary, secondary and tertiary prevention in psychiatry through assistencial and educational activities in mental health; **b)** Care in ambulatorial regime to young offenders from CASA Foundaton; **c)** Creation of individual medical reports; **d)** Prescription of medicine and periodic re-evaluation of young offenders submitted to such intervention; **e)** Forwarding to psychotherapy, whenever necessary; **f)** Support to technical team of CASA Foundation (psychologists, social assistants, nurses and nursing assistants) to support cases under psychiatry assistance; **g)** Creation of medical documents (statements) whenever requested by the Judiciary System; **h)** Realization of initial psychiatric evaluation for young offenders who are entering the institution for social-educational measures with elaboration of medical reports to the technical team and to the Judiciary System.

Attention in General Clinic: **a)** Working in primary, secondary and tertiary prevention in Medical Clinic through assistencial and educational health activities; **b)** Assistance in ambulatorial regime to young offenders of CASA Foundation; **c)** Creation of individual medical reports; **d)** Prescription of medicines and periodi re-evaluation of young offenders submitted to this intervention; **e)** Support to the technical team of CASA Foundation (psychologists, social assistants, nurses and nursing assistants) to perform cases under clinical assistance; **f)** Creation of medical documents (statements) whenever requested by the Judiciary System; **g)** Development of individual and collective measures aiming to prevent dissemination of infecto-contagious diseases; **h)** Development of individual and collective measures aiming to clarify and advise on DST/AIDS prevention.

Doctors are allocated in Units of CASA Foundation in the capital, at NAISA (Center of Comprehensive Support to Adolescents Health), UIP (Provisory Hospitalization Unit) and UI (Hospitalization Unit). At these units the following actions take place: **a)** Psycho-psychiatrist care for young offenders when they present complaints related to mental health; **b)** Orientation from the multidisciplinary team to adolescents, contributing with the technical team (made up by psychologists, social assistants and pedagogues) with relevant information on young offenders' health; **c)** Creation of care periodic reports with technical-conclusive reports on young offenders; **d)** Performance of judicial evaluations of young offenders who are not being assisted, financially supporting the Execution of Infancy and Youth Department (DEIJ) when carrying out social-educational measures.

The Metropolitan Regional Divisions (DRM) that were benefited are: DRM I - Franco da Rocha; DRM II – Tatuapé; DRM III – Brás; DRM IV - Raposo Tavares; DRM V - Vila Maria. In 2012 with around **2.000 cares/month** were performed, including psychiatrist care and neuropsychological evaluations to young offenders ranging from 12 to 21 years old; they were submitted to social-educational measures under internal stay regime in CASA Foundation in Sao Paulo and Franco da Rocha cities.

Besides care activities, several other activities on training the health team of CASA Foundation Units were performed either for medical care or for neuropsychological evaluation and supervision for psychotherapy programs. One-third of doctors provide care in general clinic, where major complaints are about tension headache, UTI, URI, Gastritis, Obstructing Lacrimal Duet, sinusitis, myalgia, tonsillitis, asthma, injuries, among others.

Monthly neuropsychological evaluations (total of 50 evaluations/year) are an important tool to help in the diagnosis of global attention to mental health of young offenders, once it provides qualitative data on brain functioning, which enables a better understanding of the case needs, and also in determination of a therapeutic process with possibility of more efficiency.

In 2012 each psychologist responsible for supporting Young offenders in psychotherapy (14 professionals) carried out 16 weekly assistances. With an average of eight cases supervised weekly, this procedure resulted in a total figure of 2.688 adolescents who benefited from psychotherapy.

2.1.8 Preventive Actions at School Project – Family School Program



Handmade Bakery Project



Guides on Methodologies and Activities

The APE Project - “Preventive Actions at School”, which has been developed since 2004 with intervention of FFM along with the SEE-SP School of Family Program, has as aim to offer support and implement an educational and preventive policy to promote and protect individual and collective health within the School of Family Program.

One operational team of the Project is made up by educational monitors, taking into account that 60% of them come from health sector and have graduated from tertiary courses. Only the Department of Education from Osasco was not supported by the project in 2012.

The Project works along with the 91 Departments of Education and supports 2.335 State Schools which participate in the School of Family Program. Two educational monitors per Department of Education is the average for such Project.

The activities developed are: Lectures, Educational Games, Dynamics, Workshops, Festivals, Tournaments, Contests, Expositions, Puppet Shows, Monitored Walks, Health Fairs, Collective Medical Consultations, Debates, Environmental Awareness, Theater, among others. The subjects discussed are: Mother Breastfeeding, Preventive Physical Activities, Bullying, Anti-smoke Campaign, Cancer, Heart Care, Dengue, Diabetes, Blood Donation, Ophthalmologic Diseases, Breathing Diseases, STDs and AIDS, Education for Traffic, Undesired Pregnancy among Adolescents, H1N1, Leprosy, Personal Hygiene, Hypertension, Meningitis, Nutrition (Healthy Meals), Orientation on Epylepsy (First Aids), Accident Prevention (Ground Glass/wax on kite lines, Baloons, Burns and Domestic Accidents), Fall Prevention, Abusive Use of Alcohol, Undue Use of Illegal Drugs, First Aids, Health and Beauty, Oral Health, Holistic Therapy (Accupuncuture, Massotherapy, Yoga, etc.), Tuberculosis, Adult/Children Vaccination, Garbage Selective Collection (recycling), Responsible Consumption, Communitary Grow of vegetables, Asset Preservation, Revitalization of the School gardens, Sustainability, Use of Energy (renewable and non-renewable), Rational use of water, Castration, Control of Urban Plagues, Zoonosis Control, Care with Animals and Animal Vaccination.

In 2012 the following support material was created:

- 1) Guides of Methodologies and Activities: a collection containing 17 volumes of Guides of Methodologies and Activities was published, where educational monitors forwarded over 2.000 practical experiences to be applied along with the School of Family Program participants. The subjects discussed were: Alcohol, Tobbaco and other drugs; Mother Breastfeeding and care for young children; healthy meals; Physical activities; Beauty and Health; Neglected Diseases; Care with Animals; Dengue and other urban plagues; Contagious Diseases; Chronic Diseases; Diseases generated by External Causes; Futurity; Burns, Oral Health; Sexual Health and Reproductive Health; Violence.
- 2) Talking about ... Collection: each edition deals with a specific subject aiming to subsidise actions developed along with the community. The collection is a result of a joint effort between the pedagogy team of the Project and educational monitors. This material has as feature, instrumentalization of activities developed by all the Projec and Program teams. Proposals for development of activities have a content that enables practical, dynamic and ludic action, making them more attractive for the community. The subjects discussed were: Talking about... Nutrition, Talking about... Beauty and Health; Talking about... Animal Health; Talking about... Energy; Talking about... Physical Activity; and Talking about... Burns.
- 3) Puppets Kit: 91 kits were given away, one for each Department of Education; it was made up by several characters: one boy, one dog, one Aedes AEGYPTI, one dentist and five teeth. The kit follows a guide which contained stories that start up with a very short report on the Theater of Puppets; hints on how to create other puppets and how to build one stage and a set of stories divided by subject: Dengue; Animal Care; and Oral Health.

- 4) Video Classes: **a) Created and edited by Rede do Saber:** Geo-helminthiasis; Tracoma; Leprosy; and Seminar on Strengthening to DST/Aids. **b) Produced and Edited by APE Project:** Handmade Bakery; Gender Equity Program; Women's Health; and Circular Dancing.
- 5) Reports on video: Seminar on HIV; Dengue and Rational use of water.
- 6) Campaigns on Video: Alcohol and Driving; and Carnival – Prevention to DST/AIDS and Summer Health.
- 7) Informative Bulletin: 146.700 informative bulletins were produced presenting four pages each and divided in nine editions and distributed at school units that belong to the 91 Departments of Education. The bulletin is made up by reports, infographs and information on the monthly campaign subject promoted by APE Project. From November 12, the informative bulletin will be made available only in on-line version - www.projetoape.com.br.
- 8) Comic Books: the comic book, along with a directed specific workshop, aims to sensitize the audience that takes part in the School of Family Program on sustainability practices by identifying the differences between communities with and without access to services and products.

In 2012 the following projects were developed with partnership:

- 1) **Se Toque Institute:** Implementation of educational and sensitiveness actions with emphasis on breast and cervical cancer, which cooperate for healthy life habits as strategies of prevention. The counties benefited were the following: São José do Rio Preto, Fernandópolis, Jales, Araçatuba, Birigui, Votuporanga, São Roque, Penápolis, Norte 2, and Catanduva, with a direct audience of 1.864 people.
- 2) **Brazilian Association of Asthmatics - SP:** In the 1st semester of 2012 **80** lectures were made for an audience of 1.844 people and with distribution of **3.688** comic books and booklets.
- 3) **UNICEF:** The “Strengthening of Preventive Actions against DST, HIV and Aids” Seminar, which took place on November 12th, 2012 aimed to reinforce the importance and need of establishing joint actions among Education and Health areas focused on Prevention of STDs, HIV and Aids.
- 4) **ProMundo Institute:** A seven-month course, made up by 29 classes distributed into seven modules, for four groups of 35 people each. Each one of the subjects is approached from a simple and dialogic language, aiming to enable PEF/APE educators in promoting and multiplying more equitable attitudes on gender at schools and communities, favoring reflection and thinking about self-care, care with other people, health promotion and creation of prevention activities in the community.
- 5) **Solidarity Social Funding – SP:** Handmade Bakery Project aiming to provide handmade techniques to prepare bread, totalling 3.427 certificates issued in 2012.
- 6) **Secretary of Culture – Support to Hip Hop:** presenting educational content, the songs of the festival are about subjects such as risks involved in consumption of alcohol, tobacco and drugs; prevention to STDs; fighting violence; and discussion on equal rights to genders or different ethnicities.

In 2012 the following joint actions for prevention were conducted at state schools:

- 1) Strengthening Prevention against DST/AIDS and Undesired Pregnancy in Adolescence, in Elementary and High School level;
- 2) Hepatitis B – Information and Vaccination for an effective prevention;
- 3) Education in Health at School – Joining forces against Dengue: A pilot Project in 14 school units which rely on 5.860 people.

In 2012 the total number of participants of the **community** in actions developed by educational monitors of the APE Project was **444.533 people**. The total number of **educators and managers** of the School of Family Program was **232 participants**.

2.1.9 Protocol for Treatment of Patients who present Cleft Lip and Palate

The Protocol for Craniofacial Surgery for Treatment of Patients who suffer from Cleft Lip and Palate, developed by Plastic Surgery and Burns Discipline of HCFMUSP was made viable through donations from *Smile Train*, via FFM and initiated at the end of 2008, benefiting patients who presented cleft lip and palate and needed to go through surgery to reconstruct defects in lips, nose, alveolus and palate and their repercussions on speaking and face growth.



During the last year, there were around 101 patients in **116 surgical procedures**, without counting on ambulatorial assistances – around 45 patients per week, which result in a total of around 1.000 patients treated/per year.

In 2102 there were 222 sessions with audiologist Professionals, considering that 131 sessions for speech evaluation/follow up and 91 sessions for speech treatment. Speech care was made possible to 102 patients. Out of this group, 11 patients participated in the speech therapy program by attending weekly sessions for correction of compensatory articulation disorders on the speech and/o adequacy of resonance when speaking. Besides that, 12 patients received orthodontic treatment.

This partnership allowed an increase in medical experience in this type of surgery, besides improving surgical skills and large experience in treatment of patients who present this problem. The team involved in this process is made up by four plastic surgeons, one residency doctor in Plastic Surgery, two audiologists, two orthodontists, one otorhinolaryngologist, one geneticist and one psychologist.

Year after year, this care and specialized procedures provided by this multidisciplinary team has increased substantially. The aim is to increase the number of primary procedures to be performed in the right time, in order to reduce incidence of complications and future sequels.

2.1.10 Family Health Program – PSF

Created by the Ministry of Health in 1994, the Family Health Program - PSF works is responsible for care of health of 118 million people registered (2011); it has as main aim to improve health rates in the population through a assistencial model of attention based on prevention, promotion, protection, early diagnosis, treatment and recovery of health through care provided at the Family Health Units or at home.

Its actions have been developed in several Brazilian states, aiming to ensure access for all health services.

The Program was implemented in 1996 in São Paulo county, under coordination of SMS and cooperation of 12 partner institutions, responsible for administration of specific areas.

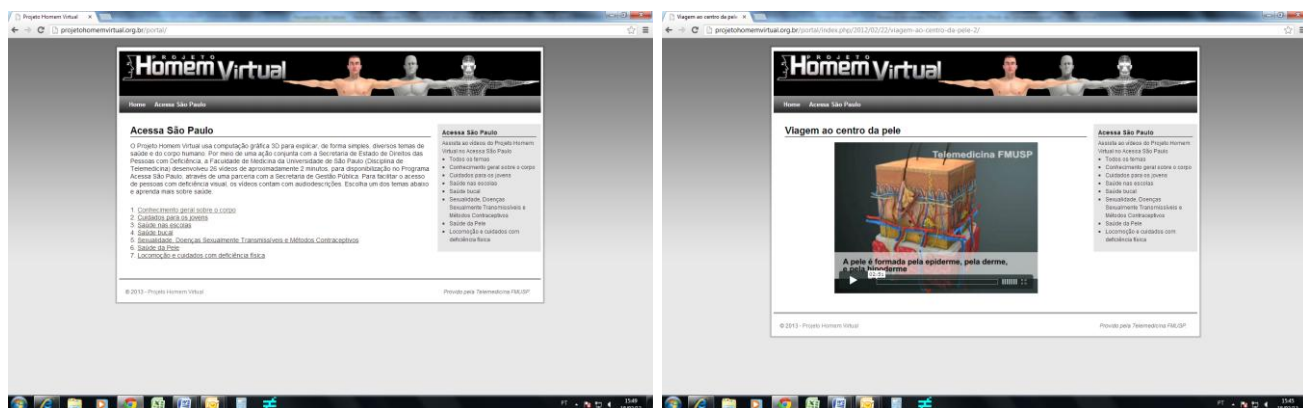


Logotipo do Programa, criado pelo Ministério da Saúde

FFM, as partner of PSF since 2002, supports the program carried out in Technial Supervisions of Health - Lapa/ Pinheiros and Butantã units, of the Center-West Regional Coordination of Health. The total population is registered and in 2011 it was around 150 thousand inhabitants in 52 family health teams, made up by around 520 professionals: doctors, nurses, nursing assistants and health community agents.

The Management Contract for the Microregion of Butantã / Jaguaré (item 1.3.2 of this Report), which was signed between FFM and SMS-SP in 2008, covers 31 of these teams. Coverage of around 19.6% of this Microregion population was reached, which is made up of six Administrative Districts: Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia and Jaguaré. The Microregion is located in the West Zone of the county and has a total population of around 478 thousand inhabitants.

2.1.11 Creation of motivational videos for education in health based on CG (Virtual Man) for the Access Sao Paulo Program



Link of “Acessa são Paulo” on the Virtual Man Project site

Journey to the Center of the Skin”

This Project is financed by FAT and has intervention of FFM; it was initiated at the end of 2010 by the Telemedicine Discipline of FMUSP as as general aim to develop a set of compact videos based on CG, for health promotion purposes and use of areas of Accessa São Paulo Project.

Instituted in July 2000, the **Accessa São Paulo Project** offers the state population access to new IT and Communication technologies (TIC's) especially to Internet, therefore contributing for social, cultural, intelectual and economic development of Sao Paulo citizens. To reach its objetives, the Accessa São Paulo Project opens and keeps public spaces with computers for free access of Internet.

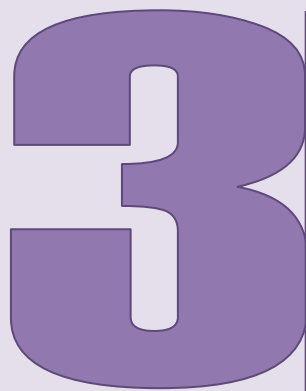
The launch of the Virtual Man Project at Accessa Sao Paulo took place on February 15th, 2012, at the Juventude Park, in the district of Santana, in São Paulo. The project was developed by SEDPD-SP in partnership with FMUSP and the Secretary of Public in partnersip with FMUSP and the Secretary of Public Management – Secretary of State, with intervention of FFM.

The **Virtual Man** consists of one collection including 26 short-movie collection, especially for INTERNET and based on 3D images on the human body structure. By using resourses aligned with projects from several areas, it is possible to know more about how it really works and at the same time, about the human being. Aligned to several areas projects, it is possible to have access to projects from several areas, it is possible to know more on the human body. Not all videos bear the self-destruction device, which facilitates access of people with visual impairment.

The videos are classified in the following categories: General Knowledge of the Body; Care of Young People; Health at Schools; Sexuality; STDs and Contraceptive Methods; Skin Health and Locomotion and Care of Disabled People.

The Project aims to make knowledge something democratic, as the images allow a fast and objective comprehension of the whole body and procedures related to it: anatomy, physiology, phsiopathology, illegal drugs effects, medication effects, emergency procedures, proper use of orthosis and prothesis or even surgeries.

The videos can also be seen at the Acessa São Paulo Program units and on the site of Virtual Man Project: (<http://projctohomemvirtual.org.br>). Soon, they will also be available on the Acessa Sao Paulo and SEDPD-SP Sites.

A large, stylized purple number '3' is positioned on the left side of the page. It is set against a background of light purple with a grid of thin, darker purple lines that create a geometric pattern of triangles and squares.

Assistance Projects

3

Main Assistencial Projects

FFM is intervenient in one series of assistance Projects, what echoes directly or indirectly in the population Favouring women, children, families, elderly people, families, and impaired people or who suffered from contamination of HIV virus, among others.

3.1. HIV-AIDS Victims and STDs

3.1.1 Development of a method for identification of mutations which provide antirretroviral resistance through sequencing the new generation.

This survey, to be developed by LIM 03 of HCFMUSP through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, aims to evaluate possible implementation of a resistance test for HIV-1 to antiretrovirals through sequencing of a new generation.

Currently, tests for HIV-1 resistance against antiretrovirals are made through DNA sequencing, based on a known methodology as Sanger. This methodology is able to generate reading sequences of up to 1.000 bases of high accuracy; however, it is extremely expensive. Until recently, the main techniques applied for detection of minority variants of HIV-1 have included sequencing from clones of PCR products, or from products of amplification by limiting serial dilution; and essays for detection of point mutation, such as essay for linking oligonucleotideous and Chain Reaction by Polimerase in real time (qPCR). However, the performance of this sequencing reaction from these methodologies is considered low and, therefore, few clones of the same region of viral genoma are analyzed.

In the context of identificating minority variants which carries mutations and provides resistance to antiretrovial medication, the essays on point mutation detection are considered as more efficient and specific in comparison to methodologies based on sequencing. However, they need to be specifically lineate for each mutation and are not convenient for large scale essays. On the other hand, sequencing techonologies of new generations are able to generate up to 5.000.000 of genomic sequencies with high specificity, from each PCR product. As consequence of the high performance of these new sequencing technologies, minority variants of HIV-1, present in proportions lower than 1% of viral quasispecie could be detected. Studies published in literature in high impacting magazines show extremetly relevant data related to genetic diversity of HIV-1, to presence of viral variants resistant to antiretrovirals and detection of minority variants of HIV-1.

3.1.2 Analysis of effectiveness of antiretroviral medication for HIV transmission of prophylaxis post-sexual exposure (PEP), in a cohort of individuals exposed from five different Brazilian cities.

This research, to be developed by the Preventive Medicine Department of FMUSP through an agreement signed with the Ministry of Health at the end of 2012 and intervention of FFM, aims to analyze effectiveness of antiretroviral medication for infection prophylaxis by HIV post-sexual exposure, as well as measure effects of this technology in sexual practice and service organization.

As specific objectives, the following can be outlined: **a)** Analyze effectiveness of antiretroviral therapy used to prevent HIV transmission after occurrence of exposure in sexual relations; **b)** Estimate, for a 18-month period, proportion and the number of times that individuals that used the post-sexual exposure (PEP) returned to the medical unit, due to a new exposure; **c)** Analyze social and epidemiologic characteristics of individuals that look for the service repeatedly for use of PEP and their perception on the risk of HIV infection and possibility of PEP increase the number of unprotected practices; **d)** Estimate proportion of individuals in use of PEP that have abandoned the treatment and know aspects that contribute to this event; **e)** Study the perception and practice of health professionals towards PEP and individuals exposed who look for the service for use of prophylaxis; **f)** Identify aspects that could motivate individuals exposed repeatedly to HIV infection to participate in HIV programs and strategies; and **g)** Analyze alignment between therapeutic prescription and recommendations from the Ministry of Health for post-exposure prophylaxis.

3.1.3 Access to diagnosis: design and evaluation of intervention Technologies for invisible user to CTA

This research, to be developed by the Preventive Medicine Department of FMUSP through an agreement signed with the Ministry of Health at the end of 2012 and with intervention of FFM, aims to develop and evaluate technologies on intervention and communication that allow the health services, specially Centers of Testing and Advising (CTA) to identify and estimate people more exposed to HIV infection, due to sexual practice, to perform the anti-HIV test and have access to preventive actions.

As specific objectives, the following can be outlined: **a)** Develop intervention technologies based on pair strategies to stimulate people more exposed to infection to look for CTAs to perform the anti-HIV test and use other several services offered by the service (captation technologies); **b)** Develop communication strategies to provide support to intervention and captation activities for individuals more exposed to HIV infection; **c)** Develop methodologies for epidemiologic analysis of customers who look for CTA through new captation Technologies, enabling identification and description of HIV more prevalence segments; **d)** Develop process for diffusion and incorporation of technologies developed in services by using face-to-face and an on-line approaches; **e)** Implement selected technologies developed in three CTAs; and **f)** Evaluate the effects of intervention technologies in services where they were implemented.

3.1.4 Implementation of Genotyping for detection of mutations that generate resistance to Entry Inhibitor - Enfuvirtide – in patients submitted to HAART, but without any previous treatment for this class of drugs

This study, which is financed by the Ministry of Health, and with intervention of FFM, was developed by LIM 56 and started in 2011 with its continuity in 2012.

This initiative has as main aims: **1.** Verify the HIV-1 resistance profile to Enfuvirtide through genetic sequencing of HR1 - dominance of gp41 of viral envelope in patients for whom this is the very first time of treatment, but with multiple therapeutic failures towards HAART; and **2.** Research presence of accessory mutations in codons 126, 137 and 138 in dominance HR2 of gp41 for the viral envelope, as previously described (Shafer, et al., 2003) and which increase the replicant capacity of HIV-1 (fitness viral).

3.1.5 Dissemination of Technologies based on Human Rights and Social Vulnerability in promotion of sexual and reproductive health among young people

This Project, which started in 2011 through a contract signed between Ford Foundation and FFM and Preventive Medicine Department of FMUSP and NEPAIDS-USP, was concluded in 2012. It aims to publicize works that have contributed in conception; implementation and evaluation of programs to mitigate inequality of genders and class when promoting the rights Young people have in health in sexuality field – public projects, programs and policies for undesired pregnancy, gender and sexual violence, exposure to STDs and Aids.

The process promotes debates that allow an increase of the quantity of dissemination for an international audience – especially to Portuguese and English speaking African countries, as well as for Latin America (in Spanish) – for texts and articles about works and technologies process to support sexual and reproductive health, based on the “vulnerability index and human rights”.

The initiative aims to increase knowledge of Young people about the context, as well as knowledge on prevention, how to support active innovations of their sexual scripts and gender in order to enable their aware decisions, as well as support and guarantee equity in their access to comprehensive health services.

3.1.6 São Paulo Clinical Screening Units

This Project, which was approved by NIH in 2010 and had its continuity in 2012, is being developed by LIM 60 with intervention of FFM.

The nature of the Project proposal is to create one clinic research structure in the HIV/AIDS area. The institution participates in the realization of clinic research, initially in the development of preventive vaccines for HIV/AIDS, in international research networks.

As it is a structural proposal, there is no forecast for effective inclusion of volunteers in the Project. Future projects, involving volunteers and that use the structure as proposed will be evaluated independently and will be submitted to all levels and regulatory processes as required by the legislation in-force.

One on-going study – the HVTN 084, and another one - HVTN 901, are under regulatory approval process.

3.1.7 Actions in HIV/Aids – Training Center for support of patients with gender identity disorders (transsexualism) in HCFMUSP

This program, which was started at the end of 2010, has been developed by the Preventive Medicine Department of FMUSP and is financed through an Additive Term to the University Agreement, signed between HCFMUSP and SES-SP, and with intervention of FFM.

Its objective is to organize and keep a group of professionals from technical areas of Endocrinology, Psychiatry, Psychology, Urology, Plastic Surgery and Gynecology to provide support to transsexuals by participating and providing education and capacity for professionals from other institutions for creation of new treatment centers for these patients in other regions of the country, according to regulations of Law in the transsexualization process.

These activities had continuity in 2012.

3.1.8 Coorth of HIV Patients in São Paulo State

This study, initiated at the end of 2011 and developed by the PReventive Medicine Department of FMUSP, was financed through an Additive Term to the Univesity Agreement signed between HCFMUSP and SES-SP, with intervention of FFM and had its continuity in 2012.

Its aim is to support the Reference and Training Center in STDs and Aids to analyze information on patients who had started antiretroviral therapy in 2011 in three public services of São Paulo state, in relation to effectiveness and toxicity of initial schemes prescribed and execution of Field work of HIV prevalence Project for men who have sex with other man, and who frequently attend social places with a certain frequency in Sao Paulo downtown.

3.1.9 NKT Cells of the Innate Immunologic System in Co-infection and HIV/Myobacterium Tuberculosis

This study was initiated in the middle of 2011 by LIM 60 through an agreement signed between the University of California and FFM; it had its continuity in 2012.

T Natural Killer (NKT) cells are innate imunity cells with important imunoregulatory functions. They recognize glycolipidics antigens directly from bacteria origin and respond to them, therefore becoming active part of immune replies agains such pathogenes. Studies have shown that division of NKT cells is seriously affected in HIV-1 infection; however, it can be partially recovered through therapy with interleucine-2 (IL-2).

