GSK

Ahead Together

ESG Performance Report 2022

We are a global biopharma company with a purpose to unite science, technology and talent to get ahead of disease together.

We aim to positively impact the health of 2.5 billion people by the end of 2030. Our bold ambitions for patients are reflected in commitments to growth and a step-change in performance.

We are a company where outstanding people can thrive.

Being a responsible business means getting ahead of disease together in the right way. We therefore need to consider environmental, social and governance (ESG) impacts across everything we do, from the lab to the patient. That's why ESG is embedded in our strategy and supports our sustainable performance and long-term growth. It helps us build trust with and deliver returns to our stakeholders, reduce risk to our operations and deliver positive social impact.

In this report

In this report we publish our performance on each of our six ESG focus areas. The report includes our reporting on the Sustainability Accounting Standards Board (SASB) and Global Reporting Initiative (GRI). We also submit an annual UN Global Compact Communication on Progress (UNGC CoP).

You can find our public positions on a range of issues on the public policy page of gsk.com. We also publish more information on gsk.com, including:

Sustainable Development Goals

Engagement with patient organisations

Engagement with healthcare professionals

Trade association memberships

Charitable partnerships

In this report:

2022 was a landmark year for GSK. Following the demerger of our Consumer Healthcare business to form Haleon in July, we are now a fully-focused biopharma company. All data reported excludes our previous Consumer Healthcare business unless otherwise specified.

External benchmarking

Detailed below is how we perform in key ESG ratings that we are frequently asked about by investors:

- **Access to Medicines:** Ranked 1st in the Access to Medicines Index in 2022 and an industry leader in the 2021 Antimicrobial Resistance Benchmark
- **S&P Global Corporate Sustainability Assessment:** Ranked 2nd in the pharmaceuticals industry with a score of 86 (as at 17 February 2023) and included in the DJSI World and Europe indices
- **FTSE4Good:** Member of FTSE4Good Index since 2004
- **CDP:** A- in Climate change, B in Water security, A- in Forests (palm oil) and B in Forests (timber)
- **Sustainalytics:** Low risk rating
- **MSCI**: AA rating
- **Moody's ESG solutions:** Ranked 2nd in the pharmaceuticals sector
- **ISS Corporate Rating:** B+ rating

Cautionary statement

This document may contain forward-looking statements. Forward-looking statements give the Group's current expectations or forecasts of future events. An investor can identify these statements by the fact that they do not relate strictly to historical or current facts. They use words such as 'anticipate', 'believe', 'estimate', 'expect', intend', 'plan', 'project', 'target', 'will' and other words and terms of similar meaning in connection with any discussion of future operating or financial performance. In particular, these include statements relating to future actions, prospective products or product approvals, future performance or results of current and anticipated products, sales efforts, expenses, the outcome of contingencies such as legal proceedings, dividend payments and financial results. Other than in accordance with its legal or regulatory obligations (including under the Market Abuse Regulations, UK Listing Rules and the Disclosure Guidance and Transparency Rules of the Financial Conduct Authority), the Group undertakes no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise. Investors should, however, consult any additional disclosures that the Group may make in any documents which it publishes and/or files with the US Securities and Exchange Commission. All investors, wherever located, should take note of these disclosures. Accordingly, no assurance can be given that any particular expectation will be met and investors are cautioned not to place undue reliance on the forward-looking statements. Forward-looking statements are subject to assumptions, inherent risks and uncertainties, many of which relate to factors that are beyond the Group's control or precise estimate. The Group cautions investors that a number of important factors, including those in this report, could cause actual results to differ materially from those expressed or implied in any forward-looking statement.

CEO's statement

We are pleased to provide this report of our ESG performance for 2022.

GSK's purpose is to unite science, technology and talent, and to get ahead of disease together.

We have made building Trust by operating responsibly an integral part of our strategy and our culture. Ultimately, to support returns to shareholders, reduce risk, help our people to thrive, and to deliver sustainable health impact at scale.

Our ESG focus is on six core areas: Access to healthcare, Global health and health security, Environment, Diversity, equity and inclusion, Ethical standards and Product governance.

These areas address what matters most to our business and to our stakeholders. They are where we can have the greatest positive impact on some of society's most urgent challenges.

This sets out the progress we are making in each area and supplements our Annual Report. We hope this information and level of transparency is helpful, particularly for investors.

To strengthen measurement and reporting of GSK's overall ESG performance, this year we have introduced a new ESG Performance Rating.

This new rating is one of our corporate KPIs and measures progress against key metrics aligned to each of our six focus areas. In 2022, this included 23 metrics, developed with stakeholder input, each of which were assessed and aggregated to a single overall performance score. I am pleased to report that GSK's performance in 2022 is 'on track' and more details can be found on pages 5 to 6.

Included in our 2022 performance was strong progress on:

- Vaccine and medicines access initiatives reaching 73 million people in lower income countries
- Progressed 12 Global Health pipeline assets for priority WHO diseases including malaria and TB
- 30 R&D projects relevant to AMR with 13 targeting pathogens deemed 'critical' or 'urgent' by WHO and US CDC
- All phase III trials started in 2022 had a diversity plan to enrol those most affected by the disease being studied
- Improvement in gender and ethnicity representation in our leadership
- 13% reduction in our indirect carbon emissions from 2020 to 2021 (our latest available scope 3 data)
- Delivery of our 2030 target to reduce water use in operations by 20%
- 100% of employees completing mandatory training

Our ESG performance continues to be recognised. We ranked 1st in the Access to Medicines Index for the 8th consecutive time, ranked 2nd in the S&P Global Corporate Sustainability Assessment for the pharmaceutical industry, and maintained top-quartile positions in the MSCI, ISS Corporate Rating and Sustainalytics ESG ratings.

While proud of our progress, we keep our approach to ESG under constant review. Being a responsible business is not a static requirement and our operating environment continues to change at pace. We will continue to adapt, respond and proactively change our approach, to ensure GSK continues to deliver strong ESG performance alongside the broader performance of the company.

Emma Walmsley
Chief Executive Officer

Our approach

ESG is an integral part of our strategy and our purpose. It impacts everything we do, from the lab to the patient.

Our six ESG focus areas

We can only deliver on our purpose and build trust if we embed ESG into everything that we do. We have identified six ESG focus areas that address what is most material to our business and the issues that matter the most to our stakeholders. These focus areas are core to our strategy and are the areas where we can have the greatest positive impact on some of society's most urgent challenges. These focus areas are:

- Access to healthcare
- Global health and health security
- Environment
- Diversity, equity and inclusion (DEI)
- Ethical standards
- Product governance

Our approach is guided by extensive stakeholder engagement and the key issues relevant to our industry and company. The results of our most recent materiality assessment reaffirmed that the most material issues for our business were well aligned with our six ESG focus areas. We are aware, however, that being a responsible business is not a static requirement and our operating environment continues to change at pace. We will continue to adapt, respond and proactively change our approach, to ensure GSK continues to deliver strong ESG performance.

+ **gsk.com:** Materiality assessment

ESG governance

Our ESG performance is monitored regularly by both our Board-level Corporate Responsibility Committee (CRC) and the GSK Leadership Team (GLT). The CRC oversees our progress against our commitments, including performance and how we are meeting the expectations of our stakeholders.

The GLT and senior management are responsible for delivery against our six focus areas, and report regularly to the CRC on progress (see pages 117 to 118 of our Annual Report).

ESG-aligned remuneration

In 2022, the Remuneration Committee, with the support of the CRC, introduced ESG performance measures into both our short- and long-term incentive plans, to reward delivery of key ESG commitments. The ESG element consists of: human capital management in the form of diversity, equity and inclusion, which forms 10% of the annual bonus opportunity for GLT; and our climate net zero and nature net positive ambitions, which form 10% of our long-term incentive plan opportunity for senior leaders. These metrics align to our ESG Performance Rating. See Annual Report page 133 for further information.

Our ESG Performance Rating

To support the integration of ESG into strategy delivery and to make our ESG performance measurable and verifiable, we have introduced a new ESG Performance Rating. The rating is one of our corporate KPIs and measures progress against key metrics aligned to each of our six focus areas. In 2022, this included 23 metrics which are summarised on pages 5 to 6. The metrics were developed with stakeholder input, and our understanding of the key issues for our industry and our company. We are committed to ensuring that our ESG Performance Rating responds to stakeholder expectations, so we will continue to review the metrics as our business, and external expectations, change.

To create the ESG Performance Rating, management sought metrics that:

- Are well defined to ensure we have a standardised approach
- Can be used consistently in future years
- Are ambitious and achievable
- Can be externally assured
- Are meaningful for stakeholders

How we assess performance

GLT is accountable for delivering progress against the metrics and regularly reviews performance along with the Board's CRC. Each individual metric is assessed as either: on track (metric met or exceeded); on track with work to do (at least 80% of metric has been achieved); or off track (metric missed by more than 20%).

In addition, in order to calculate the overall ESG Performance Rating, performance across all metrics is aggregated to a single score to illustrate whether we are on track, on track with work to do, or off track. This rating is defined below:

On track: 70% of all metrics are on track

On track with work to do: more than 50% of all metrics are either on track, or on track with work to do

Off track: more than 50% of all metrics are off track

Our approach continued

2022 ESG Performance Rating

Our 2022 ESG Performance Rating is on track, based on 83% of all performance metrics being met or exceeded.

Assessment of performance against our annual targets has been reviewed, and the overall ESG Performance Rating score has been externally assured for 2022 (see page 49).

Our ESG focus areas	Our six commitments and 23 metrics	2022 performance
Access + Read more on page 9	**Make our products available at value-based prices that are sustainable for our business and implement access strategies that increase the use of our medicines and vaccines to treat and protect underserved people**	
	Performance metrics: – Develop and externally publish pricing and access principles – Progress towards our 2030 goal of reaching 1.3 billion people in lower income countries with our products	Highlights and focus areas: – Published pricing and access principles to guide our approach to responsible pricing – In 2022, we reached 73 million people with our products and supplied an additional 533 million doses of albendazole[1]
Global health and health security + Read more on page 13	**Develop novel products and technologies to treat and prevent priority diseases, including pandemic threats**	
	Performance metrics: – Progress three Global Health pipeline assets to address priority WHO diseases	Highlights and focus areas: – Progressed 12 Global Health pipeline assets to address priority WHO diseases, including malaria and tuberculosis (TB) – Positive phase IIa study results for a new first-in-class candidate medicine for patients with TB – The Australian Therapeutic Goods Administration approved the use of single-dose tafenoquine in children aged two and above in combination with chloroquine for the radical cure of *P. vivax* malaria – The FDA approved *Triumeq PD* – increasing age-appropriate treatment options for children living with HIV
Environment + Read more on page 16	**Commit to a net zero, nature positive, healthier planet with ambitious goals set for 2030 and 2045**	

	Performance metrics:
	– Climate
	  – Operational emissions reduction (scope 1 and 2 market-based emissions)[2]
	  – Industrialisation of green *Ventolin* initiated, and clinical and non-clinical data available to support regulatory submissions
	  – Percentage of carbon offset volume in project pipeline[3]
	– Water
	  – Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient limits and the percentage of suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits
	– Waste and materials
	  – Operational waste and material reduction at our sites
	– Biodiversity
	  – Number of high-risk materials implementing sustainable sourcing roadmaps
		Highlights and focus areas:
		– Reduced our scope 1 and 2 carbon operational emissions by 6% from 2021
		– Reduced our scope 3 value chain emissions by 13% since 2020
		– Made good progress towards reformulating *Ventolin*, which could reduce the climate impact of our metered dose inhalers by up to 90%, if the clinical trials are successful
		– 94% of GSK sites and suppliers are compliant with wastewater discharge limits
		– 100% of our sites are now good water stewards, in line with the Alliance for Water Stewardship's definition
		– We achieved our target of reducing our overall water use by 20% by 2030 against our 2020 baseline and will now review our target
		– Completed baseline biodiversity assessments for 80% of our sites
		– 12 high-risk materials implementing sustainable sourcing roadmaps

1 The 73 million figure includes people reached with *Synflorix*, *Rotarix*, *Cervarix*, OPV and *Mosquirix* vaccines and people with access to a generic dolutegravir product through our voluntary licensing agreements; however it does not include people reached through albendazole, for which an assessment will be made in 2025 by the WHO and GSK.

2 Scope 1 emissions cover emissions from the direct combustion of fuels on our sites to generate heat and electricity, emissions from our sales fleet vehicles, fugitive losses of propellant during the manufacturing of inhalers and losses from refrigerants used in GSK-owned ancillary equipment and emissions from on-site waste treatment. Scope 2 emissions include any purchased electricity, steam, compressed air and chilled water.

3 Percentage of 2.3 $MtCO_2$ offsetting volume in 2030 project pipeline.

Our approach continued

Our ESG focus areas	Our commitments and metrics	2022 performance

Diversity, equity and inclusion
+ Read more on page 23
	Create a diverse, equitable and inclusive workplace; enhance recruitment of diverse patient populations in our clinical trials; and support diverse communities
	
	Performance metrics:
	– 75% of phase III trials initiated in 2022 will have proactive plans in place designed to enrol appropriately diverse trial participants, consistent with disease epidemiology
	– Performance towards 2025 aspirations through fair and equitable opportunities:
	  – have women hold at least 45% of VP-and-above roles globally by the end of 2025
	  – have at least 30% ethnically diverse leaders in our roles at VP and above in the US, and increase the percentage of Black or African American, and Hispanic or Latinx VP-and-above leaders year on year
	  – have at least 18% ethnically diverse leaders in our roles at VP and above in the UK, and increase the percentage of Black VP-and-above leaders year on year
	– Improve year-on-year spend with certified US-based diverse-owned suppliers
		Highlights and focus areas:
		– 100% of phase III trials initiated in 2022 had proactive demographic plans in place
		– Women made up 42% of VP-and-above roles globally, compared with 40% in 2021
		– In the US, we had 31.3% ethnically diverse leaders at VP level and above, and increased the percentage of Black or African American, and Hispanic or Latinx VP-and-above leaders
		– In the UK, we had 14.3% ethnically diverse leaders in our roles at VP and above, however our percentage of Black VP-and-above leaders remained the same as in 2021
		– Significantly exceeded our target to increase spend with certified US-based diverse-owned suppliers in 2022

Ethical standards + Read more on page 26	**Promote ethical behaviour across our business by supporting our employees to do the right thing and working with suppliers that share our standards and operate in a responsible way** **Performance metrics:** – 100% of employees and complementary workers complete GSK's 2022 mandatory training – Percentage of employees who believe they 'can and do Speak Up if things don't feel right' is above the general industry benchmark[1] – Number of employees leaving GSK's employment for misconduct in the last 12 months versus the three-year rolling average – 80% of direct high-risk suppliers achieve GSK's minimum EcoVadis score or have an improvement plan in place	**Highlights and focus areas:** – Achieved 99% overall completion of GSK's mandatory training – while 100% of employees completed the training, we only met a 98% completion rate for complementary workers – 87% of employees believe they 'can and do Speak Up if things don't feel right' – The number of employees leaving GSK's employment for misconduct increased as a result of enhancing our risk identification and targeted interventions in 2022[2] – 82% of direct high-risk suppliers achieved our minimum EcoVadis score
Product governance + Read more on page 30	**Commit to maintaining robust quality and safety processes, and using data and new technologies responsibly** **Performance metrics:** – Average number of critical and major findings by FDA/MHRA/EMA regulators – Percentage of inspections from all regulators with no critical findings or official action indicated – Number of FDA warning letters – Total number of Class I/II external product recalls across all markets – Register and disclose all human subject research of GSK products. Specifically, register protocol summaries for studies initiated in 2022; and disclose results summaries for studies with results due in 2022	**Highlights and focus areas:** – Received no warning letters from the US FDA or critical findings from the MHRA and EMA regulators in 2022 – 99% of inspections from all regulators had no critical findings or official action indicated – We continued to reduce our level of recalls across all markets, with no Class I product recalls in 2022, and fewer Class II and III recalls than in 2021 – We have made 7,377 protocol summaries and 6,295 summaries of results available, and listed 2,559 studies for data sharing since the set-up of the GSK trial register in 2004

1 The general industry benchmark is 65% according to 2022 research by *KornFerry*.

2 In 2022, we continued to embed greater focus on the use of risk analytics and monitoring aligned to increasing levels of business activities, enhancing risk identification and targeted interventions. Additionally, we focused on closure of cases, resulting in a decrease in open cases at year end compared to prior years with a correlation to rising numbers of employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct.

Our approach continued

Putting our people at the heart of our success

Our culture

We are committed to making GSK a place where people can thrive, with a culture where we are all ambitious for patients, accountable for impact, and do the right thing. This means we support our people to do things better and faster, focusing on what matters most. It means setting clear objectives and accountability for results and giving everyone the support and space they need to succeed. It means doing everything responsibly with care and integrity, because people and patients around the world count on us.

During 2022, we have dedicated significant leadership energy in bringing to life our Ahead Together purpose, strategy and culture across GSK. We have also placed real emphasis on individual ownership of the culture and the small changes we each need to make it a reality. This change has been supported by team conversation guides and simple tools used globally to support better and faster decision making, greater clarity of accountabilities and more ambitious, focused objectives.

In June 2022, we introduced The Code. This sets out our culture as well as the commitments GSK and our people make so we can deliver on our ambition in the right way. GSK people sign up to The Code annually and personally commit 'I'm in'.

+ **gsk.com:** The Code

Making GSK a place where people thrive

Core to our Ahead Together ambition is to make GSK a place where people thrive. Although how people thrive is very individual, we also believe there are common themes that matter for all. Firstly, a belief in our purpose and a desire to live our culture and contribute to delivering our ambition. Secondly, feeling included and able to be yourself with opportunities to keep growing, with the support, feedback and space needed to succeed. Finally, feeling good, with positive mental, physical, financial and social wellbeing. This all requires GSK to be a place where people feel welcome and valued, with an environment (including our policies, workplaces and ways of working) which wholeheartedly enables and supports each person to deliver at their best.

Supporting our people managers

Our people managers play a crucial role in helping their teams to thrive and bring culture to life. We expect people managers to Motivate, Focus, Care for and Develop their teams. Over the last two years we have delivered First Line Leader training, anchored in these four areas, to over 80% of this population. In addition, in 2022, we launched a new senior leader programme, 'Leading Leaders', to further build on our leadership development at more senior levels of the organisation.

In preparation for 2023, we brought all people managers together in a virtual event to bring to life our biggest priorities and support managers in setting focused, ambitious objectives with their teams, aligned to our Innovation, Performance, Trust and Culture priorities.

Focusing on diversity, equity and inclusion

We are continuing our focus on building a more diverse organisation and an equitable and inclusive culture so that everyone feels welcome, valued and included. We are delivering our leadership representation aspirations, have implemented annual DEI training for all, and invested in development tools to build more inclusive leaders. We support an award-winning leadership development programme, 'Accelerating Difference', to support women and ethnically diverse leaders. We have also continued to evolve our people policies, processes and practices to support recruitment, retention and development of a more diverse workforce. More details on our aspirational targets for DEI for our people, business and suppliers, can be found on page 23.

Driving Performance with Choice

Performance with Choice – our approach to hybrid working for those in office-based roles (about a quarter of our people) continues to allow us to find the right balance of on-site and remote working. This framework, balanced in driving collective and individual performance, as well as supporting individual flexibility, is supporting personal wellbeing, driving performance and making us attractive as an employer.

This year we have been clear in our expectations so that we spend enough time together in person to help us continue to build our sense of community, connectedness, enable development and better achieve our Ahead Together ambition.

Developing outstanding people

We are committed to developing outstanding people and giving people opportunities to grow. All GSK people are expected to have an agreed development plan, regardless of grade or role, that is underpinned by a robust conversation to understand the space and support needed for them to succeed. We continue to invest in development initiatives and training that can be accessed by all through our Keep Growing Campus – a central platform for our training and knowledge sharing.

In 2022, we have also redesigned our talent framework – focusing our reviews for our people against performance, living our culture and future potential. This gives us a simpler assessment process, in line with our culture, to support placing our best people in our most critical roles, with strong and diverse succession plans. This allows us to spend more time on development and action planning and less on process.

Our approach continued

Health and wellbeing improvements

We have announced improvements to our health and wellbeing benefits, to better support people through different life stages and to make sure our offerings are fair and inclusive. These include a new global minimum standard of 18 weeks' parental leave for primary and secondary carers for all forms of family, a new global minimum standard for care of a family member for end of life or serious health emergencies, insured benefits to include same sex partners wherever possible, a new financial wellbeing service and mental health training – available to everyone.

In November 2022, we gave a one-time discretionary payment to our people who were feeling the greatest impact of rising cost-of-living challenges. This payment was given to almost half of our global workforce in 47 of our 83 countries, using consistent criteria to determine eligible countries.

Understanding how our people experience GSK

We regularly measure how our people experience GSK, including progress in our culture focus areas and as a place to work. This includes an annual survey for all employees featuring questions on engagement, confidence, inclusivity, our culture focus areas and trust priorities. We also run a series of pulse surveys each year, with a statistically significant population, to get timely insights on our culture progress as well as hot topics of the moment. Over the last year, our progress is demonstrated by increased engagement at 81% in 2022, up from 78% in 2021, confidence in delivery of our ambitions, and positive trends in Ambitions for Patients, Accountability for Impact, Doing the Right Thing, and measures of inclusion.

