



COMPREHENSIVE HEALTH  
RESEARCH CENTRE

# FAQs and Guide

2024

(internal document for FCT's evaluation visit)

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## 1. What is the Fundação para a Ciência e Tecnologia's (FCT's) Evaluation process?

FCT promotes the creation and funds **Research units** classified as Excellent, Very Good and Good. The complete process goes as follows:

- FCT opens call – February 2024
- Research unit submits application – April 2024
- Evaluation:
  - 1<sup>st</sup> step – online presentation and interviews – October 2024
  - 2<sup>nd</sup> step – onsite evaluation visits – December 2024
- Results: February 2025

For the last FCT's research units' evaluation call, in April 2024, CHRC was proposed as a research unit currently funded by FCT, with the option of **merging CHRC with ToxOmics**, in the Health Sciences 3<sup>rd</sup> panel: **Public Health, Nursing, Health Technologies**.

The application submitted is attached to this document.

On October 7<sup>th</sup>, 2024, a group of 12 international evaluators will do online interviews to assess our research unit, following this agenda:

A. Plenary session (1 hour): A brief presentation (up to 20 minutes) of the R&D Unit by the Coordinator. This will be followed by a period of interaction between the Evaluation Panel, the Coordinator, and the R&D Unit team.

B. Successive meetings of the Evaluation Panel, in the following order, only with:

- (i) Doctoral Students (1 hour)
- (ii) Post-Docs and Researchers with a PhD for less than 6 years (1 hour)
- (iii) Senior Researchers (PhDs for more than 6 years) (1 hour)

Between December 2<sup>th</sup> and 6<sup>th</sup> 2024, a group of 12 international evaluators, will do visit evaluations.

## 2. CHRC – What is CHRC and what does it stand for?

CHRC means **Comprehensive Health Research Centre**.

CHRC was established in January 2020 and is characterized by a decentralized structure with centralized activities. It is a centre of excellence that provides a unifying **environment for health research, innovation, and education in public health, lifestyles, nursing, rehabilitation, and clinical research**. CHRC is composed of **healthcare professionals, researchers, academics, patients, and entrepreneurs** who work together towards a common goal.

In its commitment to ensuring healthy lives and promoting wellbeing for people of all ages, CHRC aligns its efforts with prominent international and national agendas. Specifically, CHRC actively contributes to **the FCT 2030 Thematic Research and Innovation (R&I) Agenda**, focusing on "Health, Clinical, and Translational Research," as well as the **United Nations Sustainable Development Goals**, particularly "The 2030 Agenda for Sustainable Development."

CHRC is a cutting-edge centre at **the forefront of health research and innovation**. It includes researchers from **medicine, nutrition, rehabilitation, public health, nursing, psychology, epidemiology, statistics, economy, engineering, and data science**, each bringing unique and complementary scientific backgrounds and expertise. Integrating knowledge from various disciplines, research efforts are focused on **understanding the causes and mechanisms of health issues and developing innovative strategies for prevention, diagnosis, and treatment**.

### 3. What are the CHRC's mission and main objectives?

CHRC is committed to advancing excellence across multiple domains, from research and funding to global collaborations and community engagement. With a clear **focus on innovation, international partnerships, and impactful outcomes**, CHRC will implement a series of strategic initiatives aligned with its mission **to produce innovative preventive and treatment strategies, as well as healthcare delivery based on robust evidence, to improve individual and public health**, ensuring sustainable growth and success.

#### Key Objectives for 2025-2029:

- 1. Research Excellence:** Excellent CHRC's scientific reputation by pioneering multidisciplinary health research, aiming for a significant presence in open-access and top-tier journals with accessible lay language summaries.
- 2. Funding Diversification:** Increase international research funding to support projects across diverse areas including oncology, cardiology, musculoskeletal, and infectious diseases, health promotion, nutrition, physical activity and health policies.
- 3. Collaborative Research Culture:** Foster interdisciplinary teamwork and international partnerships, driving 60% of projects from international collaborations.
- 4. Product Development:** Translate research into impactful healthcare products with at least 5 reaching Technology Readiness Levels (TRL) 8-9 for clinical use.
- 5. Education Expansion:** Develop innovative educational programs with 8 new courses, attracting 600 yearly applicants and supporting 300 master's and 50 PhD completions annually.
- 6. Career Development:** Establish a dedicated department to support career pathways, aiming for 15 new permanent positions and robust mentorship for early PhD researchers.
- 7. Global Influence:** Extend global collaborations with 6 new institutional collaboration protocols for research and training with international top level research institutions (CMU, Harvard, Sheba), and top level national institutions, and adoption of shared best practices in health policy and practice.
- 8. Health Equity and Community Engagement:** Address health disparities and promote health literacy through evidence-based interventions, including collaborations with FIOCRUZ in Brazil and initiatives in African Portuguese-speaking countries and Rwanda.

### 4. How is the CHRC structure?

In the period of 2025-2029, CHRC is undergoing transformative growth, leveraging recent organizational enhancements, including the development of a new campus, integration with the ToxOmics Unit, expansion into specialized Nutrition research, and a strategic partnership with Fraunhofer. The centre will reinforce its leadership in translational research, public health promotion, and technology innovation through strategic collaborations with academia, healthcare entities, industry stakeholders, and government agencies.

**Main management unit** is **NOVA Medical School** and the **coordinator is Helena Canhão**, MD, PhD. The other CHRC's management units are:

- National School of Public Health (ENSP);
- Évora University (UE) (School of Health and Human Development - Department of Sport and Health, and School of Nursing of São João de Deus);
- Fraunhofer AICOS Portugal;



## Why CHRC merged with ToxOmics Unit, incorporated Fraunhofer AICOS Portugal as a management institution and integrated nutrition and metabolism researchers from NMS?

To strategically enhance its capabilities and broaden its research impact:

- A. The collaboration with **Fraunhofer** enables CHRC to forge technology innovation with a higher Technology Readiness Level (TRL), advancing the practical application of research outcomes.
- B. By merging with **ToxOmics**, CHRC boosts its research efforts in genetics and personalized medicine, expanding its expertise in cutting-edge biomedical fields.
- C. Additionally, the integration of **nutrition and metabolism researchers from NMS** strengthens CHRC's focus on occupational health, well-being, and public health promotion through evidence-based research, creating a more comprehensive and multidisciplinary approach to health challenges.

There are **also 24 affiliated institutions**, which had previously established partnership agreements, helping to accomplish CHRC mission:

- **Hospitals** (Unidade Local de Saúde Santa Maria, Unidade Local de Saúde Arrábida, Unidade Local de Saúde São José, Unidade Local de Saúde Lisboa Ocidental, Unidade Local de Saúde Cova da Beira, Unidade Local de Saúde Estuário do Tejo, Hospital de Santo Espírito da Ilha Terceira, E.P.E.R., Hospital Professor Doutor Fernando Fonseca (HFF), IPO Lisboa, Lusíadas, CUF)
- **Academic Institutions** (Politécnico de Lisboa, Instituto Politécnico de Setúbal (IPS), Faculdade de Medicina de Lisboa, Universidade do Algarve (UAlg), Universidade Fernando Pessoa, Universidade Lusófona);
- **Health Companies** (Novartis, Medinava, INCA, CENC);
- **Patients and caregivers advocate** (Liga Portuguesa Contra as Doenças Reumáticas, Patient Innovation)
- **Health administrative centres** (ARS LVT, Instituto Nacional de Saúde Doutor Ricardo Jorge, Fundação Oswaldo Cruz)
- **Research non-profit associations** (Colab Trials, Value for Health CoLAB, Sociedade Portuguesa de Reumatologia (SPR))
- **Start-ups** (C-mo Medical Solutions, NOWACE)