Its aims are: **1.** Verify if the HIV-1 infected individual's treatment with antiretrovial therapy (TARV) and combined with IL-2 is able to induce a sustainable increase in the frequency and function of circulating NKT cells; **2.** Determine the mechanisms and consequences of negative regulation of CD1d in dendriticous cells (DCs) infected by HIV; **3.** Investigate relations between loss of NKT cells in individuals infected by HIV-1 and the emergency of microbacterialinfections.

It is believed that these studies will contribute considerably for a better comprehension both about the functioning of NKT cells in the disease caused by HIV-1, as far as the ways the virus attempts to escape from NKT cells activation, and how these cells could contribute to an innate defense against HIV-1 infection and typical opportunistic infections of AIDS.

3.1.10 Prospective evaluation of isoniazida usage in prophylaxis for lung tuberculosis prevention (TB) in patients infected by HIV

In spite of the several studies indicating isoniazida (INH) as profilatic to reduce incidence of Tuberculosis (TB) on population infected by HIV, this measure is not largely supported in all services in Brazil. Therefore, this study aims to evaluate TB incidence in individuals, adhesion to prophylaxis, as well as its efficiency once compared to a track record series of services.

Through an agreement signed with Ministry of Health at the end of 2010 and with intervention of FFM, the research will be developed by LIM 456 and its aims are: **a)** Prevalence of reactivity to PPD in patients infected by HIV; **b)** Evaluate the impact of INH use in patients with PPD reactor (considered ≥ 5 mm) and TB incidence; **c)** Determine incidence of PPD viragem in PPD non-reactor individuals; and **d)** Study specific immune restoration in soropositive individuals for HIV cured from tuberculosis and who present a supposed restoration by use of antiretroviral therapy (TARV).

This data could indicate relevance for a tuberculosis program and become a more incisive guideline to provide INH, as TB continues to be the most incident disease in population infected by HIV in Brazil.

Such activities have not been initiated year, due to a delay in aproving the related budget.

3.1.11 Study of Specific immune response and genetic aspects in patients infected by HIV-1 and non-progressors for a long period or slow progressors for Aids.

Non Progressor Individuals for Long time (*long term non progressors* - LTNP), or also called Slow Progressors (PL) stay free of Aids progressions for several years and make up around 1-3% of the total of individuals infected by HIV. These individuals stay asymptomatic and with stable number of T CD4⁺ lymphocytes and over 500 cells./mm³ of blood, without any use of treatment with antiretrovirals (ARTs) for over 8-10 years. Factors that determine non-progression or slow progression in these individuals are still not clear and have been of little studies in our country. The T lymphocytes that replies against HIV play a key role in immune control of HIV and prophylaxis or therapeutic vaccine strategies.

This study, made viable through an agreement signed with the Ministry of Health at the end of 2010 and with intervention of FFM, is developed by LIM 56 and intends to analyze HIV-1⁺ PL individuals by comparing them with typical and fast progressors to Aids, paired by time of evolution and paired by gender and age.

Therefore, the following steps will take place: **A)** detection of viral genetic markers and host, associated to phenotype of slow progression from infection to Aids, polymorphisms in the immune system involved in viral infection with delegation of 32 pairs of basis in CCR5 gene, besides polymorphisms in the CCR5 region CCR5 (CCR5-P-59029A/G), CCR2-V64I, and SDF-1-3'A; **B)** Determination of HLA haplotypes which could be associated with the disease progression; and **C)** Verification of the anti-HIV immune *in vitro* response by determination of specific T lymphocytes against *pools* of peptideous *gag*, *nef* and *RT* of B subtype.

One cohort of patients infected by HIV originated from several specialized services in Sao Paulo state will be organized, aiming to select 100 individuals with pre-defined criteria for a slow progression. Its activities were initiated at the end of 2011 due to a delay in releasing the related budget and had its continuity in 2012.

3.1.12 Studies on worsening of Health due to use of antiretroviral medication (ARV) in people living with HIV/Aids and supported by Brazilian reference Service Centers: 2003 to 2008

This research, which was developed by the Preventive Medicine Department of FMUSP through an agreement signed with UNESCO and intervention of FFM, was initiated at the end of 2009 and concluded in 2012.

The project aims at the expansion of a study that analyzes occurrence of severe events involving toxicity in people who live with HIV and Aids, related to use of ARV medication in the cities of Fortaleza, Porto Alegre, Rio de Janeiro, Salvador and São Paulo. Cities in the North region were added, mainly in Belém and Manaus, and in the State of Minas Gerais. At the end, a total number of 1.705 as new patients were added to the cohort.

Data was collected, and adult individuals with HIV-1 and that had started TARV at the services of the study were included; pregnant women were excluded with exclusive use of medication to prevent vertical transmission.

The study contributed to perfect a policy on the rational use of antiretroviral medication (ARV) by subsidizing the Ministry of Health in creation of a therapeutic consensus and guiding the decision of health professionals in prescription of more effective-efficient treatments and with lower level of toxicity and suitable to HIV people throughout the country.

The importance of the study is that the occurrence of ARV toxicity in Brazil is little known due to a limited number of studies and lack of a pharmaco-vigilant structure. Performing studies on ARV medication toxicity also allows deepening knowledge on similar medication produced by domestic pharmaceutical industry, therefore contributing to create consistent parameters of perfecting the policy of pharmaceutical technological development in the country.

Data collection in the services selected has been concluded, what resulted in inclusion of new 5.341 patients in the cohort of people who live with HIV and using ARV in Brazil (1.533 patients originated from four services covered by this present Project and 3.808 patients from services covered by projects financed by CNPq/DECIT and OPAS). Input and analysis of the project databench consistency have also been finalized.

3.1.13 Chemioprophylaxis for HIV Prevention in Men, Transvestites and Transexual Women

This study, which was initiated in 2008, had its continuity in 2012. It was developed by LIM 60 through a contract signed with The J. David Gladstone Institutes and intervention of FFM. It aims to evaluate safety and efficiency of a combination of retroviral medications, such as pre-exposure prophylaxis, to prevent HIV-1 infection in people of high vulnerability, in use of standard interventions of prevention.

A total number of three thousand participants from six countries took part in a study in 11 research centers. The HCFMUSP is the only Center in São Paulo state and it includes 200 of the 600 volunteers who participate in it in Brazil. All volunteers are healthy people (men, transvestites, transexual women), with high vulnerability for HIV infection and who will receive advice on safe sex and free distribution of condoms.

Besides that, volunteers are randomly allocated to receive the medication in study or a placebo once a day for a period between 48 and 144 weeks. Every month, volunteers make tests for HIV detection and regular clinic and laboratorial exams, in order to verify possible adverse events and infections generated from concomitant sexual transmission. Recruiting of volunteers is performed at the community, with direct interaction of the research team, advertisements in local places and registration via Internet on the FMUSP page (www.iprex.org.br). The study results will be of great value to offer a complement to current strategies on HIV infection prevention in more vulnerable populations.

The main objectives of this clinic essay are as follow: **1-** Determine whether oral and daily dosage of FTC/TDF is associated with adverse event rates (EAs) comparable to the ones including placebo among men not infected by HIV-1 and that have sexual relation with other men (MSM); and **2-** Determine whether oral and daily dosage of FTC/TDF reduces seroprevalence of HIV-1 between MSM not infected by HIV-1.

The initial results were published in December 2010 in one international major scientific magazine (Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. *New England Journal of Medicine*, 363 (27):2587-99, 2010).

3.1.14 Deciphering the genetics and KIR function in recent infection by HIV-1 by Bioinformatics

This study, initiated in 2009, had its continuity in 2012. It was developed by LIM 60 through a contract signed with *University of California*, and with intervention of FFM; it aims at the development of new immunological methods for prevention and control of HIV-1 infection in long term.

The intention is to map genetic variations of KIR receptors (killer Ig-like receptor) and, then, compare them to the disease markers and NK cells function, in a cohort of adults who have been recently infected by HIV-1. These receptors are potent and polymorphic regulators of *Natural Killer* (NK) cells, which connect to HLA alleles – Class I. Active before T cells replies, the NK cells are an effective component of innate reply of quick action and could have a key role in fighting HIV-1. Its functions are controlled by a group of surface regulatory molecules; among them the KIR receptor polymorphic can be outlined. This work intends to map the ways the NK cells responses can be modulated in order to generate a new mechanism of protection against HIV-1.

3.1.15 Tools for creation and analysis of indicators for clinic and molecular data of HIV patients for management and decision making of PN-DST-Aids

Considering that the STDs, Aids and Viral Hepatitis Department needs Bioinformatic tools to help analysis of its results, this project, which is financed by the Ministry of Health and with intervention of FFM and developed by LIM 31, aims at: **1.** Technical expertise for comprehension of the computer environment and code of systems: DBCollHIV, HIVdag and extraction and analysis of indicators for clinic and molecular data; **2.** Dominance and application of techniques on classification and analysis of clinical and molecular data, as well as automated identification of association between mutations and resistance to drugs; **3.** Development of algorithm for identification of mutations, considering sequence files in FAST format as starting point; and **4.** Transactional systems for insertion of reliable clinical and molecular data available on the internet.

In other words, the objective is the development of computer tools for creation and analysis of clinical and molecular data indicators from HIV patients for management and decision making of STDs, Aids and Viral Hepatitis Department, as well as implementation of Genotyping Test for detection of mutations that generate resistance to the Entry Inhibitor - Enfuvirtide – in patients submitted to HAART, but without any previous treatment with this class of drugs. This study was initiated at the end of 2010 and had its continuity in 2012.

3.2. Disabled People

3.2.1 Permanent Education Program: Course on Improvement for Workers of Orthosis and Prosthesis Workshops and Linked to SUS

The National Policy of Health for Disabled People defines the general proposition: protect health of disabled people; rehabilitate the disabled person and their functional capacity and human development, therefore contributing to their inclusion in all levels of social life; and prevent worsening situations which determine arising of deficiencies.

Orthopedic workshops are services related to creation, dispensation, adaptation and maintenance of orthosis, prosthesis and auxiliary means of locomotion. These workshops need to count on skilled and qualified human resources which enable support to specific objectives that are part of the Care to Disabled People, among them, expansion of the Orthosis and Prosthesis offer and Auxiliary Means of Locomotion (OPM).

This project, **to be performed by IOT** through an agreement signed with the Ministry of Health and intervention of FFM at the end of 2012, forecasts a course focused on perfecting workers from orthosis and prosthesis workshops – public, private and philanthropic ones – which work along with SUS, and representing one educational action permanently focused on complying with policies as established for Disabled People.

The course will be free of charge and it will enable 32 wrks from orthopedics workshops linked to SUS through theoretical and practical classes; the course will be on manufacturing and maintenance of lower limb prosthesis, suropodals orthosis and adequacy of wheelchairs.

3.2.2 Permanent Educational Program: Course on Improvement for Workers from Orthosis and Prosthesis Workshops linked to SUS

The National Policy of Health for Disabled People defines as general proposition: protect the health of disabled people; rehabilitate their functional capacity and human performance, therefore contributing for their inclusion in all levels of social life; and prevent worsenings that can determine arisal of deficiencies.

The orthopedic workshops are services related to manufacturing, dispensation, adaptation and maintenance of orthosis, prosthesis and auxiliar means of locomotion. Such workshops need to count on skilled and qualified human resources who enable support to specific objectives that make part of the Care to Disabled People initiative, among them: expansion of offers for Orthosis, Prosthesis and Auxiliar Means of Locomotion (OPM).

This project, **to be performed by IMREA** through an agreement signed with the Ministry of Health at the end of 2012 and intervention of FFM forecasts realization of a course focused on perfecting of workers from the public, private and philanthropic orthosis and prosthesis workshops which are linked to SUS by representing a permanent educational action focused on complying with policies as established for Disabled People.

The course will be free of charge and enable 70 workers from orthopedic workshops lined to SUS; the course is about manufacturing and maintenance of lower limb prosthesis, orthosis and adequacy for wheelchairs with theoretical and practical classes.

3.2.3 Hospitalization Unit of IMREA – Vila Mariana



Facilities of the Hospitalization Unit of IMREA – Vila Mariana, opened at the end of 2011

Through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP, and with intervention of FFM, IMREA opened its Hospitalization Unit of Vila Mariana on December 22, 2011; it will work as an attachment service to the Institute, located in Vila Mariana, sharing administrative and structural support but presenting a differentiated work regime and focused on its specific objectives, once it will have their own therapeutic and nursing teams.

The Hospitalization Unit of IMREA Vila Mariana will be the main spot for the Lucy Montoro Rehabilitation Center (item 3.2.4. of this report) and will represent a real possibility of supporting rehabilitation of people who face restrictions to come to rehabilitation centers in ambulatorial regime. It will also allow treatment and orientation on rehabilitation for those people who live in faraway places in the state, and who are not given any resources in the area where they live.

Once reversion of structural lesions is not possible, rehabilitation at Hospitalization Units of IMREA Vila Mariana shall call the attention in the stimulus and training of development of functional independence in their patients. Another fundamental issue will be orientation to patients, family members and caretakers as far as their current clinical status, therapeutic options and objectives of rehabilitation during hospitalization are concerned, besides starting the process of planning life after hospital dismissal. Besides that, the Hospitalization Unit of IMREA Vila Mariana will be focused on development of labor force and procedures which will work as parameters for other centers.

Hospitalizations IMREA will offer comprehensive rehabilitation free of any charge to patients who can count on a multidisciplinary team made up by physiatrists, nurses, physiotherapists, psychologists, occupational therapists, audiologists, social assistants and other professionals.

The new unit will be equipped with 24 hospitalization beds, all of them adapted to receive patients and caretakers with more comfort. Pyshiotherapy counts on Ergys 2, one piece of equipment for treatment of medular lesions. Through computerized functionalelectrical stimulation, patients are able to move their lower limbs and stimulate muscles. And also with Lokomat System, one automated auxiliar of marching, which stimulates the patient's movements when they walk. The Occupational Therapy will be equipped with robotics equipment to complement the treatment of upper limbs, besides environment equipped to help in Daily Life Activities (AVD) and games.

3.2.4 “Implementation and execution of Lucy Montoro Rehabilitation Network” Project

Lucy Montoro Rehabilitation Network (RRLM) was created by Decree nº 52.973, of May 12, 2008. Integrated with HCFMUSP, especially with IMREA (item 1.2.2.f of this report) and other health and education institutions throughout São Paulo state, it aims to be a reference Center for Rehabilitation, ensuring the best and most qualified care to disabled people.

At the end of 2008, one agreement was signed between IMREA and SEDPD-SP with intervention of FFFM for development of RRLM in the state of São Paulo, aiming at the implementation of a Care and Rehabilitation Network within SUS parameters to meet the needs of expansion and decentralization of care and supply of orthosis, prosthesis and auxiliary means of locomotion, together with promotion of technological development in the area and guarantees for qualification of human resources for rehabilitation.

In a first step, RRLM is made up of 18 fixed units and one mobile unit (item 2.1.6 of this report), built in strategic regions of São Paulo. These units, when completely implemented, will have capacity for around 300 thousand assistences per month.

RRLM has met the needs of expansion and decentralization of care and supply of orthosis and prosthesis and auxiliary means of locomotion through selection and enabling its professionals through itinerant teams and the Mobile Unit, besides interaction with Municipality involved with assistance and inclusion of disabled people.

Assistance is performed by a multiprofessional team of specialists in rehabilitation made up by: physiatrists, Psychologists, Nurses, Social Assistants, Physiotherapists, Occupational Therapists, Physical Educators, Nutritionists, Audiologists, Dentists and consulting doctors in areas of Cardiology, Urology, Rheumatology and Orthopedics.

The focus is on patients who suffer from medular lesion, amputation and mal-formation, brain lesions, brain paralysis and incapacitating pain, counting on their own protocols and techniques, as well as unique technology and equipment in Brazil.

In 2011 the Capacity Model of RRLM was initiated; it relies on the implementation of all assistencial processes in rehabilitation institutes, centers and ambulatories and auxiliary means of locomotion. In 2012 the works were concentrated in the following units: **a)** Rehabilitation Institute of São José do Rio Preto; **b)** Rehabilitation Center of Campinas; **c)** Rehabilitation Center of São José dos Campos; **d)** OPM Ambulatory of Jaú; **e)** OPM Ambulatory of Santos; **f)** OPM Ambulatory of Presidente Prudente.

In 2012 RRLM supported the following events: I Seminar on Visual Deficiency of São Paulo state - Course of Low Vision for Ophthalmologists performed in July/2012; and III International Symposium of Rehabilitation, performed in October/2012.

In 2012 the capacity model of OPM Dispensation was introduced at RRLM, based on Toyota Model of Production, which has the Assembly of Standard Labor as basis. The units with capacity are: **a)** Rehabilitation Institute of São José do Rio Preto; **b)** Rehabilitation Center of São José dos Campos; **c)** OPM Ambulatory of Mogi-Mirim; **e d)** Unit Suppliers.

In 2012, the creation of the Executive Project for Implementation of **Integrated Center of Evaluation and Laboratory on the Functional Status of Paralympic Athletes**, which aims to offer opportunity to disabled people to practice sports, considering that this is one of the fastest ways for rehabilitation and an important means for physical, psychological and social rehabilitation for people who present any disability. The Center forecasts introduction of sports therapy, as well as practice of sports according to each patient/athlete and the size of their disabilities, enabling them to become a paraathlete with more chances to become a paraolympic champion.

The Center will develop projects with solutions based on technical and functional requirements as required by International Sports Federations, in order to incentivate Brazilian paraspports and create conditions so that the athletes can have outstanding performances in municipal, state, national and international competitions, always bringing attention to therapeutic techniques and new technologies.

3.2.5 Rehabilitation Center of ICESP

IMREA was recipient of a donation generated from a public civil action made by MPT against a company and performed in order to replace a collective moral damage lawsuit made viable in 2008; the facilities of the Rehabilitation Center of ICESP, opened on September 22, 2008.

The Rehabilitation Service of ICESP has its focus on caring for transitory or permanent disabled people, aiming to optimize its functional potential in physical, psychological and social participation. Rehabilitation has its focus on stimulation of functional potential and independence but it also helps patients to adapt to their limitations, in order to live life as full and independent as possible; for so, it relies on physiatrists, physiotherapists, audiologists, neuropsychologists, occupational neuropsychologists, nurses, rehabilitation nurses and physical educators.

The hospitalization unit teams performance is present everywhere in the Institute and follows up its development. Such units rely on a rehabilitation room focused on patients in the ambulatories and the Rehabilitation Center focused on ambulatorial patients.

Such activities had their continuity in 2012.

3.2.6 Agreement for Technical-Educational Cooperation with the State Center of Technical-Education - Paula Souza (CEETEPS)

THIS Cooperaton Term signed in 2012 with CEETEPS (Govern of São Paulo State) through Technology College of São Paulo (FATEC SP), and IMREA with intervention of FFM aims at cooperation, material and personnel, to promote scientific and technological Exchange aiming at the development of projects that meet the needs of patients cared for at IRLM.

Its objectives can be numbered as follows: **1-** Develop studies, research and planning of works through FATEC SP teachers and students, aiming at the increase of the number of pieces of equipment which meet disabled people's needs; **2-** Allow availability of materials and laboratories for teachers to perform their experiments in practice in order to promote information Exchange; **3-** Apply innovative methodology and pedagogic scientific activities; **4-** Allow better knowledge of rehabilitation technology area to doctors and technicians and excellence in medical care; **5-** Acquire state-of-the-art technology and look for, through high standards of scientific activities, being on the same level of the best medical treatments; **6-** Interact with public and private, national or international institutions to develop rehabilitation medicine; **7-** Stimulate continuous capacity and training of human resources.

3.2.7 Basic Project of management for workers on prevention, diagnosis and intervention in school process for students who present special educational needs through the Center of Specialized Pedagogic Support – CAPE

CAPE – Center of Specialized Pedagogic Support – was created by the Secretary of Education – State of São Paulo in 2001 to offer support processes of school inclusion to students who present special educational needs in State Schools. The center works in managing, following up and supporting regional actions for special education in the continued formation process, providing resources and working along with schools and communities, providing advice and orientation.

This Project, which is supported by FFM, provides continuity to actions developed at CAPE aiming to guarantee quality in education at state schools, according to the school inclusion principle by integrating schooling of students with special educational needs in the school pedagogic Project. The target audience is specialist teachers and teachers of regular classes of elementary level and 89 Educational Directories in the State of São Paulo, which involve supervisors, technical assistants and 1.422 specialized teachers.

The Project includes disabled students, parents and general members of the community (630people/year) with annual supply of materials for around 350 schools of state network. Its main objectives are: **a)** offer support to the state educational system for development of schooling process for students with special educational needs with emphasis on supporting specialized teachers and teachers from regular classes, facilitating teachers' actions through a centralized and decentralized care; **b)** provide conditions under a forum of orientation, capacity and other issues so that these students can be registered and stay in public schools, therefore ensuring quality and success until conclusion of the educational and learning process; **c)** contribute with continued education of teachers, as far as didactic-pedagogical demands of students are concerned with their special educational needs; and **d)** offer pedagogical support by subsidizing and developing actions that promote participation and clarification to educators and school general community for inclusion and well-succeeded schooling to students who present special needs.

These activities had their continuity in 2012.

3.3. Children and Young Individuals

3.3.1 Comprehensive Care Project for people with Down Syndrome

On March 21, 2012 the International Day of Down Syndrome was celebrated. Besides helping in the implementation of inclusive measures and search for autonomy of people who suffer from Down syndrome, the date motivates the debate and studies on the matter. On the same day, the Ministry of Health launched the Manual – Attention to Health of People with Down Syndrome, whose creation was actively followed up by the Comprehensive Care Ambulatory to People who suffer from Down Syndrome, at IMREA Lapa, which follows the orientation of general clinics that sees the individual and his needs comprehensively and the shared care with support from a multidisciplinary team and the patient's family.

The Project receives around 60 children and teenagers from 0 to 18 years old and provides weekly care with doctors, nurses, social assistants, nutritionists, physiotherapists, physical educators, occupational therapists, psychologists, dentists and audiologists who work comprehensively based on an individual care plan with therapeutic targets defined and customized for each single patient.

Performing all activities in the same place, where it is also possible to Exchange experiences among mothers is a differentiated factor in this new way of treatment.



Dca. Patricia Tempski and Matheus in IMREA Lapa

Works are developed based on four support models, according to the age and needs of each level of the patient's life, since his childhood until adult age. Comprehensive care, added to a healthy life, education and a social context and favorable family environment take children, Young people and adults to a better development, improvement of life quality and more autonomy.

3.3.2 Center of Research on Infant Development

The Pediatrics Department of FMUSP has always dedicated itself to the study of pathologies that can affect newly-born babies, mothers, pre-school children and teenagers aiming to improve quality of life of these patients and propose actions, projects and programs to promote and care for health.

Result of a partnership between the Department of Pediatrics of FMUSP, Center of Child Development from Harvard School of Public Health and SES-SP through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP, and with intervention of FFM, the Idea of creating a Research Center for Infant Development comes from the need to gather scientific information from the several areas of knowledge through cooperation of national and international research from several areas for studies on the influence of adverse events in premature levels of human development in relation to health and diseases which will take place during all individuals' lives.

Its objectives are based on two perspectives: the first refers to comprehension of the health-disease process, largely studied in this decade and which points out the influence of the environment and life conditions during the growth and development process of individuals in the origin of metabolic diseases and psychiatric adults; the second segment is based on the need for investigation of public policies, which take into account scientific knowledge of origins of metabolic diseases and mental disorders and propose efficient measures to promote health of individuals in relation to longevity with life quality.

3.3.3 Prenatal Care, Health and Child Development

At the end of the 80's, there was a new model of health/disease process called "Developmental Origins of Health and Disease – DOHaD", which emphasized a possible relation between environmental factors at the beginning of life and changes in individual gene expression, determining a peculiar health-disease standard. This way, it is suggested that prevention of chronic-degenerative diseases shall occur early, or in other words: during childhood.

The level of primary attention to health is considered the one closest to the population and it calls for entry of patients into the health system. In it there is a concentration of most health problems of the population and the opportunity for interaction with the environment for development of health promotion and prevention of diseases. In this level, patients are followed up longitudinally. The prenatal follow-up, puericulture and chronic diseases are made during the primary attention, as well as its prevention and promotion of health. In Brazil the assistencial model adopted in primary attention is Family Health Strategy. The emphasis of the program lies on promotional, protection and health recovery actions toward individuals and family members comprehensively and continuously and having central programs the follow-up of pregnant women and newly-born babies. Although the PSF was implemented in Sao Paulo in 2001, little has been done in the investigation area for effectiveness of the Program.

The present study, which counted on support from Harvard School of Public Health through FFM in 2012, has as main aim to evaluate PSF as far as the impact of the program in relation to percentual reduction of pre-term and low weight births, showing efficiency in the prenatal follow-up, as forecast by the Mãe Paulistana Program in the population supported by Hospital Universitário – USP and followed in the West region of São Paulo county.

Conclusions obtained could offer important evidences to respond whether PSF can effectively allocate public resources in health area in comparison to the traditional health care practiced in the region.

3.3.4 Development, availability and distribution of interactive materials to promote health at schools, communities and UBS by approaching on Drugs, Alcohol, Tobacco, Dengue and Breastfeeding

This Project, which was initiated at the end of 2011 and developed by Telemedicine of FMUSP through a Letter-Agreement signed with OPAS and intervention of FFM, had its continuity in 2012 and aims to develop, update and make available materials for creation of Interactive Environments on Health Learning by using 3D computer graph on the human body (Virtual Man Project), interactivity (expanded reality and social network based on a *website*), multimeans of communication (videos, audios and visual communication) and knowledge card for monitor-students, all gathered in a library called "Interactive Cultural Box on Health".

This kit will be distributed at schools, communities and UBs and will be followed up through interaction with college students and professionals of telehealth for training and tutoring of students at schools and multipliers through interactive teleeducation, aiming to motivate participants to look for more knowledge about health.

The idea comes from the point that scientific knowledge associated with focused communication techniques to promote the access to knowledge in a contextualized and humanitarian way aligned to interactive Technologies on Internet, could be one efficient way to promote a long lasting social education on health and in a larger scale and without losing quality. The use of multimeans to involve the target audience is a differentiated model of non-formal education, suitable to the modern worlds and which presents the use of more and more interactive Technologies to provide information.

