ESG Performance Report 2021

In this report we publish our performance on each of our 13 Trust commitments. The report also includes our reporting on the following reporting standards:

SASB: We publish Sustainability Accounting Standards Board (SASB) index to illustrate how our report aligns with the Biotechnology and Pharmaceutical Industry guidelines.

GRI: While we do not base our report on the Global Reporting Initiative (GRI) guidelines, we have produced a GRI index to show which elements of the GRI Standards are covered in our 2021 reporting.

UNGC: GSK is a signatory to the UN Global Compact (UNGC) and this report contains our annual Communication on Progress.

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 on topics including:

Materiality assessment

Sustainable Development Goals

Patient group funding

Trade association memberships

Charitable grant contributions

Criteria for working with Public Policy Groups

Modern Slavery Act Statement

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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', 'estimate', 'expect', 'intend', 'will', 'project', 'plan', 'believe', 'target' 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 (SEC). 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 presentation, could cause actual results to differ materially from those expressed or implied in any forward-looking statement.

Our Trust priority

Trust is one of our three long-term priorities. The more trust we build, the better we perform and the more value we create for shareholders and society.

Our Trust priority covers our work across environmental, social and governance (ESG) factors, and it's integral to our overall strategy. Our approach to ESG helps us deliver sustainable performance and long-term growth, as well as building trust with our stakeholders. It also reduces risk to our operations and helps us make a positive social impact.

We have 13 commitments (detailed below) in the ESG areas where we can make the biggest difference. The commitments help us respond to challenges and opportunities in our industry and broader society. They also contribute to many of the UN Sustainable Development Goals, especially Goal 3: to ensure healthy lives and promote wellbeing for all, at all ages.

⊕ gsk.com: Our contribution to the SDGs

ESG governance

Our Board-level Corporate Responsibility (CR) Committee oversees our progress against our commitments and how we're addressing the views and expectations of our stakeholders. The GSK Leadership Team and senior management are responsible for delivery of our Trust commitments and report regularly to the CR Committee on progress (see page 104 of our Annual Report).

External benchmarking

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

- **Dow Jones Sustainability Index (DJSI):** 1st in pharmaceutical industry group for 2021
- **S&P Global Sustainability Award:** Gold Class 2022
- **Access to Medicines Index (ATMI):** Ranked 1st in ATMI in 2021, and an industry leader in the 2021 Antimicrobial Resistance Benchmark
- **FTSE4Good:** Member of FTSE4Good Index since 2004
- **CDP:** A- in Climate Change, B in Water, B in Forests (palm oil and timber) and Supplier Engagement Leader
- **Sustainalytics:** Low rating
- **MSCI:** AA rating
- **Vigeo Eiris:** Ranked 2nd in the pharmaceuticals sector

Using our science and technology to address health needs

New medical innovations

Develop differentiated, high-quality and needed medicines, vaccines and consumer healthcare products to improve health

Global health

Improve global health impact through R&D for infectious diseases that affect children and young people in low-income countries, focusing on HIV, malaria and TB

Health security

Help the world to better prepare for future disease outbreaks with pandemic potential, and tackle antimicrobial resistance

Making our products affordable and available

Pricing

Improve the health of millions of people each year by making our products available at responsible prices that are sustainable for our business

Product reach

Use access strategies to reach 800 million underserved people in low-income countries with our products by 2025

Healthcare access

Partner to improve disease prevention, awareness and access to healthcare services by 12 million people by 2025

Being a modern employer

Engaged people

Achieve and maintain a competitive employee engagement score by 2022

Inclusion and diversity

Accelerate our progress on inclusion and diversity, including aspirational targets for female and ethnically diverse representation in senior roles by end 2025, and recognition as a disability confident employer and in LGBT+ indices

Health, wellbeing and development

Be a leading company in how we support employee health, wellbeing and personal development

Being a responsible business

Reliable supply

Commit to quality, safety and reliable supply of our products for patients and consumers

Ethics and values

Operate an ethical, values-driven culture, in which any issues are responded to swiftly and transparently

Data and engagement

Use data responsibly and transparently. Improve patient and scientific engagement

Environment

Have a net zero impact on climate, and a net positive impact on nature by 2030

Science and technology

We are committed to using our science and technology to address health needs. Innovation is at the core of who we are and what we do, and we have a unique opportunity to impact global health – from the prevention and treatment of infectious diseases to urgent public health threats, such as the growing resistance to antibiotics.

New medical innovations

Our commitment is to develop differentiated, high-quality and needed medicines, vaccines and consumer healthcare products to improve health.