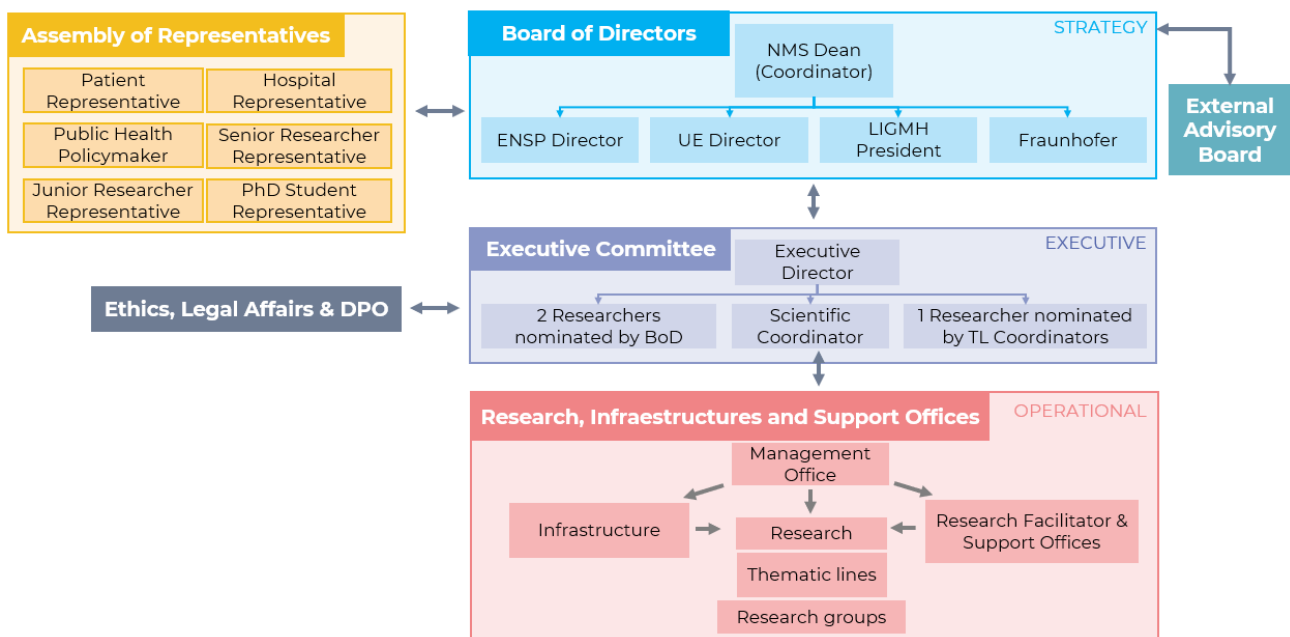
### Research team:

- 217 integrated PhD researchers
- 168 PhD Students
- 16 non-PhD technicians
- 80 collaborative researchers

Total of **481** people involved.

## 5. CHRC Governance (who's in charge of what? How's the communication channel?)

- CHRC has many institutions involved, with very different background and skills. We do not see this as a difficulty, but as a real opportunity to contribute to promote and improve individual's and populations' health.
- The relationship between management institutions is formally established through the Board of Directors. The relationship between all institutions and affiliated partners is done between the Executive Committee, and the Assembly of Representatives.
- Despite the formal relationships, the line of communication is permanently open through the figure of the coordinator or executive director who can deal with the day-to-day situations or put it to debate within the Executive Committee.
- The relationship between researchers is a trade-off between top-down from the members of the executive committee to the thematic lines' coordinators and to the research groups' leaders as well as bottom-up through the relationship and collaborative work of researchers within and between research groups and thematic lines.
- To respond to such a complex research unit, the governance model of the CHRC is well detailed and articulated and implies close, agile and very effective management.



I. **The Board of Directors**, coordinated by the Dean of NMS, sets the strategic direction for CHRC and is composed by the directors of all CHRC management entities.

Its main functions are:

- Oversee strategic planning
- Approve budgets
- Make key financial decisions
- Hold ordinary meetings biannually

II. The **Executive Committee** and Executive Director are responsible for implementing the strategy and overseeing day-to-day operations, ensuring alignment with long-term goals.

Their functions are:

- Implement CHRC's strategic plan
- Set performance indicators
- Allocate resources
- Develop project timelines
- Conduct monthly meetings to monitor progress and financial performance
- Manage the scientific organisation and outputs of the TL and research groups

III. **The External Scientific Advisory Board** will provide expert guidance to the executive committee and review CHRC's work plan annually:

- Geir Arlind Espnes, PhD - Norwegian University of Science and Technology, Norway
- Nikolaos Stergiou, PhD - University of Nebraska Omaha, USA
- Laura Coates, MD, PhD - University of Oxford, UK
- Zohray Talib, MD, PhD - California University of Science and Medicine, USA
- Ronald A. DePinho, MD - The University of Texas MD Anderson Cancer Center, USA

IV. The **Management Office** will guarantee the implementation of the plan of activities that will be overseen on a day-to-day basis. Research activities will be supported by the Research Support Offices and the Infrastructures.

V. **Assembly of Representatives (AR)** is composed of a Patient Representative, a Hospital Representative, a Public Health Policymaker, a Senior Researcher Representative, a Junior Researcher Representative, and a PhD Student Representative. This diverse committee plays a crucial role in guiding CHRC's

activities, providing insights from different perspectives to align research and policy with societal needs. It operates alongside the Board of Directors, contributing to strategic discussions and decision-making.

## 6. Scientific Structure: 14 research groups and 4 thematic lines

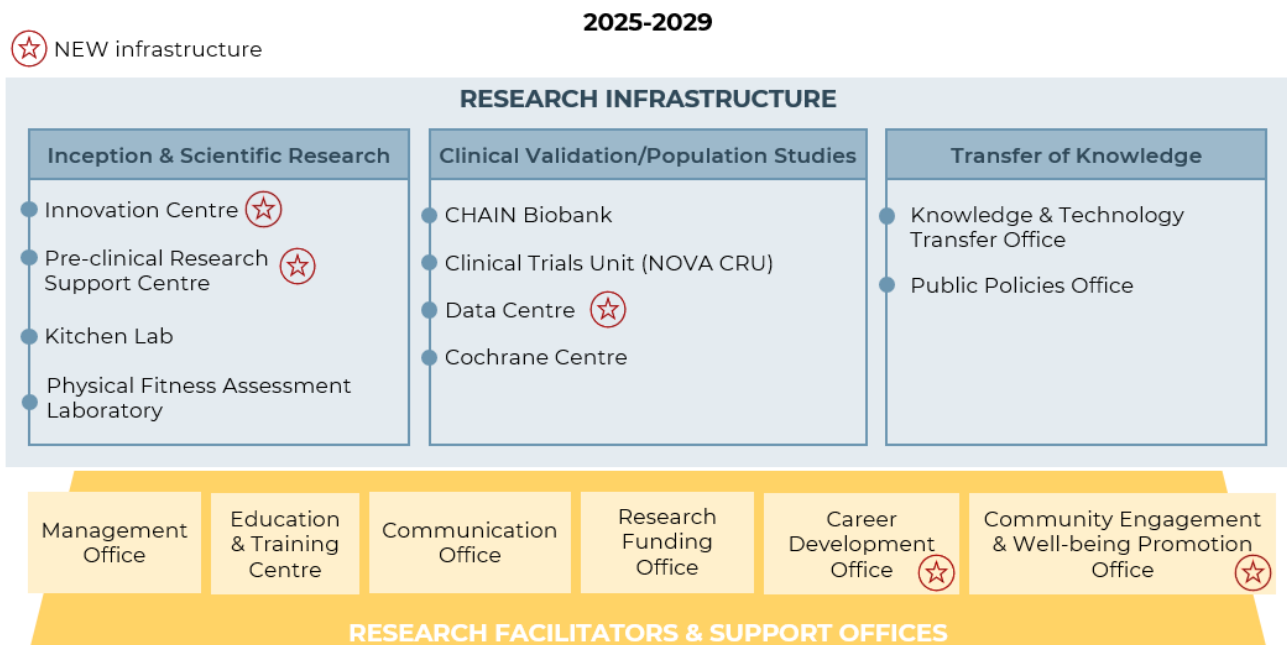
### Research group leaders

- Group 1 - **Nutrition and Metabolism** (*Conceição Calhau*)
- Group 2 - **Human Kinetics** (*Armando Raimundo*)
- Group 3 - **Behavioural Science and Social Innovation** (*Sónia Dias*)
- Group 4 - **Global Mental Health and Human Rights** (*José Caldas de Almeida*)
- Group 5 - **Cardiovascular and Respiratory Research and Innovation** (*Pedro Gonçalves*)
- Group 6 - **Musculoskeletal Health: Prevention, Diagnosis and Treatment** (*Ana Maria Rodrigues*)
- Group 7 - **Translational oncology** (*Isabel Fernandes*)
- Group 8 - **Immune dysregulation, infection, and antibiotics resistance** (*Pedro Póvoa*)
- Group 9 - **Advanced Human Genetics** (*António Sebastião Rodrigues*)
- Group 10 - **Self-care and Patient-centred care (Patient Care)** (*Manuel José Lopes*)
- Group 11 - **Health systems and health policies** (*Christopher Millett*)
- Group 12 - **Healthcare services research: efficiency, equity, sustainability, and access** (*Julian Perelman*)
- Group 13 - **Environmental and occupational health** (*Susana Viegas*)
- Group 14 - **Data and Health Technology** (*Inês Sousa*)