To measure the effectiveness of our global manager population, their teams provide feedback via an annual One80 survey. Managers receive anonymised aggregate feedback on their effectiveness in motivating their team, focusing people on what matters most, leading with care, inclusive leadership and supporting performance and development. In 2022, 77% of our managers were rated as highly effective by their reports.

Recognising and rewarding our people

Sharing our success and recognising and rewarding our people, not just on the progress we have made but how we have made it, continues to be an important part of our culture. In addition to our bonus scheme that rewards performance across the company, each year we award 10% of our population with extra 'Ahead Together' awards for those delivering exceptional performance in line with our culture. 5% of people are identified as Missed Performance for those that do not deliver on their objectives or live the culture. This year, in addition to our annual bonus and long-term incentive structure, we also gave a special thank you to all our people (excluding GLT), allowing us to recognise in real time what we achieved together in preparation for separation and the unprecedented transformation of GSK: everyone received a one-off week's salary in March, separate to our 2021 bonus pay-out.

We remain energised to continually live and evolve our culture in line with the internal and external environment. It is part of everyone's objectives, starting at the top, with all leadership team members having ambitious goals to embed and grow culture, and shows up in how we act every day.

Access

Our ambition is to positively impact the health of 2.5 billion people by the end of 2030. We will achieve this by developing vaccines and medicines and making them available through responsible pricing, strategic access programmes and partnerships.

73m
people reached in lower income countries with our products in 2022[1]

123
countries covered by ViiV Healthcare's paediatric voluntary licensing agreements with generic manufacturers

>1bn
vaccines supplied at our lowest prices to Gavi, the Vaccine Alliance, since 2010

Our commitment

Make our products available at value-based prices that are sustainable for our business and implement access strategies that increase the use of our medicines and vaccines to treat and protect underserved people

How we assess performance

- Develop and externally publish pricing and access principles
- Progress towards our 2030 goal of reaching 1.3 billion people in lower income countries with our products

We aim to make our vaccines and medicines available at responsible prices that are accessible for patients and sustainable for our business, while making sure underserved people are treated and protected through our access strategies. In recognition of the action we are taking to get ahead of disease together, in 2022, we ranked first in the Access to Medicines Index for the eighth consecutive time.

The discovery and development of medicines and vaccines is complex and takes significant time, risk and investment to succeed. We follow a set of pricing and access principles, published for the first time in 2022. These help us to get the balance right between responsible pricing and a sustainable, profitable business that allows us to re-invest financial returns in future innovation, while ensuring people can access medicines and vaccines.

+ **gsk.com:** Position on pricing and access • Pricing and access principles

Putting the right value on innovation

We pursue areas of unmet medical need, deploying cutting-edge science and advanced technology to develop more effective medicines and vaccines with speed, scale and precision.

We compare our offer to what is already available for patients, and we generate evidence from clinical trials and real-world settings to establish the added value of our medicines and vaccines. These principles ensure we set prices across our portfolio in line with the benefit we bring to patients and health systems, measured by clinical, economic and social outcomes.

We take into consideration the socioeconomic status of a country to ensure affordability and availability of products, including using tiered pricing based on World Bank income classification for vaccine tenders. We collaborate with global health partners to increase our impact in lower income countries, for example by supplying vaccine doses at our lowest prices with Gavi, the international alliance to improve access to vaccines for countries with the lowest GDP. ViiV Healthcare provides non-profit pricing to public health systems in low-income, least developed and sub-Saharan African countries for antiretroviral medicines to treat people living with HIV as well as for innovation to prevent HIV transmission.

We also recognise health inequities, including in higher income countries, and help uninsured and underinsured patients navigate healthcare systems with programmes to increase access and provide financial and disease management support. For example, in 2022, in the US, through GSK and ViiV Healthcare's Patient Assistance Programs Foundation, we provided prescribed medicines and vaccines to more than 78,000 low-income uninsured, underinsured and Medicare Part D patients.

In the US, during the year, our combined average net price (after discounts, rebates or other allowances) for our pharmaceutical and vaccines portfolio increased by 1.4%, while the average list price increased by 3.8% compared to 4.9% (list) for the industry, which demonstrates we are responsible in our pricing decisions[2]. Over the past five years, the average net price for our products decreased by 1.1% annually, while the average list price rose by 3.9% compared to 5.0% (list) for the industry[2]. We operate under robust pricing approvals, developing access plans that are informed by payers. We also work to create stability and predictability for payers and our business, engaging proactively on upcoming product launches so we can plan budgets, and adjusting prices to account for inflation.

1 The 73 million figure includes people reached with *Synflorix*, *Rotarix*, *Cervarix*, OPV and *Mosquirix* vaccines and people with access to a generic dolutegravir product through our voluntary licensing agreements; however it does not include people reached through albendazole, for which an assessment will be made in 2025 by the WHO and GSK.

2 Industry averages are sourced from *Drug Channels* annual brand-name drug list change report.

Access continued

Reaching patients in lower income countries

We are ambitious for our patients and develop access strategies where we can make a real difference. Nearly two billion people globally lack access to essential medicines and vaccines that could prevent and treat diseases, relieve suffering, improve quality of life and prevent deaths. Our goal is to reach 1.3 billion people in lower income countries with our products by the end of 2030, through access initiatives such as voluntary licensing, donations and our work with Gavi, the Vaccine Alliance. In 2022, we reached 73 million people with our products and supplied an additional 533 million doses of albendazole.

For decades, we have worked with partners to strengthen healthcare systems, which is key to increasing access to medicines in lower income countries. We partner with others who have the right capability, geographic reach and local knowledge to get our innovation to patients. For medicines in low-income countries, we do not file patents for our medicines or enforce historic patents. This lets other companies manufacture and supply generic versions of GSK medicines in those countries.

Vaccines

It has never been more important to work with organisations like Gavi, the Vaccine Alliance, that can help us reach the most vulnerable people. The pressure placed on healthcare systems in lower income countries by the COVID-19 pandemic has resulted in a reduction in routine immunisations, putting millions of children's health at risk.

We have been a partner with Gavi since its foundation in 2000. We reserve our lowest vaccine prices for Gavi and similar organisations. In 2022, we passed the milestone of supplying Gavi with more than one billion vaccines since 2010.

Our partnership includes supplying *Cervarix*, a critical vaccine in lower income countries for addressing cervical cancer. In 2022, we supplied around 40 million doses of our pneumococcal vaccine, *Synflorix*, to eight Gavi-eligible countries at our lowest price. Our *Rotarix* vaccine against rotavirus reaches children across 28 Gavi-eligible countries and four former Gavi countries. Since March 2021, as well as *Synflorix*, we have also offered *Rotarix* through the Humanitarian Mechanism, to civil society organisations serving refugees and working in other emergency situations. We are also a long-standing supplier of oral polio vaccines (OPV) through UNICEF and, in 2022 alone, supplied around 95 million doses to help eradicate polio.

Neglected tropical diseases

Since 1999, we have donated 11 billion albendazole tablets to the WHO, including 533 million in 2022. This supports efforts to end lymphatic filariasis, commonly known as elephantiasis, and reduce morbidity from intestinal worms (soil-transmitted helminths) in school-age children. We have also extended our soil-transmitted helminths commitment to include pre-school children and made an additional commitment to donate albendazole for treatment of echinococcosis. According to the latest data from the WHO, this has benefited over 935 million people since the programme began. In 2021, 365 million people were treated through the lymphatic filariasis programme in 28 countries, including 118 million children.

HIV

Supporting the production of generic drugs can also improve access. In 2022, ViiV Healthcare and the Medicines Patent Pool (MPP) signed a new voluntary licensing agreement to allow generic manufacturers to develop, manufacture and supply cabotegravir long-acting for HIV pre-exposure prophylaxis. This aims to enable access to the drug in least developed, low-income, lower middle-income and sub-Saharan African countries in the coming years. In the meantime, ViiV is working with stakeholders including global health agencies, non-governmental organisations (NGOs), governments and community partners to plan for and support successful introduction of cabotegravir long-acting for pre-exposure prophylaxis into national programmes with ViiV manufactured product.

ViiV Healthcare also has voluntary licensing agreements with 17 generic manufacturers to produce and sell low-cost single or fixed-dose combination products containing our HIV medicine dolutegravir for adults in 95 low- and middle-income countries, with one direct licence and the others via the MPP. There are similar agreements with 14 generic manufacturers for children, covering 123 countries. As a result of these voluntary licence agreements, around 21 million people living with HIV across 122 countries had access to a generic product containing dolutegravir by the end of 2022. This is at least 80% of people living with HIV on antiretrovirals in low- and middle-income countries.

In 2022, ViiV Healthcare donated around 7,200 packs of antiretroviral medicines to NGO partners and national HIV and AIDS programmes to support people living with HIV who have been impacted by the conflict in Ukraine. ViiV has also provided over £800,000 through its Positive Action programme to support 11 community-based organisations with humanitarian response activities, both within Ukraine and in surrounding countries hosting refugees.

Positive Action, ViiV Healthcare's community grant-giving programme, celebrated its 30th anniversary in 2022 with a year-long campaign to showcase the people at the heart of the programme, the partners in implementation and the progress made through collaboration. It invested more than £12.6 million in 2022, reaching approximately 392,000 people and providing 137 grants across 33 countries.

Malaria

Working with our partners, more than 1.2 million children in Africa have now received at least one dose of our malaria vaccine, *Mosquirix* (RTS,S/AS01 E). Developed over more than 35 years by GSK and our partners, *Mosquirix* is the first and only vaccine that, in clinical trials, has shown an acceptable safety profile and is feasible to deliver, and substantially reduce, deadly severe malaria in children. In September 2022, the WHO awarded pre-qualification to the vaccine, following a rigorous regulatory process to ensure it meets standards of quality, safety and efficacy, and is suitable for the target population. This is a prerequisite for UN agencies to procure the vaccine, and an important step in rolling it out in countries with moderate to high *P. falciparum* malaria transmission.

Access continued

GSK, PATH and Bharat Biotech have agreed a product transfer to help ensure long-term supply of the RTS,S malaria vaccine. We have committed to supply up to 18 million doses over the next three years, in addition to our donation of up to 10 million doses to the WHO-coordinated Malaria Vaccine Implementation Programme (MVIP) in Ghana, Kenya and Malawi. In June 2022, GSK also committed to supply up to 30 million doses of AS01 adjuvant for the RTS,S malaria vaccine.

Strengthening healthcare systems

Our long-standing partnership with Amref Health Africa continues with a tuberculosis (TB) and malaria programme in Ethiopia and Kenya, launched in 2021, to improve education, diagnosis and treatment for underserved communities. This was complemented by a specific paediatric HIV testing component towards the end of 2021, funded by ViiV Healthcare's Positive Action programme, which worked with healthcare workers and managers to strengthen healthcare systems to improve laboratory testing and diagnostics, surveillance, information systems and supply chains.

Through the TB and malaria programme, over 2,500 healthcare workers have been trained across both countries in 2022. In the Kenyan sub-counties supported by the programme, 97% of all healthcare workers are able to effectively diagnose and manage TB and malaria, and there has been an 81% uptake of preventative services in the community. In Ethiopia, integrating TB, malaria and HIV care means that women and children can benefit from screening for all three diseases during a single antenatal care appointment.

In 2022, we brought together Amref Health Africa and Cognizant – one of GSK's technology partners – to integrate three digital tools to better plan, identify and respond to healthcare worker training needs at the community level. The platform has been successfully piloted and the hope is it will now reach thousands of healthcare workers across sub-Saharan Africa with quality training and help meet the needs of millions of people.

Our partnership with Save the Children aims to cut the number of children dying from preventable and treatable diseases, strengthen healthcare systems, drive R&D to address critical knowledge gaps and create systemic change for children's health at a global level. We support Save the Children's emergency preparedness and response capabilities by investing in data analytics and early action protocols. Since 2013, our partnership has reached 3.5 million children globally across 46 countries, trained 38,740 healthcare workers and supported 21,480 community healthcare workers.

In 2022, the GSK-Save the Children partnership began work on two of the UN's Green Climate Fund projects, in Malawi and Senegal, that will support their national governments' objectives of addressing the health impacts of climate change, by contributing to more resilient healthcare systems.

Through our collaboration with the Bill & Melinda Gates CEO Roundtable programme, we're also working with J&J, Novartis, Eli Lilly and Pfizer to train healthcare workers in six African countries. The programme trained around 3,000 healthcare workers in 2022.

	2019	2020	2021	2022	
Community investment					
Cash (£m)	82	91	83	**79**	
Product and in-kind (£m)[1]	155	136	159	**209**	
Time (£m)[2]	2	0.1	0.2	**0.6**	
Management costs (£m)	22	18	17	**19**	
Total community investment (£m)	**261**	**245**	**259**	**308**	(A)
Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation ($m)[1,3]	146	151	186	**228**	(A)

(PR) Metric contributes to our ESG Performance Rating.
(A) Metric's 2022 data has been externally assured.

1 Product donations are valued at the global average cost of goods as reported in year-end results.
2 Employee volunteering in 2020 and 2021 was significantly impacted by the COVID-19 pandemic.
3 This product donation is included within the total community investment figures reported.

Access continued

	2019	2020	2021	2022	
US pricing					
1 year change in list and net price[1]					
Change in combined average net price for our pharmaceutical and vaccines portfolio in the US since the previous year	-5.0%	-0.7%	+5.5%	**+1.4%**	
Change in average list price in the US since the previous year	+2.5%	+3.2%	+3.8%	**+3.8%**	
5 year list and net price (compound annual growth rate)[1]					
Change in net price (after discounts, rebates or other allowances) for our products in the US over the past 5 years	-4.0%	-3.2%	-2.0%	**-1.1%**	
Change in average list price in the US over the past 5 years	+6.4%	+5.7%	+4.6%	**+3.9%**	
Product reach (doses supplied to lower income countries)					
Doses of *Synflorix* vaccines supplied to Gavi (m)	67	56	39	**40**	PR A
Doses of *Rotarix* vaccines supplied to Gavi (m)	44	53	49	**43**	PR A
Doses of *Cervarix* vaccines supplied to Gavi (m)	0.1	0.4	0.4	**0.2**	PR A
Doses of OPV vaccines supplied to UNICEF (m)	204	110	80	**95**	PR A
Doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied through the MVIP (m)	1	2	1	**1**	PR A
Albendazole tablets donated to help eliminate lymphatic filariasis (m)[2]	698	304	451	**440**	PR A
Albendazole tablets donated to help treat intestinal worms (m)[3]	192	113	75	**93**	PR A
Total doses supplied (m)	**1,206**	**638**	**695**	**712**	PR A
Product reach (people reached in lower income countries)					
People with access to a generic dolutegravir product through voluntary licensing agreements ('000)[4]	–	–	–	**20,927**	A
Estimated children reached with *Synflorix* through Gavi ('000)	20,700	17,100	12,000	**12,116**	A
Estimated children reached with *Rotarix* through Gavi ('000)	21,200	25,400	23,540	**20,561**	A
Estimated girls reached with *Cervarix* through Gavi ('000)	45	180	170	**106**	A
Estimated people reached with OPV through UNICEF ('000)	40,800	21,900	16,010	**18,975**	A
Estimated people reached with *Mosquirix* (RTS,S/AS01 E) through the MVIP ('000)	–	–	310	**326**	A
Total people reached ('000)	**82,745**	**64,580**	**52,030**	**73,011**	A
People reached through our healthcare access programmes[5]					
People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)	355	400	438	**91[6]**	
People accessing a healthcare worker, service or facility as a result of the Bill & Melinda Gates CEO Roundtable programme ('000)[7]	–	–	162	**98**	
People reached through ViiV Healthcare's Positive Action for Children Fund grants ('000)[8]	638	484	188	**13**	
People reached through ViiV Healthcare's Positive Action 2020-2030 Strategy grants ('000)[8]	–	–	274	**379**	
People reached through our US Patient Assistance Programs ('000)	123	96	87	**79**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 Calculated across GSK and ViiV Healthcare products.

2 This product donation is included within the total community investment figures reported.

3 Product donations are valued at the global average cost of goods as reported in year-end results.

4 As a chronic and ongoing treatment, the cumulative number of people with access to dolutegravir rather than annual data is reported. The figure is estimated based on sales of generic dolutegravir-based products through our voluntary licensing agreements. In 2022, we updated the methodology to include sales of all generic dolutegravir-based products. In previous years, only sales of TLD (tenofovir disoproxil, lamivudine and dolutegravir) were included as these formed the large majority of generic sales worldwide at the time (around 95%). The 2022 total is lower than the figure reported in our 2021 ESG Performance Report (21,296,000), which was overestimated due to stock building during the pandemic.

5 We had three healthcare access programmes that ended in 2020; *People accessing malaria through our Comic Relief partnership, Healthcare workers trained through our partners*, and *People accessing a healthcare worker, service or facility as a result of the healthcare workers training programmes.*

6 Our total for 2022 is lower than previous years due to most partnership programmes concluding between 2021-22.

7 The Bill & Melinda Gates CEO Roundtable programme is funded by five pharmaceutical companies (GSK, J&J, Novartis, Lilly and Pfizer) and the Bill & Melinda Gates Foundation. Each funder organisation is an equal contributor, so the reach number is the total programme reach divided by six.

8 Reach data is collected and provided by our grantees. The 2022 data capture is over an 18 month cycle. Grantees report every six months on the previous six months, therefore final 2022 data will be available in June 2023. The 2023 report will be updated to reflect the actual figure.

Global health and health security

We use our expertise to address the biggest health challenges for underserved people around the world.

£1bn
investment in R&D to help us get ahead of infectious diseases in lower income countries

12
Global Health pipeline assets to address priority WHO diseases progressed in 2022

>30
R&D projects relevant to antimicrobial resistance in our pipeline

Our commitment
To develop novel products and technologies to treat and prevent priority diseases, including pandemic threats

How we assess performance
– Progress three Global Health pipeline assets to address priority WHO diseases

We have a unique and important role to play in improving health for patients around the world and helping the world prepare for future health security challenges. We're determined to help change the trajectory of high burden infectious diseases that disproportionately affect underserved people around the world, trapping them in cycles of disease and poverty.

To deliver our goals, we have a dedicated Global Health Unit where success is measured by health impact not profit. Including ViiV Healthcare, we're working on more than 30 potential vaccines and medicines targeting 13 high burden infectious diseases – putting our unique R&D and scientific expertise to work to address some of the world's biggest health challenges, including tuberculosis (TB), malaria and antimicrobial resistance (AMR).

We have two world-leading, dedicated Global Health innovation hubs for vaccines and medicines that are developing products and technologies to prevent and treat priority infectious diseases. In 2022, we progressed 12 Global Health pipeline assets to address priority WHO diseases, exceeding our target of three.

As well-functioning healthcare systems are critical to enabling access to the right treatments and vaccines, we work with long-term partners to help strengthen healthcare systems in lower income countries, driven by local needs. Our work to increase underserved people's access to medicines and vaccines is described in Access, on page 9.

Global health R&D

£1 billion to accelerate R&D

In June 2022, GSK, including ViiV Healthcare, announced a £1 billion investment in R&D to help us get ahead of infectious diseases in lower income countries. The 10-year investment will support R&D on new medicines and vaccines to prevent and treat TB, malaria, HIV, enteric diseases, and neglected tropical diseases, and to reduce AMR.

It will help fund our goal of ending HIV and AIDS by developing and enabling access to innovative treatment and prevention options. By advancing our industry-leading pipeline for vaccines, including first-in-class vaccines against invasive non-typhoidal salmonellosis and shigellosis, this R&D investment aims to reduce the threat from AMR.

Tackling tuberculosis

TB was responsible for 1.6 million deaths in 2021, making it the world's second-leading cause of death by infectious disease, after COVID-19.

We want to discover shorter, simpler and safer treatments for TB. In 2022, alongside our partners and through public-private research consortiums, we continued to progress our pipeline of novel TB medicines. In 2022, we announced positive phase IIa study results for GSK3036656, a new first-in-class candidate medicine for patients with TB. Results of the study demonstrated the potential for the candidate to become a component of simpler treatment regimens in the future. In partnership with BioVersys, the University of Lille and the Innovative Medicines Initiative (IMI) project, TRIC-TB, we also successfully completed phase I trials of BVL-GSK098, which has the potential to help tackle drug resistance by boosting the activity of an existing antibiotic.

GSK is the industry leader in two public-private research consortiums supported by the IMI's AMR Accelerator – ERA4TB and Unite4TB – that are aiming to accelerate R&D of new TB drugs and treatment regimens for drug-resistant and drug-sensitive TB.

Global health and health security continued

Each consortium aims to enable the progression of better-tolerated drug regimens of shorter duration for TB patients worldwide, with the goal of improving their quality of life and life expectancy. These projects bring together expertise from public sector, industry and academic partners to significantly reduce development time for preclinical candidates from pharmaceutical companies.

Our TB candidate vaccine (M72/AS01E) has demonstrated the potential to reduce active TB pulmonary disease among adults with latent TB infection in a phase IIb trial and has been sub-licensed to the Bill & Melinda Gates Medical Research Institute to continue its development. This is the first major step in TB prevention in almost 100 years, and the partnership exemplifies GSK's approach to global health R&D. Our unique contribution is our scientific expertise: we focus on research and early development, while partnering with world-leading organisations and funders on late development, manufacturing and access, so our vaccine can reach patients at scale.