We use science and technology to discover and develop innovative medicines, vaccines and consumer healthcare products. See more about our R&D on pages 17-28 of our Annual Report, including treatments and vaccines for COVID-19.

gsk.com: GSK 2021 Annual Report

Global health R&D

Our commitment is to improve global health impact through R&D for infectious diseases that affect children and young people in low-income countries (LICs), focusing on HIV, malaria and tuberculosis.

Our approach to global health is science-led, prioritising areas where we can make the most impact, and address the greatest global need. We work with partners to ensure that access to our innovation is tackled from the lab to the patient. Partnering also means we share financing and risk in a way that's sustainable for the long term.

We have two global health research centres: our Vaccines Global Health Institute (GVGH) in Siena in Italy discovers effective and affordable new global health vaccines and our Pharma R&D unit in Tres Cantos in Spain works on potential new global health medicines. Both centres focus on serious but neglected infectious diseases in low income countries (LICs) and lower middle income countries (LMICs) including malaria, TB and enteric infectious diseases. In August 2021, we integrated our Pharma and Vaccines R&D units, along with our teams focusing on product access and capability building into a new, single Global Health group.

Tuberculosis

Tuberculosis remains the world's leading infectious disease killer. We are the industry leader in two public-private research consortiums – ERA4TB and Unite4TB – developing novel regimens for drug-resistant TB. Unite4TB, the newest project of the Innovative Medicines Initiative (IMI) AMR Accelerator, aims to accelerate and improve clinical evaluation of combinations of existing and novel drugs, and develop new treatment regimens for drug-resistant and drug-sensitive TB. These projects bring together expertise from public sector, industry and academic partners with preclinical candidates from pharmaceutical companies to reduce development time significantly.

Our TB candidate vaccine demonstrated in a phase IIb trial the potential to reduce active pulmonary TB by half in adults with latent TB infection. It has been licensed to the Bill & Melinda Gates Medical Research Institute to further develop it for lower income countries. This type of alliance means we can take a more sustainable approach to global health, focusing our efforts and expertise on science and research, while partnering with others to ensure the onward development and long-term access to key assets.

In 2021, we launched a collaboration with Novartis, Project Africa Gradient, to support scientific research on the link between genetic diversity and patients' response to malaria and TB drugs in three African regions.

Malaria

New tools are needed to reach the WHO's 2030 malaria goals, even more so given the impact of COVID-19.

In October 2021, the WHO recommended broader deployment of our RTS,S/AS01e malaria vaccine to reduce illness and deaths from malaria in children in sub-Saharan Africa and other regions with moderate to high transmission. RTS,S is the first and only vaccine shown in long-term clinical trials to reduce malaria in children. The WHO recommendation followed new data from a study led by the London School of Hygiene & Tropical Medicine. It showed the vaccine, combined with seasonal antimalarials, lowers clinical episodes of malaria, hospital admissions with severe malaria, and deaths by around 70% compared to the antimalarials alone.

We are working with partners to make sure there's equitable and long-term access to RTS,S. In December 2021, Gavi announced its decision to provide funding for the procurement and introduction of the vaccine into routine child immunisation programmes in Gavi eligible countries. GSK has committed to supply up to 15 million doses annually, in addition to the 10 million doses for use in pilot programmes in Malawi, Kenya and Ghana. To secure long term supply, a product transfer is also underway with Bharat Biotech of India, which will become the sole supplier of the vaccine in 2029. GSK will continue to supply the adjuvant (AS01e) to Bharat.

HIV

Paediatric HIV remains a global issue, with children disproportionately affected by the epidemic. The availability of age-appropriate treatment options is essential for children around the world to access the right care. Less than a year after the US FDA approval of this treatment in 2020, a generic dolutegravir dispersible tablet was made available in key sub-Saharan African countries, facilitated by our public-private partnership with the Clinton Health Access Initiative, Unitaid and two generic manufacturers: Mylan (now part of Viatris Group) and Macleods.

Subsequently, in October 2021, we made a regulatory submission for US FDA approval of the first dispersible single tablet regimen containing dolutegravir, abacavir and lamivudine, for children with HIV, in a bid to provide further simplified treatment options for younger children living with HIV.

Other infectious diseases

Shigella is the second biggest cause of morbidity and mortality from diarrhoea worldwide after rotavirus, and no approved vaccine is widely available. Antimicrobial resistance is making current treatments against shigellosis less and less effective. In October 2021, the first subjects were vaccinated with our quadrivalent shigella vaccine candidate, in a first-time-in-human, clinical phase I/II study. Our goal is to develop an affordable vaccine giving broad protection against the most prevalent shigella serotypes by using an innovative technology called GMMA (Generalized Modules for Membrane Antigens). GMMA involves a simple and scalable production process, which is key for vaccines designed for use in low-income countries.