### Thematic line coordinators

- Thematic line I - **Personalised Medicine in High Burden Diseases** (*João Conde*)
- Thematic line II - **Health Promotion and Health Care through Life Course** (*Helena Canhão*)
- Thematic line III - **Health Innovation and Digital Health** (*Francisco Nunes*)
- Thematic line IV - **Climate change, Sustainability and Global Health** (*Ana Catarina Sousa*)

## 7. What are CHRC support services?



During the 2025-2029 period, CHRC will develop five new infrastructures: an Innovation Centre, a Pre-clinical Research Support Centre, a Data Centre, a Career Development Office, and a Community Engagement & Wellbeing Promotion Office. Over the next five years, CHRC's mission will be driven by the essential

contributions of Support, Infrastructure, and Strategic Initiatives, establishing the vital technical and organisational foundations needed to achieve its vision.

- **The Administrative Support**, comprised of: 1) Management Office; 2) Research Funding Office; 3) Communications Office; 4) Career Development Office, will ensure seamless financial, communication, and legal management, empowering researchers to dedicate themselves fully to their work.
- **Technical support offices**, such as: 1) CHAIN Biobank; 2) Pre-Clinical Research Support Centre; 3) Innovation Centre; 4) Clinical Trials Unit (NOVA CRU); 5) Data Centre; 6) Kitchen Lab; 7) Physical Fitness Assessment; 8) Cochrane Centre - will empower researchers to accelerate the translation of discoveries into impactful solutions for communities by providing specialised equipment and expertise.
- Additionally, CHRC presents a **Centre for Education and Training** to develop healthcare professionals and researchers, a **Knowledge & Technology Transfer Office** to facilitate partnerships and manage regulatory affairs, a **Community Engagement and Well-being Promotion Office** to strengthen ties with external stakeholders and support community mental health, and a **Public Policies Office** to translate research into actionable policy recommendations.

## 8. What is CHRC uniqueness? / Why is CHRC different from others?

CHRC's vision emphasizes that research should extend beyond the lab, **solving real-world problems with social impact**. Aligned with the UN's sustainable development goals and the societal challenges outlined by the European Commission, CHRC fosters **multidisciplinary collaboration** to achieve common objectives.

Partnering with leading institutions like NMS, ENSP, UÉ, LIGMH, and Fraunhofer, CHRC integrates expertise from medicine, nutrition, public health, psychology, and engineering. Collaborating with a national ecosystem and fostering international partnerships, CHRC leverages innovation and creativity to address health challenges with impactful solutions.

### • **FACT n° 1 – A UNIFIED RESEARCH: CHRC'S INTERDISCIPLINARY STRENGTH**

The CHRC exemplifies exceptional interdisciplinary collaboration on cancer research, enhancing problem-solving and fostering comprehensive strategies for prevention, diagnosis, and treatment: 1) Public health experts focus on prevention; 2) medical professionals improve diagnostics and treatment, while 3) specialists in physical activity, nursing, and mental health contribute to rehabilitation, patient care, and psychological support.

### • **FACT n° 2 - EMPOWERING TOMORROW: SOCIAL INNOVATION AND SCIENTIFIC KNOWLEDGE**

The CHRC advances social innovation and scientific knowledge through impactful projects like its social prescribing initiative, which integrates healthcare with community support to address lifestyle-related illnesses and social isolation. Another notable project, "Saúde.come," promotes healthy behaviors among food-insecure seniors via a home-based digital tool, demonstrating significant health improvements. These efforts highlight CHRC's commitment to cross-sector collaboration, health promotion, and community impact, distinguishing its approach in public health.

### • **FACT n° 3 - INTERNAL CAPACITY FOR CONDUCTING CLINICAL STUDIES**

The CHRC's uniqueness lies in its strong capacity for clinical studies, supported by NOVA CRU, which provides specialized clinical research services. With CHRC's support, NOVA CRU experienced a 120% increase in clinical studies from 2020 to 2023, 64% of which were international. This capacity spans multiple medical fields and includes clinical investigations with medical devices and diagnostics, underscoring CHRC's role in advancing global health research.



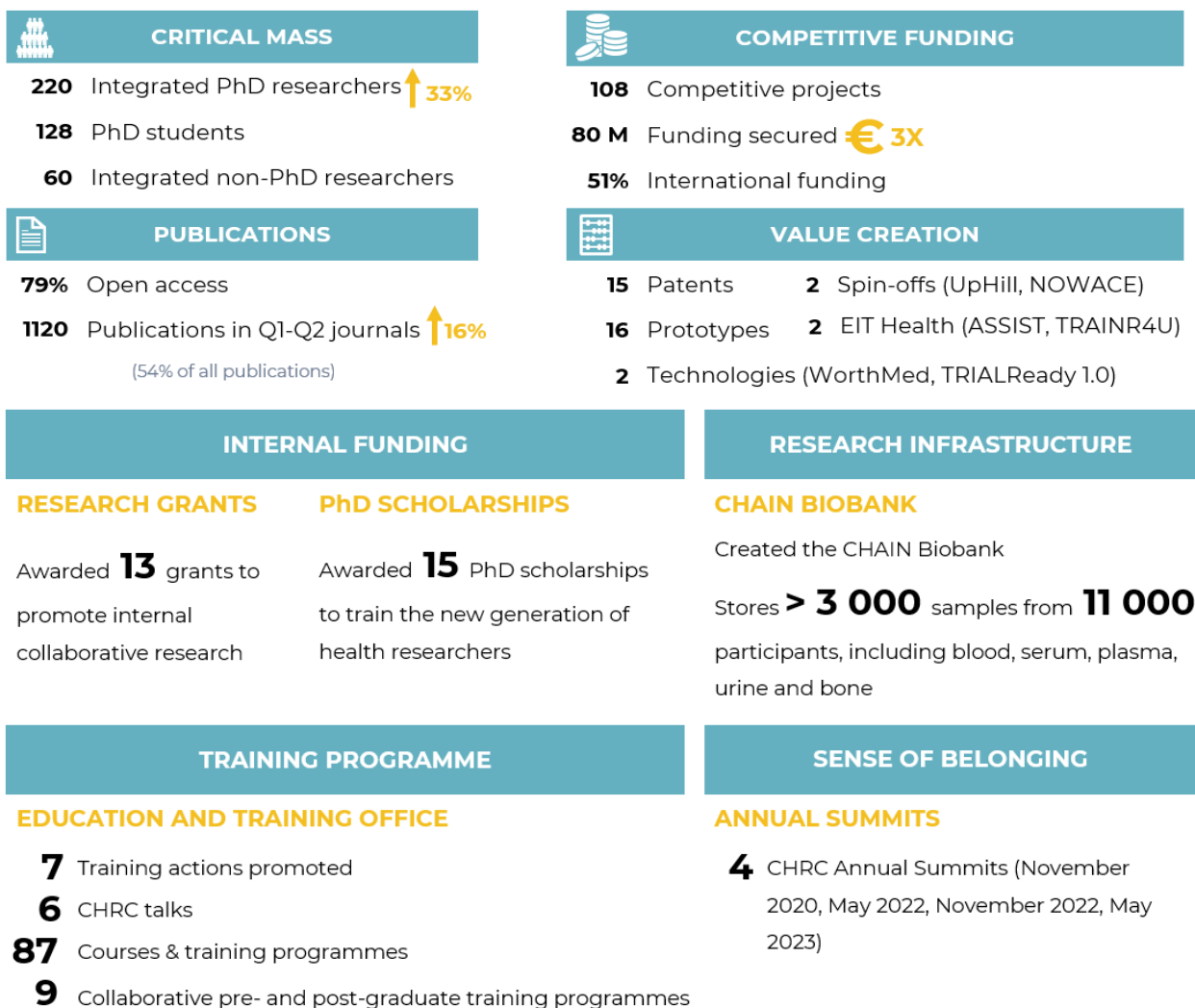
- **FACT n° 4 – CHRC'S IMPACT IN CPLP: ADVANCING COLLABORATIVE HEALTH INITIATIVES**

CHRC plays a pivotal role in the CPLP through projects like the "Nutritional and Food Surveillance System in São Tomé and Príncipe" and "Weaving Ties: Strengthening Professional Training in Nursing." Collaborating with the WHO and participating in an FCT-funded PhD consortium, CHRC stands out in knowledge transfer, capacity building, and addressing public health challenges, making a sustained impact across CPLP member countries.