Protecting children from malaria

Malaria is a complex disease caused by Plasmodium parasites. There are five different types of Plasmodium parasites known to infect humans – *P. falciparum* is most prevalent in sub-Saharan Africa, while *P. vivax* is most common in South and South-East Asia, and Latin America. We know that no one tool will be enough to get ahead of malaria, particularly due to growing resistance, so we continue to invest in the next generation of transformative tools.

With our partners, we've brought two products for the prevention and treatment of malaria to market – the world's first vaccine against malaria (see Access, page 10), and a single-dose, radical cure for *P. vivax* malaria.

In March 2022, the Australian regulator, the Therapeutic Goods Administration, approved the use of single-dose medicine tafenoquine in children aged two and above in combination with chloroquine for the radical cure of *P. vivax* malaria. The treatment targets the liver stage of the disease to prevent relapse, and is the first single-dose radical cure to be developed. GSK and our partners Medicines for Malaria Venture developed the dispersible tablet formulation to make it easier for children to take.

HIV collaboration in action

Almost 75% of the 38 million people living with HIV globally live in low- and middle-income countries.

By the end of 2022, generic dolutegravir dispersible tablet 10mg formulations, specially developed for children living with HIV, had rolled out in 73 countries – just two years after the first generic formulation received tentative US FDA approval under the US President's Emergency Plan for AIDS Relief scheme. This was facilitated by our innovative public-private partnership between ViiV, the Clinton Health Access Initiative, Unitaid and two generic manufacturers with sub-licences from the Medicines Patent Pool, providing technology transfer and know-how as well as regulatory planning support. A second public-private partnership is also ongoing to accelerate generic development and introduction of generic dolutegravir/abacavir/lamivudine dispersible tablet formulations.

The FDA has also approved *Triumeq PD*, the first dispersible single tablet formulation containing dolutegravir for children weighing more than 10kg, which increases the age-appropriate treatment options for children living with HIV. At the end of 2022, the Committee for Medicinal Products for Human Use (CHMP) of the EMA also issued a positive opinion recommending marketing authorisation for *Triumeq PD* for children 14kg and above.

Addressing enteric diseases and neglected tropical diseases

Through our two Global Health R&D centres we are researching potential solutions for enteric diseases and neglected tropical diseases. Our scientists are looking at a range of diseases across invasive non-typhoidal salmonella, typhoid and paratyphoid fever, Group A streptococcus, visceral leishmaniasis, Chagas disease, lymphatic filariasis, soil-transmitted parasites and dengue fever.

Invasive non-typhoidal salmonella can be life-threatening for children in Africa and is a key driver of AMR. We're using our innovative vaccine technology in partnership with the University of Oxford and Vacc-iNTS, to develop a potential candidate vaccine using our Generalised Modules for Membrane Antigens technology. This involves manipulating bacteria cells to produce vaccines that can be manufactured at scale and cost-effectively in low-income countries.

Supporting scientific research capacity in Africa

To help support global R&D, in December 2022, we announced the fourth call for proposals as part of the Africa Open Lab. The call for proposals is aimed at African early-career scientists who are based in sub-Saharan Africa, with a focus on infectious diseases which disproportionately affect sub-Saharan populations, such as malaria, TB and neglected tropical diseases. Our ambition is to support African early-career scientists to accelerate progress in getting ahead of this major global health challenge and help develop the next generation of African scientific leaders. This follows on from the Africa NCD Open Lab, through which we funded 20 research projects focused on non-communicable diseases.

Global health and health security continued

Strengthening health security

There are many factors that can jeopardise our health security – from new and emerging infectious diseases to the rise of AMR. Climate change and nature loss also pose a significant risk.

We are using our scientific know-how and collaborating with others to help the world better prepare for future health challenges.

Getting ahead of antimicrobial resistance

AMR poses an urgent threat to public health. A study published in the Lancet in 2022, analysing 2019 data from over 200 countries and territories, showed that 1.27 million deaths were directly attributable to bacterial AMR, a greater toll than from both HIV and malaria. Getting ahead of infectious disease and impending threats like AMR will help protect lives, livelihoods and healthcare systems.

Through our R&D expertise and partnering with AMR-focused organisations such as CARB-X, we are driving innovation in both prevention and treatment. We have more than 30 R&D projects across medicines and vaccines that are relevant to AMR, ranging from early- to late-stage development. These include gepotidacin, which could be the first novel oral antibiotic treatment for uncomplicated urinary tract infections in over 20 years; and in 2022, we announced an exclusive licence agreement with Spero Therapeutics for tebipenem HBr, a late-stage antibiotic that may treat complicated urinary tract infections. 13 of these projects target pathogens deemed 'critical' or 'urgent' by the WHO and the US Centers for Disease Control and Prevention. See page 16 of our Annual Report for more about our R&D pipeline.

Surveillance is central to tackling AMR. In 2022, we shared data from our long-running Survey of Antibiotic Resistance (SOAR) study, which tracks community-acquired respiratory infections, with the new AMR Register, developed by Vivli. We will continue to share new data as it is available. This initiative will help build our collective understanding of how pathogens are evolving and what is needed to protect against them.

We also promote effective stewardship of antibiotics and enable access to them. We continue to train healthcare professionals around the world on using and prescribing antibiotics appropriately, and the importance of surveillance studies. To support the responsible manufacturing of antibiotics, we work with the AMR Industry Alliance to set global limits for wastewater antibiotic discharges from factories (see Environment, page 18). In 2022, we also worked with the Alliance to publish a new Antibiotic Manufacturing Standard.

This provides clear guidance to manufacturers in the global antibiotic supply chain to help ensure that their antibiotics are made responsibly and in compliance with scientifically robust discharge limits.

+ **gsk.com:** Position on antimicrobial resistance

Future pandemic preparedness

To help pre-empt and respond to the next pandemic, we are working with governments and other stakeholders to strengthen global preparedness. This means drawing on what we have learned from COVID-19 and previous outbreaks, championing innovation and promoting sustainable approaches for the biopharmaceutical sector and public health.

In July 2022, GSK, along with other major biopharmaceutical companies, signed up to the Berlin Declaration. This sets out the industry's vision for equitable access during future pandemics. The declaration stated the sector's willingness to reserve an allocation of real-time production of medicines and vaccines for distribution to priority populations, as determined by health authorities, during future pandemics. This is dependent on factors such as strong healthcare systems in recipient countries.

We are committed to using our world-class global vaccine manufacturing network to support pandemic preparedness and response. In 2022, GSK concluded a series of contracts under which we would provide at least 200 million doses of pandemic influenza vaccine to governments around the world. In February 2022, we extended our pandemic influenza vaccine stockpile contract with the United States government. This was followed by a renewed agreement, in June 2022, for supply of pandemic influenza vaccines to the WHO, and in July 2022, a contract with the government of Canada for both seasonal and pandemic influenza vaccines. We signed an agreement with Europe for the reservation and future production and supply of pandemic influenza vaccines. We are also continuing to partner with the Biomedical Advanced Research and Development Authority (BARDA) to manufacture and assess the safety and immunogenicity of pandemic influenza vaccine candidates.

+ **gsk.com:** Position on pandemic preparedness

	2019	2020	2021	2022	
Global health pipeline assets for priority diseases					
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	12	10	5	12	PR A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

Environment

We continue to work hard to do more to protect the environment, often in partnership with others. We've set clear and measurable targets to help achieve our goals.

6%
reduction in scope 1 and 2 carbon emissions compared with 2021

80%
GSK sites with completed baseline biodiversity assessments

94%
GSK sites and suppliers compliant with wastewater discharge limits

Our commitment

Commit to a net zero, nature positive, healthier planet with ambitious goals set for 2030 and 2045

How we assess performance

Climate

- Operational emissions reduction (scope 1 and 2 market-based emissions)
- Industrialisation of green *Ventolin* initiated, and clinical and non-clinical data available to support regulatory submissions
- Percentage of carbon offset volume in project pipeline

Water

- Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient limits and the percentage of suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits

Waste and materials

- Operational waste and material reduction at our sites

Biodiversity

- Number of high-risk materials implementing sustainable sourcing roadmaps

We recognise that the world's climate and nature crises pose an urgent threat to human health, worsening the impact of diseases and putting healthcare systems under pressure. We're committed to work towards a net zero, nature positive, healthier planet, with ambitious goals set for 2030 and 2045. These goals cover our entire value chain, from drug discovery to disposal of our products, as well as investing in protecting and restoring nature.

At the same time, we are investing to get ahead of the health impacts of climate change by developing and manufacturing new medicines and vaccines for the diseases most affected by climate change, as well as working with partners to improve healthcare system resilience to climate change.

Achieving our goals will support long-term value creation, build trust with our stakeholders and reduce risk to our operations. This will require us to collaborate with our patients, suppliers, regulators and peers – and we are integrating sustainability into our operations to ensure delivery.

+ **gsk.com:** Position on environmental sustainability • 2022 environmental action report

Climate

We have set a clear pathway to a net zero impact on climate with ambitious goals for 2030 and 2045.

In 2020, GSK set out a carbon ambition to have a net zero impact on climate by 2030. Our plan to meet this goal aims for 80% carbon reductions across all scopes, against a 2020 baseline, with the remaining 20% offset through investment in high-quality nature-based solutions.

In 2021, the Science Based Targets initiative (SBTi) published a new carbon Net-Zero Standard, with the aim of addressing stakeholder concerns around inconsistent methodology and definitions of net zero.

To comply with this standard, no change is required to our planned carbon reduction pathway of 80% reductions and 20% offsets by 2030, but in addition we have set a longer-term target that by 2045 we will reduce carbon emissions by at least 90%, with the remainder tackled through high-quality offsets.

SBTi has accredited our 2030 carbon target, set prior to our de-merger, as aligned with a 1.5°C pathway and our reduction pathway to 2030 is significantly more ambitious than the SBTi Net-Zero Standard minimum requirement to halve emissions by 2030.

We are currently seeking re-accreditation from the SBTi for our targets as a fully-focused biopharma company. We have also submitted our 2045 target for verification by SBTi against its Net-Zero Standard.

Environment continued

Our value chain carbon footprint is made up of:

- Scope 1 and 2 emissions from our own operations (8%)
- Scope 3 emissions from our suppliers (29%)
- Scope 3 emissions from people using our products (54%), mostly metered-dose inhalers
- Other scope 3 emissions (9%)

Targets[1]**:**

- 80% reduction in carbon emissions and investment in nature-based solutions for the remaining 20% of our footprint by 2030 (all scopes)[2]
- 100% renewable electricity by 2025 (scope 2)
- Net zero emissions across our full value chain by 2045 (all scopes)[3]

+ **gsk.com:** Net zero pathway

Managing our operational footprint

In 2022, we reduced our scope 1 and 2 carbon emissions by 6% compared with 2021. This was primarily through increasing our use of renewable electricity and continued delivery of energy efficiency across our sites, such as the installation of new solar panels, upgraded lighting and replacing chillers to reduce the use of ozone-depleting refrigerant. For example, at our site in Irvine, Scotland, a closed-loop heating system has helped to drive reductions in operating costs, and on-site renewables and biogas will provide 55% of its energy by the end of 2023.

As a member of RE100, we have committed to source 100% renewable electricity by 2025. In 2022, we reached 73%, an increase of 6% since 2021 and 28% since 2020.

We are also a member of EV100 and have committed to install charging infrastructure at 100 sites and transition our sales fleet to low-carbon vehicles by 2030. As of October 2022, hybrid or fully electric vehicles made up 4% of our fleet, and we have chargers installed at 30 sites, with the number of chargers increasing from 309 in 2021 to 435 in 2022 at these locations.

Reducing our value chain emissions

Following the demerger of our Consumer Healthcare business, we are restating our value chain carbon footprint for our baseline year 2020. In 2021 (our latest available data), our scope 3 emissions reduced by 13% compared with 2020. These reductions reflect the evolution of our product portfolio.

Supply chain emissions

Approximately 29% of our total emissions footprint comes from the goods and services that we buy. In September 2022, we launched a Sustainable Procurement Programme, which requires our suppliers to take action on carbon, power, heat, transport, water, waste and the sustainable, deforestation-free sourcing of materials. From 2023, among other things, they will be required to disclose emissions, set carbon reduction targets aligned with 1.5°C, and switch to renewable power and heat. As part of this new programme, we will actively support our suppliers with education and the adoption of new environmental sustainability measures. In October 2022, at the GSK Supplier Forum attended by 120 of our top suppliers, we presented our sustainability plans along with clear expectations and available support for suppliers.

We continued to build capability across our procurement function to integrate sustainability, including through tender questions, contractual provisions and performance metrics.

Supply chain emissions are a shared challenge across our industry sector and we are collaborating to find shared solutions. For example, we participate in the Manufacture 2030 initiative with our industry peers, which encourages our suppliers to measure, manage and reduce their emissions. Suppliers registered on this platform account for almost three-quarters of our emissions from purchased goods. With Manufacture 2030, we co-developed the Activate programme, along with four other founding companies, to help active pharmaceutical ingredients (API) suppliers gain access to green funding and practical support to accelerate decarbonisation initiatives.

We are also working with our peers through the Energize programme to encourage the use of renewable energy throughout the pharmaceutical sector's supply chain. In 2022, nine suppliers formed the first Energize buyer's cohort, who together will purchase two terawatt-hours of renewable electricity.

We are part of the Sustainable Markets Initiative Health Systems Task Force, made of up CEOs from seven global healthcare companies. In 2022, the task force announced joint action on near-term emissions reduction targets and accelerating the delivery of net zero healthcare systems by addressing emissions across supply chains, patient care pathways and clinical trials.

Emissions from the use of our products

The use of our medicines and vaccines by patients makes up more than 50% of our total climate impact. This is predominantly from the propellant used in metered dose inhalers for asthma and chronic obstructive pulmonary disease. We are investing in an R&D programme to reduce greenhouse gas emissions from this vital medicine, and have made good progress towards a reformulation of *Ventolin*, which could reduce the climate impact by up to 90%, if the clinical trials are successful.

Climate-related financial disclosures

See pages 55 to 62 in our Annual Report for our disclosure on climate risk and resilience in line with the Task Force on Climate-related Financial Disclosures (TCFD) framework.

1 Targets are measured against a 2020 baseline.

2 Previously stated as net zero by 2030.

3 This is a new longer-term target, aligned to the SBTi Net-Zero Standard definition of net zero.

Environment continued

Nature

We are committed to working towards our goal of having a net positive impact on nature by 2030, by reducing our environmental impacts across water, waste and materials, and biodiversity and by investing in protecting and restoring nature.

Protecting nature plays a vital role in protecting human health. Habitat degradation increases the risk of new human pathogens and pandemics emerging. The natural world also provides ingredients for existing medicines and inspiration for new ones.

We are making good progress on meeting our water, waste and materials, and biodiversity targets. We are one of the first companies to trial the Science Based Targets Network for Nature (SBTN) methodology, to better understand our impacts and dependencies on nature. We are also a member of the Taskforce on Nature-related Financial Disclosures (TNFD), which is developing a risk management and financial disclosure framework similar to that of the TCFD.

Water

Targets[1]**:**

- Achieve good water stewardship at 100% of our sites by 2025[2]
- Reduce overall water use in our operations by 20% by 2030
- Be water neutral in our own operations and at key suppliers in water-stressed regions by 2030[2]
- Zero impact API levels for all sites and key suppliers by 2030[3]

In 2022, we reduced overall water use in our operations by 5% since 2021 and by 1% in sites in high water stress regions. This is a decrease of 23% for overall water use and 6% for sites in high water stress regions against our 2020 baseline. This achieved our 2030 overall water use reduction target, which we will now review. 100% of our sites are now good water stewards, in line with the Alliance for Water Stewardship's definition.

We have initially identified three water basins in water-stressed areas in Algeria, India and Pakistan where we have manufacturing sites, and where we aim to be water neutral. At our manufacturing facility in Nashik, India, we have built plants for rainwater harvesting.

We are committed to keeping any API emissions from manufacturing, including those that might contribute to antimicrobial resistance (AMR), below levels that might have a negative impact on human health or the environment. This applies to our own sites and those of our key suppliers.

In 2022, 100% of our sites and 98% of our suppliers that manufacture antibiotics complied with AMR Alliance industry standards on safe discharges.

We are a partner in the Prioritisation and Risk Evaluation of Medicines in the Environment (PREMIER) project with the Innovative Medicines Initiative, a collaboration across industry, academia and regulators. It involves working with stakeholders to develop tools, models and data to characterise environmental risk for APIs, making environmental data on APIs more accessible and exploring the feasibility of greener drug design.

+ **gsk.com:** Water • Value chain water footprint • Position on pharmaceuticals in the environment

Materials and the circular economy

Targets[1]**:**

- Zero operational waste, including eliminating single-use plastics, by 2030[2]
- 25% environmental impact reduction for our products and packaging by 2030
- 10% waste reduction from our supply chain by 2030

In 2022, we continued to reduce the waste from our sites and increase the amount of materials recovered through circular routes like reuse or recycling. For example, at some of our sites we have introduced recycling for our chemical containers, new solvent recovery processes and eliminated the use of disposable gowns.

We are also targeting materials across our existing product portfolio. This includes removing paper leaflets and moving to e-leaflets where regulation permits. Our vaccines business has also stopped using PVC blisters when packing pre-filled syringes and is removing the plastic film wrapping used on pallets. We have built the capability to perform eco-design analyses and have completed a detailed analysis of an antibiotic product which has identified a number of projects to reduce its environmental impact. Our R&D laboratories in Upper Providence have been certified by My Green Labs, which is considered to be the gold standard for laboratory sustainability best practice around the world.

+ **gsk.com:** Materials and waste

Biodiversity

Targets:

- Positive impact on biodiversity at all sites by 2030
- 100% agricultural, forestry and marine-derived materials sustainably sourced and deforestation free by 2030

We are progressing our plans for net positive biodiversity at our own sites by investing in individual site action plans that improve habitats, protect species and improve soil and water quality. In 2022, we completed baseline biodiversity assessments for 80% of our sites. We have commenced biodiversity uplift projects at our three largest R&D facilities. We have also completed a full assessment of our biodiversity impact (across the entire value chain), in line with the latest SBTN guidance, and will be taking targeted actions to address the highly-stressed areas.

Our new Sustainable Sourcing Standard outlines the environmental, social and ethical requirements which must be met by 2030 for each supply chain to be considered sustainably sourced. As a first stage, we are addressing the 12 most critical agricultural, forestry and marine-derived materials. We reached our 2022 target of 90% of sustainably sourced paper and palm oil, and now have roadmaps in place to achieve 100% by 2025. We have engaged with associated suppliers to map the full supply chains involved, understand existing sustainability standards, identify gaps and establish remediation plans.

1 Targets are measured against a 2020 baseline.
2 See our Environment Basis of reporting for definition.
3 Zero impact against predicted no effect concentrations.

Environment continued

We are also building resilience into the supply of these 12 materials, scoping out initiatives that help either reduce their use (such as packaging redesign, portfolio consolidation and other types of efficiencies) or avoid them altogether (such as by transitioning to synthetic alternatives where appropriate).

In the lead-up to the UN Convention on Biological Diversity, the critical COP15 conference in Canada at the end of 2022, we worked with partners to call for mandatory disclosure by businesses and financial institutions of their impacts and dependencies on nature. We also worked with our partners to help raise business ambition on nature and to ensure that health and the healthcare sector is part of the dialogue.

+ **gsk.com:** Biodiversity

Protecting and restoring nature

Investing in nature protection and restoration is fundamental to achieving our climate and nature goals as well as positive impacts on human health.

We aim to maximise the reductions we can make to our environmental impacts and only offset those emissions that cannot be abated. Our robust criteria for carbon offsetting prioritise credits from high-quality, technically robust, accredited projects that contribute to land protection and restoration, and have the potential to deliver nature, social and health co-benefits to local communities.

We have invested in a community reforestation project in Ghana, which creates jobs, promotes gender equality and supports the provision of clean water and sanitation. The project, which follows Forestry Stewardship Council principles, has generated carbon credits in line with the Verified Carbon Standard's criteria for environmental integrity, which we have retired in 2022 to support a carbon neutrality claim for an inhaler product in the UK. We have also invested in a project in Indonesia that aims to restore 2,500 hectares of mangroves through community-led projects. This project aims to deliver between 120,000 and 240,000 tonnes of removal credits annually from 2028 to 2035, covering approximately 8% of our forecasted 2030 residual emissions based on our current carbon reduction glidepaths.

Collaboration is key to ensuring adequate supply of high-quality projects that meet rigorous standards. We are part of the LEAF Coalition (Lowering Emissions by Accelerating Forest finance), a private-public effort to protect tropical forests. We are also testing guidance from the Voluntary Carbon Market Integrity Initiative, which is working to establish a globally-standardised benchmark to guide the use of carbon credits by companies.

Nature-related financial disclosures

See pages 62 to 63 in our Annual Report for how we plan to disclose on our impacts and dependencies on nature in line with the emerging TNFD framework.

Adaptation and resilience

Climate change and nature loss are altering the burden and spread of disease globally, exacerbating existing health threats, creating new ones, putting healthcare systems under pressure and increasing health inequalities. This means that health, particularly within vulnerable communities, must be a key part of adaptation and resilience discussions.

In 2022, we joined the Race to Resilience campaign, with a pledge to help 15 million people become more resilient to the health impacts of climate change by 2030. GSK is the first biopharma company to join this campaign. We will support it through investment and partnerships with organisations such as Save the Children and Microsoft, who GSK is working with to support local health interventions with disease surveillance. As part of this commitment, GSK will also focus on nature resilience through nature-based action, such as supporting people with water stress as part of the Water Resilience Coalition and reducing air pollution via the Alliance for Clean Air.