3.3.5 Institute of Treatment for Infant Cancer – ITACI



Itaci's Front View



Itac's facilities

In 2012 FFM in a partnership with SES-SP and HCFMUSP and through the Additive Term to the University Agreement, it supported activities of ITACI of ICr, a reference in child with cancer care service, which had completed ten years of existence in 2012.

The current Onco Hematology Service (SOH) of ICr of HCFMUSP, also known as ITACI was initiated on December 17, 2012 with the activation of 12 doctors' offices and two rooms for procedures in the ambulatory, besides 12 hospital beds / day for chemotherapy. On June 16, 2003, it started care for in the hospitalization area by opening six of 17 beds registered. Since 2009 it has had two beds for Hematopoietic Stem Cells Transplantations.

Educational, research and care activities are developed for children and teenagers from 0 to 19 years old, and who presents onco-hematologic diseases from SUS or the suplementar health system.

Today SOH has 19 hospitalization beds, considering that four of them are for autologous transplants; three beds for Hematopoiethics Stem Cells transplants and Hospital Day, with 20 chemotherapy boxes, as well as the Ambulatory equipped with 13 rooms for care.

With termination of the Reform and Expansion, which took place in January 2012, the seven ICU beds, six Semi-Intensive beds, six rooms for Hematopoietic Stem Cells, one small surgery room and two beds for Post-anesthesya beds built are in a gradative process of activation.

In a partnership with Solidary Action against Infant Cancer, there was a reform and modernization of the Hospitalization Unit, during April to December 2012.

In 2012 there had been: 17.374 medical consultations, 13.086 multiprofessional services (SUS care \+ Supplemental Health); 24 Hematopoiethics Stem Cells transplants, considering nine new Autologous, six Alogenic Relate and nine Alogenic Non-Related; and 4.531 Chemiotherapies.

3.3.6 Implementation of the Pediatrics Center for Transplant of Hematopoiethics Cells of ITACI

In 2012 FFM in a partnership with SES-SP and HCFMUSP through the Additive Term to the University Agreement, had its continuity for the process of supporting activities from the Implementation Project of Pediatrics Center for Hematopoiethics Cells transplant of ITACI of ICr. The project aims at the creation of a Specialized Center for the state of Sao Paulo for realization of a higher number of hematopoiethics cells transplants for children, both autologous and heterologous types, for children, including patients with neoplastic diseases and also others that could benefit from this procedure.

The hematopoietic cells, also called stem cells are cells from the immunologic system. They are generated by the bone marrow and present the capacity of self-renewal but its main feature is pluripotency: they are able to differentiate in several types of cells. With that, they can be used in the treatment of several different kinds of diseases, especially tumors and blood and immune system diseases.



Area of the ambulatories, already reformed

ITACI has performed autoctones transplants of cells from the bone marrow since October 1989 for treatment of children who have solid tumors especially neuroblastoms. The cells are removed from the patients and used in their own treatments.

Since then, ITACI has been prepared to expand its service with the possibiity of receiving cells donated by patients or from a bank of cells donation or from umbilical cord. However, treatments with this type of material require physical and human adaptations, which now are being concluded.

In order to perform this kind of transplant, the patient needs to stay in special beds which present proper insulation and airfiltering. Currently there are two beds working and ITACI has just performed the very first transplant with a donator who does not have any blood relation to the recipient. The cells came from abroad for the transplant.

Besides the adaptations of the physical structure, the team has also gone through an intensive training process. Now ITACI can follow up, two or three transplanted patients at the same time. The state of São Paulo is still very needy as far as this type of treatment is concerned. Most patients are forwarded to the system by a reference and counter-reference system in health area of the state / or direct look for ITACI. Around 30% of patients are from other Brazilian states and from other countries in Latin America.

In 2012 24 Transplants of Hematopoietics Stem Cells were made, considering that nine were Autologous, sixs Alogenic Related and Alogenic Not Related.

3.3.7 Specializatin Course on Promotion of Infant Development (DI)

Through a Donation Term signed between FMSV and FFM, EE-USP made viable, at the end of 2011, the realization of such course, which took place in 2012 and whose general aim is to overcome the gap of skilled professionals for management of local policies focused on strengthening infant, lasted 12 months and presented a total amount of 420 hours. The initiative, which is new, intends to enable specialists to contribute in perfecting public policies whose aim is infant development, especially involving professionals who deal with care and stimulus to children ranging from zero to three years old.

Its specific aims are: **a)** enable professionals who work with infant development with more theoretical studies and qualification of practices from reality; **b)** provide tools to professionals in order to plan, manage and disseminate knowldge and practices in DI; **c)** support propagation of knowledge as a result of the formation process through the course conclusion monographies; and **d)** form managers for DI policies with theoretical basis and methodological foundation in order to work along with challenges involved in the intersectoriality and social communication for development of local programs.

3.4. Families and Women

3.4.1 Program on Dealing with Depression for pregnant women who are assisted in health units where the Family Health Strategy is adopted (PROGRAVIDA)

In spite of the high prevalence of depressive disorders during pregnancy and possible negative consequences of such state for women, their children and family members, most part of women still remain not diagnosed or even treated at the Primary Attention to Health Program.

Reduction of inequity to access to mental health care is one of the central focus for planning health actions all over the world and so it is in Brazil. Training for non-specialized mental health professionals to deal with such actions, in the primary attention to health level, is understood as a priority in low and average income countries (Global Mental Health Group, 2007).

The aim of this proposal, still to be developed by the Preventive Medicine Department of FMUSP through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, is to develop the capacity module for coordinators, supervisors and Family Health team of the "Program on Handling Depression during Pregnancy" (PROGRAVIDA), to enable and supervise coordinators and supervisors of the Family Health Strategy (ESF) of one county of São Paulo City in all levels necessary for implementation of the program at health units which have adopted ESF in this county. The PROGRAVIDA was developed by researchers from the Research Group for Psychiatry Epidemiology (EPSIQ) of FMUSP to be used on daily basis when providing prenatal care as offered by the SF teams.

3.4.2 Intestine and Multivisceral Transplant Program

This Project was approved at the end of 2010 and will be developed by the Service of Transplant Digestive Tract of HCFMUSP through an agreement signed with the Ministry of Health and intervention of FFM. It is forecast realization of ten intestine and multivisceral transplants, which will be made every 36 days.

Intestine failure (FI) is a condition where gastrointestinal tract is not able to keep a suitable nutrition, hydro-electrolitic balance, growth and development. The use of NPT (Total Parenteral Nutrition) at home is very expensive (in the USA it costs an average of US\$ thousand/year, without considering expenses with hospitalizations) and provokes severe complications, such as cirrhosis, complications of access (infections, trombosis and loss of cateter) besides psychological disorders. The continuous use of NPT worsens quality of life; it also results in frequent hospitalizations and mortality rates from 5% to 25% per year. In patients who present complications and worsened pediatric conditions, mortality reaches over 60% per year. For such reasons, the intestine transplant (TI) has been indicated to treat patients who suffer from irreversible FI isolatedly or as multivisceral transplant, where the intestine is transplanted with other organs (liver, stomach, duodeno and pancreas) to treat multiple órgãos failure for the diggestine tract.

Global overlife for the total of TIs performed all over the world is 73% in three years and 50% in Five years. This rate is similar to overlife of patients submitted to permanent NPT as performed in international centers. However, it is worthy saying that the high mortality rate for patients in home NPT in our system and those patients with TI where a significant quality of life improvement can be noticed.

It is estimated that 200 people have indications for this kind of transplant in our country every year. However, there is no active program for transplants in Brazil, what limits treatment. Some patients manage to get this done by having legal actions in order to have the right to have such transplants abroad. This situation burdens the public service with extra expenses and makes the development of such transplants harder in Brazil.

In the past there had been only six intestine transplants made in Brazil. The HCFMUSP was a world class Pioneer in IT by Professor Okumura during the 60's. Other three institutions have made such transplansts more recently; however, the results were disappointing with early death of all recipients. Now it is suggested that, with better structure and continued planning, it is possible to reach results compatible to centers which have been using this procedure on daily basis in other countries.

A large, stylized green number '4' is positioned on the left side of the page. It is set against a background of light green with a pattern of thin, dark green diagonal lines forming a grid. The number is partially overlaid by a dark green rectangular box.A dark green rectangular box is positioned on the right side of the page, overlapping the number '4'. It contains the text 'Research Projects' in white, bold, sans-serif font.

Research Projects

4

Research Projects

4.1. Main Research Projects

FFM supports development of several research projects which hundreds of articles already published in indexed magazines, where they receive better scope and global visibility.

4.1.1 Natural History of HPV Infection in Men: HIM Study

This study is sponsored by H. Lee Moffitt Cancer Center and Research Institute and developed by ICESP through an agreement signed with intervention of FFM. It is a protocol of research to determine incidence and persistence of infections on the penis by HPV specific-type; study the humoral response to HPV infection; and identify independently associated factors with acquisition, persistence and remission of HPV specific-type infections in men, focusing on the possible development of a vaccine against HPV in men. It foresees creation of a biological sample base (total blood, serum, urine and penis exfoliated cells) for analysis of DNA, RNA and proteins for evaluation of new biomarkers. This data base will be created in the H. Lee Moffitt Cancer Center and Research Institute and will be accessible to any researcher with approval from related Ethics Committees.

Around 3.000 men (from 18 to 44 years old) in Florida – USA; in Morelos – Mexico and São Paulo will be subject to such research. In Brazil there will be a research performed at ICESP and CRT/DST/AIDS where 1.000 individuals will be recruited to be submitted to the research. They will be divided into two groups based on their ages (18-30 and 31-44) and will be interviewed and submitted to physical exams and laboratorial analysis for HPV (tests on antibodies against HPV, TSD selected, HPV penis sampling, *C. trachomatis* analysis *N. gonorrhoea* and counting of leukocytes and LCR in urine, some of them not approved by FMND or ANVISA yet), in ten consultations scheduled every six months, during four years. Before ICESP, the study had been developed by Ludwig Institute.

All risks involved were properly analysed and considered and it is expected to have a social benefit in terms of better knowledge of HPV natural background in men, what could make viable the development of a vaccine against HPV in men. Total length of the research will be five years after its approval.

Such activities were initiated by ICESP at the end of 2012.

4.1.2 Combination of Brain Stimulation and Peripherals Nerves to Increase Beneficial Effects of Functional Electrical Stimulation on Paralytic Hand after Brain Vascular Accident

There are no treatments globally accepted to reduce incapacity of patients who suffer from several motor damages in chronic level after AVC. Techniques for neuromodulation such as transcranial stimulation by using continuous current (transcranial direct current stimulation, tDCS) and somatosensitive stimulation as peripheral sensitive stimulation (ESP), are emerging techniques with great potential to improve motor performance or increase effects of motor training in patients who present AVC.

In this research developed by the Neurology Department and through a contract signed with NIH and intervention of FFM, the hypothesis that tDCS and ESP will increase effects of functional electrical stimulation (FES) and specific-task training on motor function will be tested. It is planned to collect data related to this hypothesis by investigating the following specific objectives: **1)** Compare FES effects in association close to isolated tDCS, isolated ESP, tDCS + ESP or isolated ESP in patients who suffer from moderate to severe weakness in crossed-drawing. The hypothesis of this study is that either active tDCS or active ESP will increase effects of FES in a larger extension than tDCS placebo and ESP placebo, and that the combination of tDCS and ESP will have greater effects than isolated tDCS or ESP. **2)** Compare effects of FES combination and motor training to intervention of a more effective neuromodulation, according to results of Objective 1, with FES effects and motor training associated to placebo intervention (ESP/tDCS placebo), administered three times a week during six weeks to two groups of adult patients with moderate to severe weakness. The hypothesis is that the neuromodulation intervention combined with FES and motor training will reduce incapacity of paretic upper limb and improve quality of life, once compared to tDCS/ESP placebo combined with FES and motor training.

Such activities were initiated in 2012.

4.1.3 Improving blood safety and HIV testing in Brazil: a randomized controlled screening

This study was initiated in 2012 by LIM 31 of HCFMUSP through a contract signed with Blood Systems Research Institute, and intervention of FFM.

Brazil has a higher risk for HIV transmission through blood transfusion in relation to countries in Europe and USA. It is believed that part of this increased risk lies on individuals that look for the blood bank of donors to make HIV tests.

The study objective is to verify whether offering HIV tests to donors could decrease the residual risk of transmission in Brazil.

4.1.4 Center of Biomarkers Research in Tropical Diseases Neglected of São Paulo-Minas Gerais

This study was initiated in 2012 by LIM 31 of HCFMUSP through an agreement signed with NIH and intervention of FFM. The long term aim is to establish a Center of Excellence for Research on Biomarkers for Infectious Diseases Neglected in Brazil. The initial focus is on Barber Bug Fever disease, aiming to meet biomarkers that could be used to infer the risk of the disease progression.

Two interrelated studies will be developed: The Project 1 will have a focus on Genic expression in samples previously well characterized. In Project 2 there is a plan to use the Unique System of Health from Minas Gerais state by registering and collecting blood samples from 2.000 patients who present the Barber Big Disease. Such patients will be followed up with updates about possible deaths or admission to a hospital for heart diseases.

The main objective is to obtain a basic score on risks, based on biomarkers and findings resulting from electrocardiograms (ECG) that could identify high risk patients, in order to advise them on therapeutic approaches and serve as one institution for possible future clinic screenings.

Two centers will be established: the Administrative Center and the Database and Epidemiology Centers which will support activities in the two projects; they will also create and develop capacity programs focused on research for Young Brazilian Scientists.

4.1.5 Care and Fight against H1N2 Flu Virus Dissemination

The aim of the program, which was initiated at the end of 2011 and concluded in 2012 by the Clinic Board of HCFMUSP and financed through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP and with intervention of FFM, is periodic search for cases of H1N1 in the institution and monitoring of application for recommendations for handling patients with infection by the Influenza virus continuously.

Besides, recommendations were evaluated and updated for ICUs upon the higher number of cases, in purchase of inputs for confirmed diagnosis of cases.

4.1.6 Evaluation Research for Reduced Dosage of H1N1 Influenza Vaccin

This study, which was initiated in 2010 and concluded in 2012, was developed by the Clinic Immunology and Allergy Department of HCFMUSP and financed through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP, with intervention of FFM.

Its main aim was an evaluation research of reduced dosages of H1N1 Influenza Vaccin, administered via intradermal by using needleless pressure injectors with disposable syringes in order to know its sorology protective response. This technique will allow increasing the population who will receive the vaccine in five times, therefore reducing costs of vaccination strategies against Influenza.

4.1.7 New Strategies for Rehabilitation of Brain Stroke

The stroke is the first cause of incapacity in western countries. The catastrophic load imposed by the stroke (AVC), and lack of interventions for rehabilitation based on evidences represent a great challenge for the health systems all over the world.

There is a discrepancy between the sheer impact of incapacity due to AVC and availability of neurorehabilitation strategies in order to restore functional independence. Basic infrastructure to implement research in rehabilitation of AVC was developed in the Neurostimulation Laboratory of HCFMUSP; however, there is a lack of trained human resources to continue the research.

This proposal, which was initially financed by NIH in 2011 through FFM, has as aim to plan a program that will supply training sessions in neuroscience, rehabilitation, neuromodulation and biomedical engineering in order to make viable the development of new strategies to reduce incapacity resulting from AVC.

Such activities had continuity in 2012.

4.1.8 Regional Latin American Initiative of Global Network against Malarya - WWARN (WorldWide Antimalarial Resistance Network)

This research, which was initiated at the end of 2011 by ICB-USP, relies on financing from Oxford University and intervention of FFM.

The Project from Worldwide Antimalarial Resistance Network – WWARN will supply a central database with comprehensive, updated and quality information from countries which present outbreaks of malarya on the efficiency of medications against malarya and resistance to medications in order to guide control and eradication of this infectious disease.

The analysis of data collected by the Project aims at the development of spacial and timely trends for resistance to medications against malarya, based on regional studies on the clinical efficiency of medications and analysis on parasites through laboratorial and molecular analysis carried out by partner groups in the region. The pharmacology module will provide additional information on the optimization of dosages for different medications against malarya.

When considering these different aspects of resistance to medication, gathered in a comprehensive international databasis, the WWARN attempts to test and validate the use of molecular and *in vitro* parameters as causing agents replacing resistance. This general objective will provide a variety of approaches for tracking down resistance of medication and which might help in the traditional evaluation of clinic efficiency of medications.

Such activities had their continuity in 2012.

4.1.9 Epidemiology of receptor and evaluation of donors - – REDS III Study – International Unit

This proposal, which was initiated at the end of 2011 by LIM 31 through an agreement with Blood Systems Research Institute and intervention of FFM, relies on a partnership with four big hemocenters in Brazil (Fundação Pró-Sangue / Hemominas / Hemope / Hemorio). The study aims to: **a)** establish a foundation for a National Research Program on blood safety in Brazil and it forecasts expansion of three centers during the REDS-II Program for four centers during REDS-III; **b)** maintenance of databasis of donors and donations; and **c)** continuation of specific aspects of two REDS-II projects: re-evaluation of patients who had participated in a cohort study of Barber Bug Fever disease and continuation of analysis of viral characteristics and risk factors for blood donors infected by HIV.

Two new main protocols are proposed for REDS-III. The first project will focus on an extremely relevant threat for blood safety in Brazil and around the world, which is Dengue virus (DENV). The second main protocol is one observational project for blood recipients with focus on epidemiology and transfusional therapy in Anemia Falciforme (SCD).

The combination of continued activities, new protocols and efforts in trainings will guarantee that Brazil continues to evolve to reach a position as Center of Excellence in Research on Transfusional Medicine in Latin America.

Such activities had their continuity in 2012.

4.1.10 Diagnostic Accuracy and Prediction for response on treatment for individual adults who present TDAH and bipolar disorder: individual classification of imagens from Magnetic Ressonance Images on brain combined with genotyping

This research, which was developed by the Psychiatric Department of FMUSP, is supported by NARSAD - The Brain and Behavior Research Fund, and was initiated in 2011 and had its continuity in 2012.

The psychiatric diagnosis, highly dependent on observations of behavioral and personal findings by patients and family members, in several cases might be imprecise. In spite of the great progression in studies on neuroimage and molecular genetics, there have not been valid biomarkers that allow applicability of findings resulting from research in psychiatric clinic practice. One important daily basis diagnostic question is the diagnosis of deficit of attention disorder and hyperactivity (TDAH) in adults and their relation with bipolar affective disorder (TAB).

The main objectives of this study are: **a)** apply one classifier for automated and not linear high dimension Standards to magnetic nuclear resonance images (RNM) morphometric, in order to investigate the degree of accuracy where it will sort out individually patients who present TDAH and patients who present TAB and healthy controls; **b)** evaluate whether addition of *diffusion tensor imaging* (DTI) rates to such classification will increase diagnostic accuracy; **c)** test the hypothesis that variations in individual pattern of brain anomalies within the TDAH+TAB group will significantly predict a suitable medical treatment to reach a satisfactory clinic response in 1.5 years of following; and **d)** verify the impact of presence of allelic variants of polymorphisms of the gene that codifies the dopaminergic transporter (DAT1), previously implied in the vulnerability for TDAH, in the individual classification of images of TDAH and TDAH+TAB individuals who present such genotyping features.

4.1.11 Project of *in Vitro* Cultivation for *Plasmodium Vivax* Parasites – Blood Stage

This research, which was initiated at the end of 2011 by ICB-USP, relies on financing from Harvard School of Public Health and intervention of FFM and had its continuity in 2012.

Around 85% of 300 thousand clinic cases of malaria are notified annually at Brazilian Amazon region and they happen due to *Plasmodium vivax*. From 1989 on resistance could be observed of *P. vivax* to cloroquina, the blood esquizotomico used in treatments against vivax malaria since 1946. Initially described in Papua Nova Guiné, it soon dissiminated to the Southeast and South of Asia and more recently to South America. In Brazil, the only data available comes from 109 patients treated in Manaus – Amazonas; out of this number, 10% present parasitic relapse up to 28 days after treatment.

Knowing the resistance patters to cloroquina in different endemic areas of Amazon is key for a planning of strategies to control Malaria in Brazil. This Project has two basic objectives: **(a)** investigate whether isolates of *Plasmodium vivax* in Brazilian Western Amazon region present evidences of resistance to cloroquina based on essays of ex-living resistance performed with fresh parasites and criopreserved parasites; and **(b)** investigate whether presente of fenotype of resistance to cloroquina, as determined in ex-vivo essays can be predicted by typing of four non-synonyms polimorphisms (N89S, N500D, L908M, Y976F and F1076L), previsouly described in PvMDR1, homologous of glicoprotein P potentially associated to resistance to multiple antimalaria medications.

For the first time a simultaneous study of polymorphisms in *pvm-dr1* and fenotype of resistance to CQ ex-vivo in populations of *P. vivax* of Brazil can be proposed. The fenotype analysis *in vitro*, which is pioneer in Brazil is based on protocol largely used in the Southeast of Asia and previously standardized in Field laboraties in Acre.

4.1.12 Cancer treatment. Innovation in the use of oxisterois incorporated into lipidic nanoemulsion as inductors of cell death

This Project, which was designed by LIM 31 researchers and made viable through an agreement signed between FFM and FINEP at the end of 2010, has as main aim the pioneering introduction of a new Pharmaceutical Nanotechnology tool for cancer treatment.

In its more specific objectives, the Project proposes: **1.** “in vitro”, study several oxisterois in relation to its capacity to make nanoemulstion more complex in order to cause citotoxics and citostatics effects in tumor cells; **2.** “in vivo”, more specifically in rats and dogs which present linphoma, in order to study its toxicity of several formulations, their characteristics of compartmentalization, plasmatic depuration, effectiveness of its usage, two or more formulations, progression of tumor and the animal overlife; and **3.** In patients who present great B Cells linphoma, check toxicity and proceed with compartmental analysis, including its plasmatic depuration.

Such activities had their continuity in 2012.

4.1.13 Longitudinal Study of Health on Adults – Wave 2 – SP

This Project, under responsibilioty of HU-USP and made viable through an agreement signed between FFM and FINEP at the end of 2010 has as main general aims: **a)** stimulate incidence of diabetes and cardiovascular diseases; **b)** study its natural history and investigate associations in biological, behavioral, environmental, occupational, psychological and social factors related to these diseases and related complications, always pursuing a causal model that covers its inter-relations; and **c)** it also intends to describe the temporal evolution of these determining factors of such evolution, besides identifying modifiers of effects of associations as observed and compare the risk patterns among participating centers so that they can express regional variations related to those diseases in the country. In order to allow realization of future studies, including genetic exams, stocking biological material and extraction of DNA will be kept.

Giving proper continuity to the first step of collecting data (Wave 1), the current Project aims to support the following specific objectives: **1.** Give proper continuity to observation of the cohort findings for identification of new cases of diseases related to the term of the proposal; **2.** Plan Wave 2 with interviews and exams of the study, including: definition of protocol; pre-test of interviews, exams and measurements; realization of pilot-studies; and data collected during Wave 1; **3.** Collect data as forecast for Wave 2; **4.** Perform analysis of data collected during Wave 1 and write scientific articles and submit them to publication; **5.** Enlarge a library of SP for stocking biological material collected during Wave 2; **6.** Perform biochemical exams and dosage of hormones in blood and microalbuminuria in the urine in the central laboratory in SP; and **7.** Interpretate, codify and send data on ultrasound about Wave 1 to the Data Center.

Such activities had their continuity in 2012.

4.1.14 Medical Images of Tomography by Electrical Impedance for Anesthesia and Neonatos Patients

This Project, which was designed by LIM 09 researchers and made viable through an agreement signed between FFM and FINEP at the end of 2010, has as its main aim the development of two pieces of equipment for diagnosis, prevention of complications and monitoring of therapeutics in neonates and anesthetic procedures. Two modules dedicated to Tomography by Electrical Impedance (TIE), one handy and cheap technology that generates images in real time of the body cross sections without using contrast or radiation will be developed.

The following modules are being developed:

- 1.** Anesthesia Module (for Surgical Center): development of specific hardware with software for detection of accidental disconnection, inadequate ventilation, misplacement of orotracheal and atelectasis tubes;
- 2.** Neonatos Module (for ICU neonatal): development of specific hardware with software for monitoring and adjustment of CPAP, adjustment of mechanical ventilation and high frequency ventilation, diagnosis of severeness on bronchiolitis.

Such activities had their continuity in 2012.

4.1.15 Validation of immunocromatographic rk39 test in human beings by using total blood and exsudate of oral mucosa (saliva)

Ethis research was approved at the end of 2010 and is being developed by LIM 38 through an agreement signed with the Ministry of Health and intervention of FFM.

Up to the moment, the diagnosis of leishmaniose visceral (LVA), based on parasitologic and immunologic methods available for use present a wide variety of sensitiveness and specificity, besides delaying the diagnosis due to the need to use material which is not always available, such as the ELISA reader, optical and fluorescence microscope and yeast due to the need of skilled and trained professionals with ability to handle inputs.

Nowadays the quick tests with rk39 are validated for use of serum as specimen, not presenting validation for use of other clinic specimen, such as total blood and saliva, which would make the diagnosis more agile and could be used in the Field when supporting patients who are suspicious of suffering from LVA. This way, it is intended to validate the quick test immunocromatographic rk 39 for use in total blood and saliva, comparing it to the use of serum and other serologic methods which use total antigen and parasitologic methods.

Such activities had their continuity in 2012.

4.1.16 European Network of National Schizophrenia Studies on Gene-Environment Interactions (EU-GEI)

This research, which was initiated at the end of 2010 by the Preventive Medicine Department of FMUSP and is backed by a financing from the Maastricht University – School for Mental Health and Neuroscience and intervention of FFM, had its continuity in 2012.

Schizophrenia and other psychotic disorders (EOP) are highly prevalent conditions with meaningful morbi-mortality. However, data on incidence and evolution of EOP all over the world are still scarce, especially in developing countries. EOP etiology is multifactorial, involving biological and social factors; besides this some effective advancement in comprehension of EOP depends fundamentally on one approach integrated to the several different factors implied in incidence, physiopatogenics, evolution, prognostic and response to the treatment by those mental disorders, particularly in the initial phases of clinic manifestation.