- **FACT n° 5 - MULTIPLE DATA SOURCES**

The CHRC stands out by unifying clinical data from multiple sources, including the EpiDoc cohort, Reuma.pt, and the COVID-19 Barometer, into a consolidated depository. This harmonization maximizes the potential of data-driven medicine to improve patient outcomes and drive innovation. Supported by robust data governance and adherence to FAIR principles, CHRC leads in integrating diverse health data for impactful research and healthcare advancements.

## 9. What were the main achievements of CHRC between 2020-2023?



**Some of CHRC's awards:**

1. Study, "Factors associated with the aggressiveness of care at the end of life for patients with cancer dying in hospital: a nationwide retrospective cohort study in mainland Portugal" - 1st place in the Jorge Horta Award (2021);

2. Project, "Intermittent energy restriction ameliorates adipose tissue-associated inflammation in adults with obesity: a randomised controlled trial" - winner of Project of the Year in Clinical Nutrition; (2022)
3. FLAD Science Award Mental Health - Manuela Silva - 2022.
4. Study, "Contextual factors influencing the use of coercive measures in Portuguese mental health care" - João Monjardino Award 2023;
5. Reumérítus Award 2023 - Helena Canhão - personality with an active role in the field and treatment of patients with rheumatic diseases.

## 10. Examples of inter-institutional collaboration

### 1. Between 2021 – 2023, CHRC encompassed over 709 collaborative publications, such as:

#### a. NMS and ENSP

#### Costs of incident non-hip osteoporosis-related fractures in postmenopausal women from a payer perspective

Anabela Barcelos<sup>1,2,3</sup>  · Judite Gonçalves<sup>1,4,5</sup>  · Céu Mateus<sup>6</sup> · Helena Canhão<sup>1,2,7</sup> · Ana Maria Rodrigues<sup>1,2,8</sup>

#### b. ENSP and Fraunhofer

#### Understanding Mental Health Professionals' Perspectives and Practices Regarding the Implementation of Digital Mental Health: Qualitative Study

Cristina Mendes-Santos<sup>1,2,3,4</sup>, PhD; Francisco Nunes<sup>3</sup>, PhD; Elisabete Weiderpass<sup>5</sup>, PhD; Rui Santana<sup>2</sup>, PhD; Gerhard Andersson<sup>6,7</sup>, PhD

#### c. NMS and LIGMH

#### Unraveling Depressive Symptomatology and Risk Factors in a Changing World

by Rute Dinis Sousa \* , Ana Rita Henriques  , José Caldas de Almeida , Helena Canhão   and Ana Maria Rodrigues 

### 2. Between 2021 – 2023, CHRC encompassed over 223 collaborative projects, such as:

- a. Preventable – Sustainable Care for Rare Tumor Risk Syndromes (NMS and ENSP)
- b. LOCUS: Long Covid – Understanding Symptoms, events and use of services in Portugal (NMS and ENSP)
- c. ELEVATE Project (NMS, ENSP, Fraunhofer)
- d. COVID-19 pandemic: the social distance at the school playground and its effects on children's social-emotional competence and physical activity (University of Évora and ENSP) – CHRC's Grant

### 3. 8 Collaborative Postgraduate Training Programmes:

- I. Digital Health Executive Course - ENSP and NMS
- II. Master in Clinical Research Management (MEGIC) – NMS and ENSP
- III. Master in One Health: Human and Animal Public Health - UÉ and NMS
- IV. Master in Physiotherapy – Musculoskeletal Conditions - ENSP and NMS
- V. Master in Epidemiology, Biostatistics, and Health Research (EPIBIS) – ENSP and NMS
- VI. PhD in Global Public Health - ENSP and NMS
- VII. PhD in Health and Wellness Sciences and Technologies - NMS, ENSP and UÉ
- VIII. PhD in Erasmus Mundus PHOENIX EM JDP Dynamics of Health and Welfare – ENSP and UÉ

## 11. Who are CHRC main competitors?

- **EPIUnit | ISPUP** <https://ispup.up.pt/unidade-de-investigacao-em-epidemiologia-epiunit-2/>
- **GHMT – IHMT** <http://www.ihmt.unl.pt/investigacao/>
- **ISAMB** <https://isamb.medicina.ulisboa.pt/en/home/#>

## 12. Strategic/dynamic SWOT analysis

<b>STRENGTHS</b>	<ul style="list-style-type: none"> <li>• National Impact in Public Health</li> <li>• Clinical Research Capacity</li> <li>• Outstanding outputs 2020-2023</li> <li>• Multi/trans-disciplinary profile</li> <li>• Strong governance &amp; decentralised resources and activities with centralised management and support</li> <li>• Strong and diverse ecosystem and network</li> <li>• Increased multidisciplinary projects with technology for impactful outcomes</li> </ul>	<b>WEAKNESSES</b>
<b>OPPORTUNITIES</b>	<ul style="list-style-type: none"> <li>• TL aligned with current national policies, societal challenges and UN SDGs (= funding opportunities)</li> <li>• Collaboration with national and international health authorities (e.g., WHO)</li> <li>• AI and Digital Health Expansion</li> <li>• Health Innovation for Aging Populations</li> <li>• Post pandemic valorisation of evidence-based policies</li> </ul>	<b>THREATS</b>
	<ul style="list-style-type: none"> <li>• High heterogeneity in researchers: a threat to a unified vision</li> <li>• Higher demand of resources to respond to high laboratory intensity</li> <li>• Dependence on External Funding</li> </ul>	
	<ul style="list-style-type: none"> <li>• National funding is scarce, changes continually &amp; demands co-funding - Potential Policy Changes in Research Funding</li> <li>• Health professionals in public sector are underpaid in Portugal</li> <li>• Researchers in Portugal have precarious careers</li> <li>• National bureaucracy (3 public entities)</li> <li>• Technological Advancements Outpacing Resources</li> </ul>	

## 13. Plans for Career development

CHRC highly values the career development of its members and will establish a Career Development Department to support staff and researchers, foster sustainable career pathways, and oversee the growth of associate/full professor and senior research positions.

The CHRC Career Development Office aims to enhance career trajectories through three key programmes:

1. **Career Development Program:** This initiative provides tools for leaders in academic independent careers and offers strategic advisory for funding individual R&D careers. It also includes a mentoring programme for early PhD researchers.
2. **Ignition Program:** This programme stimulates an entrepreneurial mindset and includes an accelerator programme to turn research results into business plans, while also focusing on the valorisation of results to external stakeholders.
3. **Skills Development Program:** This involves a career trajectory reflection programme to reinforce competencies, advanced training programmes for R&D career development, and coaching workshops to improve the work environment.

Overall, CHRC plans to support 30 early PhD researchers annually through its mentorship programme, establish 15 permanent positions for Associate and Full Professors (including FCT-Tenures), create 15 permanent researcher positions (also including FCT-Tenures), and secure one Chair position within the organisation. Through these initiatives, CHRC demonstrates its commitment to nurturing talent and promoting professional growth within the research community.

## 14. If not funded by FCT, how will it work?

We do not anticipate this possibility, as CHRC is a vital unit for public health, well-being, and research networking in Portugal, and we were rated excellent in the previous evaluation. However, our work during

the 2020-2023 period shows CHRC's commitment to thriving as a research unit, applying for funding and building strong partnerships to ensure a sustainable future alongside FCT funding. This includes seeking support from other sources such as the pharma industry, foundation grants, competitive grants, and international funding.

## 15. Ethics concerns

At CHRC, we prioritize ethical considerations in our research activities, which often involve human participants, including vulnerable populations. We strictly adhere to international standards, such as the Declaration of Helsinki and Good Clinical Practice, and comply with EU and national legislation, ensuring all studies receive Ethics Committee approval before initiation. Informed consent and confidentiality are paramount, especially concerning personal data and genetic material, and we maintain rigorous privacy standards. Additionally, we ensure that all animal research complies with welfare guidelines. Overall, CHRC is dedicated to upholding the highest ethical standards in all our research initiatives.