We are also working to research and develop new medicines and vaccines for climate-aggravated diseases. More than 50% of the funding allocated to date from our 10-year, £1 billion R&D investment for infectious diseases which disproportionately impact lower income countries is focused on climate-aggravated diseases, see Global Health page 13.

1 Targets are measured against a 2020 baseline.
2 Where regulatory obligations allow, and excluding plastics which are critical to product discovery and development, and health and safety.

Environment continued

	2019	2020	2021	2022	
Energy					
Natural gas purchased (GWh)	1,851	1,873	1,744	**1,655**	
Electricity used (GWh)	1,264	1,102	1,008	**970**	
Purchased renewable electricity (GWh)	23	487	631	**697**	A
Purchased non-renewable electricity (GWh)	1,223	605	372	**263**	
On-site renewably generated electricity (GWh)	22	19	13	**18**	A
Exported electricity (GWh)	4	9	8	**8**	
Coal (GWh)	0	0	0	**0**	
Other fossil fuels (GWh)	62	49	58	**81**	
Renewable heat (GWh)	7	9	8	**13**	
Purchased heating and cooling (GWh)	57	52	52	**41**	
Total energy for operations (GWh)	**3,240**	**3,085**	**2,871**	**2,759**	A
% renewable electricity	4%	46%	63%	**73%**	
Carbon: Scope 1 and 2 emissions[1]					
On-site fuel use (thousands of tonnes CO_2e)	355	355	333	**320**	
Sales force vehicles (thousands of tonnes CO_2e)	111	60	52	**51**	
Propellant emissions during manufacture of inhalers (thousands of tonnes CO_2e)	220	275	237	**243**	
On-site waste or wastewater treatment (thousands of tonnes CO_2e)	0	0	0	**0**	
Refrigerant gas losses (thousands of tonnes CO_2e)	27	20	11	**13**	
Total scope 1 emissions (thousands of tonnes CO_2e)	**712**	**711**	**633**	**626**	A
Electricity (market-based emissions) (thousands of tonnes CO_2e)	342	163	125	**84**	
Purchased heating and cooling (thousands of tonnes CO_2e)	6	6	6	**4**	
Total scope 2 market-based emissions (thousands of tonnes CO_2e)	**348**	**169**	**131**	**88**	A
Total scope 2 location-based emissions (thousands of tonnes CO_2e)	**357**	**309**	**285**	**265**	A
Total scope 1 and 2 market-based emissions (thousands of tonnes CO_2e)	**1,060**	**879**	**764**	**715**	PR A
Fermentation/biogenic releases (thousands of tonnes CO_2e)	32	27	10	**12**	
Carbon: Scope 3 emissions[2]					
Purchased goods and services (thousands of tonnes CO_2e)	–	3,267	2,725	**–**	
Capital goods (thousands of tonnes CO_2e)	–	162	154	**–**	
Fuel and energy-related activities (thousands of tonnes CO_2e)	–	89	84	**–**	
Transportation and distribution (upstream) (thousands of tonnes CO_2e)	–	267	189	**–**	
Waste generated in operations (thousands of tonnes CO_2e)	–	20	64	**–**	
Business travel (thousands of tonnes CO_2e)	–	42	50	**–**	
Employee commuting (thousands of tonnes CO_2e)	–	37	48	**–**	
Leased assets (upstream) (thousands of tonnes CO_2e)	–	0	0	**–**	
Transportation and distribution (downstream) (thousands of tonnes CO_2e)	–	135	99	**–**	
Processing of sold products (thousands of tonnes CO_2e)	–	0	0	**–**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 Scope 1 and 2 emissions data has been assured to the metric tonne, for which base data is available on gsk.com.

2 Other than propellant emissions data (which is collected through our internal systems); 2019 scope 3 emissions are not reported as we were unable to split our previous Consumer Healthcare business data, and we will not have an accurate picture of 2022 scope 3 emissions until later in the year.

Environment continued

	2019	2020	2021	2022	
Use of sold products (thousands of tonnes CO_2e)	–	5,836	5,120	–	
– Emissions from use of propellant-based inhalers by patients (thousands of tonnes CO_2e)	5,382	5,631	5,039	**5,429**	A
End of life (thousands of tonnes CO_2e)	–	24	51	–	
Leased assets (downstream) (thousands of tonnes CO_2e)	–	0	0	–	
Franchises (thousands of tonnes CO_2e)	–	0	0	–	
Investments (thousands of tonnes CO_2e)	–	70	41	–	
Total scope 3 emissions (thousands of tonnes CO_2e)	**–**	**9,949**	**8,624**	**–**[1]	
Ozone-depleting substances					
ODP inventory of CFC and HCFC in equipment (kg of CFC11e)	452	307	277	**6**	
ODP calculated releases of CFC11e (kg of CFC11e)	12	8	8	**0**	
Water use[2]					
Municipal (million m^3)	7.5	6.9	5.8	**5.6**	
Ground water (million m^3)	2.5	2.7	2.0	**1.7**	
Tankers (million m^3)	0.2	0.1	0.1	**0.1**	
Total water use (million m^3)	**10.2**	**9.7**	**7.9**	**7.5**	A
Recycled sources (million m^3)	0.2	0.2	0.3	**0.2**	
Water use at high water risk sites (million m^3)	0.4	0.3	0.3	**0.3**	A
Water discharge					
Wastewater to municipal sewers (million m^3)	4.8	5.7	4.0	**4.0**	
Wastewater to surface water (million m^3)	2.8	2.8	1.9	**1.8**	
Wastewater to land (million m^3)	0.1	0.1	0.1	**0.1**	
Wastewater to other (million m^3)	0.2	0.0	0.0	**0.0**	
Total wastewater discharged (million m^3)	**8.0**	**8.6**	**5.9**	**5.9**	A
% of GSK sites and supplier locations used by GSK that are compliant with AMR alliance and wastewater API limits	–	–	–	**94%**	PR A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 Other than propellant emissions data (which is collected through our internal systems); 2019 scope 3 emissions are not reported as we were unable to split our previous Consumer Healthcare business data, and we will not have an accurate picture of 2022 scope 3 emissions until later in the year.

2 Water use data has been assured to m^3, for which base data is available on gsk.com.

Environment continued

	2019	2020	2021	2022	
Waste and materials[1,2]					
Total waste recovered via a circular route (thousand tonnes)	–	–	22.7	**22.5**	
Total waste disposed via a non-circular route (thousand tonnes)	–	–	40.4	**34.7**	
Total waste and materials generated (thousand tonnes)[2]	**65.4**	**63.0**	**63.1**	**57.2**	PR
% circular waste	–	–	36%	**39%**	
Total hazardous waste recovered via a circular route (thousand tonnes)	–	–	3.6	**3.6**	
Total hazardous waste disposed via a non-circular route (thousand tonnes)	–	–	24.5	**22.5**	
Total hazardous waste (thousand tonnes)	**28.2**	**25.7**	**28.1**	**26.1**	
Total non-hazardous waste recovered via a circular route (thousand tonnes)	–	–	19.2	**18.9**	
Total non-hazardous waste disposed via a non-circular route (thousand tonnes)	–	–	15.8	**12.2**	
Total non-hazardous waste (thousand tonnes)	**37.2**	**37.3**	**35.0**	**31.1**	
Total hazardous waste incinerated (thousand tonnes)	25.0	21.9	20.2	**19.4**	
Total non-hazardous waste incinerated (thousand tonnes)	14.7	14.1	13.4	**8.8**	
Total waste incinerated (thousand tonnes)	**39.7**	**36.0**	**33.7**	**28.2**	
Total hazardous waste to landfill (thousand tonnes)	0.1	0.0	0.0	**0.0**	
Total non-hazardous waste to landfill (thousand tonnes)	0.3	0.1	0.0	**0.1**	
Total waste to landfill (thousand tonnes)	**0.4**	**0.1**	**0.1**	**0.1**	
Sustainable sourcing					
Number of high-risk materials implementing sustainable sourcing roadmaps	–	–	–	**12**	PR A
Compliance and remediation					
Environmental fines (£)	600	0	0	**210**	
Remediation spend ($m)[3]	2.6	2.8	3.0	**2.8**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 2019-20 data was not recorded with the same breakdown as 2021-22 data, so we are unable to report certain metrics for these years.

2 Waste metrics were originally part of the selected information subject to independent assurance by Deloitte. As reported by Deloitte in the 'Other Matters' section of their independent assurance report on pages 52 to 55, during the course of the assurance engagement Deloitte were unable to obtain the evidence needed to support a conclusion. Due to the complexity of the waste data, significant remediation was required for measurement and reporting of waste metrics. GSK took on additional support through a third party to complete the remediation in addition to requesting Deloitte to remove waste metrics from the scope of the assurance engagement.

3 2019-21 data includes our previous Consumer Healthcare business.

Diversity, equity and inclusion

We want to ensure our people can thrive, foster diversity in our clinical trials and support diverse communities, as becoming a more inclusive business is central to our purpose.

42%
VP-and-above roles held by women globally

31.3%
ethnically diverse leaders at VP level and above in the US

100%
2022 phase III trials include a demographic plan

Our commitment

Create a diverse, equitable and inclusive workplace; enhance recruitment of diverse patient populations in our clinical trials; and support diverse communities

How we assess performance

- 75% of phase III trials initiated in 2022 will have proactive plans in place designed to enrol appropriately diverse trial participants, consistent with disease epidemiology
- Performance towards 2025 aspirations through fair and equitable opportunities:
  - have women hold at least 45% of VP-and-above roles globally by the end of 2025
  - have at least 30% ethnically diverse leaders in our roles at VP and above in the US, and increase the percentage of Black or African American, and Hispanic or Latinx VP-and-above leaders year on year
  - have at least 18% ethnically diverse leaders in our roles at VP and above in the UK, and increase the percentage of Black VP-and-above leaders year on year
- Improve year-on-year spend with certified US-based diverse-owned suppliers

Diversity, equity and inclusion (DEI) are central to our purpose of getting ahead of disease together. Being an inclusive and diverse business – and doing business inclusively – makes us more successful, making the most of our people's potential and increasing our positive impact. We want better health outcomes for all, which is why we make sure our clinical trials reflect the population affected by the disease.

We want an inclusive workplace, where GSK people reflect the communities where we operate and where our leadership reflects our GSK people. This helps our company to perform better as it brings better insights, better quality decision making and, crucially, helps us understand our diverse patients.

We are working to make STEM education more equitable and increasing the number of under-represented people in STEM careers, with a focus on the US, and plans to increase our focus in the UK in 2023. This will help to ensure that the health innovators of the future are more diverse.

Building an inclusive business

Some diseases disproportionately impact specific patient groups, and the safety and efficacy of medicines and vaccines can differ based on genetic or environmental factors. Therefore, having the appropriate representation in clinical research is critical for advancing our understanding of new medicines and vaccines to ensure they have the biggest impact on patients. We are committed to improving diversity in clinical trial enrolment and are already using our disease insights to set diversity enrolment goals. We know some barriers negatively impact the clinical trial turnout of certain patient populations, such as access to transportation, language differences, and lack of trust and awareness. We are working with patient advocacy groups and academic organisations to tackle them.

We are also collaborating with regulators, patients, other biopharma companies and the wider healthcare ecosystem so that together we can make meaningful progress on diverse participation in clinical trials and achieve a shared goal of better health outcomes for all.

At the end of 2022, 100% of GSK's phase III trials had a diversity plan in place to enrol the groups most affected by the disease being studied, based on epidemiology data. For example, in our hepatitis B trials, a disease that disproportionately affects people of African and Asian descent, 52% of participants are of Asian origin, and we are actively working to improve the representation of participants of African descent.

+ **gsk.com:** Approach to clinical trials

Strengthening our supply chain by supporting diverse-owned suppliers

Our supplier diversity programme is well established in the US, and an expansion plan is being developed for the UK. Through our programme, we seek to provide opportunities to under-represented groups, including women, ethnic minorities, members of the LGBT+ community, people with disabilities and military veterans, as well as small businesses in high-unemployment, low-income communities.

Diversity, equity and inclusion continued

We engage with and mentor small and diverse-owned businesses in our supply chain and help them identify potential areas for growth. We have a target to increase spend annually with certified US-based diverse-owned suppliers.

This was significantly exceeded in 2022 through a combination of spend increases with selected suppliers in marketing, sales and technology, as well as identification of new global diverse suppliers and a strong multi-year strategy of engagement with key advocacy groups.

Nurturing all of our people

Our Code requires all our people to commit to being inclusive and aware of their impact on others and annual mandatory training on Creating an Inclusive Workplace sets out the standards we expect.

+ **gsk.com:** The Code

Building diverse teams through fair and equitable opportunities

We are committed to equality of representation so that our workforce reflects the communities we work and hire in, and that our GSK leadership reflects our workforce.

We are committed to increasing the representation of women and ethnically diverse people in senior roles, and we ensure that our recruitment and selection processes are fair and equitable, and that our managers are committed to building diverse and inclusive teams. We expect diverse shortlists (gender and ethnicity) for vacancies in our senior grades, and we have worked with recruitment agencies, our internal Employee Representation Groups (ERGs) and specialist organisations, to continue to gain insight and support, to drive our progress. All hiring managers are required to complete inclusive interview training before they start their selection process. As part of work building our future pipeline, our Accelerating Difference programme supports the development of women and ethnically diverse leaders through individual and group coaching, accelerating their readiness for future roles.

In 2022, women held 42% of VP-and-above roles globally, compared with 40% in 2021, bringing us closer to our 2025 aspirational target. Women made up 47% of all employees in 2022, and 50% of all management roles.

We remain committed to improving the application of fair and equitable pay practices to ensure equal opportunities and equal pay for equal work. We conduct country-based reviews and ensure all markets have clear guidance, tools and support to ensure pay equity. If unexplainable differences are detected, we address them through our compensation processes. We published our sixth UK gender pay gap report in 2022. Our gender pay gap for all permanent UK-based GSK employees is -1.36% (mean), compared to the national average of 13.9%.

We published our first UK ethnicity pay gap report for 2022 using the same approach as our gender pay gap. Our ethnicity pay gap for all permanent UK-based GSK employees is 0.06% (mean), at this time there is no national average comparator. Given our commitment to diversity we're sharing our UK ethnicity pay gap data based on the approach for gender pay gap, recognising that adjustments to the calculation methodology may be required in future.

In those countries that meet our criteria for data confidentiality and anonymity, we disclose the race and ethnicity of our people at each level and set aspirational targets. Currently, the US and the UK meet those criteria.

In the US in 2022, we have 31.3% of ethnically diverse leaders at VP level and above, reaching our 2025 aspirational target of at least 30%, and increasing the percentage of Black or African American and Hispanic or Latinx people in those roles year on year. In the UK in 2022, we have 14.3% of ethnically diverse leaders at VP and above, continuing to make progress towards our 2025 aspirational target of reaching at least 18%. Black representation at VP and above remains flat and we will be focused in our efforts to achieve our aspiration for year-on-year growth.

We cannot build a representative workforce without a representative pool of job applicants. In the US, we engage with Historically Black Colleges and Universities, and Hispanic Serving Institutions, to encourage applications for our graduate positions and target recruitment campaigns to reach under-represented groups.

+ **gsk.com:** Gender pay gap report

Fostering inclusion in our workplaces

We are working to create an inclusive workplace that is accessible to all, and a culture of empathy and acceptance where we embrace each other's differences and identities.

We are members of the UK government's Disability Confident scheme, and we launched a three-year plan in 2020 to increase our disability confidence. Since 2020, GSK has been an active member of the Valuable 500 pledge, a grouping of 500 global companies committed to placing disability inclusion on the leadership agenda. We are delivering on the scheme's objectives through our long-term, measurable, disability confidence plan, which includes educating our people on the issue.

We are always looking at how we can better support people through different life stages and making sure our offerings are fair and inclusive. In 2022, we introduced a new global minimum standard of 18 weeks' parental leave for primary and secondary carers for all forms of family, a new global minimum standard for care of a family member for end of life or serious health emergencies, insured benefits to include same sex partners wherever possible, a new financial wellbeing service and mental health training – available to everyone.

This year, we were recognised as a Gold employer within Stonewall's Top Global Employers Index. Our Allyship programme received an award recognising the tangible impact the campaign has had on the lives of LGBT+ employees. The programme, launched at the end of 2021, helps our people become more effective allies, supporting colleagues to feel welcome, valued and included. We also achieved the Human Rights Campaign Foundation's Best Places to Work for LGBT+ Equality standard in 2022.

Diversity, equity and inclusion continued

Supporting diverse scientists of the future

We support communities around the world through our global health partnerships, local community investment, response to humanitarian emergencies and STEM education programmes for under-represented groups.

Our *GSK Science in the Summer* initiative offers free, hands-on STEM learning to students in traditionally under-represented groups in STEM careers or from underresourced communities in the US.

In 2022, it reached more than 30,000 students nationwide. In 2020, we committed to investing $10 million over 10 years to increase the number of women and Black and Latinx students in Philadelphia entering STEM careers. 13 local non-profits have now received grants. So far, GSK STEM equity grants have reached more than 130,000 students.

	2019	2020	2021	2022	
Gender diversity[1,2]					
% of women (all employees)	45%	47%	47%	**47%**	A
SVP/VP level	36%	38%	40%	**42%**	PR A
Director level	44%	46%	48%	**49%**	A
Manager level	49%	50%	50%	**51%**	A
Total women in management	**47%**	**48%**	**48%**	**50%**	A
% of women on the Board	45%	42%	42%	**27%**	
Share of women in STEM-related positions (as a % of total STEM positions)	–	44%	45%	**45%**	
% of women in management positions in revenue-generating functions	–	41%	41%	**43%**	

	SVP/VP			Director			Manager			All employees			
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	
US ethnic diversity[1,3]													
American Indian or Alaska Native	–[4]	–[4]	–[4]	0.4%	0.4%	**0.3%**	0.3%	0.4%	**0.3%**	0.4%	0.4%	**0.3%**	A
Asian	10.8%	10.8%	**13.3%**	13.8%	14.7%	**16.2%**	15.9%	16.7%	**17.8%**	12.9%	13.7%	**14.9%**	A
Black or African American	5.8%	7.9%	**8.6%**	5.5%	5.2%	**6.0%**	6.3%	7.1%	**7.9%**	9.9%	9.8%	**10.4%**	PR A
Hispanic or Latinx	5.0%	5.8%	**6.4%**	4.5%	4.5%	**4.5%**	5.1%	5.4%	**4.4%**	5.1%	5.3%	**5.3%**	PR A
Native Hawaiian or Other Pacific Islander	–[4]	–[4]	–[4]	0.3%	0.3%	**0.2%**	0.1%	0.1%	–[4]	0.2%	0.2%	**0.2%**	A
Two or more races	1.2%	2.2%	**2.1%**	0.9%	1.2%	**1.5%**	1.6%	1.5%	**1.7%**	1.5%	1.6%	**1.9%**	A
Ethnically diverse total	**23.2%**	**27.1%**	**31.3%**	**25.3%**	**26.3%**	**28.7%**	**29.3%**	**31.1%**	**32.2%**	**30.0%**	**31.0%**	**33.1%**	PR A
White total	**76.8%**	**72.9%**	**68.7%**	**74.7%**	**73.7%**	**71.3%**	**70.8%**	**68.9%**	**67.8%**	**70.0%**	**69.0%**	**66.9%**	A
UK ethnic diversity[1,3]													
Asian	5.7%	6.5%	**7.4%**	11.8%	12.6%	**14.2%**	16.0%	17.4%	**16.5%**	13.1%	13.8%	**13.3%**	A
Black	1.6%	1.6%	**1.6%**	1.8%	1.8%	**1.9%**	2.3%	2.7%	**3.1%**	2.5%	2.6%	**2.7%**	PR A
Mixed	1.2%	2.0%	**1.6%**	1.5%	1.9%	**1.7%**	1.8%	2.0%	**1.8%**	1.8%	2.1%	**1.9%**	A
Other	2.5%	2.8%	**3.7%**	1.6%	1.5%	**1.7%**	1.6%	1.6%	**1.8%**	1.3%	1.3%	**1.4%**	A
Ethnically diverse total	**11.1%**	**12.9%**	**14.3%**	**16.7%**	**17.8%**	**19.5%**	**21.8%**	**23.7%**	**23.2%**	**18.7%**	**19.8%**	**19.3%**	PR A
White total	**88.9%**	**87.1%**	**85.7%**	**83.4%**	**82.2%**	**80.5%**	**78.2%**	**76.3%**	**76.8%**	**81.3%**	**80.2%**	**80.7%**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 With the exception of *% of women on the Board*, *Share of women in STEM-related positions*, and *% of women in management positions in revenue-generating functions*, the data displayed for 2019-21 reflects all GSK employees including those aligned to the Consumer Healthcare business as of 31 December of the reported year.

2 This data represents those that actively responded to identify a gender category. In 2022, 0.2% did not actively respond and a further 0.1% indicated 'I prefer not to say'.

3 This data represents those that responded to identify a race or ethnicity category. In the US, 4.6% of employees did not actively respond to identify a race or ethnicity category, and a further 1.8% indicated 'I prefer not to say'. In the UK, 9.6% did not actively respond and a further 3.2% indicated 'I prefer not to say'. Due to rounding, the sum of the data may be marginally different from the totals.

4 Insufficient data to report (fewer than three employees).

Ethical standards

Our culture guides our people to do the right thing and Speak Up about any concerns they have. It is important that all our people live up to this, and we expect the same of our suppliers.