The current proposal, which is part of the multicentric Project - A present proposal part of the *European Network of National Schizophrenia Networks Studying Gene-Environment Interactions* multicentric project (EU-GEI; <http://www.eu-gei.eu/>), international consortium to investigate etiology, mechanisms and prognostics of EOP aims to estimate incidence of EOP in the region of Ribeirão Preto-SP and investigate possible interactions between social and biological factors in occurrence of such mental disorders.

Specifically, it is aimed to: **a)** investigate possible existence of variations in incidence of EOP, considering urbanicity and internal migration; **b)** investigate association between individual, family and geographical factors besides incidence of EOP; **c)** verify the existence of anatomic and functional alterations in the brain of individuals who present EOP, compared to healthy controls and individuals who are in risk of EOP (healthy brothers); **d)** verify occurrence of genetic and immunological alterations in individuals with EOP compared to healthy controls and population in risk of EOP (healthy siblings) by using Genome Wide Associations strategies; and **e)** investigate occurrence of interactions between social, genetic, immunological and neuroanatomic factors in incidence of EOP.

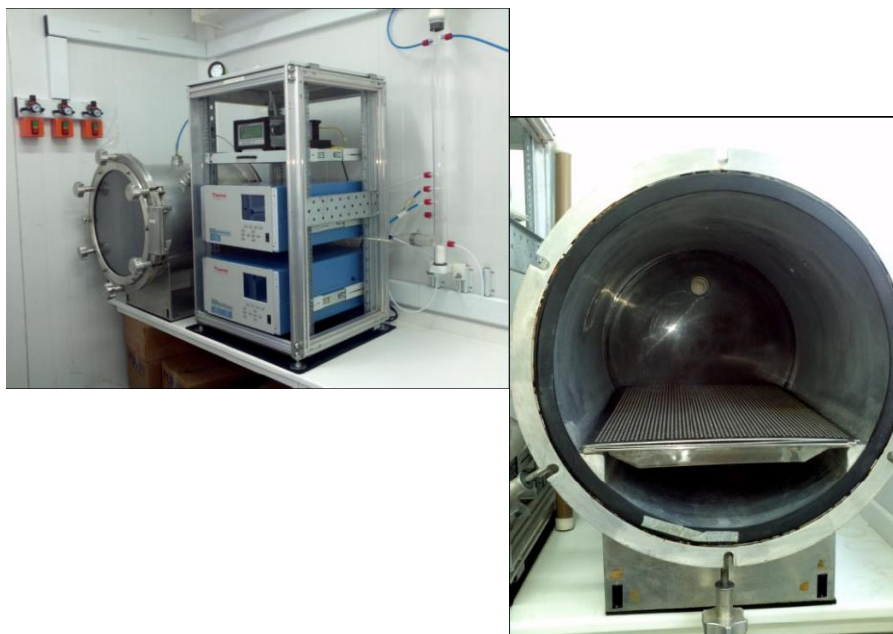
In a three-year period a case-control study on EOP incidences will be performed considering a populational basis of around 800 thousand people in risk per year, or 2.4 million people per year in a three-year period. A sample of 300 incident siblings and 300 controls are estimated. All participants will be submitted to a comprehensive session of social-demographic, environmental, clinic, neuropsychological and family background evaluations, besides genetic, immunologic and neuroimage evaluations. The uniqueness of this study is based on this wide and integrated approach of different components of etiology and mechanisms involved in EOP. Besides, this international multicentric consortium, with methodologically consistent and uniform protocols result in a pioneering strategy which will allow great integration and cooperation among several groups of investigators involved in this research network.

4.1.17 Peruvian/Brazilian Amazon Center of Excellence in Malaria

This research, which was initiated in 2010 by ICB-USP and financed by the University of California and with intervention of FFM, aims to: **a)** estimate prevalence of asymptomatic infection by plasmodium and present characteristics for risk factors for development of symptoms during malaria infection; **b)** estimate prevalence and risk factors for the presence of gametocytes in symptomatic and asymptomatic infections; **c)** estimate risk of symptomatic infection subsequent among individuals who present asymptomatic parasitemia and non-infected individuals; **d)** determine, based on genotyping on parasites, whether subsequent happenings involving symptomatic malaria occur due to persistence of parasitism lines found in individuals who are asymptomatic; and **e)** compare levels of genetic diversity of parasites in symptomatic and asymptomatic infections.

The entomological component of this proposal, focused on the main malaria vectors found in the area of studies, aims to: **a)** determine diversity of vectors in this region through molecular tools for identification and genotyping of vector; and **b)** evaluate the impact of different economical activities in the populational structure of vectors. Such activities had their continuity in 2012.

4.1.18 Determination of average factors for exhaust emissions of light and heavy fleet of vehicles in São Paulo city by using experiments in tunnels and evaluation of related toxicity among emissions generated by diesel, gasoline and ethanol engines



Internal view of a set of animals exposition formed by the chamber of exposition, rack with instruments, dilution pipelines and collection of gas samplings for tools, and operation controls

This Project, which is coordinated by LIM 05, was made viable through a contract signed in the middle of 2010 between FFM and UNICA.

The study intends to estimate real rates of average emissions of the automotive fleet of Sao Paulo, sorted out by vehicles powered by gasoline and ethanol and the heavy fleet, which is powered by diesel from samplings made inside tunnels.

The tunnel is a confined space where it is possible to monitor pollutants originated from the vehicle exhausting system and dispersion of such pollutants, which takes place at the entry of tunnels and ventilation ducts, allowing measuring a balance between emissions and external concentrations. In case of Sao Paulo city, the existence of tunnels with restricted access to part of the fleet, also allows to obtain a rate of specific emission of this fleet. Therefore, a combination of experiments in tunnels with restrict and non-restrict access makes viable obtention of emission rates related to the heavy fleet by difference.

IN 2012 the following activities were performed:

- 1- Realization of experiments in tunnels for estimative of factors related to emission of pollutants by automotive vehicles, characteristic of the circulating fleet of Sao Paulo Metropolitan region. In the experimental side of the study, complex systems of simultaneous monitoring and environmental samplings, both inside and outside Jânio Quadros tunnel (TJQ) in São Paulo and Tunnel 2 of Rodoanel Mário Covas (TRA), whose field phase was met in 2011, but laboratorial analytical and data statistic analytical phases took place from 2011 to 2012;
- 2- Development of Project, construction and start up for realization of toxicological studies on vehicle emissions on animals (Toxicology for Fuels Laboratory) where studies on the impact on animals generated from several currently used fuels (diesel, biodiesel, gasoline, ethanol, gas, etc.) or future ones.

CO, SO₂, NO_x gases were determined as automatic monitors of the CETESB Mobile Laboratory, which were installed inside tunnels. The volatile organic compounds (COV) were sampled and analysed with three different methods for hydrocarbons and carbonic compounds.

For measuring the traffic volume in TJC several cameras were set up, which filmed the traffic during all the experiment and the counting was made a posteriori at the Department of Atmospheric Sciences. In the TRA there is an automatic counting system controlled by CCR concessionaire (operating company responsible for Mário Covas Rodoanel), which provided information on the number of vehicles, types, and average speed every 15 minutes.

4.1.19 Methodology and data sources for estimating health services utilization - Review and support the development of the HPV cost-effectiveness model

These studies were approved at the end of 2010 and are under development at the Preventive Medicine Department of FMUSP through an agreement signed with OPAs and intervention of FFM.

The projects are being carried out at the ProVac Network of Centers of Excellence in Economic evaluation and Analysis of Decisions of OPA, which aims to develop products to support realization of studies on economic evaluation and analysis for vaccines and programs on immunization in America and Caribbean regions. Two Centers of Excellence are part of the ProVac Network in Brazil (FMUSP and UERJ), two in Colombia (Universidad Nacional de Colombia and Universidad de Cartagena), one in Argentina (Institute of Effectiveness Clinical and Sanitary, IECS) and one in Mexico (Instituto Nacional de Salud Pública).

The Center of Excellence of USP is responsible for two projects:

1. Development of guidelines for usage of secondary data for development of estimates for using services in studies of economic evaluation;
2. Development of an analytical model of reference for CE studies for a vaccine against HPV.

Such activities were concluded in 2012.

4.1.20 Development and application of Strategies to Active search of Ex-Refugees of the Cristo Redentor Shelter, Duque de Caxias, RJ, Supported by Remote Captação of Data

This research was initiated in the middle of 2010 and was concluded in 2012 by the Preventive Medicine Department of FMUSP through an agreement signed by the Ministry of Health with intervention of FFM.

Resolution of problems related to environmental contamination and human exposure to organochlorine compounds in the region of Cidade dos Meninos, Duque de Caxias county in Rio de Janeiro involves long term complex issues and poses short and long term implications for a population that has been exposed to environmental risks. This Project represents the building up of a partnership between MS and scientific community to advance with efforts to resolve problems related to a potential human exposure to pesticides of the former factory of the Institute of Malariology, which has been only superficially investigated. It is about identification of ex-refugees of Cristo Redentor Shelter from 1950 to 1996, when due to a legal decision, its activities were finalized in the shelter area.

Aiming to develop and apply a strategy to find the ex-refugees of Cristo Redentor Shelter, it becomes essential to evaluate the methodologies to be applied and create procedures for collection and analysis of data. The final product was a database with identification and possible destination of ex-refugees. It is foreseen that this database can be accessed remotely by using a security protocol of Internet (HTTPS), and that it can be continuously updated, therefore serving as one supporting tool to managers involved in the follow-up and solutions for problems created to the Cidade dos Meninos.

In a probable second step of the project, the individuals whose information on their location has been collected shall be contacted and invited to participate in a registration list for monitoring their health.

4.1.21 Epidemiologic Evaluation of Electromagnetic fields in Furnas Facilities

This research, which was approved at the end of 2009 and concluded in 2012, was developed by the Preventive Medicine Department of FMUSP through an agreement signed by Centrais Elétricas S/A, with intervention of FFM. The initiative aims to establish parameters on levels of human exposure to Electromagnetic Fields (CEM) generated by transmission systems and other pieces of equipment and build up an epidemiologic system to evaluate possible effects on health for populations living nearby this equipment.

Its main specific aims can be numbered: **a)** critical review of epidemiologic studies by associating population exposure to electromagnetic fields and effects on health with emphasis on methodological aspects and evaluation on exposure; **b)** development of a system of geographical information (SIG) to identify levels of CEM in the population living nearby transmission lines (LT) and other electrical systems of generation and distribution of electricity; **c)** quantify the populations potentially exposed to CEM through this SIG and identify such populations according to demographic data and social-economic ranks; **d)** characterize levels of exposure for population in relation to threshold levels adopted by ICNIRP; **e)** develop mathematic models to estimate the potential impact on health of these populations due to exposure to CEM as observed, and taking into account the characteristics and effects as mentioned in international literature; **f)** carry out a epidemiologic study in some chosen segments of densely inhabited urban areas in order to evaluate death risks due to specific kinds of cancer and other possible biological effects associated to CEM exposure.

Information on mortality for the counties located in the Metropolitan area of Rio de Janeiro has already been collected and georeferenced. The map covering the transmission lines has also been produced and at the moment, the statistic analysis of such association to the electromagnetic fields on the population living nearby transmission lines and the mortality caused by leukemia and brain cancer area being currently processed. Preliminary results indicate an increased risk; however not statistically significant for deaths resulting from such causes and proximity of transmission lines. The final report of the research was handed in in 2012.

4.1.22 “Clinic Research Network and Technological Evaluation of Health” Project and “Morbidity in Hypertense Patients and Obstructive Sleep Apnea – MORPHEUS Study” Sub-Project

Systemic arteries hypertension represents one of the most severe public health problems with impacts on incidence, letallity and mortality from cerebrovascular, coronarian diseases and cardiac and kidney insufficiency. In spite of the growth of therapeutic alternatives and increase of pharmacological products available during the last decades, the ratio of patients who present hypertension and that cannot reduce pressure levels to safer levels (despite the appropriate treatment with, at least three drugs and including diuretic products), is great enough to allow that other therapeutical ways are tested. There are growing evidences that obstructive sleep apnea (AOS) whose characteristics are partial or complete and repetitive obstructions (hypopneas) of airways is very common in hypertense patients and in particular among patients with resistant hypertension. Besides, there are growing evidences that AOS also contributes to the increase of arthery pressure; however, the impact of AOS treatment for patients who present is not well established.

The aim of the present project, which is developed by InCor and approved by FINEP in the middle of 2010 and intervention of FFM is to test the hypothesis that effective treatment of sleep obstructive apnea by using a continuous positive pressure device into airways contributes to reduce arthery pressure.

Such activities had their continuity in 2012.

4.1.23 The Effects on Eicosanoid Pathways: Implications for Altered Innate Responses in Asthma

Worsening of asthma occurs frequently when infectious stimulus such as viral infections are superposed to an inflammatory “microenvironment” characterized by cells and Th2 mediators, which is a characteristic inflammation in airways of asthmatic individuals. In the specific objective of this project developed by the Pathology Department of FMUSP through an agreement signed in the middle of 2007 with University of Pittsburgh and intervention of FFM, 20 lungs (from patients who died from asthmatic diseases – fatal asthma) and ten patients who died from non-lung related deaths (controls).

Between January and December 2012 the following activities had been performed:

1. Analysis of histologic slides marked by immunohistochemistry with anti-COX-2 antibody (cyclooxygenase 2) and anti-elastase neutrophilic antibody, besides analysis on the colored slides by Congo Red method, modified for identification of eosinophils.
2. The statistical analysis of all data generated from the analysis of 15-PGDH markers (15-prostaglandin deshydrogenase), 15-LO (15 lipoxygenase), STAT6 (signal transducer and transcription activator 6), iNos (nitric oxide – induced synthase), NFκB (nuclear factor - kappa B) and COX-2 (cyclooxygenase 2) and of neutrophils and eosinophils cells was initiated.
3. In the first three months of 2013 the statistical analysis of all data will be written down in a manuscript for submission to an international scientific magazine.

4.1.24 “Population structure and transmission dynamics of Plasmodium vivax” Project

The objective of this research, which is financed by NIH and with intervention of FFM and developed by ICB-USP since 2008, is to characterize the genetic structure and transmission dynamics of the human malaria parasite - *Plasmodium vivax*, aiming to meet, in long term, comprehension of evolutionary biology of such species and its potential implications for treatment and control of malaria. *Plasmodium vivax* is associated to 70-80 million clinical cases of malaria reported every year, with 2.6 million of people in risk of infection all over the world.

The specific aims of the investigation are: **1.** Estimate levels of microsatellites, single-nucleotide polymorphism (SNP) levels, density and rates of recombination and study the geographical structure of global populations of *P. vivax*; **2.** Analyze the dynamics of *P. vivax* line transmission which are genetically distinct in a well characterized area, cohort of individuals with exposure to malaria and determine the speed that new haplotypes disappear or are introduced into the population; **3.** Carry out SNP and microsatellites discovered through a 300-kb chromosomal segment of four *P. vivax* lines to standardize and high *throughput* strategies for large scale typing of these SNPs isolated in the field; and **4.** Compare the 300-kb of DNA sequence for *P. vivax* with related sequence in one of its closest parents, the parasite monkey of *P. knowlesi* malaria to obtain estimates on unique mutation rates - nucleotide-SNP and density of several types of DNA sequence of *P. vivax* and to allow identification of genes in positive selection environment in all this chromosomal segment.

Such activities were concluded in 2012.

4.1.25 Study on effects of coffee and heart

As a result of an agreement signed between FFM and Embrapa, this research, which was coordinated by the Cardiopneumology Department of InCor, was initiated at the end of 2007 and concluded in 2012. Briefly the research had as objective:

1. Stimulate and develop research, projects and medical studies with relation to development and evaluation of efficiency for human health on nutraceuticals e medicinal effects of coffee, in order to evaluate bioavailability and profile farmacocinetic of clorogenic acids and its derivatives by using regular volunteer patients who suffer from ischemic heart disease type 2 diabetes.
2. Evaluation of several ways to make coffee, including descaffeinated and instant coffee in regular individuals and those who present heart diseases.
3. Evaluation on the influence of ingestion of coffee on homeostase glicêmica for patients who suffer from diabetes type 2 and non-diabetes patients, aiming to obtain solid scientific evidences for industrialization and commercialization of healthy products for consumers, both in prevention and treatment of heart diseases and other systems of human body.

Volunteers who participate in the study in 2012: healthy and coronarian individuals. There is difficulty to select volunteers who present Diabetes Mellitus.

In 2012 there were sub-analysis made with different types of filtered coffee in different individuals with different results. The results were presented in national and international congresses besides two international publications.

The types of coffee used in the study: **a)** 100% Arabic medium roasting; **b)** 100% Arabic dark roasting; **c)** "Blend" (Bobusta (conilon)) medium roasting; **d)** "Blend" dark roasting; **e)** "Blend" decaffeinated medium roasting; and **f)** Blend" dark roasting decaffeinated.

4.1.26 Immuno-histochemical Characterization of new antibodies of oncologic interest

This research, which was coordinated by LIM 14, was made viable through an agreement signed in 2006 between FFM and PR&D Biotech S/A and relies on support from FINEP and Butantã Foundation.

It has as main aims:

- a)** The anatomo-pathologic review of selected cases for creation of TMA's and preparation of database as spreadsheets including information related to differences;
- b)** Selection and marking of areas on blades and related parafine blocks for further creation of TMA's;
- c)** Supervision and technical support in creation of TMA's blocks;
- d)** Preparation and presentation of seminars related to subjects associated to the on-going research;
- e)** Analysis and interpretation imuno-histochemical results obtained from findings disposed on TMA's with related consideration of data in their own matrixes for futher statistic evaluation; and
- f)** Evolvement in the preparation of reports for consolidating data and activities, as well as evaluation of results for publication in magazines.

Such activities had their continuity in 2012.

4.1.27 Retrovirus Epidemiology Donor Study-II (REDS-II) International Component – Blood Center

The "Retrovirus Epidemiology Donor Study-II (REDS-II) International Component – Blood Center" is one Research Project of Hematology of HCFMUSP, which was made viable through an agreement signed between FFM and the Blood Systems Research Institute at the end of 2006, whose activities had continuity until August/2012. The study was developed in three different projects:

PROJECT 1: data collection ended in March 2011. The aims of this study were:

1. Establish and monitor predominance and incidence of HIV in a distinct population of Brazilian blood donors, related to (volunteers VS repositioning) donations and behavioral and demographic characteristics of donors;
2. Estimate and monitor the residual risk of HIV transmission/contamination and project the impact of new screening technologies, such as the HIV RNA test of risk;
3. Identify risk factors and other characteristics of donors which could be a basis for development of new screening procedures or policies to exclude donors in order to intensify blood safety; and
4. Track the rate of donors infection with diverging subtypes and groups resistant to HIV drugs with focus on analysis of HIV molecular characteristics on plasma samples from donors who have been recently infected and exposed to several different risks.

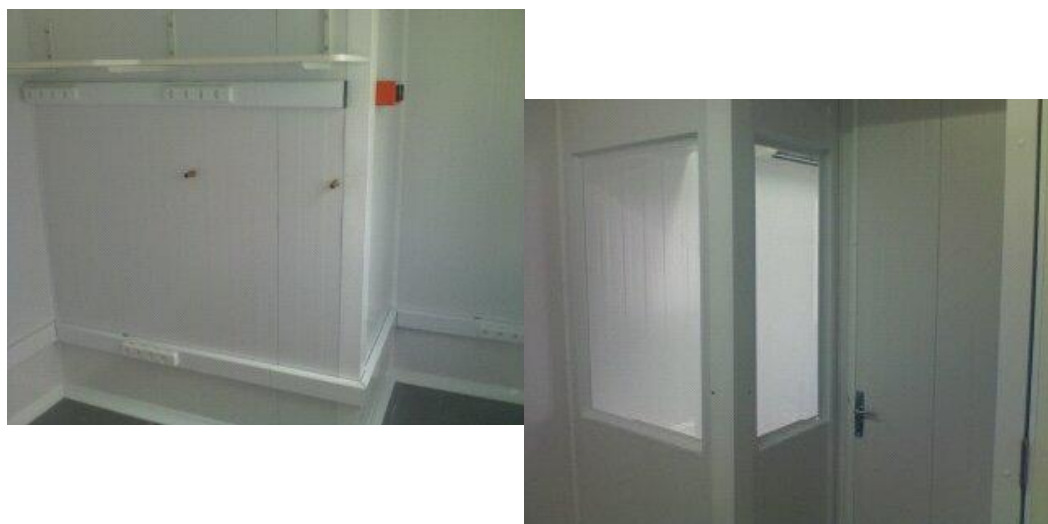
PROJECT 2: It identifies key factors for motivating donors and which cause impact in safety and viability of blood donors in Brazil; it also estimates effectiveness of exclusion policy for donors in Brazil. This project involved a large number of people researched, who had donated blood recently and successfully, as well as collection of samples and interviews with donors who had been differed at the donation time. Collection of such data was concluded in March 2011.

PROJECT 3: This project, which is based on Barg Bug Fever disease, will develop a study of retrospective cohort, defining the natural history and laboratorial correlates of Barb Bug Fever disease among soropositive donors who had been previously identified by using PCR T.cruzi and one quantitative study of antibodies and clinical estimatives. Collection of samples for this project was concluded in October 2011.

Analysis of preliminary data in 2011 allowed publication of 12 articles in international magazines and other eight ones are still being submitted.

In 2012 the analysis of data allowed publication of 20 articles and other five ones have been recently submitted.

4.1.28 Monitoring on Air Quality in Six Brazilian Metropolitan Regions



Toxicology Laboratory for Humans – Exposure Unit: on the left the exams and echocardiography protocol room; on the right the exposure to pollution room and thermal stress of cardio-respiratory protocol cognitivo and efforts of elderly people

This project, which is coordinated by LIM 05, was made viable through an agreement signed in 2010 between FFM and Controlar S/A. Such cooperation is focused on support to technical staff, who make research – mainly in analytical laboratory operations responsible for identifying the inhalable particulate and fine material suspended in the atmosphere, sampled in filters.

In 2012 the main activities and benefits were the following:

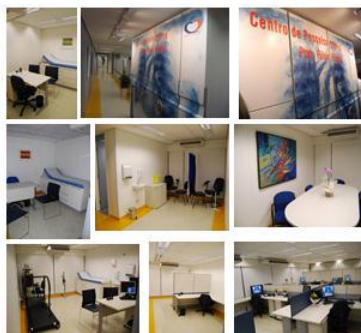
1. Operation of LPAE analytical laboratory, installed in the Astronomy, Geophysics and Atmospheric Science Institute (IAG) of USP, which is responsible for physics-chemical analysis of collection of atmospheric pollutants, which are essential to identifying exposure of plants, animals and populations studied in the evaluation of impact of pollution in the air and study of biological mechanisms of action;
2. Creation of estimatives on the impact of environmental intervention actions forecast or in implementation as prorogation of implementation of better quality fuels and engines (CONAMA 315 Resolution), creation of Vehicle Inspection in São Paulo county in 2010 and 2011 and expectation of impact on the implementation of vehicle inspection in other Brazilian urban regions;
3. Development of project, construction and start up of laboratories for realization of toxicological studies on vehicle emission in animals (Toxicology Laboratory for Fuels) where there will be studies on the impact in animals for several different current or future fuels of interest (diesel, biodiesel, gasoline, ethanol, gas,...);
4. Development of project, construction and start up of laboratories for toxicological studies on human beings (Toxicology Laboratory for Human Beings) where studies on the impact of atmospheric urban pollution and the thermal stress on health and behavior (cognitive and of effort) in human beings will be carried out, liable to several existing pollution scenarios (São Paulo countryside, during burn of sugarcane straw, near to industrial complexes of interest, such as refineries, industrial parks, etc.);
5. Support to reform of containers – environmental monitoring mobile station, originally built up to provide support to the project on emission factors in tunnels (see item 2 below) in order to incorporate new Field tools and facilities for simultaneous realization of exposures in plants and environmental monitoring with use of passive filters, besides meteorological monitoring;
6. Realization of operation and maintenance for CPA – Concentrator of Atmospheric Particles, laboratory which allows concentrating actual atmospheric pollution to expose and test biological mechanisms of pollution;
7. Development of handy equipment for sampling particulate in suspension materials and also inhalable and fine fraction to allow environmental evaluations in regions which do not present monitoring infrastructure for collection of materials for intoxication of animals in laboratories and “*in vitro*”.

4.2. Clinic Studies

FFM is intervenient in a series of clinic studies whose results are of great interest to academic community and general population.

HC CENTRO DE PESQUISA CLÍNICA PROF. FULVIO PILEGGI

- Sala de espera
- 4 Consultórios
- Sala de Manuseio de Amostras Biológicas
- Sala de Coleta
- Sala dos Coordenadores de Estudo
- Sala de Reuniões
- Sala de Arquivos
- Gestão de Projetos
- Secretaria da Comissão



CPC of InCor facilities

Collection Centers /Doctors offices and CPC Monitoring room at Ipq

FFM, by supporting HCFMUSP and FMUSP, has participated actively in Clinic Studies, whose results are of great interest to the academic community and general society. Realization of Clinic Studies under supervision of professors from the house and supported by Clinic Research Centers (CPC) are focused on evaluation of efficiency, tolerability and safety of medications and research on human beings and animals under technical-scientific, ethical, legal issues in relation to on-going legislation, financing of research, origin of resources, return on investments, compliance to Institutional Policies, integration with other several sectorial actions and interest and convenience for the Public Service.

It is understood by clinic studies that any investigation in human beings whose objective is discover or find pharmacodynamic, pharmacological, clinic and/or other effects of products and /or identify adverse reactions to products under investigation, aiming to check its safety and/or efficiency. Clinic Research, clinic essay or clinic study are terms used to identify a scientific investigation process involving human beings.

In this context, FFM managed around **399 clinical studies**, which were approved by the Ethics Commission of HCFMUSP (CAPPesq) and coordinated by researchers from the FM/HCFMUSP system in 2012.