## 16. Annexes

### The distribution of CHRC members by research group:

#### 1. Nutrition and Metabolism

**Principal Investigator: Conceição Calhau**

**Keyword(s):** Diet; Microbiota; Endocrine disruptors; Metabolic disease

Integrated PhD holder Researchers	
1.	Conceição Calhau
2.	Ana Faria
3.	Diana Marina da Silva Teixeira
4.	André Moreira-Rosário
5.	João Araújo
6.	Marta P Silvestre
7.	Júlio César Leite da Fonseca Rocha
8.	Diogo Pestana
9.	Cláudia Sofia Fonseca Marques
10.	Catarina Durão
11.	Ana Gabriela da Cunha Ribeiro
12.	Filomena Isabel Machado Gomes
13.	Vítor Emanuel de Sá Veloso Martins
14.	Ana Rita Oliveira Goes
15.	Pablo Tomás Carús
16.	ANA MARIA FERREIRA RODRIGUES
17.	CATARINA DE CASTRO SOBRAL BLANCO LIMBERT
18.	Luis Manuel Fernandes Pereira da Silva
19.	Nuno Mendonça
PhD students	
1.	GILBERTO MAIA SANTOS
2.	Liliana Alexandra Vieira Dinis
3.	Inês Gonçalves de Vasconcelos Castela
4.	Catarina Isabel dos Santos Rodrigues
5.	Rita Cavaglià
6.	Maria Olívia Pereira Barbosa
7.	Kelli Destri
8.	Inês Alves
9.	Nilton João Chantre Leite
10.	Susana Coelho
11.	Sílvia da Silva Rego

12. Graça Raimundo
13. Andreia Cristina Jales do Espírito Santo
14. Vitor João Bilro
15. Tatiana Isabel Pires Neto
16. Moisés Alexandre dos Santos Henriques
<b>Collaborating Researchers</b>
1. Albino Jorge Carvalho de Sousa Oliveira Maia
2. Israel João de Jesus Macedo
3. JOAO FILIPE CANCELA DOS SANTOS RAPOSO

## 2. Human Kinetics

**Principal Investigator: Armando Manuel Mendonça Raimundo**

**Keyword(s):** Exercise and Health; Sports Sciences; Psychomotricity; Exercise Physiology

<b>Integrated PhD holder Researchers</b>
1. Armando Manuel Mendonça Raimundo
2. Bruno Gonçalves
3. Gabriela Sousa Neves de Almeida
4. Hugo Miguel Cardinho Alexandre Folgado
5. João Paulo Brites de Sousa
6. Jorge Bravo
7. José Alberto Frade Martins Parraça
8. José Francisco Filipe Marmeleira
9. Nuno Miguel Prazeres Batalha
10. Orlando Fernandes
11. Pablo Tomás Carús
12. Sandra Cristina Cozinheiro Fidalgo Rafael Gamboa Pais
13. David Orlando Alves Ferreira
14. FILIPE MANUEL SOARES DE MELO
15. MARIA TERESA CARVALHO OLIVEIRA DE SOUSA ALVES
16. Bruno Emanuel Nogueira Figueira
17. Ana Rita do Amaral Cabrita Matias
18. Nuno Mendonça
19. Cristina Isabel Albuquerque Godinho
20. Luis Miguel Antunes Gomes
21. Helder Alexandre Correia Dores
22. Catarina Durão
23. Nuno Mendonça
24. José Alberto Castro Guimarães Consciência
25. Catarina Pereira
26. Guida Veiga
27. Maria da Graça Duarte da Silva Santos
<b>PhD students</b>
1. Joana Isabel Palma Machorrinho
2. Luís Galhardas
3. Nilton João Chantre Leite
4. Rogério Henriques
5. Soraia Daniela Pires Ferreira
6. Alexandre António Ferreira Duarte Martins
7. Carolina Alexandra Alípio Mourata do Cabo
8. Cláudia Sofia Orvalho Mendes Amaro dos Santos
9. Daniela Guerreiro

10. Inês Alves
11. Paulo Jorge Granado Pereira
12. Paulo Delgado
13. Sara Santos
14. Vitor João Bilro
15. Joana Alegrete
16. Maria Olívia Pereira Barbosa
17. Pedro Julião
18. VÍTOR HUGO NUNES PADINHA
19. Tatiana Isabel Pires Neto
20. JOÃO NUNO PIRES GALRINHO
21. RUI PEDRO LETRAS COELHO
22. Sofia Alexandra Sousa Da Mata Brites Militar
23. Maria João Baptista Rente
24. Patrícia Raquel Esfolá Pereira Balão
25. Tânia Patrícia Coelho Raposo
26. Catarina Joaquim Gonçalves
<b>Collaborating Researchers</b>
1. Ana Isabel Rodrigues de Moraes
2. André Filipe Paulino da Silva Bento
3. Madalena Gomes da Silva
4. Mário Espada
5. Hugo Filipe Zurzica Rosado
6. Jorge Manuel Carvalho Malarranha
7. Marco Paulo Fonseca Gonçalves
8. Tarciano Batista e Siqueira

### 3. Behavioural Science and Social Innovation

**Principal Investigator: Sónia Maria Ferreira Dias**

**Keyword(s):** Health Determinants; Behavioral Insights; Societal transformation; Citizen science

<b>Integrated PhD holder Researchers</b>	
1.	Sónia Maria Ferreira Dias
2.	Alan Vinicius Assunção-Luiz
3.	Natalie Alice Blackburn
4.	Barbara Elzbieta Gonçalves
5.	Bárbara Pinheiro Machado
6.	Miriane Lucindo Zucoloto
7.	Álvaro Francisco Lopes de Sousa
8.	Ana Gama
9.	Ana Rita Oliveira Goes
10.	ANA RITA SOUSA PEDRO PARENTE DE ANDRADE
11.	Andreia Heitor Martins da Cunha Leite
12.	Ausenda Cristina Nelson Machado
13.	Cristina Isabel Albuquerque Godinho
14.	Mariana Ramos Sousa Coelho dos Santos
15.	Marta Moreira Marques
16.	Patricia Soares
17.	Catarina Pereira
18.	Guida Veiga
19.	Maria Margarida da Palma Goes
20.	Rogério Manuel Ferrinho Ferreira
21.	Ermelinda do Carmo Valente Caldeira
22.	ANA MARIA FERREIRA RODRIGUES

23. Bruno Miguel Costa Heleno
24. Manuel Maria dos Santos Matroco Gonçalves Pereira
25. Noelle Coelho Resende
26. Maria da Conceição Sousa Balsinha
27. Adelinda Candeias
28. Rui Alexandre Godinho da Costa Campos
29. Maria João Lopes Marques
<b>PhD students</b>
1. Ana Rita Serrano de Figueiredo Simeão
2. Ana Marta Moniz
3. André Augusto Martins Vieira
4. Louise Viécili Hoffmeister
5. Maria Rita Marques Gonçalves
6. Ana Sá Machado
7. AUGUSTO PARRAS ALBUQUERQUE
8. Teresa Dionísio Mestre
9. Hermenegildo Domingos dos Santos Pateiro
10. Jorge Rosário
11. Sílvia Maria dos Santos Alves Gomes Pedroso
12. João Pedro das Neves Grade
13. Élia Quintas
14. SÍLVIA MARLENE BARRADAS RAMOS
15. Elisabete Cioga
16. Inês Cardoso
17. Paula Pimpão
18. Diogo Alexandre Carvalho Pedroso
19. Pedro Centeio Ferraz Gameiro
20. Walaa Kinaan
21. Matilde Pacheco
22. Renato Manuel Bernardino dos Reis
23. Claudia Dolores Trierweiler Sampaio de Oliveira Corrêa
24. Inês André Correia
25. Beatriz Lourenço
26. Paulo Ney Solari Fernando
27. Rita Mafalda Rocha Sousa do Carmo Fernando
28. PATRÍCIA DOMINGOS BELO
29. Joana Tomás de Albuquerque Osório
30. Teresa Filipa Alves de Oliveira Rodrigues
31. Esmael Francisco Tomás
32. José Miguel Martins Ribeiro de Almeida Oliveira
<b>Collaborating Researchers</b>
1. António Fernando Saldanha Portelada
2. Edgar Aníbal Galindo Cota
3. Maria João Serrano Carapeto
4. Gonçalo Figueiredo Augusto
5. MARIA DA CONCEIÇÃO FERREIRA MONTEIRO LEAL DA COSTA
6. MARIA DA GLÓRIA SALAZAR D'EÇA COSTA FRANCO
7. Maria Dionísia Camões de Mendonça de Oliveira e Silva Laranjeiro
8. Maria João Gouveia Pereira Beja
9. Margarida Gaspar de Matos
10. Maria Paula Marçal Grilo Lobato de Faria
11. Helena Maria de Sousa Lopes Reis do Arco
12. Brenda Sousa da Silva