99%
employees and complementary workers completed our mandatory training

87%
of employees believe they 'can and do Speak Up if things don't feel right'

82%
of direct high-risk suppliers achieved our minimum EcoVadis score

Our commitment

Promote ethical behaviour across our business by supporting our employees to do the right thing and working with suppliers that share our standards and operate in a responsible way

How we assess performance

- 100% of employees and complementary workers complete GSK's 2022 mandatory training
- Percentage of employees who believe they 'can and do Speak Up if things don't feel right' is above the general industry benchmark[1]
- Number of employees leaving GSK's employment for misconduct in the last 12 months versus the three-year rolling average
- 80% of direct high-risk suppliers achieve GSK's minimum EcoVadis score or have an improvement plan in place

Supporting GSK people to do the right thing

We expect that everyone who works for us, or on our behalf, conducts themselves in the right way. This builds trust in what we do, protects our business and helps create a workplace where we all thrive. How we do things is as important as what we do.

In 2022, we launched our new Code of Conduct which reflects our purpose to unite science, technology and talent to get ahead of disease together. Our new Code sets out the commitments we make as a company and to each other to deliver on our purpose and ambitions. The Code is supported by additional global policies and standards, which are located in our new Code Hub. Additionally, our people are required to complete our accompanying global mandatory learning curriculum, Living our Code, comprised of three modules: The Code, Creating an Inclusive Workplace and Protecting GSK. Protecting GSK focuses on key risk areas such as anti-bribery and corruption (ABAC), cyber security, and privacy around reporting human safety information related to our products, as well as Speak Up. In 2022, 100% of employees and 98% of complementary workers completed this training where due by year end.

Those in certain high-risk roles or geographic regions also complete additional ABAC training. This helps them identify and mitigate any potential ABAC risk – especially in third-party relationships – and to recognise, report and manage conflicts of interest. In 2022, 100% of employees and 96% of complementary workers completed this training where due by year end.

Our approach to managing ABAC risk, and other risks relating to ethical standards, forms part of our well embedded risk management framework, which is described in detail in our Annual Report, on pages 51 to 52.

+ **gsk.com:** Anti-bribery and corruption policy • The Code

Reporting and investigating concerns

Anyone inside or outside GSK can raise concerns or speak to our integrity lines, confidentially and anonymously, without fear of retaliation. We take every concern seriously and review every report to see whether we need to investigate formally. If our investigations show an employee has breached our policies, we take action.

This year, we have updated how we report the breakdown of types of policy violations to provide more granularity by case class as there was a broader distribution from the top five policy area categories historically reported. In 2022, we saw an overall decrease in disciplinary cases, attributed to, in part, a revision to our procedures for discipline regarding late completion of mandatory training, now reported under the employee conduct category. The majority of environment, health and safety (EHS) and sustainability category increases in 2022 were written warnings related to compliance with the company's COVID-19 vaccination mandate, safety or testing requirements, to ensure the health, safety and wellbeing of our workforce.

In 2022, we continued to embed greater focus on the use of risk analytics and monitoring aligned to increasing levels of business activities, enhancing risk identification and targeted interventions. Additionally, we focused on closure of cases, resulting in a decrease in open cases at year end from prior years with correlation in rising numbers of employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct.

1 The general industry benchmark is 65% according to 2022 research by *KornFerry*.

Ethical standards continued

Upholding our commitment to human rights

We are committed to respecting internationally recognised human rights wherever we do business. We continue to make progress in integrating our salient human rights (access to healthcare, research practices, patient safety, EHS, and privacy) within our operations and how we conduct our business.

We are signatories to the UN Global Compact and our Human Rights Position statement lays out our commitment to the UN Guiding Principles on Business and Human Rights.

During the year, we established a Human Rights Steering Group, which has a formal reporting mechanism to the Board's Corporate Responsibility Committee. The Steering Group comprises senior representatives from the key business functions who are accountable for ensuring respect for human rights within their business area. The Steering Group is facilitated and attended by external human rights experts.

In 2022, we developed guidance to enhance supplier visits to help employees better understand labour and human rights non-compliances. To support this guidance, we also developed and delivered labour rights training to EHS and procurement employees to better equip them to spot human rights issues when visiting suppliers.

We are committed to the application of fair and equitable pay practices, which includes ensuring that all employees globally receive pay that is competitive in their local markets and sufficient to support a sustainable standard of living. In 2022, we completed the first global living wage review in partnership with the Fair Wage Foundation. We assessed the pay of all our employees (over 75,000 people in 87 countries) and differences were detected in fewer than 200 cases, in 11 countries. All necessary adjustments will be made by the end of the first quarter of 2023. We will be factoring the living wage data into our standard compensation processes to ensure that we continue to offer a fair wage, and have built an annual living wage review into our standard cycle.

For more information on how we uphold our commitments to human rights, please refer to our Modern Slavery Act statement.

+ **gsk.com:** Position on human rights • Modern Slavery Act statement

Working with third parties

Our suppliers and other third parties – including agents, distributors, affiliate companies (where we have an equity stake) – help us research, develop, manufacture and distribute the medicines, vaccines and other products that patients need. How these third parties act can have a direct impact on us. It is important to manage our relationships with them well, including the way we choose, contract and monitor them.

We expect our third parties to meet our ABAC and labour rights standards, where relevant, and to comply with our standards on quality, health and safety, and the environment. See Annual Report, pages 285 to 295.

We updated our Third-Party Risk Management programme, which evaluates and mitigates risks introduced by third parties engaged by GSK to provide goods or services.

In 2022, for our high-risk third parties – determined by location in high-risk markets and size of spend – we performed 7,168 assessments across 20 risk areas. Over 62% of these assessments presented risks in one or more areas. Most of these third parties are goods and services providers (77%), distributors and wholesalers (5%), contract manufacturers and suppliers (1%) and direct material suppliers (1%). We also use tools to assess how suppliers manage risks, including EcoVadis desktop assessments.

We give additional support on EHS risks to our largest suppliers, including those who supply globally medically critical products, are critical to our R&D, and those largest by spend[1]. We help suppliers improve safety management systems and build overall EHS capability, focusing on active pharmaceutical ingredients manufacturers and contract manufacturing suppliers. We set EHS requirements and review performance as part of our internal EHS governance and oversight.

We visit sites, in person or virtually, to help suppliers better understand and control their risks. The relaxation of travel restrictions has allowed us to increase in-person visits to identify and reduce risk, enabling us to conduct 50 physical visits across 63 priority suppliers this year[2]. We completed warehouse safety surveys for 54 priority suppliers, 38 contract manufacturing suppliers and 15 large warehouses that hold stock this year. These surveys have generated corrective and preventative action plans, all of which we expect to complete in 2023.

In 2022, we conducted 47 supplier audits, compared with 49 in 2021, following industry standard Pharmaceutical Supply Chain Initiative guidelines, with any corrective and preventative actions tracked to completion. We have also trained more than 600 supplier employees on EHS and ESG fundamentals in 2022, revised EHS contractual obligations, tracked management actions to completion, and have helped suppliers improve their EcoVadis scores[3]. See Annual Report, page 293.

+ **gsk.com:** Position on working with third parties

1 GSK maintains a list of globally medically critical products. These are drug products approved to treat a life-threatening disease or medical condition for which there is no other adequately available alternative and of which GSK is the only provider.

2 Our EHS priority suppliers are API suppliers who are, or will be, medically-, R&D-, or revenue-critical to GSK, or are high spend suppliers.

3 The 600 supplier employees trained includes data from our previous Consumer Healthcare business.

Ethical standards continued

Data and engagement

We exercise high standards of integrity in dealing with the personal information of our employees, patients, clinical research participants, healthcare providers and other stakeholders.

The data security and privacy landscape is rapidly changing. Threats to cyber security are constantly proliferating, while the introduction of privacy regulations by national and state-level authorities requires continual assessment and review of our privacy framework and controls. In response, we have created a new digital, privacy and information security team within Legal and Compliance, to streamline support and provide expertise around GSK's digital and data strategy. This global team will partner with our businesses to assess the impact of changing global and local privacy regulations, and to mitigate related risks. See Annual Report, pages 291 to 292.

Using data responsibly

Privacy and the ethical use of data are part of the global mandatory learning curriculum Living our Code that all our people have to complete. It means they understand that everyone at GSK is responsible for handling personal information in the right way. We ensure that key privacy personnel have certifications and sufficient training and experience to carry out their roles effectively.

We are investing in our artificial intelligence and machine learning capability to, for example, help analyse patients' genetic data. We are mindful that artificial intelligence and machine learning can raise ethical issues and are subject to evolving decisions from policymakers on how best to promote trust in these systems and avoid unintended outcomes or harmful impacts.

In R&D, we have oversight boards and a new advisory panel that oversees controls to manage how we use or re-use data and respond to bioethical questions in our research activities. This makes sure we follow regulations and meet our ethical obligations.

Political engagement

As part of a heavily regulated industry, our business model and market can be influenced by legislation and regulation. As a major multinational company, we seek to contribute to public policy debate, especially in relation to life sciences and healthcare. We, along with other stakeholders such as non-governmental organisations, scientists, healthcare professionals, patients and industry groups, are frequently invited by governments to give our views on development of new policies.

In all of our political engagements, we are committed to ensuring that we adhere to the highest ethical standards and legislative requirements. We do not make corporate political contributions, nor do we sponsor party political meetings anywhere around the world.

+ **gsk.com:** Position on political advocacy • Political advocacy disclosure

	2019	2020	2021	2022	
Ethical conduct					
Employees who had concerns raised against them (including current year and prior year open cases)	2,481	2,105	2,534	**2,191**	A
Employees disciplined for policy violations	720	552	907	**847**	A
Breakdown of types of policy violation[1]					
Employee conduct[2]	362	267	555	**366**	A
Sales and marketing	77	63	166	**166**	A
Product quality	115	85	65	**48**	A
Safeguarding people and information and assets	52	60	78	**140**	A
Employee relations and HR policies	59	18	20	**42**	A
R&D and medical practices	33	7	13	**13**	A
Anti-bribery and corruption	12	8	21	**12**	A
Computer and data-breach security	14	27	9	**14**	A
EHS and sustainability	11	9	16	**152**[3]	A
Other[4]	0	17	3	**4**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 In 2022, we updated the reporting methodology for the breakdown of types of policy violation to provide more granularity by case class as there was a broader distribution from the top five policy area categories historically reported under 'other'. To enable comparison, prior year data has been restated using the new reporting methodology.
2 In 2022, we changed our process for the circumstances that trigger discipline for late completion of mandatory training, now reported under employee conduct. As a result, we saw fewer disciplinary cases in 2022 compared to prior years.
3 The majority of EHS and sustainability category increases in 2022 were written warnings related to compliance with the company's COVID-19 vaccination mandate, safety or testing requirements, to ensure the health, safety and wellbeing of our workforce.
4 Policy violation class types that do not fit into the other class categories specified.

Ethical standards continued

	2019	2020	2021	2022	
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct[1]	154	102	176	**290**	PR A
Documented warnings	571	455	738	**563**	A
Open cases awaiting investigation or a disciplinary decision at year end	385	617	636	**227**	A
Mandatory training[2]					
% of employees and complementary workers that complete GSK's mandatory training[3]	–	–	–	**99%**	PR A
% of employees that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	99%	100%	99%	**100%**	A
% of complementary workers that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	92%	97%	93%	**98%**	A
% of employees that complete GSK's mandatory training – ABAC	97%	100%	100%	**100%**	A
% of complementary workers that complete GSK's mandatory training – ABAC	90%	100%	99%	**96%**	A
Reporting concerns					
% of employees who believe they 'can and do Speak Up if things don't feel right'	–	–	87%	**87%**	PR A
Suppliers					
% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place[4]	–	53%	80%	**82%**	PR A
Supplier spend by region					
Asia-Pacific	–	–	–	**8.6%**	
Europe, Middle East and Africa	–	–	–	**58.5%**	
Latin America	–	–	–	**1.5%**	
North America	–	–	–	**31.3%**	
US political engagement[5]					
Spend on federal lobbying activities ($m)	4.42	3.80	5.30	**4.46**	
Trade association membership spend ($m)	21.5	21.5	20.3	**20.6**	
Corporate political contributions ($)[6]	0	0	0	**0**	
Political action committee contributions from US employees to state and federal candidates ($'000)	265.2	366.8	298.0	**360.5**	
European political engagement[5]					
Trade association membership spend (£m)	1.87	2.28	2.08	**1.91**	
Corporate political contributions (€)[6]	0	0	0	**0**	
Cost of representing our interests to EU institutions (€m)[7]	1.64	1.82	1.18	**1.22**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 In 2022, we continued to embed greater focus on the use of risk analytics and monitoring aligned to increasing levels of business activities, enhancing risk identification and targeted interventions. Additionally, we focused on closure of cases, resulting in a decrease in open cases at year end compared to prior years with a correlation to rising numbers of employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct.

2 These figures are based on active employees and complementary workers at year end. Data from 2019-21 is split between employees and complementary workers, as disclosed in our prior ESG reports, and rounded to the nearest whole number. 2019-21 also includes data from our previous Consumer Healthcare business; due to attrition over the last three years, restating completion rates would not provide a comparable metric.

3 In 2022, we updated the way in which we report completion of mandatory training by combining metrics for employees and complementary workers across the mandatory trainings into a single metric, rounded to the nearest whole number.

4 Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the purchasing of materials directly associated with the production of goods.

5 2019-21 includes data from our previous Consumer Healthcare business.

6 GSK does not make corporate political contributions, nor do we sponsor political meetings anywhere around the world.

7 This includes the latest available figures from the previous year. Figures from the reporting year are published in March 2023, after publication of this document.

Product governance

Ensuring the quality, safety and reliable supply of our products is critical to protecting patients and delivering health impact.

122
regulatory inspections at our manufacturing sites and local operating companies

1,060
quality audits of our suppliers

7,377
clinical trial protocol summaries registered and 6,295 summaries of results

Our commitment

We commit to maintaining robust quality and safety processes, and using data and new technologies responsibly

How we assess performance

- Average number of critical and major findings by FDA/MHRA/EMA regulators[1]
- Percentage of inspections from all regulators with no critical findings or official action indicated
- Number of FDA warning letters
- Total number of Class I/II external product recalls across all markets
- Register and disclose all human subject research of GSK products. Specifically, register protocol summaries for studies initiated in 2022; and disclose results summaries for studies with results due in 2022

The quality and safety of our products is exceptionally important to us. We have systems in place across GSK to ensure we meet the high standards we set ourselves as a company, and those that are expected of us externally.

They help us deliver a reliable supply of high-quality products and support a values-driven culture where issues are responded to swiftly and transparently.

A focus on quality management

Our GSK Quality Management System is a detailed and specific framework which describes how we comply with regulatory requirements and other standards across our markets. It addresses global and local regulations across manufacturing and distribution processes, and is based on principles defined by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use.

Responsibility for quality assurance is managed by GSK quality organisations, an extensive global network of quality and compliance professionals within each of our business units, from site-level to senior management.

The Quality Management System also details the patient safety and quality process training required by GSK people. This includes induction, hygiene, safety and technical skills training, as well as good distribution and manufacturing practice training. Employees who carry out specific, quality-critical or sensitive activities are subject to additional checks as necessary.

Inspections, recalls and audit

We are subject to regulatory inspections in the markets we supply our products to. These provide independent assurance that high standards of quality are in place across development, manufacturing and distribution, and are required to maintain our licence to operate.

In 2022, we had 122 regulatory inspections at our manufacturing sites and local operating companies, compared with 111 in 2021. We remain prepared for inspections from regulators and received no warning letters from the United States Food and Drugs Administration (FDA) or critical findings from the Medicines Healthcare products Regulatory Agency (MHRA) and European Medicines Agency (EMA) regulators in 2022; however we received one critical finding from the Chinese regulator[2]. We continue to learn from and respond to all inspection findings, taking the necessary action to address them.

Throughout 2022, we had no Class I product recalls and there were fewer Class II and III recalls compared with 2021[3]. We will not hesitate to voluntarily recall products to protect patients.

Working with our suppliers on quality

We expect all our contract manufacturers and suppliers to comply with GSK standards, and regularly conduct audits to verify that they do. In 2022, we conducted 1,060 quality audits of suppliers, with an increased focus on active pharmaceutical ingredient suppliers.

We have a comprehensive quality oversight model that is aligned to our Quality Management System and uses a risk-based approach to assess, qualify, manage and monitor our third-party suppliers on an ongoing basis, driving continuous performance.

1 We consider any observations from the US FDA as major.

2 Critical finding from one inspection by the Chinese regulator of a third-party manufacturing facility used by GSK.

3 Class I recalls are triggered by a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death. Class II recalls address the use of or exposure to a violative product which may cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse health consequences is remote. Class III recalls relate to the use of or exposure to a violative product which is not likely to cause adverse health consequences.

Product governance continued

Maintaining pharmacovigilance

Pharmacovigilance aims to protect those who use medicines and vaccines and support public health programmes with reliable, comprehensive information on the overall benefit-risk balance of our products. We have a well established and rigorous worldwide system to monitor and review the safety of our products throughout clinical development and after regulatory approval.

We maintain high standards of safety and medical governance, and ensure our partners meet the same expectations through reviews of third-party safety systems, monitoring of contractual obligations and fostering collaboration through the life cycle of the relationship.

+ **gsk.com:** Position on pharmacovigilance

Vigilance against falsified medicines and vaccines

We have a robust approach to handling all falsified product incidents, ensuring that cases of confirmed counterfeit products are reported to the WHO and to relevant regulatory authorities. We actively participate in legal proceedings against illegal actors, provide regular training to customs and local authorities and we monitor online marketplaces and social media to request takedowns of sites illicitly selling prescription-only medicines.

+ **gsk.com:** Position on falsified and substandard healthcare products

Committed to transparency

Our commitment to transparency of clinical trial data reflects our wish to help advance scientific understanding and enable the scientific community to learn from the research we have undertaken. It also allows us to acknowledge the great contribution made by the people who take part in our clinical research.

As part of our commitment we have made 7,377 protocol summaries and 6,295 summaries of results available since the set-up of the GSK trial register in 2004. We have also listed 2,559 studies for data sharing via www.vivli.org and www.clinicalstudydatarequest.com.

	2019	2020	2021	2022	
Regulatory inspections and audits					
Audits of our third parties' quality processes	1,563[1]	1,451[1]	1,044	**1,060**	
Total regulatory inspections from all health authorities	131	86	111[2]	**122**	PR A
% of inspections from all regulators with no critical findings or official action indicated	100%	100%	100%	**99%**	PR A
Total regulatory inspections from FDA/MHRA/EMA regulators	39	27	35	**36**	PR A
Number of critical/major findings by FDA/MHRA/EMA regulators	53	11	4	**26**	PR A
Total FDA regulatory inspections	11	7	2	**8**	PR A
Number of FDA observations	39	3	1	**16**	PR A
Number of FDA warning letters	0	0	0	**0**	PR A
Product recalls					
Total number of Class I external product recalls	1	0	0	**0**	PR A
Total number of Class II external product recalls	6	4	6	**5**	PR A
Total number of Class III external product recalls	19	16	12	**7**	A
Total product recalls	**26**	**20**	**18**	**12**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 2019-20 includes data from our previous Consumer Healthcare business, as many audits were conducted jointly for both Consumer Healthcare and Pharmaceuticals.

2 The 2021 data point has been adjusted due to eight additional inspections being identified. Two inspections were removed due to being retrospectively identified as out of scope of the reporting criteria.

Product governance continued

	2019	2020	2021	2022	
FDA product recalls by business and class[1]					
Pharmaceuticals business					
Class I product recalls	0	0	0	**0**	PR A
Class II product recalls	0	0	0	**0**	PR A
Class III product recalls	1	0	0	**1**[2]	A
Vaccines business					
Class I product recalls	0	0	0	**0**	PR A
Class II product recalls	0	0	1	**0**	PR A
Class III product recalls	0	0	1	**0**	A
Clinical trial management, pharmacovigiliance and transparency					
Clinical trial audits (on our own trials and those conducted by third parties on our behalf)	225[3]	223[3]	294	**339**	
Number of FDA sponsor inspections related to clinical trial management and pharmacovigilance that resulted in voluntary action indicated (VAI)	–	–	0	**0**	
Number of FDA sponsor inspections related to clinical trial management and pharmacovigilance that resulted in official action indicated (OAI)	–	–	0	**0**	
Clinical study reports/study report synopsis on GSK study register	109	60	48	**35**	
Trials for which anonymised data will be made available upon meeting defined eligibility criteria	101	77	51	**40**	
Research teams approved for access to GSK trial data	27	23	16	**34**	
Publicly available trial protocol summaries (register)[4]	7,108	7,178	7,290	**7,377**	PR A
Publicly available trial result summaries (disclose)[4]	6,050	6,160	6,239	**6,295**	PR A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2022 data has been externally assured.

1 This data includes recalls in the US market which may be initiated voluntarily by GSK, requested by the US FDA or mandated by the US FDA under its statutory authority.

2 This represents 0.00076% of total pharmaceutical products produced for the US market.

3 2019-20 includes data from our previous Consumer Healthcare business, making up approximately 6.5% of the figures.

4 These figures are cumulative.

Appendix

Materiality assessment

In 2021-22, GSK conducted a materiality assessment, a process of engagement and analysis that identifies and prioritises the ESG issues that pose the most significant risks and opportunities to the business, and where GSK has the most significant impact. The materiality assessment is used to inform strategic decision-making and helps us to prioritise issues covered in public reporting.