Centralization of research projects development takes place through CPCs. In the FM/HCFMUSP System there are installed CPCs in ICHC, ICr, Ipq, InRad, IOT and InCor whose purpose is to provide medical-hospital care to volunteers for research; guarantee that Good Clinic Practices are complied with during research projects; advise research volunteers and clarify all and any doubts they might have; guarantee all resources necessary to investigators; support coordinators when carrying out research projects; follow up activities and provide necessary information to monitors from different research projects; and guarantee that audits of research projects are carried out according to pre-established procedures.

Besides, as institution, the main objectives of CPCs are: cost reduction; optimization of equipment usage; installation of proper physical area for realization of studies related to several specialties; centralization of development of research projects; guarantee better support to research volunteers; improve quality of education and service provided to the community; train team to carry out studies with quality and reliability within ethical and scientific standards and several times meeting rigorous deadlines; and provide continued education.

For a faithful development of such objectives, CPCs have prepared the following support documentation: **a)** Internal Regime; **b)** Information on Protocol for Admission to the Clinic Research Center – CPC; **c)** Term of commitment for investigators; **d)** Weekly spreadsheet for supporting research protocols which is created and sent by the investigator's team previously for planning the care; **e)** Confidentiality Term for investigators, sponsors and visitors; **f)** Communications; **g)** Intercorrences Bulletin; **h)** Documentation on calibration, validation and certification for all pieces of equipment; **i)** Registration file for exams collected in CPC; **j)** Temperature Control files; **k)** Control file for laboratorial kits with dates of reception, validity and discards; **l)** Files to control nursing support for each patient; **m)** Files to control medication; **n)** Booking of monitoring services, visits, closing and audits; **o)** Opinion survey on the research volunteer satisfaction degree; **p)** Spreadsheet for booking doctors offices; **q)** Spreadsheet for internal identification of research protocols; **r)** Spreadsheet with names and contact information of all team members; and **s)** Standard Operational Procedures (POPs).

CPCs present filing for all research protocols, admission files, term of commitment duly signed by the main investigators copies and the following copied documents: approval by CAPPesq, CONEP and ANVISA (CE); and contract and budget as being the minimum requirements necessary so that the protocol can be approved at the Center.

The CPC of ICHC facilities mainly provides:

- 1) Waiting room for patients, equipped with TV and Video/DVD System;
- 2) Six doctors offices equipped with telephone lines, microcomputers in network with speed superior to broad-band, termo-higrometer, locking cupboards for filing confidential documents and clinic files;
- 3) Exclusive toilets to be used by research volunteers;
- 4) Secretary who has access to telephone lines and fax machines, microcomputers in network, multifunctional printers, mid-sized schreder to destroy confidential documents and wireless equipment;
- 5) Monitoring room equipped with microcomputers in network, three connecting points to the network and dedicated telephone line;
- 6) Area for pharmacy, equipped with separate lockers with restrict access both for the pharmacy area and for individual lockers for different studies, two refrigerators, termo-higrometers and datalogger to monitor room temperature and humidity degree, desumidifier, besides exclusive air conditioning system, therefore preserving suitable temperature and guaranteeing integrity of research medications, both cooled and room temperature;
- 7) Test rooms to support volunteers of the research, collection of biological samples and/ or administration of medication with control of room temperature, infusion pumps, stop-by car for emergency care, electrocardiograph, secretion sucker, stretch including two certified oxygen cylinders, calibrated and qualified scale, pressure monitors, besides lockers and separated with restrict access for accommodation of kits for biological samples;
- 8) A room to accommodate a -80°C and -20°C freezers equipped with dedicated refrigeration device top keep room temperature;
- 9) CPC is equipped with two -20°C freezers, two refrigerators for investigational products and one -80°C Freezer, all of them equipped with calibrated and certified graph registers; three centrifuges for processing biological material, one of them is refrigerated and all are calibrated, qualified and certified; fire-extinguishers (CO2 and water based equipment) presenting updated documentation on inspection, maintenance and reload for fire-extinguishers; generators present documentation on preventive maintenance for the two generators that feed the refrigerators and CPC freezers of ICHC; all CPC pieces of equipment are calibrated, qualified and certified (whenever applicable), according to quality control and norms required for the area of clinic research by NBPC (Norms of Good Clinic Practices) and national and international offices such as ANVISA, NIH and FDA (US Food and Drug Administration).

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Health Policy Projects

5

Health Policy Projects

FFM also supports development of several Health Policy projects, including training for public service professionals by developing evaluation tools, among others.

5.1. Main Health Policy Projects

5.1.1 Proposal for creation of an Integrated Center of Research and Education on Transplant Agencies – CIPETRO

Aiming to develop a critical mass of technological know-how in Brazil, which could allow access of national transplant centers to the benefits of regenerative medicine mainly those focused on increased number of organs and reduction of rejection, this project proposes creation of an Integrated Center of Research on Organs Transplant (CIPETRO) mainly focusing on the development of new technology related to regenerative medicine.

The specific objectives of this project, to be coordinated by Discipline of Liver Transplant and Surgery of FMUSP through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM are the following:

- a) Support to updating and adequacy of a university Center for liver, kidney, lungs and multivisceral transplants with clinic and experimental sectors (CIPETRO) to be set up in the national Center of reference of RENART; and
- b) Capacity of university centers through post-graduation education to reproduce and consolidate the technology related to lines of research of this project within three years in several regions of the country. By doing so, it is intended that after such period, several national transplanting centers are able to assimilate and put the progress forecast into practice, therefore creating a National Net for Regenerative Medicine and Transplants (RENART).

5.1.2 Pilot Project – Tele Emergency - InCor

This project, which is to be developed by InCor through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, aims to systematize and develop a pilot model for assistencial support services, specifically for heart emergencies and urgencies by using telemedicine resources (teleconsulting and telediagnosis) as part of the Technical-Scientific Center activities of the National Program of TeleHealth – Brazil, besides the resources on online interaction and digital ambulatory systems (Cyberambulatories).

The pilot project intends to support the west region of Sao Paulo city, where there are 2.5 million people living and whose infrastructure to support heart emergencies is made up of: **a)** ERs in Lapa and Bandeirante; **b)** Secondary Care Hospital – University Hospital; **c)** Tertiary Care Hospital - PS ICHC; and **d)** Teleambulatory of the pilot project will initially focus on care for chest pain.

The main benefits will be the following: **a)** Availability of opinions from a specialist in cardiological medicine for interaction in real time; **b)** Agility in diagnosis and identification of cases with needs for urgent procedures and reduction of unnecessary protocol; **c)** Agility and efficiency on the decision making process, which could reduce mortality / morbidity; **d)** Greater safety in interventions on patients and the possibility of clinic evolutive on-line follow-up to patients; **e)** Standartization of Telepropedeutic systematics in emergencies and capacity of all professionals involved; **f)** Storage of clinic data for epidemiologic surveys; **g)** Creation of a databasis for registration and recording available resources in each Center from the colaborative net; **h)** Creation of short term courses for leveling professionals from emergency and urgency areas; and **i)** Creation of interactive educational components (knowledge units) to facilitate standartization of conducts and procedures.

5.1.3 Tele Emergency and Tele ICU – InCor Project

This project, which is to be developed by InCor through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, aims to create and structure operational units of teleassistance for support services in cardiologic emergencies and ICU in 200 remote spots in any place in the country.

The results expected are: **a)** Development of expertise in supporting cardiologic teleemergency and general Tele-ICU which is part of systematization, logistics, human resources, gauging results and project sustainability; **b)** Service of cardiologic Teleemergency and general Tele-ICU in 200 remote spots (modularly expansible), 24x7; **c)** Technological set of hardware and software which guarantees security and privacy during data transmission; and **d)** Potencial expansion of knowledge and logistics to other areas of assistance to emergencies and ICU.

The benefits for SUS are: **a)** Availability of opinion from a specialist in cardiologic emergencies and general ICU for interaction in real time; **b)** Agility in the diagnosis and identification of cases where regulation is needed; **c)** Agility and efficiency in the decision making process so that it can reduce morbidity / mortality; **d)** more safety in intervention of patients and the possibility of evolutive clinic on-line follow-up to patients; and **e)** Creation of interactive educacional components (knowledge units) to facilitate standartization of conducts and procedures.

5.1.4 Annual Analysis of Data from VIGITEL System

The Ministry of Health implemented the VIGITEL system in 2006. The implementation of such system has been made in a partnership with the Center of Epidemiologic Research in Nutrition and Health of University of Sao Paulo (NUPENS/USP). The agreement between NUPENS/USP and the Secretary of Surveillance in Health of the Ministry of Health (SVS/MS) has been in force since 2006 and it was essential for conception, operation and improvement of VIGITEL. Such partnership has been vital for planning of prevention, promotion and health care actions in order to advise the implementation of national public health policies.

Such project, which is to be developed by College of Public Health of USP through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, has as main aim to support the Ministry of Health in the operation and improvement of VIGITEL System.

The specific objectives are: **a)** Annual review of the system questionnaire and main groups of indicators; **b)** Annual updating of consideration factors, which are necessary to estimate the system indicators for each one of the 27 cities and for their group; and **c)** Creation of annual reports of the system.

5.1.5 Improvement of health statistics through use of tools from the Family of International Classifications of OMS

The adequate use of Classifications from the Family of International Classifications of OMS is a key point for quality of health information and considered as a basis for prevention programs and control of diseases.

The general objective of this proposal, which is to be developed by the College of Public Health of USP through an agreement signed at the end of 2012 with the Ministry of Health and intervention of FFM, is to improve health statistics in Brazil and contribute to implementation of classifications of the Family of International Classifications of OMS in Portuguese speaking countries. The specific objectives are: **a) CID – Trainings** (Training of multipliers; Training on mortality; Training on morbidity); **b) CID – Updates** (CID-11; Mortality; Morbidity); **c) CIF** (Training and publication); **d) Family** (Publication of Bulletins, web pages); and automation in the use of classifications); and **e) Coordination and research** (Follow-up and publication).

5.1.6 Production of contents on Oral Health in the Telehealth Brazil-Nets Program and UNA SUS (Open University of SUS) for support to Surgeon-dentists and multiprofessional teams in several levels of Health Care

Odontology is the health profession that has had the biggest focus on growth in all levels of health care in Brazil and since its insertion into the Health Family Strategy (ESF) this point has been noticed in data shared by the Basic Care Department – DAB on its official page. Actions in this area of Health show the need to incorporate care to professional qualification, but also qualify the teams on interdisciplinary transversal knowledge, fact observed by DAB on their own.

This project, which was initiated at the end of 2012 by the Center of Teleodontology of FOUUSP through a Letter-Agreement signed with OPAS and with intervention of FFM, has as main general aim to support demands of production of contents of Oral Health since identification of needs of family health teams and Centers of Odontology Specialties (CEOs) with multidisciplinary approach and in articulation with the national policy of health and strategic objectives of the 2011-2015 management.

The specific objectives are: **a)** Enable specialists in the production of Second Formative Opinions to add to the collection along with the Virtual Library on Primary Care Health (BVS-APS); **b)** Produce contents of Odontology with multiprofessional focus by following transversality and interdisciplinarity of subjects as they are developed; **c)** Support proper communication to several professionals and technicians involved (physicians, dentists; oral care assistants, oral care technicians, ACS) in the other several subjects developed; and **d)** Increase divulgation among Surgeon-Dentists on the use of tools offered in the Telehealth Brazil-Nets Program for Odontology.

5.1.7 Availability at home of foods in Brazil between 2008-2009

During the last decades favorable conditions to occurrence of malnutrition and infectious diseases has been gradually replaced by a likely scenario to obesity epidemics and other chronic non-infectious related to excessive and / or unbalanced intake of food all over the world. In Brazil, the analysis on the evolution of nutritional status of the adult population has shown that while the prevalence of low weight among men and women has reduced, prevalences of excessive weight and obesity have increased continuously during last decades.

OMS global strategy for Food Intake, Physical Activities and Health focuses on the need for adequacy of global Standards of food intake pointed as one of the direct responsible factors for growth of global load of obesity and chronic non-infectious diseases. OMS particularly emphasizes on the need to reduce consumption of high energy and low content of nutrients food and food with high content of sodium, saturated fat, *trans* fat and refined carbohydrates.

In order to give proper continuity to analysis of data on food available and having national data from the last Research on Family Budget (POF) as basis performed by IBGE in 2008-2009, the current study, which was initiated at the end of 2012 by NUPENS-USP through a Letter-Agreement signed with OPAS and intervention of FFM, aims to describe the regional social-economic distribution of home availability of foods in Brazil, as well as its composition in macronutrients.

5.1.8 Service of Epidemiology Surveillance in Hospital Environments

The Service of Epidemiology Surveillance in Hospital Environments of HCFMUSP was accredited as a Centered Hospital of Epidemiologic Surveillance – Level III in 2005. Maintenance of its objectives in 2012 was financed through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP with intervention of FFM.

Its main objectives can be numbered as: **a)** Improve the System of Epidemiologic Surveillance for Compulsory Notification Diseases cared for at HCFMUSP with focus on detention, investigation of grievances and notification; **b)** Improve publication and dissemination of information on Epidemiologic Surveillance produced in HCFMUSP; **c)** Evaluate and monitor the System of Epidemiologic Surveillance in HCFMUSP; **d)** Promote continuous training for professionals of HCFMUSP services; **e)** Provide a Field for training in surveillance; **f)** Develop research focused on improving the System of Epidemiologic Surveillance.

5.1.9 Implementation of State Network of Centers of High Costs Medication Dispensation - CEDMAC

The network of High Cost Medication Dispensation Centers is a partnership of SES-SP with five University Centers (FMUSP-SP, UNICAMP, FMUSP-Ribeirão Preto, FM of Botucatu and FM of São José do Rio Preto) for dispensation of immunobiological products by using standardized protocols of care.

This model presents the advantage of using the university infrastructure, as established for care, face-to-face support for administrative processes, reduction of costs through sharing and adjustments of dosages and creation of an efficient, safe and pharmaco-economic (standard electronic report) databasis.

CEDMAC of FMUSP-SP is the Center responsible for coordinating the network and keep a continued training program for all professionals of all four centers.

Maintenance of its objectives in 2012 was financed through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP with intervention of FFM.

5.1.10 Project on Qualification of Basic Care in the State of São Paulo through Distance Interactive Education

This project, which was financed through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP and with intervention of FFM, was developed in 2012 by the Telemedicine Discipline of FMUSP.

It aims at structuring of an interactive on-line educational environment and two courses to qualify tertiary level professionals who work in basic care sector in the State of São Paulo.

The courses offered are: **a)** on-line course on Care for Pregnant Women with selection and capacity of 16 tutors for qualification of 400 professionals from basic care segment; and **b)** course on Actions and Attributions of Surveillance on Basic Care with capacity for 17 tutors for qualification of 2.000 professionals from basic care segment.

5.1.11 Operationalization of management and execution of laboratorial services execution to respond to new challenges aligned with the population needs and SUS objectives

The Adolfo Lutz Institute (IAL) works at promoting health in the State of São Paulo. As a Central Laboratory of Public Health, it is accredited by the Ministry of Health along with its twelve regional laboratories placed in strategic counties of the state; it leads sanitation surveillance, epidemiologic and environmental actions. It also works with knowledge by developing multidisciplinary scientific projects counting on international cooperation in Biomedical, Bromatological and Chemical sectors.

Its main objectives are: **1-** Contribute in planning of Epidemiologic, Sannitary and Environmental Surveillance actions for prevention, control and elimination of diseases of interest in Public Health; **2-** Develop high complexity trials for Surveillances; **3-** Develop scientific research and technological innovation of interest in Public Health; and **4-** Develop specialized human resources for laboratories of interest to Public Health.

Through an agreement signed in the middle of 2012 between FFM and IAL, FFM is responsible for management operationalization and execution of laboratorial services to respond to new challenges in accordance to the population's needs and SUS objectives.

5.1.12 Planning for introduction of vaccin against Dengue in Brazil

Considering that dengue is today one of the biggest preoccupations in public health in Brazil and that there are several vaccines against dengue being tested in protocols – Phase III expanded, and the perspective of introducing it into the vicinal routine next years, it becomes necessary to carry out a series of systematic studies aiming to obtain solid basic of knowledge which is scientifically validated in order to provide proper conditions to the National Program of Dengue Control of Secretary of Health Surveillance of the Ministry of Health in the decision making process on the best vaccine strategy to be adopted in national territory.

It is important to point out the need to fill some gaps in knowledge related to dengue, for instance, immunization mechanisms, adverse reactions, inflammatory patterns that take to high levels of morbidity-mortality and efficiency/safety of possible vaccines which are being considered to be widely used in the future. Other examples of important knowledge of epidemiologic patterns of dengue in our environment are the need of identification of higher risk spots for transmission, need of identification of populations, cohorts and specific groups that are more likely to dengue, in order to form a foundation for vaccination priorities besides increasing efficiency of control.

For so, this project, which is to be developed by the Medical Informatics Discipline of FMUSP through an agreement signed at the end of 2011 with the Ministry of Health and intervention of FFM, proposes creation test and validation of a computer dynamic model, minimally estocastic for determination of critical epidemiologic variables for planning how to introduce a vaccine against dengue in Brazil, as well as to provide cost-effectiveness and cost-benefit analysis among the different strategies considered for introduction of a vaccine against dengue in our population.

This model will serve to propose a first approach for the best vaccine strategy, taking into account the optimum age for introduction of the vaccine in our national calendar for vaccination and eventual proposition of an initial vaccinal campaign focused on reducing protective effects of introduction of the vaccine in Brazil.

Such activities had their continuity in 2012.

5.1.13 Propositon of the Strategic Committee for Development of New Transplant Centers

One of the problems that deserves to be addressed in public health care in Brazil is the difference of regional quality among seaside states once compared to others. Of easy comprehension, such difference becomes even more unacceptable considering the recent social-economical development of countryside states. In this sense, high complexity actions have a special position, and among them, organs transplants.

In 16 states with around 60 million inhabitants there are no transplants taking place or just sporadically or involving living donors for kidney transplants have happened. Therefore, there is a proven room for research on the most suitable method to develop centers which can initiate this surgical practice, which will result in development of a series of specialties related.

This proposal, which was financed by the Ministry of Health through an agreement and with intervention of FFM at the end of 2011 aims at: **a)** evaluation of a qualification method; and **b)** qualification of centers for promoting multi organs transplant.

The objectives will depend on the interaction of several specialties, demonstrating the opportunity to qualify all related variables to the process in Brazilian states that, due to their geographical position, will become regional spots and those which present better performance in relation to courses and previous levels. Therefore, the states of AM, MS, PA, PB and RN have been selected due to their geographical position, and the states of AC, AL, GO, MA, MT, PI and SE due to their qualification already granted in reception (courses on Sad News, Diagnosis of Brain Death and Ocular Enucleation).

Such activities had their continuity in 2012.

5.1.14 Humaniza SUS (RHS) Rede – Expansion and New Developments

In a world that is becoming more and more interdependent, the public level and its communities, for instance those connected to education and health areas only evolve with practices supported on quality and synergy of human relations. Intervention foreseen in the present project is to create a favorable field so that those relations can take place, therefore guaranteeing socialization, a collective building up of knowledge and innovation in the cognitive and relational technology plan.

Intelligence is always a move related to composition and interdependence. The more the potential for composition of a group or community is awakened, the higher its collective intelligence. And what does that mean? Collective intelligence increases the capacity of producing, circulating, relating, exchanging, creating and self-knowing, increasing level of cohesion, sharing, synergy and results.

Therefore, the current project to be developed by Preventive Medicine Discipline of FMUSP through an agreement signed at the end of 2011 with the Ministry of Health and intervention of FFM intends to work with methodologies and strategies to increase collective intelligence simultaneously from coordination and management of the National Policy of Humanization (PNH) in RHS level and of professionals, employees and the network users.

Therefore, the focus on increasing the RHS scope, what requires a co-implication ethics of all these factors along with the policies and actions that PHN promotes or intends to implement.

However, until December 2012 the budget had not been granted yet by the Federal Government.

5.1.15 Project of Matrixing Programs for Medical Residency at State Hospital of Acre Foundation

Aiming to promote education of specialists in Medical Residency, in certain specialities and priority regions as defined in common agreement with SUS management, the current project, which is financed by OPAS and with intervention of FFM and initiated in 2011 and developed by COREME of FMUSP, aims at the improvement for the Medical Residency Program (PRM) at State Hospital of Acre Foundation in areas of Anesthesiology, Clinic Cancerology, Neonatology and Radiotherapy.

It is understood that matrix support as an arrangement of management and articulation in network, where there is a technical, pedagogical, scientific and managerial cooperation to promote Exchange of knowledge and experience acquired by the institution of excellence to favor adoption of more adjusted practices in order to achieve results as expected.

Such activities were concluded in 2012.

5.1.16 Telehealth Brazil in Support to Primary Care Project – São Paulo Center – Executive Plan 2012-2013

This project, which was initiated in 2012 and developed by the Telemedicine Discipline of FMUSP through a Letter-Agreement signed with OPAS and intervention of FFM, has as main general aim to develop mechanisms of cooperation among SUS managers and Educational Institutions aiming at continuous qualification of professionals of the Family Health Strategy (ESF) through teleassistance and interactive teleeducation.

Its specific objectives are: **1)** Consolidate activities in implemented spots of the Telehealth Brazil Program with training of ESF on the use of technological resources of telemedicine and telehealth (digital inclusion); **2)** Consolidate teleconsulting and Second Formative and Specialized Opinion among professionals from different health areas; **3)** Availability of capacity courses with approach on the subjects under a multiprofessional focus by using educational environments based on Internet (Cybertutor) with inclusion of resources such as videostreaming, discussion list and webconferences; **4)** Development and implementation of interactive materials for assistencial support in order to create repository of learning units based on competences in order to structure a good source of information on health primary care to subsidize clinic decision processes, creation and management in the area; **5)** Promotion of joint actions with the Secretary of Health of the State, Municipal Council of Health Secretaries (COSEMS) and Intermanagers Bipartite Commission (CIB) for structuring of management committee and implementation of strategies of the Telehealth Brazil Program in the state of Sao Paulo; **6)** Make videos, audios and posters available based on the Virtual Man Project to be used at UBS for educational and prevention of diseases purposes; and **7)** Distribution of interactive educational materials to public schools as part of the Health at School Program covering mental care, drugs, tobacco and alcohol, environment, health and nutrition and oral care issues.

5.1.17 Transfusional Safety: “REDS International” Project and proposal for Research Network in Transfusional Safety for the Ministry of Health

This study, which was approved at the end of 2010 and concluded in 2012, was developed by the Hematology Service of HCFMUSP through an agreement signed with the Ministry of Health with intervention of FFM.

It is about a network of blood Banks in the USA which counts on support from *National Heart, Lung and Blood Institute* (NHLBI) that presents as main objective to develop research focused on blood Banks. Three Brazilian Hemocenters are part of this Network: Fundação Pró-Sangue-Hemocentro of São Paulo (FPS/HSP) / Hemocentro of Pernambuco (HEMOPE) and Hemocentro of Minas Gerais (HEMOMINAS).

The foundation of this project was the construction of a unique databasis with all information obtained in the three Hemocenters, and which allowed evaluating the actual status and evolvement of blood donations in Brazil.

The aim of the Ministry of Health is to provide proper continuity to this initiative and increase the network to other four additional Hemocenters. This way, the Ministry will guarantee collection and analysis of data related to the Hemotherapy applied in the main public hemocenters in Brazil and will have the following data available which will allow, among other actions: **a)** create recruiting programs for blood donators; **b)** discuss and implement questions related to clinic screenings; **c)** define criteria for temporary ou definitive refusal with higher rigors and foundation; **d)** calculate prevalence of infectious diseases by blood throughout several regions; **e)** calculate the residual risk of blood infectious diseases, according to prevalence of each region; **f)** create strategies to increment percentage of voluntary and repeated donations in our country; and **g)** identify epidemiologic differences among donators from each region.

5.1.18 Integration of Competences at Performance of Judiciary Activity with Drug Users and Drug Addicted Individuals

This project, which was approved at the end of 2010, is being developed by GREA through an agreement signed with Senad and intervention of FFM.

Drug abuse is a complex and multifaced phenomenon which requires joint actions from society and public power from intersectorial policies in juridic, educational, health and social assistance areas in search of solutions to minimize damages resulting from such behavior. In legislative and politics fields related to causes and consequences of abusive drug consumption, Law nº 11.343/06, which institutes the National System of Public Policies on Drugs (SISNAD) and prescribes measures for prevention of undue use, attention and social reintrodução of drug users and drug addicts, is a juridic landmark for changes of paradigms and legal procedures, as it foresees recognition of differences between drug user, the person who makes undue use of drugs and the drug dealer by treating them differently, without jeopardizing and neglecting the repression mechanisms against drug dealing.

Until publication of the related Law, the user and addict were seen as a risk or threat by our society. The procedures were restricted to police actions (punishment) and forwarding to psychiatrist hospitals (mental disease). On the contract, in the scope of the new law, the individual that is sued due to possession of illegal drugs for his own use will have the right to a definition of a therapeutic individual project (resocialization) being advised for social inclusion and reduction of risks and social and health damages (art. 22, inc. III). In this context, users will not be submitted to private punishment of freedom, but to social-educational measures applied by the Criminal Special Courts.

This new paradigm is foreseen in Art. 28 of related Law; therefore, the related educational action foreseen in this Law is that the State, with participation of the society, cannot only formulate and implement policies or programs of providing services to the community. As reflex of the New Law nº 11.343/06, and with relation to a more effective and suitable application of Law by Operators of Right of Criminal Special Courts and Infant and Youth Courts involved in penal persecution, it is necessary to focus on the improvement of theoretical-methodological knowledge in areas focused on drug problems (out of the legal scope) and adequacy of joint actions (multidisciplinary focus) among other Legal Operators (judges, prosecutors, attorneys, marshals, conciliators, lawyers and other offices of Justice), the professionals of the psychosocial care area (social assistants, pedagogics, psychologists, among others) and professionals of the Public Safety area.

Such activities had their continuity in 2012.

5.1.19 “Monitoring and Evaluation of Implementation of National Policy of Permanent Education” Project

The “Monitoring and Evaluation of Implementation of National Policy of Permanent Education” project, which was concluded in 2012, was developed by the Preventive Medicine Department of FMUSP through an agreement signed at the end of 2008 with the Ministry of Health and intervention of FFM. The initiative proposes a study which allows identifying through four modules of research, the content and methodology to create and implement state and regional plans of permanent education in health and organizational drawings conceived for implementation of permanent education policy.