#### **4. Global Mental Health and Human Rights**

**Principal Investigator: José Miguel Barros Caldas de Almeida**

**Keyword(s):** Global mental health; Mental health policy and services; Coercion in psychiatric services; Mental health and Human rights

<b>Integrated PhD holder Researchers</b>
1. José Miguel Barros Caldas de Almeida
2. Patrícia Marques
3. Fernando Miguel Teixeira Xavier
4. Joaquim Filipe Candeias de Sousa Gago
5. Manuel Maria dos Santos Matroco Gonçalves Pereira
6. Sofia Mucharreira de Azeredo Lopes
7. Maria da Conceição Sousa Balsinha
8. Graça Maria Pereira Cardoso
9. Teresa Alves dos Reis
10. Adelinda Candeias
11. Maria da Graça Duarte da Silva Santos
12. Rui Alexandre Godinho da Costa Campos
13. Elisabete Alves
14. Maria José Nogueira
15. Ana Rita Oliveira Goes
16. Cristina Isabel Albuquerque Godinho
17. Maria João Lopes Marques
18. Noelle Coelho Resende
19. José Francisco Filipe Marmeleira
20. Maria Manuela Correia Vieira da Silva
<b>PhD students</b>
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2. Ugne Grigaite
3. Bárbara Pedrosa
4. Deborah Aluh
5. Rafaela Antunes Moreira
6. Aramid José Fajardo Gomes
7. Sílvia do Carmo Bento Conde
8. Elena Pimentel Fonseca
9. Beatriz Lourenço
10. Teresa Filipa Alves de Oliveira Rodrigues
11. Rute Filipa Dinis de Sousa
12. Joana Isabel Palma Machorrinho
13. Maria Rita Marques Gonçalves
14. Ana Pedro Sousa e Costa
15. Hermenegildo Domingos dos Santos Pateiro
16. Celso Filipe Boto Silva
17. Pedro Miguel Morgado Amaro
18. Ana Sofia Novais Rosinhas
19. Mariana Tomé Pereira Alfaiate
20. Maria João Revés Mendes Silva
21. SÍLVIA MARLENE BARRADAS RAMOS
22. Jorge Manuel Curvinha Ramalho
23. Filipa Marcelino Palma
24. Ana Catarina Viegas Gaspar
25. Patrícia Raquel Esfolá Pereira Balão
26. Sofia Guerra-Paiva
27. JOÃO NUNO PIRES GALRINHO
<b>Collaborating Researchers</b>
1. Ana Margarida Pereira Cardoso
2. Albino Jorge Carvalho de Sousa Oliveira Maia
3. Jaime Manuel Novo Grácio
4. Pedro Afonso Rodrigues de Gouveia



## 5. CardioVascular and Respiratory Research and Innovation

**Principal Investigator: Pedro de Araújo Gonçalves**

**Keyword(s):** Biomarkers; Digital Health; Coronary Artery Disease; Chronic Cough

<b>Integrated PhD holder Researchers</b>	
1.	Pedro de Araújo Gonçalves
2.	Ana Teresa de Matos Timóteo
3.	Helder Alexandre Correia Dores
4.	Manuel de Sousa Almeida
5.	NUNO MANUEL BARREIROS NEUPARTH
6.	Sérgio Miguel Matoso Laranjo
7.	RICARDO ALEXANDRE DA SILVA SANTOS AFONSO
8.	Pedro Miguel Carvalho Diogo Carreiro Martins
9.	Paula Cristina de Carvalho Vidal Reis
10.	Sónia Maria Ferreira Dias
11.	Ana Gama
12.	Ana Rita Oliveira Goes
13.	ANTÓNIO ALEXANDRE PINTO BUGALHO DE ALMEIDA
14.	Luís Miguel Cruz Coelho
15.	Paulo Jorge Pereira Cruz Paixão
16.	Pedro Manuel Sarmiento Rodrigues Póvoa
17.	Diana Marina da Silva Teixeira
18.	Armando Manuel Mendonça Raimundo
19.	Jorge Bravo
20.	Sandra Cristina Cozinheiro Fidalgo Rafael Gamboa Pais
21.	Maria Margarida da Palma Goes
22.	MARIA DO CÉU MENDES PINTO MARQUES
23.	André Valério Raposo Carreiro
<b>PhD students</b>	
1.	João Carlos Gaspar Marques
2.	Catarina Joaquim Gonçalves
3.	Ana Rita Serrano de Figueiredo Simeão
4.	Renato Manuel Bernardino dos Reis
5.	André Augusto Martins Vieira
6.	Inês André Correia
7.	Joana Seringa
<b>Collaborating Researchers</b>	
1.	Pedro Nuno Martins Pires Coelho
2.	Andreia Ferreri Cerqueira
3.	André Filipe Paulino da Silva Bento
4.	Filipe Froes

## 6. Musculoskeletal Health: Prevention, Diagnosis and Treatment

**Principal Investigator: ANA MARIA FERREIRA RODRIGUES**

**Keyword(s):** Musculoskeletal diseases; New models of care delivery; Epidemiology; Digital health

<b>Integrated PhD holder Researchers</b>
1. ANA MARIA FERREIRA RODRIGUES
2. Ana Filipa Sousa Pestana Mourão
3. ELSA DO CÉU DIAS DE ALMEIDA FRAZÃO MATEUS
4. Helena Canhão
5. Jaime Branco
6. Nuno Mendonça
7. Eduardo B Cruz
8. Rita Noélia Silva Fernandes
9. Carmen Caeiro
10. Diogo André da Fonseca Pires
11. Luis Miguel Antunes Gomes
12. Daniela Sofia Albino Costa
13. Carla Mendes Pereira
14. Pedro Almeida Laires
15. Conceição Calhau
16. José Alberto Castro Guimarães Consciência
17. Armando Manuel Mendonça Raimundo
18. João Paulo Brites de Sousa
19. Sandra Cristina Cozinheiro Fidalgo Rafael Gamboa Pais
20. Francisco Maria Cruz Nunes
21. Inês Nunes de Sousa Soares
<b>PhD students</b>
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2. Kelli Destri
3. Anabela Barcelos
4. Susana Patrícia Tinoco da Silva Duarte
5. Rute Filipa Dinis de Sousa
6. Lara Gil Gomes de Campos
7. Andreia Isabel Capucho dos Santos
8. Ana Rita Oliveira Henriques
9. João Miguel Pereira Mateus Baptista Gonçalves
10. Ana Margarida Rodrigues Dâmaso
11. Isabel Correia
12. Alexandre Moniz
13. José Miguel Cruz de Sousa
14. José Manuel Afonso Moreira
15. Joana Alegrete
16. Sara Luísa Barão Vaz
17. Sílvia Maria dos Santos Alves Gomes Pedroso
18. André Augusto Martins Vieira
<b>Collaborating Researchers</b>
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2. André Filipe Paulino da Silva Bento
3. Hugo Filipe Zurzica Rosado
4. Marco Paulo Fonseca Gonçalves
5. Tarciano Batista e Siqueira