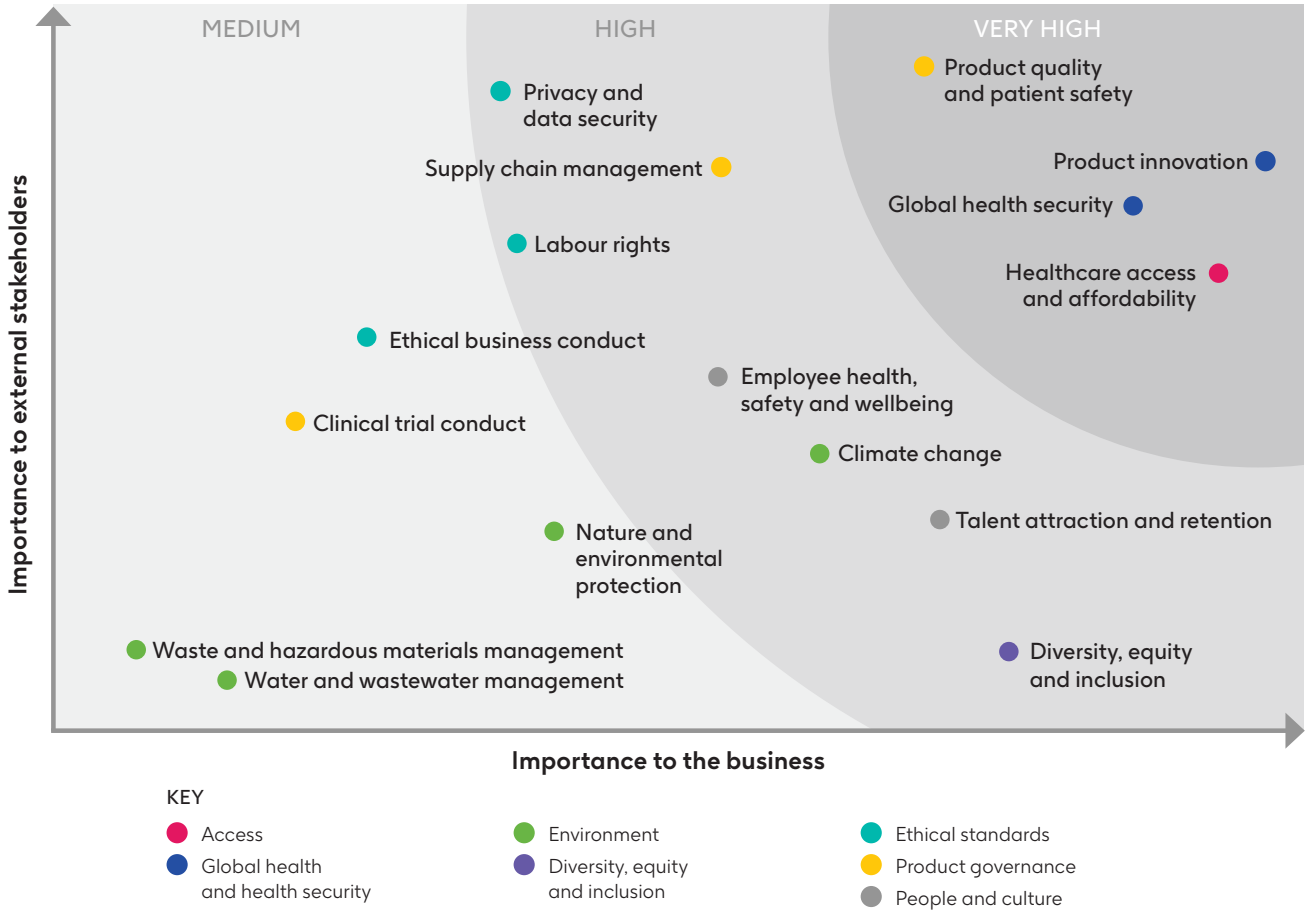
This year we used Datamaran's data analytics platform to conduct the assessment. The software monitors external ESG risks by assessing the coverage of issues within peer annual and sustainability reports, regulatory and legislative documents, media and social media. We also conducted stakeholder engagement, through internal and external interviews and analysis of investor ratings, rankings and reports.

Through this process, 16 issues were identified as most material to our business and our external stakeholders, illustrated in the matrix below. The issues identified through this process helped confirm our six ESG focus areas: Access, Global health and health security, Environment, Diversity, equity and inclusion, Ethical standards and Product governance.

To read more about our materiality methodology, process and key observations please see our materiality overview on gsk.com.

+ **gsk.com:** Materiality assessment

Materiality matrix



Appendix continued

People disclosures

A positive experience at work is critical to attract, retain and motivate the best people. We want our workplace to embrace everyone's unique differences and encourage growth and development in a safe environment so that people can perform at their best at work. For more information around how we put our people at the heart of our success, please see page 7, and for further detail on our focus on Diversity, equity and inclusion, see page 23.

Freedom of association

We are respectful of the right of colleagues to join an independent trade union, the right to collectively bargain and of freedom of association. 35% of our global employees are covered by collective bargaining arrangements and 15% have declared that they are a member of a union[1]. GSK also invests heavily in formal information and consultation arrangements which actively involve and provide additional Employee Voice to a higher proportion of our colleagues.

Keeping our people safe

We care deeply about the health and safety of our employees, complementary workers and everyone that works at or visits our sites. Our commitment is that everyone goes home safely. Our 12 Life Saving Rules have been embedded throughout our company. These rules are simple, standardised and easy to remember. Responsibilities for safety as leaders and as individuals have been reviewed at all levels of the organisation. Risk assessments are a key part of the Environment, Health and Safety (EHS) control framework that governs our approach to identifying and controlling hazards. We conduct health and safety training for our people, specific to whether they are working from an office, a lab, at a manufacturing site or in commercial. Recent key initiatives have included safety leadership, warehouse safety and driver safety.

+ **gsk.com** Environment, health and safety policy

	2019	2020	2021	2022	
Hiring					
Total number of new hires	–	9,305	11,110	**12,513**	
% of open positions filled by internal candidates	–	30.0%	34.0%	**31.4%**	
Employee turnover					
Overall turnover	**13.8%**	**10.3%**	**15.2%**	**13.3%**	(A)
Turnover of voluntary leavers[2]	7.2%	5.5%	7.8%	**7.3%**	
% of all permanent leavers that were male[3]	57.1%	56.9%	49.0%	**54.1%**	
% of all permanent leavers that were female[3]	42.8%	42.9%	50.9%	**45.6%**	
Workforce breakdown by age (permanent employees)					
< 30 years old	–	13.8%	13.0%	**13.1%**	
30-50 years old	–	61.0%	61.3%	**60.9%**	
> 50 years old	–	25.2%	25.7%	**26.0%**	
Engagement[4]					
Employee surveys engagement score	78%	84%	78%	**81%**	
Employee surveys response rate	78%	85%	70%	**–[4]**	
Talent and leadership development					
Number of graduates recruited through our Future Leaders programme	192	176	139	**161**	
Number of postgraduates recruited through our Esprit programme	10	14	6	**13**	
Number of apprentices recruited	68	85	68	**67**	

(A) Metric's 2022 data has been externally assured.

1 In certain markets data is unavailable due to privacy reasons.

2 Calculated as the number of permanent employees that voluntarily left GSK in 2022 divided by the average 2022 permanent headcount.

3 Calculated as the number of permanent employees that left GSK for any reason within the period that were male or female divided by the total number of permanent leavers that left for any reason within the period.

4 2019-21 engagement data is derived from the GSK annual survey in which the total employee base is invited to participate. 2022 engagement data is derived from the Q4 2022 pulse survey, in which a statistically-relevant randomised sample of our population, representing the average GSK employee, is invited to participate. 2022 *Employee surveys engagement score* is reported here as consistent methodology is used across the two types of survey to derive a comparable engagement score. However, 2022 employee surveys response rate is not reported here as the methodology used to administer pulse surveys and subsequent response rate is not comparable to that used for the GSK annual survey. 2019-20 includes responses from those aligned to our previous Consumer Healthcare business.

Appendix continued

	2019	2020	2021	2022	
Health and safety					
Number of fatalities (employees and complementary workers under GSK direct supervision)	0	1	0	**0**	A
Number of fatalities (contractors not under GSK direct supervision)	0	1	0	**0**	A
Reportable injuries with lost time	235	137	133	**136**	A
Reportable illnesses with lost time	6	8	5	**8**	A
Lost time reportable injury rate (per 100,000 hours worked)	0.15	0.09	0.09	**0.09**	A
Lost time reportable illness rate (per 100,000 hours worked)	0	0.01	0	**0.01**	A
Reportable injuries with and without lost time	336	205	190	**199**	A
Reportable illnesses with and without lost time	33	31	42	**31**	A
Reportable injury rate (per 100,000 hours worked)	0.21	0.13	0.13	**0.14**	A
Reportable illness rate (per 100,000 hours worked)	0.02	0.02	0.03	**0.02**	A
Reportable injury and illness rate (per 100,000 hours worked)[1]	**0.23**	**0.15**	**0.15**	**0.16**	A
Hours worked (m)	161	156	151	**147**	A

(A) Metric's 2022 data has been externally assured.

1 Totals may not equal the exact sum of the constituents due to rounding.

Appendix continued

GRI guidelines and SASB index

GRI indicator	Description	Where to find the information
General disclosures		
2-1	Organisational details	Legal name: GSK plc Ownership: Annual Report – Share capital and share price, page 233 HQ address: Brentford, Middlesex, TW8 9GS, UK Operations: Annual Report – Business model, page 8
2-2	Entities included in the organisation's sustainability reporting	GSK plc
2-3	Reporting period, frequency and contact point	Sustainability and financial annual reporting period: 1 January 2022 to 31 December 2022 Report publication: 3 March 2023 Contact: csr.contact@gsk.com
2-4	Restatements of information	Demerger: 2019-21 comparative results restated to reflect the demerger of our Consumer Healthcare business, unless otherwise specified. Other restatements of information are detailed where relevant for specific data points throughout the report.
2-5	External assurance	Independent limited assurance statements, pages 49-55
2-6	Activities, value chain and other business relationships	Sector: Healthcare, Pharmaceuticals Annual report, Business model, page 8 Changes compared to the previous reporting period: Following the demerger of our Consumer Healthcare business to form Haleon in July 2022, we are now a fully focused biopharma company.
2-7	Employees	Full-time employees (FTEs) as of 31 December 2022, page 8 Annual Report – Employees by gender, page 63. Changes compared to previous reporting period: Following the demerger of our Consumer Healthcare business to form Haleon in July 2022, we are now a fully-focused biopharma company.
2-8	Workers who are not employees	Not reported
2-9	Governance structure and composition	Annual Report – The Board and GSK Leadership team, page 97 Annual Report – Corporate governance architecture, page 107
2-10	Nomination and selection of the highest governance body	Annual Report – Nominations & Corporate Governance Committee report, page 120
2-11	Chair of the highest governance body	GSK has an independent non-executive Chair of the Board
2-12	Role of the highest governance body in overseeing the management of impacts	Annual Report – Corporate Responsibility Committee report, page 117
2-13	Delegation of responsibility for managing impacts	Annual Report – Corporate Responsibility Committee report, page 117
2-14	Role of the highest governance body in sustainability reporting	Our ESG Performance Report is reviewed by both GSK Leadership Team and the Board
2-15	Conflicts of interest	Annual Report – Directors' conflicts of interest, page 130
2-16	Communication of critical concerns	Annual Report – Board committee reports, page 117
2-17	Collective knowledge of the highest governance body	Annual Report – The Board, page 97
2-18	Evaluation of the performance of the highest governance body	Annual Report – Board performance, page 111
2-19	Remuneration policies	Annual Report – Annual report on remuneration, page 133
2-20	Process to determine remuneration	Annual Report – Annual report on remuneration, page 133
2-21	Annual total compensation ratio	Annual Report – Annual report on remuneration, page 136
2-22	Statement on sustainable development strategy	Annual Report – CEO's statement, page 7
2-23	Policy commitments	Policy positions, including on human rights. Policies are approved at GSK Leadership Team level and apply at Group-level.
2-24	Embedding policy commitments	Corporate responsibility committee
2-25	Processes to remediate negative impacts	Annual Report – Principal risks and uncertainties, page 285 Ethical standards, page 26 Ethics and compliance grievance mechanisms

Appendix continued

GRI indicator	Description	Where to find the information
2-26	Mechanisms for seeking advice and raising concerns	Ethical standards, page 26 Grievance mechanisms
2-27	Compliance with laws and regulations	Annual Report – Audit & Risk Committee report, page 124
2-28	Membership associations	Trade association memberships
2-29	Approach to stakeholder engagement	Materiality Assessment, page 33
2-30	Collective bargaining agreements	People disclosures, pages 34-35 Position on human rights
3-1	Process to determine material topics	Materiality Assessment, page 33
3-2	List of material topics	Materiality Assessment, page 33
3-3	Management of material topics	Materiality Assessment, page 33
Economic performance		
201-1	Direct economic value generated and distributed	Annual Report – Financial statements, page 182
201-2	Financial implications and other risks and opportunities due to climate change	Annual Report – Risk management, page 51 Annual Report – TCFD, page 55
201-3	Defined benefit plan obligations and other retirement plans	Annual Report – Annual report on remuneration, page 132
201-4	Financial assistance received from government	Annual Report – Financial statements, page 182 Annual Report – Share capital and share price, page 233
Anti-corruption		
205-1	Operations assessed for risks related to corruption	Annual Report – Risk management, page 51
205-2	Communication and training about anti-corruption policies and procedures	Ethical standards, pages 26-29
205-3	Confirmed incidents of corruption and actions taken	Ethical standards, pages 26-29
Tax		
207-1	Approach to tax	GSK Tax strategy
207-2	Tax governance, control, and risk management	GSK Tax strategy
207-3	Stakeholder engagement and management of concerns related to tax	GSK Tax strategy
207-4	Country-by-country reporting	GSK Tax strategy
Energy		
302-1	Energy consumption within the organisation	Environment, pages 16-22 Environment, Basis of reporting
302-2	Energy consumption outside of the organisation	Environment, pages 16-22 Environment, Basis of reporting
302-3	Energy intensity	Annual Report, Risk management, page 62 Environment, Basis of reporting
302-4	Reduction of energy consumption	Environment, pages 16-22 Environment, Basis of reporting
302-5	Reductions in energy requirements of products and services	Environment, pages 16-22 Environment, Basis of reporting
Water		
303-1	Interactions with water as a shared resource	Environment, pages 16-22
303-2	Management of water discharge-related impacts	Environment, Basis of reporting
303-3	Water withdrawal	Environment, pages 16-22 Environment, Basis of reporting
303-4	Water discharge	Environment, pages 16-22 Environment, Basis of reporting
303-5	Water consumption	Environment, pages 16-22 Environment, Basis of reporting

Appendix continued

GRI indicator	Description	Where to find the information
Emissions		
305-1	Direct (Scope 1) GHG emissions	Environment, pages 16-22 Environment, Basis of reporting
305-2	Energy indirect (Scope 2) GHG emissions	Environment, pages 16-22 Environment, Basis of reporting
305-3	Other indirect (Scope 3) GHG emissions	Environment, pages 16-22 Environment, Basis of reporting
305-4	GHG emissions intensity	Annual Report, TCFD, page 55 Environment, Basis of reporting
305-5	Reduction of GHG emissions	Environment, pages 16-22 Environment, Basis of reporting
305-6	Emissions of ozone-depleting substances (ODS)	Environment, pages 16-22 Environment, Basis of reporting
305-7	Nitrogen oxides (NOx), sulfur oxides (SOx), and other significant air emissions	Not reported
Waste		
306-1	Waste generation and significant waste-related impacts	Environment, pages 16-22
306-2	Management of significant waste-related impacts	Environment, pages 16-22 Environment, Basis of reporting
306-3	Waste generated	Environment, pages 16-22 Environment, Basis of reporting
306-4	Waste diverted from disposal	Environment, pages 16-22 Environment, Basis of reporting
306-5	Waste directed to disposal	Environment, pages 16-22
Supplier environmental assessment		
308-1	New suppliers that were screened using environmental criteria	Ethical standards, pages 26-29
308-2	Negative environmental impacts in the supply chain and actions taken	Ethical standards, pages 26-29
Employment		
401-1	New employee hires and employee turnover	People disclosures, pages 34-35
401-2	Benefits provided to full-time employees that are not provided to temporary or part-time employees	Life at GSK
401-3	Parental leave	Not reported
Occupational health and safety		
403-1	Occupational health and safety management system	GSK EHS policy
403-2	Hazard identification, risk assessment, and incident investigation	GSK EHS policy
403-3	Occupational health services	GSK EHS policy
403-4	Worker participation, consultation, and communication on occupational health and safety	GSK EHS policy
403-5	Worker training on occupational health and safety	GSK EHS policy
403-6	Promotion of worker health	GSK EHS policy
403-7	Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	GSK EHS policy
403-8	Workers covered by an occupational health and safety management system	GSK EHS policy
403-9	Work-related injuries	People disclosures, pages 34-35 GSK EHS policy
403-10	Work-related ill health	

Appendix continued

GRI indicator	Description	Where to find the information
Diversity and equal opportunity		
405-1	Diversity of governance bodies and employees	Diversity, equity and inclusion, pages 23-25. People disclosures, pages 34-35
405-2	Ratio of basic salary and remuneration of women to men	Gender pay gap report Diversity, equity and inclusion
Human rights and labour rights		
407-1	Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk	GSK position on human rights
408-1	Operations and suppliers at significant risk for incidents of child labour	GSK position on human rights Modern Slavery Act statement
409-1	Operations and suppliers at significant risk for incidents of forced or compulsory labour	GSK position on human rights Modern Slavery Act statement
414-1	New suppliers that were screened using social criteria	Ethical standards, pages 26-29
414-2	Negative social impacts in the supply chain and actions taken	Ethical standards, pages 26-29
Public policy		
415-1	Political contributions	Political advocacy disclosure
Customer health and safety		
416-1	Assessment of the health and safety impacts of product and service categories	Product governance, pages 30-32
416-2	Incidents of non-compliance concerning the health and safety impacts of products and services	Product governance, pages 30-32
Marketing and labelling		
417-1	Requirements for product and service information and labelling	Our code of practice
417-2	Incidents of non-compliance concerning product and service information and labelling	Product governance, pages 30-32
417-3	Incidents of non-compliance concerning marketing communications	Product governance, pages 30-32

SASB indicator	Description	Where to find the information
Drug safety		
HC-BP-250a.1	List of products listed in the Food and Drug Administration's (FDA) MedWatch Safety Alerts for Human Medical Products database	Available via the FDA
HC-BP-250a.2	Number of fatalities associated with products as reported in the FDA Adverse Event Reporting System	Available via the FDA
HC-BP-250a.3	Number of FDA recalls issued, total units recalled	Product governance, pages 30-32
HC-BP-250a.4	Total amount of product accepted for takeback, reuse, or disposal	Not reported
HC-BP-250a.5	Number of FDA enforcement actions taken in response to violations of current Good Manufacturing Practices (cGMP), by type	Product governance, pages 30-32
Counterfeit drugs		
HC-BP-260a.1	Description of methods and technologies used to maintain traceability of products throughout the supply chain and prevent counterfeiting	Product governance, pages 30-32 Position on falsified and substandard healthcare products
HC-BP-260a.2	Discussion of process for alerting customers and business partners of potential or known risks associated with counterfeit products	Product governance, pages 30-32 Position on falsified and substandard healthcare products
HC-BP-260a.3	Number of actions that led to raids, seizure, arrests, and/or filing of criminal charges related to counterfeit products	Not reported

Appendix continued

SASB indicator	Description	Where to find the information
Ethical marketing		
HC-BP-270a.1	Total amount of monetary losses as a result of legal proceedings associated with false marketing claims	Not reported
HC-BP-270a.2	Description of code of ethics governing promotion of off-label use of products	Code of practice for promotional and non-promotional external interactions
Employee recruitment, development and retention		
HC-BP-330a.1	Discussion of talent recruitment and retention efforts for scientists and research and development personnel	Our approach, pages 7-8
HC-BP-330a.2	(1) Voluntary and (2) involuntary turnover rate for: (a) executives/senior managers, (b) mid-level managers, (c) professionals, and (d) all others	People disclosures, pages 34-35
Supply chain management		
HC-BP-430a.1	Percentage of (1) entity's facilities and (2) Tier I suppliers' facilities participating in the Rx-360 International Pharmaceutical Supply Chain Consortium audit programme or equivalent third-party audit programmes for integrity of supply chain and ingredients	GSK is a member of Rx 360 and also conducts audits of third parties Product governance, pages 30-32
Business ethics		
HC-BP-510a.1	Total amount of monetary losses as a result of legal proceedings associated with corruption and bribery	Not reported
HC-BP-510a.2	Description of code of ethics governing interactions with healthcare professionals	Engagement with healthcare professionals
Activity metrics		
HC-BP-000.A	Number of patients treated	Access, pages 9-12 (Patients reached through our access strategies)
HC-BP-000.B	Number of drugs (1) in portfolio and (2) in research and development (Phases 1-3)	Annual Report – Pipeline, products and competition, page 278

Appendix continued

List of products on the WHO List of Prequalified Medicinal Products and Vaccines as part of its Prequalification of Medicines Programme (PQP)