The implementation of four modules covers methodological strategies and drawings of diversified investigation. Besides, there are situations that make viable more comprehensive studies, as in the case of documental analysis of Regional Plans from a sample of regions and situations that demand study case by using data and information obtained through a combination of analysis of documents and interviews in depth and semi-structured. The general study will cover a national sample selected with different criteria for effectiveness of different modules according to their studies.

Its main objectives could be numbered as follows: **1.** Generate knowledge on the current effort to build up new organizational drawings and new procedures for interaction and articulation of players involved in the regionalization of a national educational policy in health; **2.** Identify procedures that are in compliance with the interaction strategy among states and local health managers or their representatives according to regional policy decisions for permanent educational regional policy; and **3.** Produce and make available information for decision making process, making monitoring and improvement of guidelines and mechanisms of regional health management easier.

5.1.20 “Strengthening of Regional Management in the State of São Paulo” Project

This intervention project, which was developed from 2009 to 2012 by EE-USP through an Additive Term to the University Agreement signed between HCFMUSP and SES-SP and with intervention of FFM aims to provide support to development of health management at DRS of Presidente Prudente (and, therefore, along with five CGRs that make it) and along with two Collegiates of Regional Management (CGR) of the Regional Department of Health (DRS) of Sao Paulo city, both for Rota dos Bandeirantes and Mananciais CGRs. The main objective of this project is to qualify health care in the regions by supporting creation of the Management Pact to formalize a commitment with sanitation responsibilities that present care to populations needs as target and having commitment from counties and state and organization of services and system management.

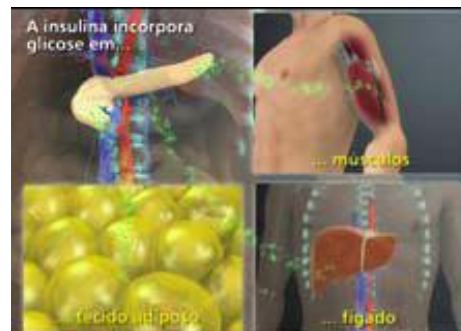
Main issues involving this project are: **1.** The performance of managers as head of the organization of Health Regions and the new state manager in this restructuring bringing the challenge of new managerial competences among them negotiation and pact in CGRs scope; **2.** Little recognition of importance of Basic Care as a way to increase access and resolubility and needs of population in relation to health and hypervaluing of medium and high complexity care; **3.** The difficulty of several social players when performing health diagnosis that are able to inform planning in health for implementation of regional health networks that support CGR in the discussion and prioritization of the region needs; and **4.** The difficulty to build up intersectorial actions and social participation that provide sustainability for development of regions.

As result of Phase 2 of the Support Project, it can be observed that one of the greatest problems for strengthening the management in CGR scope is the lack of managerial capacity of Secretaries of Health and Technicians that support them. Another issue identified is a little social participation in health in this region.

Activities developed in 2012 were: **1.** Identification and mapping of the net components: care spots, systems of diagnostic and therapeutic support; logistics system; management system for each one of the collegiates and to DRS as a whole; **2.** Visibility of collegiates in the COSEMS Congress; **3.** Creation of indicators and actions pacted at PPI and recreation of the State Plan of Health; and **4.** Conclusion of the project.

5.1.21 Diabetes Mellitus Project – Permanent Education – Creation of Human Resources in Professional Education and Stricto and Lato Senso Post-Graduation in Health

This project, which is coordinated by the Endocrinology Department of FMUSP, was made viable through an agreement signed between FFM and Ministry of Health at the end of 2007; however, due to a delay in authorizing the budget, it only started at the end of 2008. Its main aim is to implement a reorientation program for treatment of diabetes by providing training courses on new ways of treatment and prevention for its complications by using techniques including “on-line” films, interactive discussions and implementation of a line of communication by internet (DISCUSS YOUR CASE), enabling a discussion on hard clinic cases and orientation on complex problems as considered by the professionals of basic area.



Screens produced by Telemedicine for Diabetes Projects

The Telemedicine Discipline of FMUSP is responsible for creation of material being used in several Medias, such as Internet, DVDs, leaflets and audio-books thanks to technological resources developed by the department, including the “Virtual Man” Program. Currently there are 14 videos being released in Educational Communication Design of Telemedicine, which mix contextualized images, classes involving professionals and sequences of Virtual Man Project developed according to the class subject. For each video a synthesis in audio is produced and made available on Internet for possible download through Cybertutor (www.estacaodigitalmedica.com.br/cursotelemedicina/), a teleducational system on Internet.

The project will also count on a risk questionnaire available on the Internet where adults can calculate the possibility of developing diabetes, besides the Prato Feito Program, which teaches doctors of any area how to adequate the patient’s intake of food based on his clinic case.

The Center of Diabetes of Bahia is responsible for the programming of face-to-face workshops and in the next step there will be discussions on clinic cases and deepening the content presented initially.

Such activities had their continuity in 2012.

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Institutional Projects

6

Institutional Projects

FFM also supports development of institutional projects which aim mainly at improvement of physical and technological infrastructure of facilities of the FM/HCFMUSP System.

6.1. Main Institutional Projects

6.1.1 Physical Adequacy Project for IMREA Units



Adequacies made on the electrical area and readequacy of visual identity of Lapa Unit - IMREA

This project, which is supported by SES-SP through an Additive Term to the University Agreement signed in 2012 between HCFMUSP and SES-SP with intervention of FFM, aims at the realization of physical adequacies, construction services and investments for IMREA Units (item 1.2.2.f of this Report).

Physical adequacies, construction services and investments are necessary for maintenance of high level of quality, besides expansion of services provided aiming at inclusion of other pathologies not yet covered by IMREA. Such actions will allow alignment of processes and applying for certifications from internationally recognized entities. Also, the need to be in compliance with norms and legislations in-force, besides the intention of acquisition of innovative Technologies which will provide patients with access to the most updated care in rehabilitation Field.

At Lapa Unit of IMREA the following changes were made in 2012s: **a)** finalization of civil adequacy of Primary Cabin by the installation of high voltage equipment; **b)** installation of new cabling system for electricity; **c)** conclusion of the Sub-station with checks and approval by Eletropaulo; **d)** contracting IPT – Institute of Technological Research for structural evaluation of roofs; **e)** handing in the Evaluation Report with presentation of the current status and orientation on emergency adequacy measures; **f)** execution of interventions as indicated by IPT; **g)** Readequacy of all visual identity with indicative and informative boards; **h)** contracting and execution of a Project for Safety Integrated System; and **i)** contracting and start up of a project to reform and adequate toilets.

6.1.2 Anteproject for Cooperation Center for Alcohol and Drugs of HCFMUSP

This proposal was approved by Senat at the end of 2010 with intervention of FFM and will be developed by GREA as soon as the budget is granted.

This project presents a proposal for creation of a Cooperation Center for Crack and other drugs of HCMUSP within the facilities of the current Auxiliary Hospital of Cotoxó, which aims to provide support, education and research related to the topic, abuse and addiction to crack, alcohol, tobacco and other drugs;

This Center shall present their own physical area aiming at an integrate model to support patients and family members in ambulatorial and hospitalization level, associated to a high complexity social reintroduction services and totally incorporated to a research functional structure as it is expected from a cooperation Center of excellence, adding all this to technical activities in multiprofessional residency sector.

6.1.3 Creation of studies for the Hospital Complex Cotoxó Construction Project

This project, which is supported by SES-SP through an Additive Term to the University Agreement signed in 2012 between HCFMUSP and SES-SP and with intervention of FFM, aims to elaborate studies and projects for construction of a building complex to be set up in a land that belongs to the Auxilliary Hospital of Cotoxo, called “Complexo Hospitalar do Cotoxó”. As part of this Complex there will be: **a)** one Cooperation Center for Crack, Alcohol and other Drugs; **b)** a new Auxiliary Hospital; and **c)** one FATEC Health (item 6.1.2 of this Report).

The main objective of the project is to support the needs program within conditions as offered by the physical space and within legal and technical limitations aiming to minimize the investment and maximize conditions of environmental, ergonomic and functional comfort conditions.

Besides, the project aims to supply all tehcnical information necessary to a BID for the construction, contractor’s company and construction of buildings and covering all requirements as part of the Memorial described for the construction.

6.1.4 Project for Informatization and Modernization of the Residence Educaton in Urology of HCFMUSP

The Urology Discipline of FMUSP has developed some years ago an electronic report which is used for all patients registered in the Clinic and which has presented na immesurable advancement in quality of care provided to such patients. Besides registering all records and medical data of each patient, including exams and image studies, surgical interventions made and care provided in other Clinics, this report allows recovering all data filed in a few seconds, for instance, the total number of cases of the same pathology or a list including all patients submitted to the same surgery. This way, members of the Discipline can quickly get a hold of tables and comparative graphs of high quality and precision, what enables the preparation of presentantions creation of thesis and publication of scientific qualified works.

The current project, which was made available through a Donation Term signed between FFM and Monte Cristalina Ltda. In 2011, aims to provide and introduce the use of iPads to fill out electronic reports and that, daily the clinic evolution and prescription of patients in the hospital can take place beside the bed. Such iPads will be distributed to all residency doctors and to some professors and will present some applications that will enable the educational process of trainees. Each clipboard will present basic books on Urology, Surgery, Intern Medicine, guidelines on treatment against main clinic and urology diseases, files of anatomy and physiology, pharmacological data and interaction of medications available in the Brazilian market and it will also provide access to Internet to the main international medical magazines. Besides, through the clipboard there will be intense real time communication among students and residency doctors making the care to patients registered or hospitalized more agile. Such activities had continuity in 2012.

6.1.5 Project that pursues Excellence in Medicine of Medical School of USP

Through a Donation Term signed in 2011 between FFM and Monte Cristalina Ltda., the Urology Department of FMSUP started the creation of trainings to be developed abroad by students from different areas of the institution in search of medical excellence and improvement of a formative system for human resources, of scientific research production and quality of services provided to society, had its continuity in 2012.

This way, a basic project had been created aiming to provide different alternatives for scholarships for studies abroad and focused on several levels of the academic hierarchy – all supported by the principle that all these trainings shall promote acquisition of knowledge applicable to the Brazilian nation, in areas of management and economy of health, academic leadership, new educational methods in medicine, informatization and on-line education, creation of multiuser platforms for research, creation of managers for public health and new Technologies of health care and exchange with other international universities of high reputation.

6.1.6 Project of Strengthening Maria Cecília Souto Vidigal Center of Studies and Laboratories of Hematology Center

The concept of Permanent Education, also known as Continued Education, is associated to the Idea of creation and improvement, aiming at adaptation of the Professional when facing an ever changing world and that requires constant updating. This way Permanent Education is one of the most important strategies for professionals to guarantee their updating when facing new knowledge, methods and processes of work from a scientific and technological development which take place continuously.

Special attention should be given to on-line education as a education-learning process in Permanent Education where teachers and professionals are separated spatially and/or timely, in spite of being connected by technologies – mainly telematic ones such as Internet. However, other means of communication could be used, such as mail, radio, television, video, CD-ROM, telephone lines, faxe and similar technologies.

This proposal, which was made viable through an agreement signed with FMCSV in the middle of 2010 and with intervention of FFM, provides continuity to the proficuous relationship which has been established in the Hematology and Hemotherapy fields in Brazil and in FMCSV role. For a long time, professionals and technicians had been trained in FMCSV laboratories and could use their important library, therefore providing relevant servies to different entities involved in medical-hospital care in Brazil and outside. In recent years, and with the partnership created between FMCSV and the Hematology and Hemotherapy Department of FMUSP through FFM, the laboratories had been offered to the Hematology Service of HCFMUSP, and the Library was donated in order to add value to the Department library.

Such activities had their continuity in 2012.

6.1.7 Platform of Images at the Autopsy Room – PISA Project

Since of ages, autopsy has been used as a relevant way to improve technical and scientific knowledge in health Field. In spite of different imagenology techniques have come up, several studies show that It is still fundamental in the evaluation of the disease process, evaluation of diseases, evaluation of new pathologies and quality control of medical service. FMUSP attempts to use the great potential associated to 15 thousand autopsies that take place at SVOC annually the best way possible; this fact is proven by presence of research lines as established using material from autopsies in lung, cardiovascular and neurological pathologies, besides several specific workds involving other areas.

At the same time, a progressive development of medical imagenology techonologies with new equipment every year has resulted in an increase of spacial, contrast and functional resolution to deal with medical diagnosis. However, there still is a need not met by this advancement, which is the validation of such techonologies based on clinic and pahthological aspects.

Facing this reality, PISA multidisciplinary project involving the 17 departments of FMUSP will allow realization of virtopsies, virtual autopsies made from image diagnosis exams, using cutting-edge equipment from image diagnosis exams which use cutting edge equipment on ultrasound, X-Ray, computerized tomography and magnetic ressonance which produce images that could be correlated to pathological exams of SVOC by providing support to educational, research and care areas to the population.

For a while, pieces of ultrasoundand computerized tomography equipment have been bought. Still to be purchased one X Ray and 7-Tesla cutting edge Magnectic Ressonance pieces of equipment; the last one will be the very first one to be bought in Latin America. Resources for installation and purchase of magnetic resonance will be offered by Fapesp, and the physical floor plan for reform, which is necessary to hold the equipment, has already been approved.



Images of PISA Project

3D images captured by tomography

Besides support from USP, FAPESP and CNPq, the initiative also relies on the financing from SES-SP through an Additive Term to the University Agreement signed in 2012 between HCFMUSP and SES-SP, with intervention of FFM.

Results that have already been produced with the exams carried out on the ultrasound and computerized tomography pieces of equipment were introduced to FMUSP Congregation in October 2012. Around 40 cases have already been studied. The great advantage is that a list of documented cases can be created with correlation between pathological and image exams.

The project presents four centers: education, research, support to community and management and sustainability. The education center will involve integration with graduation courses of FMSUP, mainly in disciplines of anatomy, pathology, radiology and surgery. Students of medical residency and extension courses will also benefit from it. The first ones will have the opportunity of trainings on biopsies guided by images and will be able to check in real time whether the tissue collected is correct, what is not possible in human patients.

The research center, which is the main target of the project, will focus on the investigation of several systems. In this initial phase, angiographic images area being captured, in other words: of blood vases and lung ventilation.

The third center is related to community services, by carrying out virtopsies – official name given to the technique originally used by the Forense Radiology Service of Zurich. Therefore, cause of deaths will be checked for people whose religions do not allow autopsies, besides those cases where the technique is highly recommended. Virtopsy is already made in routine forense cases, but it will only be available in few places around the world.

At last, the management and sustainability center of the project involves interaction with companies from the sector for testing and checking hardware and software for medical images. All the research under development and on-going can be followed by the site: www.inrad.hcnet.usp.br/pisa.

6.1.8 Project of Modernization of Infrastructure of Research and Innovation for Health - FM/HCFMUSP System

This project, which was approved in the middle of 2010, is being developed by the Executive Board of LIMs through an agreement signed with FINEP and intervention of FFM. It has as main aim to optimize the existing resources to guarantee development of research in the FFM/HCFMUSP System by expanding participation of the institution and its researchers in the national and international scenario by cooperating with the development of strategies as defined by the Ministry of Health, specially in relation to the most relevant problems involving public health, such as traumas, violence, aging population, pollution, besides cardiac, vascular and oncology diseases, which account for the biggest number of deaths, sequels and permanent invalidity in population and the huge social-economic impact in the country.

The project aim is provide continuity to the implementation of the infrastructure project for support to research rationally and optimized through constitution of the following multiusers laboratories:

1. Sequencing of high performance;
2. Increase of the animal production capacity of FM/HCFMUSP System;
3. Center of Animal Behaviour for pre-clinic research of the FM/HCFMUSP system;
4. New image Technologies for structure and functional “in vivo” analysis;
5. Platform for development of new strategies for modulation and reversion of Multiple Organ Disfunction;
6. Facility for training in robotic techniques, which are advanced for biomedical research.

In 2012, the following projects were on-going:

High Performance Sequencing: The DNA Automatic Analyzer was acquired and the equipment MassaRRAY QGE) still waits for authorization by FINEP; it is in its third payment for the budget.

Increase of animal production capacity of FM/HCFMUSP System: the microisolating piece of equipment for mice and accessories has already been purchased. There still need to adequacy for the physical area for installation of one of the pieces of equipment, which will occur in 2013.

Center of animal behavior for pre-clinical analysis of the (Behavioral Biotery): Execution of the physical and electrical, hydraulic and refrigerating adequacy services for implamentation of an animal behavior Center, which is still waiting for authorization from FINEP for the third share of the budget.

New image technologies for structural and functional analysis *in vivo*: the piece of equipment Ivis Spectrum Image System Equipment has already been acquired and is working.

Modernization of Gamma Ray source of the FM/HCFMUSP System: the piece of equipment Gammacell 300 Elan was purchased and still waits for proper installation in the room.



System of Images - Ivis Spectrum EQ-458-19826

6.1.9 Congress Amendments that benefit the Digestive Tract Surgery Department of HCFMUSP

This project, which was approved at the end of 2010 and to be developed by the Digestive Tract Department of HCFMUSP through agreements signed with the Ministry of Health and intervention of FFM, aims to invest in infrastructure and pieces of equipment that allow use of cutting edge technology for digestive tract surgery, which enables support to high complexity and specificity procedures.

The main objective of this project is to improve the physical and technological infrastructure of the ambulatory and surgery rooms of Digestive Tract and Coloproctology Surgery Department, with the acquisition of pieces of equipment for diagnostic and surgical support, micro-computers and printers which make available results of exams, preparation of reports, consult images, collect all kind of information related to the patient's electronic records in the hospital and in procedures of the supporting area.

Such proposal for restructuring surgery rooms shall provide an increase in the number of surgeries made and triple the number of services provided from 1.600 surgeries / year (around 1.000 high complexity ones) to 3.500 in two to three years period.

Until December 2012, only part of the budget had been approved and released by the Federal Government.

6.1.10 Project for Modernization of Infrastructure of Research and Innovation to Health of SUS

The 62 laboratorial units of the LIMs institute show the competence installed in the FM/HCFMUSP System that today relies on 722 doctors and around 120 groups of independent researchers. Such groups are associated to and represent around 19% of doctors in health area in the country.

The strategy is to provide the institution with research infrastructure compatible to the level of scientific production generated and international insertion. It is about availability of reliable physical infrastructure, suitable and safe to create multidisciplinary laboratories for collective use with skilled laborforce and that meets a growing demand. Such multiuser laboratories allow use of more modern equipment by the greatest number possible of researchers from the System, enabling the use of cutting edge techniques in experimental medicine rationally. Therefore there is optimization of financial and human resources already available in the institution, consequently offering them conditions to compete for external resources (domestic and international agencies), which are fundamental for development of high quality biomedical research.

The aim of the Agreement signed with FINEP at the end of 2008 and with intervention of FFM is to give proper continuity to the implementation of the infrastructure support to research project, rationally and optimizedly through construction work in the FMUSP building and acquisition of materials and pieces of equipment that, besides the fire alarm detection system, will constitute more three multiusers laboratories:

- 1. Platform for development of new strategies for modulation and reversion of Multiple Organs Dysfunction (Surgical Techniques - UPAC):** the reform work for the physical area for construction of the experimental unit of intensive therapy was finalized in 2012 and the equipment is being installed.
- 2. R3 Laboratory for culture of genetically modified animal tissue and hybridomas generation:** the purchase of a Microscope (inverted with contrast) was made in 2012 and it is currently working.
- 3. Laboratory for Validation of Molecular Biomarkers:** the reform in the physical area of the building of ICr for implementation of genomic nucleus complement shall take place in 2013. The pieces of equipment - Palm Cycler, Termociclador, Immunospot and DASA QIA were purchased and delivered in 2012.
- 4. Detection and Fire Alarm System:** installation of the detection and fire alarm system has been concluded.

6.1.11 Clinic Research Center of HC-FMUSP



Reports File Rooms – CPC-IPq



Medication Room (Climatized) – CPC-IPq

Coordinated by the Clinic Board of Directors of HCFMUSP and approved through an agreement signed between FFM and FINPE at the end of 2005, this project was concluded in 2012, its main targets were: **1)** increase capacity of the institution to develop projects in medical research; **2)** increment creation and capacity of professionals specialized in medical investigation; **3)** increase participation of the Institution in research projects that prioritarily focus on public policies of health in the country; and **4)** plan and follow up clinic research both generated with international cooperation or developed locally.

The project made viable improvement of physical-functional infrastructure in the existing areas of research in the FM/HCFMUSP System. Therefore, in some institutes, the LIMs and Research Centers have been expanded and better equipped with cutting edge technology devices, while in other institutes Centers for Clinic Research in their own specialties have been created.

The benefits of the implementation of the project also show consolidation of the institution image as being of high capacity for research and having material and human resources highly qualified. The Centers of Clinic Research which benefited from the project were the following:

- 1) Center of Clinic Research of ICHC:** opened in September 2005; it has as main aims: provide medical-hospital assistance to research volunteers; guarantee that Good Clinic Practices are observed during research projects; advise research volunteers to clarify any and all doubts they might have; guarantee that all resources necessary to investigators; support coordinators when carrying out projects; follow up activities and provide information necessary to monitors from different research projects; and guarantee that audits of projects are conducted according to the pre-established procedures. Its installations have been expanded, its infrastructure has been modernized and its team has been trained and certified in clinic research.
- 2) Center of Clinic Research of IPq:** opened in December 2006; it gathers 20 research groups at the moment with around 500 employees; the Medical Investigation Laboratories (LIMs), that together are the foundation of the post-graduate activities, USP students and researchers who are recently-doctorated in Brazil and abroad. To support scientific production of its groups, it offers a statistics service, one monitoring room and wireless internet system. To support clinic research, it offers a room equipped with sliding files for research reports, one medication room and one center for collections with two doctors' offices to provide assistance to patients and realization of all procedures related to clinic essays.

- 3) Center of Clinic Research of InCor: Pieces of Informatic Equipment have been bought, which is covered by a modernization project, implementation of wireless internet, updating of the informatic equipment park with increase of the processing and storage capacity for information, reports and support capacity of the clinic research Center; chambers for preservation and keeping medication, where two pieces of equipment with special features have been purchased to meet technical and safety needs; and furniture for completing the storage capacity of processes that are still under development, it is necessary to make the hard copies maintenance.
- 4) Center of Clinic Research of InRad: opened in May/2007; it develops clinic, their own, multicentric, national and international studies in several areas diagnosed and/or therapeutic. Research could include use of machines, equipment, medication, storage, data analysis, post-processing of images and service providing in realization of image exams. One structure has been created to support researchers in relation to definition of protocol, forwarding of project to the right approval levels, costs calculation, flow of exams, support to peculiarities of each study, agility and efficiency in the process.
- 5) Center for Clinic Research of IOT: opened in December 2007; it was designed and conceived with the rigid norms of Good Clinic Research Practices. Through this project, the following equipment /furniture had been purchased and the following reform made in the physical space: Medical Office; reception hall for patients; support room for trainings, monitorings, meetings; waiting room for research volunteers; room exclusively used to keep studies documents equipped with individual lockers; climatized room for medication storage; room exclusively used to keep archive documents (SAME); toilets for patients.
- 6) Center of Clinic Research of ICR: it started to be structured in December 2007 and started its activities in March 2008. 48 studies had been developed basically sponsored by pharmaceutical industry, public offices and fostering offices, mainly involving the following lines of research: Epidemiology of breathing and infectitious diseases in Pediatrics and Therapeutical and Pharmacocinetics Interventions in pediatrics diseases.

6.1.12 Network of Multiusers Equipment Program (PREMiUM)

Aiming to stimulate activities of research and innovation of FM/HCFMUSP System, the FMUSP Board of Directors and the Executive Board of LIMs with support from FFM and resources from agencies such as FAPESP and FINEP implemented the Network of Multiusers Equipment Program (PREMiUM). This program consists of creating decentralized centers, which are organized as a network and have in their cutting edge equipment and technology which is useful not only for one, but to several types of Experimental and Clinical Research as they could be used for more than one single group of research at the same time.

Such practice allows optimization of physical space, equipment, human resources and materials besides making viable contracting preventive maintenance, services, etc. which are today practically impossible to be acquired both for FMUSP / HCFMUSP as for other institutions. Still possible to acquire ultimate pieces of equipment and their continuous improvement, such as:

1. Cellular Separation;
2. Freezers -80°C,
3. Bioinformatics,
4. Animal images by micro PET/CT;
5. High Resolution Ecocardiographic Image System for small rodents;
6. Storage and Tracking of long term biological samples; and
7. Microarray.

The following Multiusers Centers have been implemented:

1. Tissue Microarray and Imuno-histochemistry;
2. Electronic Microscopy;
3. Microdissection by laser;

4. Confocal Microscopy;
5. Transgenic Animals;
6. DNA sequencing.

Services provided by multiusers nucleus are available on the web Page: www.premium.fm.usp.br

The option to create an equipment park in net values the existing ones in the institution and optimizes human and financial resources available. At the moment for this consolidation it is fundamental that:

1. Suitable conditions are created in the work environment related to infection prevention;
2. Connectivity between different laboratorial units and net of multiusers equipment is guaranteed;
3. Consolidation, among other things, within norms and on-going legislation, the area of Cellular Biology applied to medicine;
4. Create conditions for generation and promotion of knowledge in priority areas for the Ministry of Health and SUS;
5. Show that all elos of the chain are represented in the System by stimulating innovation in biomedical area and promoting creation of agreements with productive sector.

Such activities had their continuity in 2012.

6.1.13 Confocal Microscopy Multiuser Center

Coordinated by Vascular Biology Laboratory of HCFMUSP (InCor) with support from FFM, this center was created in 2007 to be part of the Multiusers Equipment Network Program (PREMiUM).

The confocal / fluorescent microscopy center – Multiusers Netwrk of the FM/HCFMUSP system is one Center which aims to provide microscopy by fluorescence services and using confocal module for all researchers of the FM/HCFMUSP system, as well as to other entities of education and research.