## **7. Translational oncology**

**Principal Investigator: Isabel Fernandes**

**Keyword(s):** Cancer-related research; Translational and basic research; Cancer policy; Therapy and diagnosis

<b>Integrated PhD holder Researchers</b>	
1. Isabel Fernandes	
2. Eduardo Netto	
3. João Conde	
4. Rui Dinis	
5. Sónia Maria Ferreira Dias	
6. Inês Fronteira	
7. Patrícia Marques	
8. Ana Gama	
9. Bruno Miguel Costa Heleno	
10. Hugo Silva Carvalho Pinto Marques	
11. António Sebastião Rodrigues	
12. Bárbara Mendes	
13. João Gonçalves	
14. João Miguel de Oliveira Conriot	
15. Michel Kranendonk	
16. Susana Maria Nunes da Silva Duarte Catana	
17. Ana Gabriela da Cunha Ribeiro	
18. Rômulo Paes de Sousa	
<b>PhD students</b>	
1. Jhenifer de Farias Oliveira	
2. Diana Isabel Pacheco de Sousa	
3. João Pedro Vicente Pais	
4. Diana Castro Peixoto	
5. Catarina Martins	
6. Maria Beatriz Mourato	
7. Walaa Kinaan	
8. Daniela Guerreiro	
9. Dina Isabel Filipe Carpinteiro Durão	
10. Frederico Fonseca	
11. Inês André Correia	
12. Rita Mafalda Rocha Sousa do Carmo Fernando	
13. Dulce Maria Lourenço Miranda	
<b>Collaborating Researchers</b>	
1. Gonçalo Figueiredo Augusto	
2. Paulo Jorge Nogueira	
3. Sara Simões Dias	
4. Maria Paula Marçal Grilo Lobato de Faria	

## **8. Immune dysregulation, infection, and antibiotics resistance**

**Principal Investigator: Pedro Manuel Sarmiento Rodrigues Póvoa**

**Keyword(s):** Infection; Sepsis; Innate immune response; Microbial resistance

<b>Integrated PhD holder Researchers</b>	
1. Pedro Manuel Sarmiento Rodrigues Póvoa	
2. CATARINA DE CASTRO SOBRAL BLANCO LIMBERT	
3. João Farela Neves	
4. JORGE NATALINO RAMOS LIMA	
5. Luis Miguel Nabais Borrego	
6. Maria de Jesus Fernandes Chasqueira	
7. Nelia Sofia Augusto Gouveia	
8. Paulo Jorge Pereira Cruz Paixão	
9. Ana Catarina Silva Gregório da Costa Martins	
10. Catarina Maria Machado França Gouveia	
11. Luís Miguel Cruz Coelho	

12. Margarida Pires Simões
13. Paulo Jorge dos Santos Sousa
14. CRISTINA MARIA DE PAIVA CHAVES LOPES CAROÇA TOMÉ DE JESUS
15. João Carlos Lopes Simões do Paço
16. Luis Bento
17. Luis Manuel Fernandes Pereira da Silva
18. Maria de Fátima Carvalho Serrano
19. Júlio César Leite da Fonseca Rocha
<b>PhD students</b>
1. Maria Carolina Paulino
2. Maria Madalena Ravasco Mendes Lopo Tuna
3. Sara Querido Conde
4. Miguel Angelo Simão Dias
5. Matilde Pacheco
6. Tânia Patrícia Coelho Raposo
7. Paulo Ney Solari Fernando
8. NADIA BORGES Charepe
9. Maria João da Costa Nunes Lobão
10. Cristiana da Palma Von Rekowski
11. Tiago Alexandre Henrique Fonseca
12. ANA ISABEL LOUREIRO VIEGAS
13. Luís Filipe Pereira Todo Bom
14. Bárbara Alexandra de Kong Cardoso
15. Marta Sofia Forte Dias
<b>Collaborating Researchers</b>
1. Israel João de Jesus Macedo
2. Filipe Froes
3. Rúben Alexandre Dinis Araújo
4. Mário Jorge Simão Silva
5. Maria Teresa Lopes
6. Ana Beatriz Nunes
7. PEDRO GONÇALVES CASACA CARVALHO

## 9. *Advanced Human Genetics*

**Principal Investigator: António Sebastião Rodrigues**

**Keyword(s):** Human genetics; Toxicogenomics; Nanotoxicology; Biomonitoring

<b>Integrated PhD holder Researchers</b>
1. António Sebastião Rodrigues
2. Ana Maria Pinho Tavares
3. ANA PAULA SILVA AZEVEDO
4. Bárbara Mendes
5. Bruno Daniel Costa Gomes
6. Célia Cristina Barbosa Ventura
7. Deborah Penque
8. Maria Henriqueta Dias Lourenço Garcia Louro
9. João Gonçalves
10. João Miguel de Oliveira Conriot
11. Joaquim Fernando Tomaz Rodrigues Moita Calado
12. Luís Miguel Ramos Vieira
13. Maria João Aleixo da Silva
14. Michel Kranendonk
15. Nelson da Cruz Soares
16. Susana Maria Nunes da Silva Duarte Catana
17. Francisco Vaz de Carvalho Esteves
18. CATARINA DE CASTRO SOBRAL BLANCO LIMBERT

19. MARIA SARAIVA MENDES ASSUNÇÃO
20. João Diogo Osório de Castro Conde
21. Hugo Silva Carvalho Pinto Marques
<b>PhD students</b>
1. Tânia Isabel Trindade Lapão Rocha
2. Catarina Carneiro Silva
3. Nádia José David Vital
4. Dina Isabel Filipe Carpinteiro Durão
5. SOFIA MARIA SENTIEIRO NEVES
6. Miguel Angelo Simão Dias
7. Diogo Luís Raposo da Costa Ribeiro
8. Viviana Modesto Caldeira
9. Diana Isabel Pacheco de Sousa
10. João Pedro Vicente Pais
11. Tiago Alexandre Henrique Fonseca
12. Sara Querido Conde
13. Jhenifer de Farias Oliveira
<b>Collaborating Researchers</b>
1. Carina Alexandra Fernandes Ladeira
2. Ricardo Assunção
3. Luis Silva Santos

## 10. Self-care and Patient-centered care (Patient Care)

**Principal Investigator: MANUEL JOSÉ LOPES**

**Keyword(s):** Multimorbidity, functional dependence & self-care; Patient experience; Patient empowerment and advocacy; Patient-centered health services

<b>Integrated PhD holder Researchers</b>
1. MANUEL JOSÉ LOPES
2. Ana Rita de Jesus Maria
3. ANTÓNIO ALEXANDRE PINTO BUGALHO DE ALMEIDA
4. Bruno Miguel Costa Heleno
5. João Carlos Lopes Simões do Paço
6. Luis Manuel Fernandes Pereira da Silva
7. Maria de Fátima Carvalho Serrano
8. PEDRO ALBERTO BATISTA BRISSOS DE SOUSA ESCADA
9. José Alberto Castro Guimarães Consciência
10. Catarina Susana Ferreira Moita
11. Diana Arvelos Mendes
12. JOÃO MANUEL VALENTE NABAIS
13. Lara Manuela Guedes de Pinho
14. MARIA DO CÉU MENDES PINTO MARQUES
15. Maria Margarida Santana Fialho Sim-Sim
16. Maria Otília Brites Zangão
17. Paula Maria Broeiro Gonçalves Broeiro
18. Paulo Jorge dos Santos Sousa
19. Marta Moreira Marques
20. Sónia Maria Ferreira Dias
21. Ana Gama
22. Ana Filipa Sousa Pestana Mourão
23. Helena Canhão
24. JORGE NATALINO RAMOS LIMA
25. Pedro Miguel Carvalho Diogo Carreiro Martins
26. Teresa Catarina Páscoa Madeira
27. Diogo André da Fonseca Pires

28. Marta P Silvestre
29. Maria da Conceição Sousa Balsinha
30. Ana Rita do Amaral Cabrita Matias
31. Catarina Pereira
32. Guida Veiga
33. Maria da Graça Duarte da Silva Santos
34. Felismina Mendes
35. CÉSAR JOÃO VICENTE DA FONSECA
<b>PhD students</b>
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2. NADIA BORGES Charepe
3. KÁTIA AUGUSTA XAVIER FURTADO
4. Ana Pedro Sousa e Costa
5. Marta Sofia Moreira Marques da Fonseca Encarnação Ferreira
6. Carlos Manuel Ramos Martins
7. Eunice Maria Costa Pereira dos Santos
8. Rute Pires
9. Pedro Miguel Morgado Amaro
10. Vânia Raquel Dias Nascimento
11. Ana Cristina Canhoto Ferrão
12. Telma Quaresma
13. Hugo Daniel Acúrcio Garcia Salgueiro
14. Ana Sofia Novais Rosinhas
15. Sandra Mónica Vinhas Gomes
16. Mariana Tomé Pereira Alfaiate
17. Ana Cristina Maia Rocha
18. Maria João Revés Mendes Silva
19. Andreia Cristina Jales do Espírito Santo
20. Luís Filipe Pereira Todo Bom
21. Jorge Manuel Curvinha Ramalho
22. Ana Catarina Viegas Gaspar
23. Catarina Pinto
24. Ana Maria Guégués da Silva Dias
25. Vânia Martins
26. Elsa Salgueiro
27. Inês Caetano Santos
<b>Collaborating Researchers</b>
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2. Ana Lúcia da Silva João
3. Ana Maria Aguiar Frias
4. Maria Antónia Fernandes Caeiro Chora
5. Maria Dulce Damas Cruz
6. Maria Laurência Grou Parreirinha Gemito
7. Maria da Luz Ferreira Barros
8. SUSANA MARIA SOBRAL MENDONÇA
9. Ana Lúcia Caeiro Ramos
10. Andreia Ferreri Cerqueira
11. Camila Aloisio Alves
12. Carlos Laranjeira
13. Célia Cristina Casaca Soares
14. Fernanda Maria Gomes da Costa Teixeira Marques
15. Lucília Rosa Mateus Nunes
16. Catarina Viegas Dias