	Type, form and presentation	Date of prequalification
Vaccines		
Engerix	Hepatitis B – Liquid: ready to use vial (one dose)	Thursday, 1 January 1987
Engerix	Hepatitis B – Liquid: ready to use vial (10 doses)	Thursday, 1 January 1987
Engerix	Hepatitis B – Liquid: ready to use vial (20 doses)	Thursday, 1 January 1987
Priorix	Measles, Mumps and Rubella – Lyophilised active component to be reconstituted with excipient diluent before use vial (one dose)	Friday, 9 March 2001
Rotarix	Rotavirus – Liquid: ready to use plastic tube (one dose)	Thursday, 12 March 2009
Rotarix	Rotavirus – Liquid: ready to use applicator (one dose)	Thursday, 12 March 2009
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (one dose)	Wednesday, 8 July 2009
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (two doses)	Wednesday, 8 July 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (10 doses)	Thursday, 29 October 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (20 doses)	Thursday, 29 October 2009
Polio Sabin One and Three	Polio Vaccine – Oral (OPV) Bivalent Types 1 and 3 – Liquid: ready to use vial (10 doses)	Thursday, 29 October 2009
Polio Sabin One and Three	Polio Vaccine – Oral (OPV) Bivalent Types 1 and 3 – Liquid: ready to use vial (20 doses)	Thursday, 29 October 2009
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (one dose)	Friday, 30 October 2009
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (two doses)	Friday, 19 March 2010
Polio Sabin Mono Three (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 3 – Liquid: ready to use vial (10 doses)	Tuesday, 5 October 2010
Polio Sabin Mono Three (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 3 – Liquid: ready to use vial (20 doses)	Tuesday, 5 October 2010
Polio Sabin Mono Two (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 2 – Liquid: ready to use vial (20 doses)	Wednesday, 11 May 2011
Polio Sabin Mono Two (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 2 – Liquid: ready to use vial (10 doses)	Wednesday, 11 May 2011
Priorix	Measles, Mumps and Rubella – Lyophilised active component to be reconstituted with excipient diluent before use vial (two doses)	Wednesday, 21 December 2011
Havrix 1440 Adult	Hepatitis A (Human Diploid Cell), Inactivated (Adult) – Liquid: ready to use vial (one dose)	Friday, 19 July 2013
Havrix 720 Junior	Hepatitis A (Human Diploid Cell), Inactivated (Paediatric) – Liquid: ready to use vial (one dose)	Friday, 19 July 2013
Boostrix	Diphtheria-Tetanus-Pertussis (acellular) – Liquid: ready to use vial (one dose)	Tuesday, 9 July 2013
Menveo	Meningococcal ACYW-135 (conjugate vaccine) – Lyophilised active component to be reconstituted with liquid active component before use. Two vial set (one dose)	Wednesday, 31 July 2013
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (four doses)	Monday, 16 October 2017
Rotarix	Rotavirus – Liquid: ready to use plastic tube (five doses)	Thursday, 14 February 2019
Mosquirix	*Plasmodium falciparum* (Malaria) and Hepatitis B (recombinant, adjuvanted) – Liquid active component to be mixed with second component before use. Two vial set (two doses)	Friday, 15 July 2022
Pharmaceuticals		
Abacavir (sulfate)	HIV – ViiV Healthcare – HA106 (a)	20 March 2002
Abacavir (sulfate)	HIV – ViiV Healthcare – HA107 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA108 (a)	29 May 2002
Zidovudine	HIV – ViiV Healthcare – HA109 (a)	29 May 2002
Lamivudine/Zidovudine	HIV – ViiV Healthcare – HA110 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA114 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA115 (a)	20 March 2002
Lamivudine	HIV – ViiV Healthcare – HA117 (a)	20 March 2002
Lamivudine	HIV – ViiV Healthcare – HA128 (a)	20 March 2002
Dolutegravir (Sodium)	HIV – ViiV Healthcare – HA634 (a)	14 October 2014
Abacavir (sulfate)/Lamivudine	HIV – ViiV Healthcare – HA706 (a)	19 June 2018
Dolutegravir (Sodium)	HIV – ViiV Healthcare – HA768 (a)	1 July 2021
Zanamivir	Influenza – GSK – IN007 (a)	22 September 2009

Appendix continued

ESG reporting criteria

Unless stated otherwise, the data reflects the reporting period of 1 January 2022 to 31 December 2022.

KPI	Definition	Method
Access		
Total community investment (£m)	All donations made by GSK globally for charitable purposes including cash, product, in-kind donations, the value of time donated via the Philadelphia STEM Equity Collective and the management costs associated with charitable programmes.	Donations are only included if they are voluntary and charitable in purpose. Donations are valued in GBP at year-end exchange rates. Product donations are valued at global average cost of goods as reported in year-end results. In-kind donations are valued at the value or cost of the item to GSK not the current external purchase price. Previous years' data is included for comparison but not restated for inflation or exchange rate changes. The methodology used follows the B4SI (formerly LBG) Framework for Corporate Community Investment.
Value of GSK medicine and vaccines provided through our US Patient Assistance Program (COGS in million USD)	The value of medicine and vaccines provided through the GSK and ViiV Healthcare Patient Assistance Programs Foundation which provides medication at no charge to eligible individuals. Patients who receive medications through the Patient Assistance Programs must meet eligibility requirements. These requirements include insurance status, a financial component based on the Federal Poverty Level, being a resident of the US, Puerto Rico or the US Virgin Islands and being treated by a US-licensed healthcare provider.	The GSK and ViiV Patient Assistance Programs Foundation administers 12 Patient Assistance Programs for patients in the US, Puerto Rico and the US Virgin islands. We capture Patient Assistance Program orders for GSK and ViiV Healthcare products through an internal ordering database. The data is captured according to the Wholesale Acquisition Cost of the medicine or vaccine and is coded as 'Free Good Charitable Orders'. This amount is converted to a 'Cost of Goods Sold' amount for reporting purposes. Patient participation varies annually based on current program eligibility criteria, overall healthcare environmental factors and products included in the programs.
Doses of *Rotarix*, *Synflorix* and *Cervarix* vaccines supplied to Gavi (millions)	The number of doses of the *Rotarix*, *Synflorix* and *Cervarix* vaccine that are supplied to Gavi, the Vaccine Alliance.	To calculate the number of doses supplied, we use the number of GSK doses shipped to Gavi supported countries. GSK has been a Gavi supplier since Gavi's inception in 2000.
Doses of OPV vaccines supplied to UNICEF (millions)	The number of doses of the OPV vaccine that are supplied to UNICEF.	To calculate the number of doses supplied, we use the number of GSK doses shipped to countries procuring via UNICEF.
Doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied through the MVIP (millions)	The number of doses of the *Mosquirix* (RTS,S/AS01 E) vaccine donated to the Malaria Vaccine Implementation Programme (MVIP).	To calculate the number of doses supplied, we use the number of GSK doses procured by UNICEF (MVIP's procurement agent) and shipped to MVIP countries (Ghana, Kenya and Malawi). GSK has been supplying *Mosquirix* (RTS,S/AS01 E) – the first and only malaria vaccine – since the beginning of the MVIP in 2019.
Albendazole tablets donated to help eliminate lymphatic filariasis (millions)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to eliminate lymphatic filariasis.	Albendazole tablet shipments are sent from GSK's manufacturing facility to endemic countries. These shipments are entered into a real-time database of donated medicines for neglected tropical diseases. Albendazole tablet donation figures for lymphatic filariasis are aggregated and reported annually through data pulled from this system.
Albendazole tablets donated to help treat intestinal worms (millions)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to treat soil-transmitted helminthiasis (intestinal worms) in school-age children.	Albendazole tablet shipments are sent from GSK's manufacturing facility to endemic countries. These shipments are entered into a real-time database of donated medicines for neglected tropical diseases. Albendazole tablet donation figures for soil-transmitted helminthiasis control are aggregated and reported annually through data pulled from this system.
People with access to a generic dolutegravir product through voluntary licensing agreements ('000)	The total number of people living with HIV currently accessing generic dolutegravir-based products through ViiV Healthcare's voluntary licensing agreements with the Medicines Patent Pool and directly with Aurobindo Pharma.	As a chronic and ongoing treatment, we capture the cumulative number of people with access to dolutegravir, rather than annual data, to avoid duplication. The indicator therefore represents the total number of people living with HIV accessing the treatment at the time of measurement. As a life-long treatment, this number incorporates people that have been receiving ongoing treatment for multiple years. The number is calculated by adding the total number of packs of all generic dolutegravir-based products sold over the previous four quarters. This is then divided by twelve to obtain average monthly sales and estimate the number of people on treatment. Packs of 90 and 60 are converted to 30 pack equivalents (i.e. monthly equivalents for a daily treatment). Data is provided by the Medicines Patent Pool and Aurobindo, through which ViiV's dolutegravir patents are (sub-)licensed.

Appendix continued

KPI	Definition	Method
Access		
Estimated children reached with *Synflorix* through Gavi ('000)	The estimated number of children who have received the *Synflorix* vaccine (for the prevention of pneumococcal infection) through Gavi, the Vaccine Alliance. All children receiving *Synflorix* are under five years of age.	To calculate the estimated number of children reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For Synflorix a full schedule is three doses, and Gavi estimates wastage of 10% in 2017 and 2018, 8% in 2019-22. See: Detailed-product-profiles.xlsx (live.com)
Estimated children reached with *Rotarix* through Gavi ('000)	The estimated number of children who have received the *Rotarix* vaccine (for the prevention of rotavirus) through Gavi, the Vaccine Alliance. All children receiving *Rotarix* are under five years of age.	To calculate the estimated number of children reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For *Rotarix* a full schedule is two doses and Gavi estimates wastage of 5% in 2017 and 2018, 4% in 2019-22. See: Detailed-product-profiles.xlsx (live.com)
Estimated girls reached with *Cervarix* through Gavi ('000)	The estimated number of girls who have received the *Cervarix* vaccine (for the prevention of cervical cancer) through Gavi, the Vaccine Alliance.	To calculate the estimated number of girls reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For *Cervarix* a full schedule is two doses and Gavi estimates 10% wastage. See: Detailed-product-profiles.xlsx (live.com)
Estimated people reached with the Oral Polio Vaccine (OPV) through UNICEF ('000)	The estimated number of people who have received the OPV vaccine for polio procured through UNICEF.	To calculate the estimated number of people reached, we use the number of bivalent OPV (bOPV) and monovalent OPV (mOPV) doses shipped to UNICEF, divided by the number of doses needed to complete a full schedule, with WHO estimated vaccine wastage rates factored in. In outbreak situations, which is where GSK OPV volumes are often used, one dose is usually given to each child. However, as the primary schedule is four doses and children may receive more than one dose through subsequent outbreak campaigns, we use four doses for the calculation in order to be conservative. WHO estimates 20% wastage given that we supply 10 and 20 dose vials, vials are mainly used in campaigns and vials may or may not be used or discarded after vial is opened at the end of the session. See WHO indicative vaccine wastage rates: Revising_Wastage_Concept_Note.pdf (who.int)
Estimated people reached with *Mosquirix* (RTS,S/AS01 E) through the MVIP ('000)	The estimated number of children who have received the *Mosquirix* (RTS,S/AS01 E) vaccine through the Malaria Vaccine Implementation Programme (MVIP).	To calculate the estimated number of children reached, we use the number of GSK doses shipped to MVIP countries (Ghana, Kenya, Malawi), and divide this by the number of doses needed to complete a full schedule (four doses), with WHO estimated vaccine wastage rates (10% for two dose vials used in routine immunisation) factored in. See WHO indicative vaccine wastage rates: Revising_Wastage_Concept_Note.pdf (who.int)
People reached through our US Patient Assistance Programs ('000)	The total number of unique individuals that received GSK and ViiV Healthcare product through all of our Patient Assistance Programs. Patients who receive medications through the Patient Assistance Programs must meet eligibility requirements. These requirements include insurance status, a financial component based on the Federal Poverty Level, being a resident of the US, Puerto Rico or the US Virgin Islands and being treated by a US-licensed healthcare provider.	The GSK and ViiV Patient Assistance Programs Foundation administers 12 Patient Assistance Programs for patients in the US, Puerto Rico and the US Virgin Islands. Each of the 12 US Patient Assistance Programs provides a report at year end, which enables us to consolidate the number of unique patients that received GSK and ViiV Healthcare products throughout the year. Patient participation varies annually based on current program eligibility criteria, overall healthcare environmental conditions and products included in the programs.

Appendix continued

KPI	Definition	Method
Global health and health security		
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	The number of assets progressed through the Global Health pipeline to address priority WHO diseases across GSK's two Global Health hubs – Tres Cantos (Spain), which focuses on therapeutics, and the GSK Vaccines Institute for Global Health (GVGH in Sienna), which focuses on preventative treatment. Priority WHO diseases are defined as diseases and pathogens prioritized for R&D in public health emergency contexts, which distinguishes diseases to the degree they pose the greatest public health risk due to their epidemic potential and/or whether there is no or insufficient countermeasures. GSK uses the following lists: – WHO Priority Pathogen List* – WHO Emergency Diseases List* – WHO Blueprint for Prioritized Disease List* – WHO Essential Medicines List* – UN Sustainable Development Goals *WHO reviews and updates these lists as needs arise and methodologies change.	'Pipeline progression' is defined as the movement of a Global Health asset from one phase to another. GSK recognises progression through the following four categories: – Senior leadership endorsement of business plan for progression – Clinical trial starts ('First Subject, First Visit/Dose') – Business development/in-licensing – Regulatory milestone (i.e. – submission, approval, or launch).
Environment		
For a full list of our environment reporting criteria, please see our Basis of reporting, including full definitions and methodologies.		
Diversity, equity and inclusion		
Gender diversity (%)	The percentage of women broken down by SVP/VP; Director; Manager and all employees. For the total percentage of women in management, 'management' classed as an employee in grade bands 0-6 which includes Managers, Directors, VPs and SVPs.	The data covers the total number of employees who identify as women within our HR system, including active (Full-time/Part-time, Regular/Temporary employees) and non-active (i.e., on Maternity Leave, Paternity Leave, Adoption Leave, etc.). It excludes Agency Temporary Workers ('Contingent Workers' defined as those payrolled via recruitment agencies) and employees with no gender recorded, or if they have indicated 'Prefer not to say'. The percentage is calculated using employee numbers as of 31 December 2022 recorded in our HR system with gender specified as female, within grades 0-6, divided by the total employees in the system.
US and UK ethnic diversity (%)	The percentage of ethnically diverse employees for GSK in the US and UK employee population across SVP/VP level, Director level, Manager level and across all employees. Due to differing ethnic groups across the UK and US employee population, race/ethnic categories are defined according to UK Census and US Federal reporting guidelines.	The data covers the total number of employees in our internal HR system, both active (including Full-time/Part-time, Regular/Temporary employees) and non-active (i.e., on Maternity Leave, Paternity Leave, Adoption Leave, etc.). It excludes Puerto Rico-based employees, Agency Temporary Workers ('Contingent Workers' defined as those payrolled via recruitment agencies) and employees with blank ethnicity and 'Prefer not to say'. The US figures exclude Puerto Rico-based employees given significant differences in ethnic composition of the territory's population relative to the rest of the US. The percentage is calculated using employee numbers as at 31 December 2022 recorded in our HR system who self-identified as ethnically diverse, divided by the total employees in the system.
Ethical standards		
Employees who had concerns raised against them (including current year and prior year open cases)	The number of distinct employees with a disciplinary concern raised against them.	Anyone inside or outside GSK can raise concerns or speak to an independent third party through our integrity lines, confidentially or anonymously. Concerns can also be raised internally by employees, management, or internal monitoring. This data comprises all regular employees and excludes contractors and contingent workers. The data includes the total number of distinct employees with a disciplinary concern raised against them during the reporting period and those employees with disciplinary concerns raised against them from prior year's open cases.
Employees disciplined for policy violations	The number of distinct employees where the outcome of a concern raised resulted in disciplinary action.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Disciplinary action includes a documented warning, termination, or resignation.

Appendix continued

KPI	Definition	Method
Ethical standards		
Breakdown of types of policy violation (%)	The breakdown of the types of policy violations that employees have been disciplined for during the year. Policy violations categories are defined as: – **Anti-Bribery and Corruption** – Anti-Bribery and Corruption – **Cyber Security** – Cyber Security (CSIR) – Continuity of Supply Chain – Supply Chain Continuity – **EHS and Sustainability** – Environment Health and Safety and Sustainability – **Employee Conduct** – Conflict of Interest; Discrimination; Expenses; Harassment; Inappropriate behaviour, Mandatory training – **Employee Relations & HR Policies** – Appeal; Attendance at Work; Capability (Health); Capability (Performance); External Litigation; GSK Performance System; Recruitment and Selection; Restructuring Programmes; Settlement/Mutual Agreement; Working arrangements – **Government Trade Restrictions** – Sanctions and Export Controls – **Product Quality** – Good Manufacturing Practice; Manufacturing Site Resilience; Supply Chain Quality Assurance – **Research and Development and Medical Practices** – Care and Welfare and Treatment of Animals; Data Integrity (nonGxP); Good Laboratory Practices/Good Clinical Practice; Human Biological Sample Management (HBSM); Non-Promotional Engagement; Non-Promotional Engagement; Patient Safety; Public Disclosure; Regulatory Filings – **Safeguard People and Information and Assets** – Communications; Corporate or Financial information, reporting and disclosure; Crisis and Continuity Management; Fraud; Intellectual Property; Privacy – Loss of data; Privacy – Unauthorized Access; Privacy – Unsecured data disclosure; Protection of Physical Assets and Security; Security – People; Security – Places/ Sites; Security - Products/Supply Chain – **Sales and Marketing** – Antitrust; Commercial Practices Funding; Contract Sales Organisation; External Experts; HCP/HCI Transfer of Value; Inappropriate Managerial Direction; Interactions with PAGs/Consumer/Payer groups; Product Promotion; Samples; Speaker Programme – **Tax and Treasury** – Tax; Treasury – **Other** – Any other policy violation types that do not fit into the above categories specified.	This data comprises all regular employees and excludes contractors and contingent workers. Individual employees can be subject to multiple allegations resulting in disciplinary action. Where this is the case, an individual is counted once against each unique category. Employee discipline results from policy violation, and includes Level 1 Sanction, Level 2 Sanction, Level 3 Sanction, Final Warning, Termination, or Resignation and is categorised as appropriate. Outcomes for employees including mediation, demotion and settlement are not included in counts or percentages within categories. These outcome types are not considered disciplinary action and they represent situations in which employees and the company work together towards a solution. All markets, except Germany, utilise a case management system to manage cases and data retention. The German market maintains its own case list which is submitted to the global employee relations team at year end for consolidation and analysis. Case owners regularly utilise published data quality reports to assist in data accuracy regularly. Quarterly internal audits are conducted to address any outstanding data discrepancies.
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	The number of distinct employees where the outcome of a disciplinary concern resulted in termination of employment or voluntary resignation of the employee.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Includes termination of employment or resignation.
Documented warnings	The number of distinct employees where the outcome of a disciplinary concern resulted in a documented warning.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Disciplinary action includes a documented warning (Level 1, 2, 3 sanction or final warning).

Appendix continued

KPI	Definition	Method
Ethical standards		
Open cases awaiting investigation or a disciplinary decision at year end	The number of distinct employees involved in an investigation or a disciplinary decision that is still open and pending an outcome at the end of the reporting period.	This data comprises all regular employees and excludes contractors and contingent workers. This data represents employees that are involved in a disciplinary case that remain open at the end of the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. The outcome of investigations that are still open or awaiting disciplinary action at year end are captured during the subsequent reporting period.
% of employees and complementary workers that complete GSK's mandatory training	The percentage of active employees and/or complementary workers who have been assigned the mandatory training curriculum and completed all training modules.	All active employees (Full-time/Part-time, Regular/Temporary) and complementary workers (i.e., Agency workers, Statement of Work workers, Outsourced workers, etc.) are required to complete our global mandatory learning curriculum called Living our Code which comprises three modules: The Code, Protecting GSK, and Creating an Inclusive Workplace. Additionally, those in high-risk roles or geographic regions complete an additional module: Focusing on anti-bribery and corruption. The percentage is calculated by using training data as of 31 December 2022 (i.e., training due on or before 31 December 2022). This is calculated as the total number of active employees and complementary workers who have been assigned the Living our Code mandatory training and have completed all modules divided by the total population of active employees and complementary workers who have been assigned the Living our Code mandatory training.
% of employees who believe they 'can and do Speak Up if things don't feel right'	The percentage of employees that strongly agreed or agreed with the question 'I can and do speak up if things don't feel right' in the GSK Pulse survey.	Pulse surveys were issued in Q2, Q3 and Q4 2022. A different third of the organisation is targeted by each survey so that the entire employee population of GSK is reached. The score is calculated by using the average score across the surveys. The survey is issued to all regular full-time and fixed-term contract employees in all countries in which GSK operates (excluding Russia and Ukraine). Questions are translated by professional service partners into 23 languages (excluding English).
80% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place.	Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the purchasing of materials directly associated with the production of goods. Out of the total number of 2125 direct suppliers, 138 are high-risk and managed through GSK's EcoVadis Programme. An improvement plan in place is defined as an ongoing improvement plan. GSK requires suppliers to have a minimum EcoVadis score of 40.	Through our EcoVadis Programme, we work with direct high-risk suppliers to help them improve their operations and support their sustainability journey. EcoVadis is an external ratings provider and assesses organisations across four themes: Environment & Community, Labour & Human Rights, Ethics and Sustainable Procurement. A supplier may not have an improvement plan in place because the assessment is in progress, the supplier has committed to participate in the programme but hasn't commenced yet or the supplier hasn't accepted the improvement plan. Where the improvement plan has been implemented and the supplier awaits reassessment to reflect improved score, this is reported as the supplier not having an improvement plan in place. An improvement plan is initiated by the supplier or any of its partners, including GSK, and tracked on the EcoVadis platform. Where required, GSK interacts directly with the supplier to ensure corrective actions are implemented. EcoVadis scorecard data is exported from the EcoVadis platform. In 2022, five suppliers were manually adjusted to group or subsidiary based on the business relationship.