The equipment and its accessories were acquired through the FAPESP Multiuser Project (no. 04/08908-2), and therefore is to be used, according to specific regulations. The following items are offered: Confocal microscope with laser scanning; 3D Confocal microscopy, total reflection by fluorescence, Confocal Laser UV microscopy, Differential Interference Contrast (DIC) and regular microscopy with fluorescence with inverted basis. Such activities had their continuity in 2012.

6.1.14 Multiuser of Microdissection by Laser

Coordinated by the Pathology Department of FMUSP and with support from FFM, this Center was created in 2007, to be part of the Multiusers Equipment Network Program (PREMiUM).

The microdissection technique developed in 1996 by researchers from the *National Cancer Institute* of USA has become an extremely important tool in biological research, potentially expanding the use of already existing techniques for Molecular Biology.



PALM Microbeam IP Z System

With this technique it is possible to obtain cell material from tissues or heterogenous cithologic preparations. The material to be extracted can be easily fixed on paraffin (file material) or frozen. Groups of similar cells, multicelular structures or even unique cells and cromossoms could be isolated.

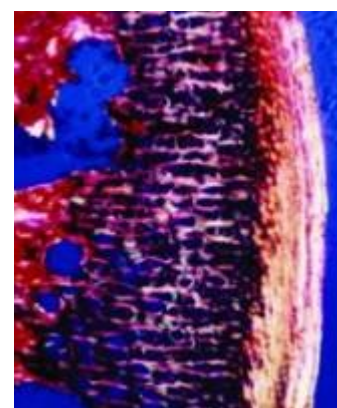
The material obtained could be used in a series of *downstream* techniques as genic expression (RNA ou DNA), Western blotting, and proteomic techniques among others.

In 2006 through support from FAPESP the Pathology Department acquired the PALM Microbeam IP Z System, which uses the laser microdissection system coupled to the pressure catapulting system. This piece of equipment is available to the FM/HCFMUSP System and other researchers interested in incorporated this technique to their research.

Such activities had their continuity in 2012.

6.1.15 Electronic Microscopy Multiuser Center

Coordinated by Cell Biology Laboratory of HCFMUSP with support from FFM this Center was created in 2007 to be part of the Multiusers Equipment Network Program (PREMiUM). Its main objectives are: **1.** Be a Center of interaction among researchers of the FM/HCFMUSP System, who look for applying techniques and interpretation of data obtained in electronic light microscopy for biological problems solution; and **2.** Cooperate for the growth of multidisciplinary research within the FM/HCFMUSP system through partnerships and trainings to Young researchers in contact with experts, technicians; doctors and students who belong to the same scenario, through partnerships and trainings for young researchers in contact with experts, technicians, doctors and students who belong to the staff of employees of the FM/HCFMUSP System. The combination of technical training and scientific supervision promoted by the sector shall present a multiplying effect within the institution.



General Services: cooperate in all steps of the processing of material for light and electronic microscopy, since collection till final observation and data analysis by applying the right procedures in the material processing in order to obtain oriented cuts suitably and of reliable preparation, both for a histopathological diagnosis and for morphometric studies.

Electronic Microscopy: drying to critical point procedures, recovery with gold, crioreplacement, ultramicrotomy and crioultramicrotomy. Support for observation of material at the electronic microscopes and interpretation of results in ultrastructural images.

Light Electronic Microscopy: processing of material for inclusion in parafine (up to 4 μ m cuts) and historesine (1 μ m cuts); obtention of seried and semi-seried cuts; application of several classic and special histopathological methods to the research, such as Picrossírius-polarization (for colágeno studies) and Resorcina-Ficsina with and without previous oxidation (for study of the elastic system).

Morphometric studies: specialists in experimental drawing advise on estereologic methods for morphometric studies in biological material both in light microscopy and electronic procedures.

Image Documentation: quality of documentation for the light and electronic microscopy material is guaranteed by specialized treatment of digital and conventional images in relation to revealing and expansion for electronic micrographies.

Such activities had their continuity in 2012.

6.1.16 Multiuser Center of Transgenic Animal Production

Coordinated by the Genetics and Molecular Cardiology Laboratory of HCFMUSP (InCor), with support from FFM, this center was created in 2007 to be part of the Multiuser Equipment Network Program (PREMiUM).

This unit aims to offer internal and external users the opportunity to handle the murino genome. The capacity to manipulate the genome has been critical to approach several biological problems in a realistic way in the natural context of a living animal and therefore, is a fundamental technology for medical and biological investigation. Pro-nuclear microinjection, murina embryonic stem cells injection in merinos blastocistes and transfection by injection of lentivirus in subvitelinic space services are offered, therefore enabling generation of transgenic animals and nocautes.



The Transgenic Unit will also develop models of genetically modified animals of great use for a set of investigators, such as transgenic animals that present fluorescent proteins ubiquitously. Transgenic mice with ubiquitously expression of eGFP+ are already available and matrixes can be obtained after this contact.

This unit is in implementation phase and processes for acquisition of equipment and building up the technical staff have started. The Transgenics Unit is committed to offering professional and friendly service by offering the possibility of providing consulting services for better realization of experiments as planned.

Such activities had their continuity in 2012.

6.1.17 Multiuser Cente of Tissue Microarray & Imuno-histochemistry

Coordinated by the Hepatic Pathology Laboratory of HCFMUSP with support from FFM, this center was created in 2007 to be part of the Multiuser Equipment Network Program (PREMiUM). This multi-users activity made available to researchers of the FM/HCFMUSP System includes creation of Tissue Microarrays (TMAs) and/or realization of imuno-histochemical reactions in projects previously approved.

Besides the outstanding economic of reagent costs, such procedure allows several researches in very well defined areas of the same neoplasia, whose morphologic details are recorded, and therefore guaranteeing detailed correlations about types and degrees of lesion with molecules expression (and not only analysis of the “lesion set”).

Its use in research in Molecular Pathologies is growing drastically due to easy comparison of protein expression and nucleic acids in hundreds of tissue samples in only one blade.

This strategy results in a significant reduction of costs due to the huge reduction of technical time, as well as the quantity of reagents. It also allows increasing consistency of quantifications and semi-quantifications of results of the imuno-histochemical reactions and other several “in situ” molecular researches, as all analysis are made under identical conditions in one same reaction, which also allows studies in doubled or trippled ways, which were previously not viable.

Such activities had their continuity in 2012.



6.1.18 Multiuser Center for DNA Sequencing

Coordinated by the Laboratory of Kidney Transplant of HCFMUSP and support from FFM, this Center was created in 2007 to be part of the Multiuser Equipment Network Program (PREMiUM). DNA Sequencing is one basic and essential tool of molecular biology used in basic and applied research. Development of new technologies, automation and development of softwares for sequencing analysis allow detection of mutations, polymorphisms (microsatellites, SNPs), DNA metilation or typing of bacteria and virus in large scale.

The DNA Sequencing Service was organized to provide researchers of the FM/HCFMUSP System (or from any other institution) with access to the DNA Sequencing technique which presents quality and low costs. The service offers two MegaBACE DNA Analysis System 1000 sequencers with capacity for analysis of 96 samples every three hours and readings of 500-800 bases per sample. Such activities had their continuity in 2012.

6.1.19 Infra-LIMs 2011 – Increasing the Capacity of Clinical Research and Epidemiology of the FM/HCFMUSP System

Aiming at improving the potential for clinical research developed in the FM/HCFMUSP System, the objective of this project, which is to be coordinated by Direx-LIMs through an agreement signed at the end of 2012 with FINEP and intervention of FFM are the following: **a)** Increase scientific production of the FM/HCFMUSP System through stimulus to creation of internal, regional, national and international networks and creation of multiuser laboratories of equipment; **b)** Increase the social impact of the research for the FM/HCFMUSP system to have more alternatives than its assistencial activities present; **c)** Approach extremely important subject in clinical research as well as in some areas of great social importance.

It is important to outline that clinical research is not necessarily backed by the industry, but it is that one which represents great importance in the institution.

FMUSP is implementing a Center for Research Project Management, which is operating along with the Institutional Technical Reserve of FMUSP. Ten employees have been trained along FAPESP and the management system has already been successfully used in other USP units. Data of execution of the present project will be introduced into this system in order to be available to managers of the FM/HCFMUSP System, allowing follow-up for the resources made available to research from all fostering offices and USP.

Know-how generated by projects will be spread by related areas as they already exist in the System, mainly the Telemedicine Discipline and communication support of HCFMUSP and FMUSP.

6.1.20 Expansion of Installations and Garage Construction at CCR of HCFMUSP

With 30 years, the Center of Conventions Rebouças (CCR), which is linked to HCFMUSP, is specialized in location of physical space to scientific, cultural, social, commercial, institutional events, such as congresses, conferences, symposiums, expositions and courses on several different typologies. It offers eight different environments which can support up to 1.200 participants; and parallel exposition with 50 stands, besides a team prepared to manage 350 events per year as average. There are 5.450 square meters of built area.

Through an Additive Term to the University Agreement signed in 2012 between HCFMUSP and SES-SP, and with intervention of FFM, reform services to expand the Center of Conventions Rebouças by doubling the current capacity for the number of participants in the event, with reversible auditoriums for 1.000 seats, areas for events and expositions, besides a parking lot for around 300 vehicles.

6.1.21 Transfer of technology for development, implementation and implantation of Hospital Management System for expansion of operational capacity of SUS/SP

This project is a result of the agreement signed between FFM and SES-SP in April 2005. Coordinated by the IT Department of FFM, it aims at joining efforts aiming at the transfer of technology for development, implantation and implementation of the Hospital Management System for expansion of operational capacity of SUS/SP.

The proposal for this Agreement, besides implementation of a Hospital Management System, is to take knowledge acquired by HCFMUSP to all hospitals of the state network and bond to SES/SP in the informatization process of a hospital environment.

Application of this “know-how” means improving efficiency by adopting best practices of management to Health Units of São Paulo state.

During 2012 the activities covered by the projects presented the following results:

1. Hospital Management System (SI³): After implementation in Emílio Ribas Hospital and CRT-AIDS, the Application SI³ is kept and customized within the needs of each installation. Included in the databasis of the SI3 Systemin, in these two institutions: 1.667.236 admissions of patients, considering that 189.613 were distinct patients, who have their administrative and assistencial data available for consultantion. Besides implementation of the SI³ System, InCor also provides support of 2nd level to TI teams in these institutions; it also provides management of application servers and databasis and updating for versions and functionalities in environments being tested and production as implemented in the institutions.
2. SES/SP Informatization: Created to help the Health Information and Informatics Group to keep the infrastructure to support specific demands of SES-SP. FFM areas involved are: Center of management strategic systems – CSEG; Center of SUS – CSS systems; Center of corporate systems - CSC; and Center of IT and Communication – CIC. The systems developed represent specific needs of the institution. Changes are continuous and alterations of business rules demand time and specific knowledge. Local development by professionals is used to the institution needs, make manipulation and alterations in those rules easier. Products developed by the team aim to facilitate manipulation of information, better distribution of resources and increase of offer for services to health care, therefore improving services to population. WEB platform is used and in most part, technologies of free software in development of applications, what allows reuse in other projects or institutions more easily.
3. Dispensation of Exceptional Medication (MEDEX): MEDEX is a dispensation program for medications supported by the Govern of São Paulo and whose main objective is to delivery medications for treatment of specific pathologies (treatment of chronic and rare diseases) to the population, as it reaches a limited number of patients and present high costs due to unitary value or prolonged use of it. Currently MEDEX Project relies on 30 pharmacies distributed in the capital, great São Paulo area and countryside, considering that 27 pharmacies have already been integrated to the storage system (PRODESP). In 2012 1.799.817 Authorizations for High Complexity/ Cost Ambulatorial Procedures were processed, (APACS), 738.919 patients were serviced and 306.709.151 units of medication were delivered.
4. Maintenance of Systems to HC-FMUSP: This project keeps a minimum infrastructure to support demands related to functioning of corporate systems in use by HCFMUSP, and that serve as part of technological references for the hospital information systems for São Paulo state. The information systems of HCFMUSP are responsible for supporting thousands of patients per year. Its internal modules: laboratory, consultation appointments, registration and enrollment of Patients to ER, hospitalization, surgical center, hospital infection, pharmacy, among others, are responsible for all activities involving assistencial support. Such systems are fundamental for adequate functioning of the institution, without whom, would not be possible to support patients in organized and systematic way. Maintenance of systems includes activities responsible for right and perfect computerized functioning of these

systems. The aim is to keep and develop new functionalities in systems and softwares for management of patients' data and improve the health system of Sao Paulo State.

5. Dispensation of Medication due to Judicial Request and Administrative Request: The state of São Paulo supports around 49 thousand patients at the moment; these patients request medication, nursing materials, treatments, products related to nutrition and others with legal or administrative demands. The aim of the project is to implement and manage the SCODES/SCJ system for registration of judicial and administrative demands in the State of São Paulo. The project covers registration of all judicial demands of the state into the SCODES system, registration of administrative demands into SCJ system, implementation of the system in the units responsible for dispensing products as requested to administratives and maintenance/management of such demands into SCODES system. At the moment, the SCODES system has around 86 demands already registered between active (49.775) and inactive (36.734).
6. Technical support to SES-SP: Actions involving technical support, review of work plans, preparation of documents, support when selecting and training human resources, support to direction and coordination of the project, follow-up and supervision of action plans aiming to guaranteeing sustainable developments of health in Sao Paulo state, preparation of reports on performance of the project and technical meetings.

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FFM Profile

7

FFM Profile

7.1. Brief History

Creation of FFM took place on September 18th, 1986; it was one initiative of FMUSP, which invited the Association of Former Students to be its official proponent.



Project of Restoration and Modernization of FMUSP, coordinated by FFM from 2000 to 2008 – Sequence of images of the headquarter building of FMUSP: on the left the building in 1931 right after being opened; in the middle, the back side of it before the reform; on the right the building after the reform.

The proposal to create a foundation to support activities of FMUSP came up in 1985 by initiative of FMUSP, which invited AAAFMUSP to be a proponent of the FFM creation, which was made official on September 18th, 1986.

As time went by, FFM became responsible for collecting payments from SUS and Additional Health due to be paid to HCFMUSP, consequently bringing more agility and seriousness to national and international purchase processes and allowing technological updating, increase and capacity of the functional staff for better realization of activities.

Every year, FFM works in order to expand its scope for social development actions. In 2012 it had completed 26 years with proper recognition of its administrative competence and transparency by several institutions of control, in municipal, state and federal levels.

FFM performance today is based on two main axes: the **University Agreement**, signed in 1988 between SES-SP and HCFMUSP with intervention of FFM, which enables realization of free processes to SUS patients; and the **Management Contracts**, where it is responsible for administrative-financial management of four institutions or health systems: ICESP, IRLM, West Region Project and ERs of Butantã da Lapa.

During the period from 2000 to 2008, FFM coordinated, collected resources and invested in the Restoration and Modernization Project of FMUSP aiming at valuing the historic asset and adequacy of physical space to activities developed nowadays, consequently improving the infrastructure and logistics of labor processes.

FFM also supports directly several social assistance projects performed inside and outside the FM/HCFMUSP System facilities focused on needy populations without causing any damages to SUS support. Several projects of research and assistance focused on fighting and treatment for HIV virus infection motor rehabilitation, children, young people, women and families' health. FFM also supports projects of Clinical Studies of HCFMUSP and public and institutional policies.

7.2. FFM Consolidated Results

Partnerships with public and private, national and international institutions allow FFM to support development of several programs to benefit the population. The annual result of such income has presented a meaningful increase.

The University Agreement signed in 1988 between SES-SP and HCFMUSP, with intervention of FFM has enabled FFM to focus its efforts in promoting comprehensive assistance to health to **SUS users**, besides development of actions and services to improve and expand the operational capacity of HCFMUSP, creation and development of human resources in health and incentive to education and research.

Partnerships with public, private, national and international institutions allow FFM to develop several programs in health and education areas which bring benefits to the population. The annual result of such income could be observed in the table below.

CONSOLIDATED RESULTS- FFM							
(in thousands of R\$)	2006	2007	2008	2009	2010	2011	2012
Income	378.108	407.377	521.136	691.848	863.169	961.418	1.012.867
Health care – SUS	197.505	209.576	219.434	221.830	211.941	222.270	246.519
Private Medical Assistance	45.102	51.268	57.834	62.312	63.671	73.464	73.343
Subventions and contributions	78.052	92.948	178.640	311.072	496.602	559.163	573.995
Financial Income (net)	20.042	16.476	19.368	22.113	26.522	37.767	30.436
Technical services	21.884	20.619	24.542	26.037	28.571	27.560	39.825
Others (courses, donations, etc.)	11.523	14.490	21.318	44.484	35.862	41.194	48.749
Expenses	331.772	370.897	450.896	550.200	690.101	809.317	967.274
Personal	200.587	217.001	258.031	301.463	381.372	468.362	555.616
Consumption goods	61.324	65.654	91.815	116.264	154.080	174.784	209.529
Professional services	56.037	54.394	71.200	88.603	98.765	118.943	139.499
Others (general oners, depreciation, etc.)	15.824	31.848	27.850	41.870	55.884	47.228	62.630
Result	44.336	36.480	70.240	141.648	173.068	152.101	45.593

When comparing the total income of FFM, it can be observed that in 2012 there was an increase of 168% when compared to 2006. The income resulted of medical support made by SUS and presented **an increase of 25%** in that period, obtained, mainly through re-evaluation of fixed prices established in formal agreements that regulate the transfers.

The percentual increase observed in SUS income, is way below the income of private health care (Additional Health and similar services), which **had increased by 63%** in the period, result of joint efforts of HCFMUSP to expand support and FFM by improving flows, controls and collection. FFM had reverted integrally this substantial evolution of operational income in favor of the own operation and project execution.

Investments in Infrastructure and Equipment made by FFM in 2012 totalled approximately **R\$ 39,6 million**. R\$ 31,6 million have been invested in HCFMUSP, R\$ 1,8 million in FMUSP, R\$ 3,6 million in ICESP, R\$ 700 thousand at IRLM and R\$ 1,2 million in other agreements. FFM administration made investments of around R\$ 700 thousand Reais, with emphasis on IT equipment and systems.

CONSOLIDATED RESULTS - FFM							
(in millions of R\$)	2006	2007	2008	2009	2010	2011	2012
Total	35,0	37,0	33,6	106,5	136,4	60,6	39,6
Equipment	10,8	12,2	14,8	41,0	77,6	22,5	26,1
Edifications and installations	19,1	17,7	8,1	51,3	46,6	27,7	5,2
IT	2,5	4,1	4,5	6,6	5,2	4,6	4,4
Others (furniture, vehicles, etc.)	2,6	3,0	6,2	7,6	7,0	5,8	3,9

7.3. Strategies

Since its creation, FFM has been loyal and committed to support FM/HCFMUSP System by developing one integrated work between its ten managements.

FFM is a private entity without any profitable purposes and created to promote education, research and health assistance of FMUSP and its HCFMUSP besides preservation of the Academic Center – CAOC asset. FFM was created in 1986 and has had an amazing growth since then.

Currently it is responsible for administration of operational accounts and assistencial procedures made to SUS and Additional Health. It is also responsible for management of clinic and academic research and administration of contracts covering state and municipal health equipment management. This is the case, for instance, of ICESP, comprehensively administrated by FFM.

Since its creation, FFM has been loyal the the commitment of supporting the FM/HCFMUSP System by developing an integrated work along with its ten managements. Established to order and control responsibilities and competences of the institution, the managements include: Controlling, Billing Control, Legal Coordination, Billing, Finance, IT, Materials, Projects and Communication, Human Resources and Additional Health.

FFM activities are in synergy with decisions of several collegiated offices of FM/HCFMUSP System and go through rigorous control made by Trusteeship of Foundations - MPSP, Court of Accounts of the State and County and external independent audits, showing total transparency in how the Board of Directors work.

During its 26 years, it has pursued constant **improvement** of its standard of services and simultaneously dedicated to meet its objectives and support its partners' needs. Continuous **modernization** of its technical infrastructure, adaptation to current technological demands and **training** and specialization of its team of professionals are other priorities it has; therefore, investments in human resources and internal infrastructure and maintenance of FM/HCFMUSP System are represented by several positive indicators obtained along its existence.

The **financial guideline** has kept the search for positive cashflow by basing its decisions involving expenses or investments in compliance with previous existence of financial resources for such activities.

The **employee's valuing** program had its continuity in 2012 by direct administration of FFM, where there was a re-analysis of positions, functions, and merit continued to be focus for action by the Board of Directors. In the same time, the Training Program of its team of professionals resulted in improvements in final results of the Foundation.

Since 1988 it has kept an agreement for cooperation with SES-SP which foresees a series of managerial activities, from billing medical-hospital services and management of human resources of the FM/HCFMUSP System to reforms and purchase of pieces of equipment and inputs, among others. It also supports FM/HCFMUSP System, its extension courses, events, research projects, among other initiatives.

Besides, it developed along with FM/HCFMUSP System **partnerships** with institutions interested in development of medical sciences in 2012, such as:

- Ministry of Justice: National Security for Drugs Policy - Senad;
- Ministry of Health – MS;
- Ministry of Science and Technology: FINEP – Backer of Studies and Projects;
- Ministry of Science and Technology: CNPq – National Council of Scientific and Technological Development;
- Brazilian Agroicultural Research – EMBRAPA;
- Secretary of Health – State of São Paulo – SES-SP;
- Secretary of Education – SEE-SP;
- State Secretary of Disabled People's Rights – SEDPD-SP;
- Secretary of Public Security of São Paulo;

- CASA Foundation – Foundation – Center of Social-educational Support to Adolescents;
- Municipal Secretary of Health - São Paulo;
- Municipal Secretary of Education - São Paulo – SME;
- Municipal Secretary of Disabled and Reduced Mobility People of São Paulo;
- Municipal Counsel of Children and Adolescents’ Rights – CMDCA;
- Health Worldwide Organization – OMS;
- Health Pan American Organization – OPAS;
- Organization of United Nations for Education, Science and Culture – UNESCO;
- United Nations Office against Drugs and Crime – UNODC;
- Institute of Energy and Environment;
- Center of Information on Health and Alcohol – CISA;
- Foundation of Administrative Development – FUNDAP;
- Foundation of Support to Research and Extension – FUNAPE;
- Foundation of Support to Technology – FAT;
- Furnas – Centrais Elétricas S/A;
- Maria Cecília Souto Vidigal Foundation;
- Alfa Group;
- Dixtal Biomédica Indústria e Comércio Ltda.;
- Sugarcane Agrobusiness Union of São Paulo – ÚNICA;
- Associação Beneficente Alzira Denize Hertzog da Silva – ABADHS;
- National Institute of Health – NIH;
- World Health Organization;
- Blood Systems Research Institute;
- London School of Hygiene & Tropical Medicine;
- International Centre for Genetic Engineering and Biotechnology – ICGEB;
- University of Pittsburgh;
- University of California;
- University of Wisconsin;
- Maastricht University – School for Mental Health and Neuroscience;
- The Smile Train;
- The J. David Gladstone Institute;
- The Ford Foundation;
- International Atomic Energy Agency – IAEA;
- Ludwig Institute for Cancer Research;
- The Brain and Behavior Research Fund – NARSAD.

A fundamental point of its institutional strategy is **transparency**, given the large supervision it is submitted to. FFM has its activities audited by the Trusteeship of Foundations – Public Ministry, by external independent audit and Court of Accounts of the State, besides being audited on its projects by offices such as Ministries, Secretaries of State and County and several other public, private, national and international institutions on its projects. When relating to partners, it operates in compliance to regulations previously agreed case-by-case, and always ensuring transparency during its management.

Due to credibility FFM inspires to the general public, the volume handled by FFM has increased significantly year after year. Due to substantial evolution of **operational income**, projects, contracts and agreements, FFM has earned expressive sums of money generated from financial investments, comprehensively reverted in favor of the own operation and projects as carried out by FFM.

During fiscal year of 2012, there was a **consolidated superávit** of around R\$ 45 million with cashflow of around R\$ 366 million. The financial management of such resources takes place through move of accounts of Management Centers or CGs (around two thousand active accounts), according to guidelines approved by FFM Trusteeship Council, Deliberative Council of HCFMUSP and FMUSP Congregation.

At the same time FFM gave proper continuity to **management** of 151 assistencial programs/projects on education and research, besides 399 clinical studies developed in the FM/HCFMUSP System.

The **Restoration and Modernization of FMUSP Project**, developed from 2000 to 2008 relied on fundamental support from FFM, which shared coordination of the project and fundraising with FMUSP. The initiative had as main aim to value the historical asset and adequate their physical space to activities developed at the moment, consequently improving the infrastructure and logistics of labor processes. The project promoted not only a physical reform but also a deep human and cultural change in all community of FM/HCFMUSP System. The maintenance tasks continued in 2012 and are now incorporated into the FMUSP employees' routine.

During all its 26 years of existence, FFM has been publicly recognized due to its performance as a social assistance beneficial entity through several certifications that have been granted, among the main ones:

- Declaration of Federal, State and Municipal Public Utility;
- Certificate of Registration as Social Assistance Beneficial Entity - CEAS at the National Council of Social Assistance – CNAS under registration number 71010.000905/2004-41;
- Certificate of Registration number 0308/SP/2000 from the State Council of Social Assistance - CONSEAS;
- Certificate number 018/2008 for Qualification as Social Organization of the Municipal Secretary of Management – São Paulo County;
- Certificate of Qualification as Health Social Organization of the Health State Secretary of Govern – State of São Paulo
- Certificate of Registration number 647/2002 of the Municipal Council of Social Assistance - COMAS;
- Registration number 1088/ CMDCA/2004 at the Municipal Council of Children and Adolescents Rights.

Also it can be outlined that along 2012 FFM received through **Donation** the amount of R\$ 20 million, which were used to purchase equipment and medication to the Medicine College of USP and to provide support at the FM/HCFMUSP and ICESP Systems.