## **11. Health systems and health policies**

**Principal Investigator: Christopher Millett**

**Keyword(s):** Policy evaluation; Social and environmental determinants of health; Health inequalities; Quasi-experimental methods

<b>Integrated PhD holder Researchers</b>
1. Christopher Millett
2. Luis Roxo
3. Adalberto Campos Fernandes
4. BALTASAR EMANUEL GUERREIRO NUNES BRAVO NUNES
5. Carlos Manuel Matias Dias
6. João Miguel Valente Cordeiro
7. João Almeida Santos
8. Mafalda Bernes de Sousa Uva
9. Rarianne Carvalho Peruhype
10. Vasco Ricoca Freire Duarte Peixoto
11. Maria Manuela Correia Vieira da Silva
12. José Miguel Barros Caldas de Almeida
13. Fernando Miguel Teixeira Xavier
14. Luis Miguel Antunes Gomes
15. CRISTINA MARIA DE PAIVA CHAVES LOPES CAROÇA TOMÉ DE JESUS
16. ELSA DO CÉU DIAS DE ALMEIDA FRAZÃO MATEUS
17. Helena Canhão
18. Isabel Fernandes
19. Jaime Branco
20. Joaquim Filipe Candeias de Sousa Gago
21. Manuel Maria dos Santos Matroco Gonçalves Pereira
22. Pedro de Araújo Gonçalves
23. Sofia Mucharreira de Azeredo Lopes
24. Ana Rita Londral
25. Romulo Paes de Sousa
26. Fernando Augusto Bozza
27. MANUEL JOSÉ LOPES
28. Anabela Coelho
29. Felismina Mendes
30. Rita Maria Payan Martins Pinto Carreira
31. Graça Maria Pereira Cardoso
<b>PhD students</b>
1. Deborah Aluh
2. Ugne Grigaite
3. Bárbara Pedrosa
4. Rute Filipa Dinis de Sousa
5. Ana Rita Serrano de Figueiredo Simeão
6. Ana Marta Moniz
7. Pedro Julião
8. Ana Sá Machado
9. João Pedro das Neves Grade
10. Ana Margarida Rodrigues Dâmaso
11. Maria Carolina Paulino
12. Sofia Guerra-Paiva
13. José Chen Xu
14. Eunice Maria Costa Pereira dos Santos
15. Fatima Cano
16. Vânia Raquel Dias Nascimento
17. Rui de Oliveira Pires Monteiro
18. Inês Cardoso
19. Ana Maria Guégués da Silva Dias
20. Ana Marta Alexandre Veríssimo
21. Claudia Dolores Trierweiler Sampaio de Oliveira Corrêa

22. Daniel Brás
23. Sónia Isabel Agostinho Romano
24. Margarida Isabel Grenha Perdigão
25. Jorge Rosário
26. Pedro Miguel Morgado Amaro
27. Graça Raimundo
28. Aramid José Fajardo Gomes
<b>Collaborating Researchers</b>
1. Ana Brito Costa Pereira
2. Carlota Zenaide Sousa Louro da Cruz
3. JOAO FILIPE CANCELA DOS SANTOS RAPOSO
4. Bernardo Carvalho de Oliveira Cabral de Páris
5. Catarina de Oliveira Belmonte Silvério
6. Mariana Nogueira Correia

## **12. Healthcare services research: efficiency, equity, sustainability, and access**

**Principal Investigator: Julian Alejandro Perelman**

**Keyword(s):** Access and equity; Sustainability and efficiency; Innovative clinical and management models; Healthcare integration and collaborative models

<b>Integrated PhD holder Researchers</b>
1. Julian Alejandro Perelman
2. Romulo Paes de Sousa
3. Fernando Augusto Bozza
4. Noelle Coelho Resende
5. Maria João Lopes Marques
6. André Peralta Santos
7. Irina Kislava
8. Ana Margarida Pignateli Vasconcelos de Assunção Alho
9. Carla Sandra Martins Pereira
10. Carolina Santos
11. Daniela Brandão
12. Hugo Lopes
13. Inês Fronteira
14. Isabel Garcia da Fonseca e Faro de Albuquerque
15. Joana Alves
16. João António Catita Garcia Pereira
17. Klára Dimitrovová
18. Paulo Alexandre Faria Boto
19. Paulo Jorge dos Santos Sousa
20. Pedro Almeida Lares
21. Rui Santana
22. Sílvia da Silva Lopes
23. Ricardo Alves
24. Miguel Costa
25. Maria Sofia Rodrigues Pintado De Oliveira Martins
26. Rui Pedro Pereira de Almeida
27. Anabela Coelho
28. Ana Margarida Molhinho Advinha
29. Felismina Mendes
30. Bruno Miguel Costa Heleno
31. Fernando Miguel Teixeira Xavier
32. Isabel Fernandes
33. Jaime Branco



34. Pedro Manuel Sarmiento Rodrigues Póvoa
35. Lúcia Domingues
36. Hugo Silva Carvalho Pinto Marques
37. MANUEL JOSÉ LOPES
38. Lara Manuela Guedes de Pinho
39. José Miguel Barros Caldas de Almeida
<b>PhD students</b>
1. Alexandre Moniz
2. Diogo Luís Raposo da Costa Ribeiro
3. Maria João da Costa Nunes Lobão
4. José Manuel Afonso Moreira
5. Sofia Guerra-Paiva
6. Sara Luísa Barão Vaz
7. João Pedro Lavado Fernandes
8. Graça Raimundo
9. Frederico Fonseca
10. Ana Marta Alexandre Veríssimo
11. Maria João Ferreira de Carvalho
12. Dulce Maria Lourenço Miranda
13. Sónia Isabel Agostinho Romano
14. Pedro Nuno Frias Marques Gonçalves
15. Bárbara Alexandra de Kong Cardoso
16. Margarida Isabel Grenha Perdigão
17. Ana Rita Serrano de Figueiredo Simeão
18. Louise Viecili Hoffmeister
19. Jorge Rosário
20. Maria da Graça Lopes Cunha
21. Ana Cristina Canhoto Ferrão
22. Élia Quintas
23. Paula Pimpão
24. Vânia Lúcia Domingues Martins
25. Joana Tomás de Albuquerque Osório
26. Esmael Francisco Tomás
27. Maria Rita Marques Gonçalves
28. Susana Patrícia Tinoco da Silva Duarte
29. Deborah Aluh
30. Celso Filipe Boto Silva
Telma Quaresma
<b>Collaborating Researchers</b>
1. Francisco Miguel Correia Madeira
2. Paulo Jorge Nogueira
3. Augusta Maria Carvalho Teixeira Marques
4. Iolanda Baptista Gonçalves Caires Correia
5. Bernardo Carvalho de Oliveira Cabral de Páris
6. Catarina de Oliveira Belmonte Silvério
7. Mariana Nogueira Correia
8. Paula Alexandra Ferreira Da Costa
9. Patrícia Isabel Serote Lopes

### **13. Environmental and occupational health**

**Principal Investigator: Susana Viegas**

**Keyword(s):** Environmental & occupational determinants of health; Exposure and risk assessment; Indoor and outdoor pollution; Chemicals risk assessment and management

**Integrated PhD holder Researchers**

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**Keyword(s):** Data analytics; Cyber security; Digital Health; Biomedical Imaging and Analysis

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