Appendix continued

KPI	Definition	Method
Product governance		
Total regulatory inspections from all health authorities	The number of regulatory inspections of GSK entities from all health authorities.	The data represents Good Manufacturing Practise (GMP)/Good Distribution Practice (GDP) inspections where results have been confirmed.
% of inspections from all regulators with no critical findings or official action indicated	Percentage of the number of regulatory inspections of GSK entities with no critical findings or official action indicated.	Percentage across GMP/GDP where results have been confirmed. The percentage is calculated by the total number of inspections from all regulators with no critical findings or official action indicated divided by the total number of inspections from all regulators multiplied by 100.
Total regulatory inspections from FDA/MHRA/EMA regulators	The number of regulatory inspections by the following regulators of GSK entities: United States Food and Drugs Administration (US FDA); United Kingdom (UK) Medicines Healthcare products Regulatory Agency (MHRA); and European Medicines Agency (EMA) National Competent Authority in the EEA regulators.	The number of regulatory inspections across GMP/GDP inspections based on FDA, MHRA and European regulators (National Competent Authorities) that are inspecting on behalf of EMA regulatory bodies where results have been confirmed.
Number of critical/ major findings by FDA/MHRA/EMA regulators	The number of critical and major findings from regulatory inspections of GSK entities by US FDA, UK MHRA and EMA regulators.	The number of critical and major findings across GMP/GDP on business and products based on US FDA, MHRA and European regulators that are inspecting on behalf of EMA regulatory bodies where results have been confirmed.
Total FDA regulatory inspections	The total number of regulatory inspections of GSK entities by US FDA.	The number of regulatory inspections across GMP/GDP on the business and products based on US FDA regulatory inspections where results have been confirmed. FDA define inspections as 'on-site', therefore paper-based assessments or one-off questions are excluded for the FDA.
Number of FDA observations	The number of observations issued by the US FDA to GSK entities.	The number of findings across GMP/GDP on the business and products based on US FDA regulatory inspections where results have been confirmed.
Number of FDA warning letters	The number of warning letters issued by the US FDA to GSK entities, which led to enforced regulatory actions being required.	The number of GMP/GDP warning letters.
Total number of Class I/II/III external product recalls	The number of external Class I/II/III recalls of product broken down by recall type: – Class I recall: Reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death. – Class II recall: Use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote. – Class III recall: Use of or exposure to a violative product is not likely to cause adverse health consequences. This data includes recalls which may be initiated by GSK or mandated by regulators.	The number of external Class I/II/III recalls across GMP/GDP.
FDA product recalls by business and class	The number of recalls of product from the US market. This includes recalls which may be initiated voluntarily by GSK or mandated by the US FDA or by FDA order under statutory authority. We categorise the data according to which of our businesses it relates (Pharmaceuticals or Vaccines) and according to recall type.	Business units track recalls in their respective systems.

Appendix continued

KPI	Definition	Method
Product governance		
Publicly available trial protocol summaries (register)	The number of trial protocol summaries registered on the external facing GSK trial register (www.gsk-studyregister.com) as part of GSK's internal policy commitment to disclosure of human subject research. This is in addition to the mandatory requirements by regulators for disclosure of protocol registrations.	We report the cumulative number of studies which have protocols registered or results disclosed since the set-up of the GSK trial register in 2004. Studies for which protocol summaries were registered and results summaries were disclosed by GSK are available on the GSK trial register (www.gsk-studyregister.com). The numbers represent the studies which were initiated in 2022 and for which protocol were registered and completed studies with results summaries due in 2022. These numbers are generated through the Transparency report which derives the data from the disclosure system used by the business.
Publicly available trial result summaries (disclose)	The number of trial results summaries posted on the external facing GSK trial register (www.gsk-studyregister.com) as part of GSK's internal policy commitment to disclosure of human subject research. This is in addition to the mandatory requirements by regulators for disclosure of results summaries.	
People disclosures		
Overall turnover (%)	Overall turnover is a measure of GSK employees leaving GSK and does not include internal moves within GSK. The data does not include divestments, including employees divested from the Consumer Health business in 2022.	We calculate the number of leavers during the year as a percentage of the average 2022 permanent headcount. The employee turnover rate includes employees who left the company both voluntarily and involuntarily during the year. The data is updated daily and extracted from our GSK-wide HR platform. The data is based on the effective date of termination and not the termination date. The termination date is the last day of work and the effective date of termination is the first day of termination, i.e. the following day. Therefore, employees with termination dates of 31 December 2022 are not included in this dataset.
Health and safety data **Reportable injury or illness including fatalities**	A GSK reportable injury or illness meets the following criteria: 1. The affected individual is either a GSK employee or worker under direct GSK daily supervision; and 2. The incident is work-related; and 3. The outcome has involved at least one of the following: – Fatality; – Loss of consciousness; – Medical treatment beyond first aid; – Significant occupational injury or occupational illness diagnosed by a physician or other licensed healthcare professional; – Days away from work/restricted days/job transfer; and 4. Must be a new case.	To be consistent in our global reporting, a GSK injury or illness meets these listed criteria. These criteria are different from national regulatory reporting requirements which vary across the world.
Lost time	A lost time incident is one that has resulted in either days away from work or a job transfer or restriction when the employee is unable to perform one or more routine activities.	Lost time days are counted from the day following the incident.
Hours worked	The total number of hours worked by all employees including full time employees and directly supervised agency staff.	Hours worked is calculated based on the number of working days in a year, the length of an average workday, and the number of employees by site as provided by GSK Human Resources.

Independent Limited Assurance Report

to the Directors of GSK plc

GSK plc ("GSK") commissioned DNV Business Assurance Services UK Limited ("DNV", "us" or "we") to conduct a limited assurance engagement over Selected Information presented in the ESG Performance Report 2022 (the "Report"), for the reporting year ended 31 December 2022.

Our Conclusion: Based on the procedures we have performed and the evidence we have obtained, nothing has come to our attention that causes us to believe that the Selected Information is not fairly stated and has not been prepared, in all material respects, in accordance with the Criteria.

This conclusion relates only to the Selected Information, and is to be read in the context of this Independent Limited Assurance Report, in particular the inherent limitations explained overleaf.

Our observations and areas for improvement will be raised in a separate report to GSK's Management.

Selected information

The scope and boundary of our work is restricted to the key performance indicators included within the Report for the current reporting year (the "Selected Information"), listed below:

- The Environmental Social and Governance (ESG) performance data included within the Report (the "Selected Information") for the reporting year 2022 listed in **Appendix 1** of this document.
- The overall ESG Performance Rating score relating to GSK's performance against 2022 targets as listed on pages 4 - 6 of GSK's 2022 ESG Performance Report.

To assess the Selected Information, which includes an assessment of the risk of material misstatement in the Report, we have used GSK's Reporting Criteria, ESG Data Collection and Control Processes, and ESG Performance Rating (the "Criteria"), a summary of which can be found on pages 4, and 42 – 48 of the Report.

We have not performed any work, and do not express any conclusion, on any other information that may be published in the Report or on GSK's website for the current reporting period or for previous periods.

Standard and level of assurance

We performed a limited assurance engagement in accordance with the International Standard on Assurance Engagements (ISAE) 3000 revised – 'Assurance Engagements other than Audits and Reviews of Historical Financial Information' (revised), issued by the International Auditing and Assurance Standards Board. This standard requires that we comply with ethical requirements and plan and perform the assurance engagement to obtain limited assurance.

DNV applies its own management standards and compliance policies for quality control, in accordance with ISO/IEC 17021:2015 - Conformity Assessment Requirements for bodies providing audit and certification of management systems, and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement; and the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. We planned and performed our work to obtain the evidence we considered sufficient to provide a basis for Our Conclusion, so that the risk of this conclusion being in error is reduced but not reduced to very low.

Our competence, independence and quality control

DNV established policies and procedures are designed to ensure that DNV, its personnel and, where applicable, others are subject to independence requirements (including personnel of other entities of DNV) and maintain independence where required by relevant ethical requirements. This engagement work was carried out by an independent team of sustainability assurance professionals. Our multi-disciplinary team consisted of professionals with a combination of environmental and social sustainability assurance experience.

Inherent limitations

All assurance engagements are subject to inherent limitations as selective testing (sampling) may not detect errors, fraud or other irregularities. Non-financial data may be subject to greater inherent uncertainty than financial data, given the nature and methods used for calculating, estimating and determining such data. The selection of different, but acceptable, measurement techniques may result in different quantifications between different entities.

Our assurance relies on the premise that the data and information provided to us by GSK have been provided in good faith. DNV expressly disclaims any liability or co-responsibility for any decision a person or an entity may make based on this Assurance Statement.

Basis of our conclusion

We are required to plan and perform our work in order to consider the risk of material misstatement of the Selected Information; our work included, but was not restricted to:

- Assessing the appropriateness of the Criteria for the Selected Information;
- Conducting interviews with GSK's Management to obtain an understanding of the key processes, systems and controls in place to generate, aggregate and report the Selected Information;
- Performing limited substantive testing on a selective basis of the Selected Information to check that data had been appropriately measured, recorded, collated and reported.
- Recalculating the Selected Information as established by GSK's Criteria;
- Reviewing information provided by GSK's third party contractors;
- Reviewing that the evidence, measurements and the scope provided to us by GSK for the Selected Information is prepared in line with the Criteria;
- Reading the Report and narrative accompanying the Selected Information within it with regard to the Criteria.

Responsibilities of the Directors of GSK and DNV

The Directors of GSK have sole responsibility for:

- Preparing and presenting the Selected information in accordance with the Criteria;
- Designing, implementing and maintaining effective internal controls over the information and data, resulting in the preparation of the Selected Information that is free from material misstatements;
- Measuring and reporting the Selected Information based on their established Criteria; and
- Contents and statements contained within the Report and the Criteria.

Our responsibility is to plan and perform our work to obtain limited assurance about whether the Selected Information has been prepared in accordance with the Criteria and to report to GSK in the form of an Independent Limited Assurance Conclusion, based on the work performed and the evidence obtained. We have not been responsible for the preparation of the Report.

DNV Business Assurance Services UK Limited
London, UK
10 March 2023

DNV Business Assurance

DNV Business Assurance Services UK Limited is part of DNV – Business Assurance, a global provider of certification, verification, assessment and training services, helping customers to build sustainable business performance.
www.dnv.co.uk/BetterAssurance

Appendix 1: Selected Information

Access

People reached through our Product reach target

- People with access to a generic dolutegravir product through voluntary licensing agreements (‘000)
- Estimated children reached with Synflorix through Gavi ('000)
- Estimated children reached with Rotarix through Gavi ('000)
- Estimated girls reached with Cervarix through Gavi ('000)
- Estimated people reached with OPV through UNICEF ('000)
- Estimated people reached with Mosquirix (RTS,S/AS01 E) through the MVIP ('000)
- *Total People Reached*
- Doses of Synflorix vaccines supplied to Gavi (million)
- Doses of Rotarix vaccines supplied to Gavi (million)
- Doses of Cervarix vaccines supplied to Gavi (million)
- Doses of OPV vaccines supplied to UNICEF (million)
- Doses of Mosquirix (RTS,S/AS01 E) vaccines supplied to the MVIP (million)
- Albendazole tablets donated to help eliminate lymphatic filariasis (millions)
- Albendazole tablets donated to help treat intestinal worms (millions)

Community investment

- Total Community Investment (million £)
    - Cash (million £)
    - Product and in-kind (million £)
    - Time (million £)
    - Management costs (million £)
- People reached through our US Patient Assistance Program ('000)
- Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation (million USD)

Global health and health security

- Number of assets progressed through the global health pipeline to address priority WHO diseases

Inclusion and diversity

US ethnic diversity - broken down by SVP/VP; Director; Manager; All employees

- Ethnically diverse total

UK ethnic diversity - broken down by SVP/VP; Director; Manager; All employees

- Ethnically diverse total

Gender diversity - broken down by SVP/VP; Director; Manager; All employees

- Total women in management

Governance:

Product Governance:

Regulatory inspections:

- Total regulatory inspections from all health authorities
- % of inspections from all regulators with no critical findings or official action indicated
- Total regulatory inspections from FDA/MHRA/EMA regulators
- Number of critical/major findings by FDA/MHRA/EMA regulators
- Total FDA regulatory inspections
- Number of FDA observations
- Number of FDA warning letters

Product recalls:

- Total product recalls:
    - Total number of Class I external product recalls
    - Total number of Class II external product recalls
    - Total number of Class III external product recalls

FDA product recalls by business and class:

- *Pharmaceuticals business*
    - Class I product recalls
    - Class II product recalls
    - Class III product recalls
- *Vaccines business*
    - Class I product recalls
    - Class II product recalls
    - Class III product recalls

Register and disclose all human subject research of GSK products:

- Publicly available trial protocol summaries (register)
- Publicly available trial result summaries (disclose)

Ethical Standards

- % of employees and CWs that complete GSK's 2022 mandatory training
- % of employees who believe they "can and do Speak Up if things don't feel right"
- % of direct high-risk suppliers achieving an EcoVadis score of 40 or have an improvement plan in place

# of employees leaving GSK's employment for misconduct in the last 12 months:

- Employees who had concerns raised against them (including current year and prior year open cases)
- Employees disciplined for policy violations
- *Breakdown of types of policy violation*
    - Employee conduct
    - Sales and marketing
    - Product quality
    - Safeguarding people and information and assets
    - Employee relations
    - Research and development and medical practices
    - Anti-bribery and corruption
    - Computer and data breach security
    - EHS and sustainability
    - Other
- Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct
- Documented warnings
- Open cases awaiting investigation or a disciplinary decision at year end

People Disclosures:

- Number of fatalities (employees and complementary workers under GSK direct supervision)
- Fatalities (contractors not under GSK direct supervision)
- Reportable injuries with lost time
- Reportable illnesses with lost time
- Lost time reportable injury rate
- Lost time reportable illness rate
- Reportable injuries with and without lost time
- Reportable illnesses with and without lost time
- Reportable injury rate
- Reportable illness rate
- Reportable injury and illness rate
- Hours worked
- Overall turnover (%)

Independent Limited Assurance Report to the Directors of GSK plc

Independent Limited Assurance Report by Deloitte LLP to the Directors of GSK plc on selected Environmental, Social and Governance ("ESG") metrics (the "Selected Information") within the Annual Report and Accounts and Environmental, Social and Governance ("ESG") Performance Report for the year ending 31 December 2022.

What we found: Our assurance conclusion

Based on our procedures described in this report, and evidence we have obtained, nothing has come to our attention that causes us to believe that the Selected Information, as listed below and indicated with a * in the Annual Report and Accounts and ESG Performance Report, has not been prepared, in all material respects, in accordance with the Applicable Criteria as defined in the Basis of Reporting prepared and published by GSK plc at ESG resources | GSK.

What we looked at: scope of our work (Revised as per the "Other Matters") section below

GSK plc has engaged us to provide independent limited assurance in accordance with International Standard on Assurance Engagements 3000 (Revised) *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* ("ISAE 3000 (Revised)") and International Standard on Assurance Engagements 3410 *Assurance Engagements on Greenhouse Gas Statements* ("ISAE 3410"), issued by the International Auditing and Assurance Standards Board ("IAASB") and our agreed terms of engagement.

The Selected Information in scope of our engagement, as listed below and indicated with a * in the Annual Report and Accounts and ESG Performance Report is as follows:

Selected Information	Units	Assured Value
Scope 1 emissions	Tonnes CO_2e	626,418
Scope 2 emissions – Market Based	Tonnes CO_2e	88,368
Scope 2 emissions – Location Based	Tonnes CO_2e	264,677
Total Scope 1 and 2 Market Based emissions	Tonnes CO_2e	714,786
Total energy for operations	GWh	2,759
Purchased Renewable electricity	GWh	697
Onsite renewably generated electricity	GWh	18
Emissions from use of propellant based inhalers by patients	Tonnes CO_2e	5,428,814
Total water use at high water risk sites	Cubic metres	322,275
Total wastewater discharged	Cubic metres	5,905,274
Total water use	Cubic metres	7,516,848

The Selected Information, as listed in the above table,needs to be read and understood together with the Applicable Criteria set out in the Basis of Reporting at ESG resources | GSK.

Inherent limitations of the Selected Information

We obtained limited assurance over the preparation of the Selected Information in accordance with the Applicable Criteria. Inherent limitations exist in all assurance engagements.

Any internal control structure, no matter how effective, cannot eliminate the possibility that fraud, errors or irregularities may occur and remain undetected and because we use selective testing in our engagement, we cannot guarantee that errors or irregularities, if present, will be detected.

The Applicable Criteria as defined by GSK plc within their Basis of Reporting, the nature of the Selected Information, and absence of consistent external standards allow for different, but acceptable, measurement methodologies to be adopted which may result in variances between entities. The adopted measurement methodologies may also impact comparability of the Selected Information reported by different organisations and from year to year within an organisation as methodologies develop.

Other matters

The initial Selected Information in scope of our engagement included Waste Metrics, as defined below. During the course of our work, it became clear that we would be unable to obtain the evidence needed to support a conclusion in respect of the Waste Metrics. As described on page 22, management concluded that significant remediation is required in the measurement and reporting of Waste Metrics and asked us to remove them from the scope of our engagement.

Waste Metrics are defined as:

- Total circular waste %
- Total waste generated (tonnes)
- Total waste recovered by a circular route (tonnes)
- Total waste sent to landfill (tonnes)

Directors' responsibilities

The Directors are responsible for preparing an Annual Report and Accounts which complies with the requirements of the Companies Act 2006 and for being satisfied that the Annual Report and Accounts and ESG Performance Report, taken as a whole, is fair, balanced and understandable.

The Directors are also responsible for:

- Making available all necessary records, correspondence, information and explanations necessary to allow the successful completion of the Services;
- Selecting and/or establishing suitable criteria for preparing the Selected Information;
- Measuring and reporting the Selected Information in accordance with the applicable criteria;
- Designing, implementing and maintaining internal processes and controls over information relevant to the preparation of the Selected Information that are free from material misstatement, whether due to fraud or error; and
- Taking reasonable steps for the prevention and detection of fraud and other irregularities.

Our responsibilities

We are responsible for:

- Independently expressing a conclusion as to whether, based on our assurance procedures, anything has come to our attention which causes us to believe that the Selected Information set out above has not been prepared, in all material respects, in accordance with the applicable criteria for the year ended 31 December 2022.

Our independence and competence

In conducting our engagement, we complied with the independence requirements of the FRC's Ethical Standard and the ICAEW Code of Ethics. The ICAEW Code is founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

We applied the International Standard on Quality Management 1 ("ISQM 1"), issued by the Financial Reporting Council. Accordingly, we maintained a comprehensive system of quality including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

What we did: key procedures

We are required to plan and perform our work to address the areas where we have identified that a material misstatement of the description of activities undertaken in respect of the Selected Information is likely to arise. The procedures we performed were based on our professional judgement. In carrying out our limited assurance engagement on the description of activities undertaken in respect of the Selected Information, we performed the following procedures:

- Performed enquires and interviews with management to understand how the applicable criteria have been applied in the preparation of the selected information;
- Understood internal controls, the quantification process and data used in preparing the selected information, the methodology for gathering qualitative information, and the process for preparing and reporting the selected information;
- Inspected documents relating to the selected information, including board committee minutes, to understand the level of management awareness and oversight of the selected information;
- Considered the risk of material misstatement of the selected information, including analytical review procedures;
- Performed procedures over the selected information, including recalculation of relevant formulae used in manual calculations and assessment of whether the data was appropriately consolidated;
- Performed procedures over underlying data on a sample basis to assess whether the data was collected and reported in accordance with the applicable criteria, including verifying to source documentation;
- Performed procedures over the selected information including assessing management's assumptions and estimates;
- Performed site visit to a selection of operational sites to understand the processes in place;
- Read the reports and narrative accompanying the selected information with regard to the applicable criteria, and for consistency with our findings; and
- Accumulated misstatements and control deficiencies identified and assessed whether material.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance

obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Use of our report

This report is made solely to the Directors of GSK plc in accordance with ISAE 3000 (Revised) and ISAE 3410 and our agreed terms of engagement. Our work has been undertaken so that we might state to the Directors of GSK plc those matters we have agreed to state to them in this report and for no other purpose.

Without assuming or accepting any responsibility or liability in respect of this report to any party other than GSK plc and the Directors of GSK plc, we acknowledge that the Directors of GSK plc may choose to make this report publicly available for others wishing to have access to it, which does not and will not affect or extend for any purpose or on any basis our responsibilities. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than GSK plc and the Directors of GSK plc as a body, for our work, for this report, or for the conclusions we have formed.

Deloitte LLP
London, UK
09 March 2023