In 2012 FFM participated effectively as Member or Consultant of the following Comissions, Comitees, Work Groups and other initiatives of the FM/HCFMUSP System:

- ✓ Permanent Education School;
- ✓ National Network of Clinic Research;
- ✓ Financial Support to Medicine Students of FMUSP;
- ✓ Postions and Salaries Plan Enquadramento;
- ✓ Clinic Studies of Clinic Board of Directors of HCFMUSP;
- ✓ Implementation of Ciclotron Project;
- ✓ Research Comission of FMUSP;
- ✓ Comimssion of Planning and Control of Deliberative Council of HCFMUSP;
- ✓ Central Comission of HCFMUSP as Special Autarquia;
- ✓ CoOmission of Strategic Planning of HCFMUSP;
- ✓ Comission of Assistencial Integration FM/HC/FFM/SES;
- ✓ Comission of Real Ste of Pacaembu polo;
- ✓ Comission of LIM's building;
- ✓ Special Comission of Centenary of FMUSP;
- ✓ Management Comission of Emilio Ribas Institute;
- ✓ Committee of Information Technology;
- ✓ Committee of Management Contract for West Region with Muncial Secretary of Health;
- ✓ Concil Director of Morumbi Unit/Lucy Montoro Rehabilitation Network;
- ✓ FMUSP Congregation;
- ✓ Consultive Council of FAEPA;
- ✓ Consultive Concil of Zerbini Foundation;
- ✓ Consultive Council of USP;
- ✓ Deliberative Council of HCFMUSP;
- ✓ Council Diretor of ICESP – Institute of Cancer – São Paulo State;
- ✓ Group of Technology – West Region Project;
- ✓ Management Group of Implementation of the Corporate System HCFMUSP;
- ✓ Operative Group HC/FMUSP/FFM;

- ✓ People Management Nucleous;
- ✓ Targets of Pactuation of HCFMUSP/FFM;
- ✓ IT Director Plan.

FFM also supports the members of the agreement when creating their several **events**. In 2012 the following technical-scientific and institutional events were present in their coordination: support to IX CIAD – Brazilian Congress of Home Care; Support to the VI National Congress of Nurses of Clinics Hospital – CONAEN; Support to II – International Conference in Epidemiology – EPI CVE 2012; Support to the I Brazilian Symposium of Pediatrics Transplant - IPTA; Support to ESPCA “Advances in Molecular Oncology: Translating Molecular Biology into Cancer Treatment”; Support to the Psychiatrist Clinic Congress – How Science will Transform the Clinic of the Future.

Besides this, FFM **financially supported** the FM/HCFMUSP system in the following technical-scientific and/or institutional initiatives, whose aim was in compliance to its Social Statute:

APROVAL	EVENT
07/11/11	Academic Medical Extension
29/02/12	Course Introductory to Academic Medical Extension
29/02/12	Course Introductory to Academic League of Primary Immunodeficiencies
29/02/12	League of Insuficiência Cardíaca congestiva and Cardíaco Transplant in Children
29/02/12	VIII Course Introductory to Clinic Emergency League
29/02/12	I Course Introductory to Endoscopic Surgery League
29/02/12	XVI Course Introductory to Geriatrics and Gerontology
29/02/12	X Course Introductory to the League of Surgical Technique and Experimental Surgery
29/02/12	XV Course of Updating the Anesthesiology League, Pain and Intensive Therapy
29/02/12	Course Introductory to League of Treatment and Eplepsy Control
29/02/12	Course Introductory to Puericultura League
29/02/12	III Course Introductory to the Gynechologic Surgery League
29/02/12	IV Course Introductory to Tyreoids League
29/02/12	Course Theoretical-Practical Introductory to Leagues of Obstructive Lung Diseases – Ashmha and DPOC
29/02/12	12th Brazilian Congress on Allergy and Immunology in Pediatrics
29/02/12	II International Forum of Organ Transplant of Digestive Tract
29/02/12	II International Theoretical Course on Viral Hepatitis and Human Host
29/02/12	Mad Happyness
28/03/12	4th Course introductory to the League of Otorhinolaringologic skills
28/03/12	Course introductory to the League of Intensive Therapy
28/03/12	Course Introductory to the League of Trauma Surgery
28/03/12	Course Introductory to League of Blindness Prevention
28/03/12	III Course Inrdutory to the League of Psychossomatic Medicine
28/03/12	XXII International Symposium on Morphological Sciences
28/03/12	III Course Introductory to League of Clinic Neurology
28/03/12	Nucleous of Interdiscipline Home Care - NADI
18/04/12	XXXI University Medical Congress
26/04/12	Course Introductory to the League of Prevention to Reumathic Fever
26/04/12	Course Introductory to League of Liver Transplant and Surgery
26/04/12	Course Introductoy to League of Sleep Disorders
26/04/12	Course Introductory to League of Posture and Movement
26/04/12	Psychiatrist Clinic Project
31/05/12	XII Forum on Discussing Social Policies – Updating in Social Previdence
31/05/12	V Gastrinho
31/05/12	II Symphosium of League of Pediatrics Cardiac Surgery
31/05/12	Course Introductory to League of Medicine and Sport Rehabilitation
31/05/12	Course Introductory to League of Chemical Addiction
31/05/12	XV Course Introductory to League Systemic Artherial Hypertension Academy

27/06/12	II Course Introductory to League of Pediatrics Surgery
27/06/12	Course Introductory to League of Cardio-chest Surgery
27/06/12	I Course Introductory to League of Vascular and Endovascular Surgery
27/06/12	XXIII Course Introductory to League of Primary Care to Women
27/06/12	III Course Introductory to League of Clinic Genetic
27/06/12	XIV Course Introductory to League of Clinic Oncology
27/06/12	Course Introductory to League to fight Shyphillis and Other Sexually Transmissible Diseases
27/06/12	V Journey of Speech of USP
27/06/12	Junior Enterprise World Conference
24/07/12	III Course Introductory to League of Multidisciplinary Attention in Pre-Operation period
22/08/12	I International Congress of Humanities and Humanization in Health
22/08/12	Generations Meeeting 2012
22/08/12	Scientific Flag Project
22/08/12	19 th Cultural Party of Kindergarten/Pre-School Central
22/08/12	CVI COLICIP – SP – Congress of Leagues on Plastic Surgery of SP
22/08/12	XV Course Introductory to League of Anxiety, Phobias and Panic
22/08/12	VIII SIMPALT – Symphosium of Leagues of Trauma
22/08/12	VI Course Introductory to League of Metabolic Syndrome
22/08/12	XIV Course of Electrocardiogram of League to Fight Rheumatic Fever
22/08/12	V Course Introductory to League of Paliative Care
23/08/12	Course Introductory to League of Cardiac Transplant
19/09/12	XXVII Course Introductory to League Multidisciplinary of Pre-Birth Care
19/09/12	Course Introductory to League of Control of Diabetes Mellitus
19/09/12	XIV – Journey of Studies on Elderly People
19/09/12	8 th Event to Celebrate the Employee's Day (Public Service)
26/09/12	Day of the Elderly and Presentation of the League at XXXI COMU
26/09/12	II Course Introductory to League of Physiotherapy in Infantile Neurology
27/09/12	Integration of Graduating students of the Medicine College with University Hospital - H
24/10/12	Pre-vestibular Course - MedEnsina of CAOC
25/10/12	V Course Introductory to League of Academic Speech in Face Functions
25/10/12	League of Fighting Morbid Obesity
25/10/12	ESPCA - Advances in Molecular Oncology: Translating Molecular Biology into Cancer Treatment
23/11/12	I Congress of Management of Work and Education in Health
05/12/12	II ESPCA - São Paulo Advanced School Primary Immunodeficiency: the interface of Autoimmunity and Immunodeficiency
18/12/12	Reform of Physical Structure for installation of a Restaurant for the community FMUSP - CAOC

7.4. Organizational Structure

FFM organizational Structure is divided into strategic areas of specialization, in order to better support needs of its partners and population.

The **organizational structure** of FFM is divided by strategic areas of specialization in order to better support needs of its partners and general population to adequate and organize its responsibilities and competences when developing assistance for education and research.

The **HUMAN RESOURCES** Department managed 14.980 employees in 2012 among FFM direct administration personnel, people from FFM in service of FM/HCFMUSP system, complementarists and personnel allocated in special projects of assistance to population. Out of this number, 365 employees are allocated in its direct administration focused on supporting hundreds of social programs of the entity, as well as assistencial activities focused on development of comprehensive assistance to health and support to SUS patients as developed by the other professionals. The latter ones are hired for additional or complete whole time job, aiming to stimulate production of works in didactics, assistencial and research areas through material support and suitable compensation. According to a strategy to value its direct employees, it gave proper continuity to the Training Program and Personnel Training (3.579 hours/class) that attempting to develop competences as a team, ended up improving final results of the Foundation. At the same time, it developed recruiting and selection activities of all FM/HCFMUSP System, as well as in new and existing projects (2.730 vacancies), administration and payment of social benefits (R\$ 56 million) and salaries, involving expenses in payroll of around R\$ 548 million, besides coordinating the process of hiring, dismissal, leaves, vacation, positions and salaries, food basket allowance, meal-allowance, transport-allowance, among others. In 2012 for instance, around 235 thousand food basket allowance were offered to employees of all FM/HCFMUSP System from several projects, besides the retired individuals.

Billing of services provided by different units of FM/HCFMUSP System to SUS patients and Additional Health is made by the **BILLING** Department of FFM. Among other activities developed by the Department in 2012, the following ones can be outlined:

1. Transfer of billing from Transplant of Adult Bone Marrow of Zerbini Foundation (InCor) to FFM (HCFMUSP) from April/2012;
2. Billing of surgical procedures related to Collective Medical Consultations/Campaign of Elective Surgeries, considering the need to reduce waiting lines which had an increase of 50% on costs for Elective Surgeries procedures of Components II and III from September /20112;
3. Financial Increase for Realization of Transplants and Orgaos Donation Processes of 60% through accreditation of FFM/HCFMUSP as Establishment of Health – Level A;
4. Continuity of registration and re-registration processes of the Institution along with SUS;
5. Continuity of the Accounts Recovery Process of Additional Health Undue.

The **Medical Auditing** area of the **Billing** Department of FFM is focused on analyzing medical records (medical reports, clinical files, ambulatory care files and other documents covering patients) to evaluate whether the procedure performed x billed from the patient is made according to in-force norms of SUS. It also acts as authorizer (issuing of AIHs and high costs procedures) and promotes the orientation process to CGs intending to improve quality of billing. In 2012, it also supported the HCFMUSP Institutes in the analysis and audits of AIHs issued.

Operations related to charge, control and distribution of values related to services provided by different units of the FMUSP/HCFMUSP System to SUS clientele (AIH – Hospitalizations, Ambulatory, including APAC – Authorization for High Complexity Procedures) and patients of the Additional Health is made by the **BILLING CONTROL** Department of FFM. Besides that, it also developed other activities in 2012, among them:

1. In segment of **Additional Health**:
 - a) Through constant negotiations, it has strengthened relationship with health care insurance companies, resulting in a reduction of bill payment date and gross resource;
 - b) Through managerial indicators, it has standardized operational processes resulting in more productivity in the control of gross information along with several institutes of HCFMUSP.
 - c) Recovery of gross from previous years through financial negotiations made with Sabesprev, Geap, Notre Dame and Bradesco Seguros health operators;
 - d) In a partnership with the Department of Information Technology, it continued perfecting the gross resources systems and payment of doctors's fees;
 - e) It provided technical support to the Financial Economic Nucleous (NEF/HCFMUSP) in updating financial indexes;
 - f) It provided technical and financial support to Centers of Management and Clinical Body of HCFMUSP.

2. In the segment of **Health Unique System - SUS**:
 - a) It improved the routine of integration SUS MAC – Medium and High Complexity excluding FIDEPS nomenclature and distributing all budget MAC as SUS contract;
 - b) In a partnership with the IT Department, it remodeled the billed values presentation system at SCOL – Online Consulting System for proper presentation of values billed for consultation by Management Centers;
 - c) Improved the consultation system of rules on taxes and exception for transfers with a billing x finance vision in order to allow checks / analysis by the Billing and Finance Control Departments.

Implemented in 2006, the **ADDITIONAL HEALTH** Department had its continuity in 2012 to actions focused on the increment of participation of HCFMUSP in the Additional Health Segment. In the administrative area in 2012 the following points were outlined:

- a) Maintenance of FFM Qualification as Center for Collaboration of Regulatory Agency of Additional Health Sector - ANS, which is granted to Entities as recognized capacity of development of Research and knowledge in Suplementar Health sector.
- b) Qualification of FFM as Member of Association of Hospitals of São Paulo state obtained by Entities with recognized capacity of hospital management.
- c) Permanent negotiations with Health Care Operators aiming at the increase of services contracted and improvement of general conditions and rules for compensation and payments;
- d) Constant development of Operational system of Additional Health Data, which makes the only Operational System with integration and uniformization to all institutes of the FM/HCFMUSP system under management of FFM into two main components: **i.** consolidation and expansion in all institutes of the FFM management; **ii.** Development and use of new functionalities in this System;
- e) Administration of Private Care: development and support to MultiMed System feeding so that all mandatory information and registration of collections for private care is performed through this System, besides cooperating with the Institutes in forming, structuring, divulgation and precification of services;
- f) Increase of Communication on Hospital and Ambulatories Information to the Ministry of Health;
- g) Expansion of Customers Portfolio and plans to support the HCFMUSP Complex;
- h) Contracts with Public and Private Hospitals and private laboratories in order to pursue providing of services for Incomes from the FM/HCFMUSP System with special emphasis for Hematology Area, LIMS and Central Laboratory;
- i) Standard of electronic exchange of information on additional health as established by ANS which guarantees safety in processes of support, billing and reception, besides implementation of the Additional Health Unified Table - TUSS during operation of Additional Health of the FM/HCFMUSP System;

- j) Intensification of Financial Recovery of Bills “Atuação em Contas Ex-Contrato”, totalling R\$ 7.3 million in 2012.

The **FINANCIAL** Department in 2012 attempted to offer to its users and partners more facilities in the resources payment and reception processes in 2012 through Exchange of information electronically, as for instance, on payments – request and notification of payment to creditors; integration of selling invoices from danfe/XML file taking advantage of electronic data and file of invoice and electronic transmission of files related to payment to suppliers and taxes to banks; among others. On the reception side, there is a request, emission and shipment of invoices for services provided and sales, emission of the debt notes, registration of customer Record and request for emission of receipts electronically, besides several integrated solutions for reception by Internet. There is still a lot to be done. The growing challenges imposed to FFM demand overcoming of difficulties by use of modern, agile and safe tools.

The **IT** Department, in compliance with the Labor Plan as established along with FFM administrative areas and based on the Investment Plan approved by the Board of Directors in 2012 proceeded to adequacy activities to the management systems of administrative areas, modernization of the IT park, networks and databases throughout FFM and FM/HCFMUSP.

- a) Conclusion of 114 out of 241 projects forecast in the Labor Plan of 2012, where 70 are projects to support FFM administrative areas, four are of Medex Project (SES), 20 are of HCFMUSP and 20 of the IT area;
- b) Realization of investments of R\$ 1.024 milion for modernization, expansion and updating of equipment, software, networks and databases considering that the gain in negotiations and alternative solutions for the projects reached R\$ 216 thousand;
- c) Monthly average of support to users increase from **471 in 2011 to 1.066** in 2012, including: support to users; reformulation of site on the intranet for better viewing of informatives on safety, equipment, maintenance and services; and updating of the Users Manual
- d) In Medex Project (automated system for controlling of distribution of medications which present specialized component to population) 1.799.817 were processed for authorizations of high complexity/costs ambulatorial procedures (APACS); 768.990 patients were supported, including patients with out-of-the-protocol support; and 306.709.151 medications were delivered. Currently the MEDEX Project relies on 30 pharmacies distributed throughout the capital, Sao Paulo city and surroundings and countryside, considering that 27 pharmacies have already been integrated into the stock system (PRODESP).
- e) In 2012 the Security Leaders Award in health area was handed in by the FFM Information Technology Manager as recognition to the work of professionals in the Information Technology area on Information Security.

All purchase of materials, equipment and services, besides administration of reforms and works, among others, are made by the **MATERIALS/Domestic Purchase** Department team, who makes great efforts to always obtain the best negotiations for the FM/HCFMUSP System with expressive savings in relation to prices in the market. In 2012 there was a volume of purchase/contracting of R\$ 321.8 million corresponding to **5.203** processes. Savings generated in 2012 were R\$ 9.9 million, standing for 3.09% and having the lowest original value as basis as presented by suppliers and price effectively negotiated/contracted by FFM. Such data cover acquisition of the the FMUSP/HC, Specific Projects and the Units under FFM Management in Social Organization: State-ICESP and IRLM; Municipal: West Region – AMAS and UBSs, PS Butantã and PS Lapa.

The **Materials/Imports** Department managed imports of inputs, equipment, subscription of periodic magazines and journals, applications to attend courses and congresses for LIMs, all FM/HCFMUSP System, ICESP and several other specific projects in a volume of US \$ 6.4 million – equivalent to 227 processes in 2012. In October/2012 the Imports via WEB System was implemented, consequently providing adequacy to several steps of one import process and models of international shipment. The new tool, added to the Financial, Accounting/Fiscal and Supplies System will allow a better management of information and systematic follow-up of processes.

All asset control for the institution, liabilities, cash-flow and fiscal operations are also managed by the Foundation, which controls around 150 thousand registrations per year, besides administration of documents from active and innative files. Centralization of such activities is under responsibility of the **CONTROLLING** Department of FFM.

In 2012 Management of **PROJECTS AND RESEARCH** proceeded with studies on viability, implementation and follow-up of contracts/agreements signed with public and private, national and international offices related to activities proposed by its partners, particularly of the FM/HCFMUSP System. Besides, it performed analysis of all non-operational accounts of the institution. In December 2012, 550 projects were active at FFM on social assistance, health assistance, academic, scientific, research, and production of scientific and technological knowledge, Policies on Health, institutional and clinical studies which provided direct or indirect benefits to the population. Out of these, there are 151 subsidized projects with public and national and international private resources, and 399 clinical studies sponsored by the pharmaceutical industry.

In 2012, the **Communication** area of Project and Research Management kept in Constant updating to the new FFM Intranet, a interdepartmental communication channel with innovative layout, and which offers users facilities and agility in search of information, documents, reports, manuals, forms, access to integrated systems and several other resources from all FFM management areas. It also managed all the FFM site content (www.ffm.br) by making available useful information on the institution to users of the FM/HCFMUSP System and general public, besides being responsible for the Restoration and Modernization of FMUSP Project site (www.ffm.br/restauro). It also created and edited the Report of Activities – FFM of 2011 and the Manual on Relationship of FFM. It coordinated creation and distribution of bimonthly editions of FFM Journal and all institutional material (calendar for 2013, business cards, etc.). Still in 2012 all visual and signaling communication material of Claudia Building (FFM headquarter) was created by communication area, such as signalization for doors of all departments, signals on floors, stairs and elevators.

The **LEGAL COORDINATION** Department supports civil, administrative and labor areas, preventing expenses with outsourced lawyer's offices. Its activities are not focused only on needs of representation in legal actions, but mainly in controlling of righteousness on national and international contracts and agreements signed by the Institution besides all documentation and taxation for public offices of several levels. Besides taking care of public utility process and certification of philanthropy in 2012, it also focused on development, fostering and expansion of its activities, since creation and administration of hundreds of contracts and agreements to coordination of labor, civil, taxation, judicial and extra-judicial contents. It also followed up legal lawsuits along with Judiciary Power, Public Ministry, Municipal, State and Federal offices, Courts of Accounts, Social Councils and others and issued several legal reports. Due to the fact it is bonded to FMUSP, which is considered as a public entity, FFM is target of several lawsuits that question its actions as private entity. In 2012 recognition of FFM as a private entity by two instances was a landmark: Labor Regional Court, which certified contracting of employees by the CLT labor regime by FFM and the Commission of Supervision and Control of the Legislative Assembly of SP, which analyzed FFM documentation and considered it as in accordance to a private entity. Besides that, in 2012 the Govern of the State of São Paulo recognized the assistencial and taxation status of FM through Decree number 57.850 of 09/03/12, definitely confirming that in all acquisitions of products and goods whose destination was the hospitals under its management, will have its Taxation on Goods and Services Move – ICMS deducted, enabling the entity savings of around 23% on its operations.

8

**Synthesis of Financial Balance
for 2012**

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Shyntesis of the Financial Balance 2012

RESOURCES ORIGIM	2012	%	2011	%
Total Net	1.012,9	100%	961,4	100%
Governmental Resources	816,8	80,6%	774,1	80,5%
Health care - SUS	246,6	24,3%	222,3	23,1%
Subventions	570,2	56,3%	551,9	57,4%
Health care – Agreements and Private Ones	73,3	7,2%	73,5	7,6%
Donations	20,4	2,0%	16,4	1,7%
Private cooperation – domestic and international	3,8	0,4%	7,3	0,8%
Service Providing and/ or product sales	55,3	5,5%	40,6	4,2%
Other Revenues	43,3	4,3%	49,5	5,1%

INVESTMENTS OF RESOURCES	2012	%	2011	%
Total Expenses	1.006,9	100%	872,6	100%
Personal	555,6	55,2%	458,7	52,6%
Operational expenses	411,7	40,9%	353,3	40,5%
Asset acquisitions	39,6	3,9%	60,6	6,9%

Abbreviations of this Report

AAAFMUSP – Association of Former Students of Medicine School of USP
ABADHS – Alzira Denise Hertzog da Silva Charitable Association
AIHs – Authorization for Hospitalizations
ANVISA – National Agency for Sanitary Surveillance
CERT – Raul Tabajara Club-School
CONEP – National Commission of Ethics in Research
COREME – Commission of Medical Residency of FMUSP
CSE Butantã – Samuel B. Pessoa School Health Center
Direx-LIMs – Executive Board of Medical Investigation Laboratories of HCFMUSP
DRS – Health Regional Department
STDs – Sexually Transmissible Diseases
EE-USP – Nursing School of USP
ELSA – Longitudinal Study of Adults Health
EMBRAPA – Brazilian Company of Agricultural Research
FAEPA – Foundation to Support Education, Research and Care of Clinics Hospital of Medical School of Ribeirão Preto – University of São Paulo
FAPESP – Research Support Foundation in the State of São Paulo
FAT – Technology Support Foundation
FF M – Medical School Foundation
FMSV – Maria Cecília Souto Vidigal Foundation
FMUSP – Medical School – University of São Paulo
FOFITO – Speech Therapy, Physiotherapy and Occupational Therapy
FOUSP – Dental School – University of São Paulo
FUMCAD – Municipal Funding for Children and Adolescents Rights
Fundação CASA – Center of Social-Educational Support to Adolescents Foundation
GREA – Interdisciplinary Group of Studies on Alcohol and Drugs of IPq - HCFMUSP
HAC – Auxiliary Hospital of Cotoxó - HCFMUSP
HAS – Auxiliary Hospital of Suzano - HCFMUSP
HCFMUSP – Medical School Clinics Hospital – University of São Paulo
Hemominas – Center of Hematology and Hemotherapy - Minas Gerais Foundation
Hemope – Hemope Foundation (Pernambuco)
Hemorio – Arthur de Siqueira Cavalcanti (Rio de Janeiro) Hematology State Institute
HU-USP – University Hospital of University of São Paulo
IBGE – Brazilian Institute of Geography and Statistics
ICB-USP – Institute of Biomedical Sciences of University of São Paulo
ICESP “Octavio Frias de Oliveira” – Institute of Cancer of State of São Paulo
ICGEB – International Center for Genetic Engineering and Biotechnology
IHC – Central Institute of HCFMUSP
ICr – Children Institute of HCFMUSP
IMREA – Institute of Physical Medicine and Rehabilitation of HCFMUSP
InCor – Institute of Heart of HCFMUSP
IOT – Institute of Orthopedics and Traumatology of HCFMUSP
IPq – Institute of Psychiatry of HCFMUSP
IRLM – Lucy Montoro Rehabilitation Institute
ITACI – Infant Cancer Treatment Institute - Institute of Children of HCFMUSP
LIM 03 – Laboratorial Medicine Laboratory
LIM 05 – Atmospheric and Experimental Pollution Laboratory of HCFMUSP
LIM 09 – Laboratory of Pulmonology of HCFMUSP
LIM 14 – Laboratory of Investigation in Liver Disease of HCFMUSP
LIM 15 – Laboratory of Investigation in Neurology of HCFMUSP
LIM 31 – Laboratory of Genetics and Cell Hematology of HCFMUSP
LIM 38 – Laboratory of Epidemiology and Immunobiology of HCFMUSP

LIM 56 – Laboratory of Investigation in Dermatology and Immunodeficiencies of HCFMUSP
LIM 60 – Laboratory of Clinical Immunology and Allergy of HCFMUSP
Medex – Exceptional Medications
MPSP – Prosecutor of São Paulo
MPT – Public Ministry of Labor
NAPesq – Center of Support to Research of HCFMUSP
NIH – National Institute of Health
NUFOR-IPq – Program of Forensic Psychiatry and Legal Psychology of Institute of Psychiatry of HCFMUSP
NEPAIDS-USP – Center of Studies for AIDS Prevention of University of São Paulo
NUPENS-USP – Center of Epidemiologic Research in Nutrition and Health of University of São Paulo
OMS – Health Global Organization
OPAS – Pan American Organization of Health
OPM – Orthosis, Prosthesis and means of locomotion
PAMB – Ambulatory Building of HCFMUSP
PN-DST-Aids – National Program of DST-AIDS of Ministry of Health
PSF – Family Health Program
RENAGENO – National Network of Genotyping Laboratories of the Ministry of Health
SCOL – On-line Consultation System (available on FFM site – www.ffm.br)
SEDPD-SP – State Secretary of Disabled People’s right of São Paulo
Senad – National Secretary of Policies on Drugs of the Ministry of Justice
SEE-SP – Secretary of Education – State of São Paulo
SES-SP – Secretary of Health – State of São Paulo
SME-SP – Municipal Secretary of Education – São Paulo City
SMS-SP – Municipal Secretary of Health - São Paulo City
SMADS-SP – Municipal Secretary of Health Care and Social Development – São Paulo City
SUS – Unified Health System
SVOC – Service of Checking Deaths of the Capital - USP
UBSs – Health Basic Units
UNICA – Union of Sugar Cane Industry of the State of São Paulo
UNODC – Against Drugs and Crime United Nations Office
UERJ – University of the State of Rio de Janeiro
USP – University of São Paulo

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