We have also partnered with the Bill and Melinda Gates Foundation, the Wellcome Trust and CARB-X to start clinical development of three GMMA-based vaccines for salmonella and shigella, effectively creating the industry's largest vaccine pipeline to protect children in low-income countries from enteric and diarrheal diseases.

Science and technology continued

We are developing gepotidacin, a novel mechanism topoisomerase inhibitor, for uncomplicated urinary tract infections (uUTI) and gonorrhea, in partnership with the Biomedical Advanced Research and Development Authority (BARDA) in the US. This is the first time a new oral antibiotic has addressed these infections in over 20 years. Gepotidacin is currently in phase III.

Health security

Our commitment is to help the world to better prepare for future disease outbreaks with pandemic potential, and tackle antimicrobial resistance.

Keeping health systems resilient to infectious disease threats helps to protect people, as well as our operations. That is why we're working to help prevent and mitigate antimicrobial resistance (AMR) and strengthen pandemic preparedness.

We have taken a broad approach to developing COVID-19 solutions. To see how we apply our science to tackling the virus, see page 21 of our Annual Report.

gsk.com: GSK 2021 Annual Report

Future pandemic preparedness

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

We were one of five companies to sit on the Pandemic Preparedness Partnership Steering Group, convened by the UK Government in 2021. It brought together industry, international organisations and experts to advise G7 governments on how to speed up the response to a future pandemic.

In 2021, the Trinity Challenge – of which we were a founding member - announced the winners of its inaugural competition to find innovative ways to better predict and prevent outbreaks of disease, using data and analytics. Winners included the VaccineLedger, which tracks vaccines from manufacture to patient using blockchain technology.

Tackling antimicrobial resistance

AMR poses an urgent threat to public health and modern healthcare. The COVID-19 pandemic has potentially exacerbated the emergence of AMR by disrupting health services like routine immunisation and contributing to resistance through overuse and misuse of antibiotics.

With our expertise in pharmaceuticals and vaccines, we are committed to R&D to prevent and treat viral and bacterial infections. We also promote effective stewardship of existing and new antibiotics and enable access to them. Our commitments are recognised by the Access to Medicine Foundation's AMR Benchmark with GSK an industry leader for the third consecutive time in 2021. The benchmark highlighted in particular the diversity and depth of our R&D pipeline, particularly our AMR-relevant vaccines.

We have 31 R&D projects relevant to AMR, about half of them vaccines – we continue to see vaccination as a critical tool to combat AMR. Eleven of these projects target pathogens deemed 'critical' and 'urgent' by WHO and the US Centers for Disease Control and Prevention (CDC). See page 22 of our Annual Report for more about our R&D pipeline.

We continue to train healthcare professionals around the world on using and prescribing antibiotics appropriately, and the importance of surveillance studies. We continue to work with the AMR Industry Alliance to set global limits for wastewater antibiotic discharges from factories. For more on our progress here, see page 15 on water.

gsk.com: Preparing for future disease threats • GSK 2021 Annual Report

Affordability and availability

We are making our products affordable and available to more people around the world through responsible pricing, access programmes and partnerships.

Pricing

Our commitment is to improve the health of millions of people each year by making our products available at responsible prices that are sustainable for our business.

In developed markets, pricing of all our new products reflects the value they deliver to patients, healthcare systems and wider society compared to available alternatives, and supports our work to meet future healthcare needs. We offer various types of patient support, including patient assistance programmes, coupon and co-pay programmes, and reimbursement support to help ensure appropriate access to our medicines. In the US during 2021, we provided prescribed medicines and vaccines to more than 87,000 low-income uninsured, underinsured, and Medicare Part D patients through GSK and ViiV Healthcare's Patient Assistance Programs Foundation.

We engage with many stakeholders to support sustainable healthcare systems and continued access to our innovative medicines. For example, in Europe the pricing of *Zejula*, our medicine for ovarian cancer, reflects the value it delivers to patients, caregivers, payers and society.

In LICs and LMICs, we use pricing structures to extend product reach (see below). Our tiered pricing for vaccines is based on four widely-recognised World Bank gross national income country classifications: high, upper-middle, lower-middle and low-income. We set price ceilings and floors for each tier, which progressively decrease in line with national income classification. For medicines in LICs, 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.

Pricing and access of our COVID-19 treatments and vaccine collaborations

Our approach to pricing for any COVID-19 treatments and vaccines that we develop recognises the unprecedented scale of COVID-19 and the huge impact it is having on the world's population and health systems; while striking a balance between supporting the sustainability of our business model. We have made a series of commitments in relation to any COVID-19 vaccine collaborations, if successful, including that we do not expect to profit from our adjuvant contribution during the pandemic. We will re-invest profits made on sales of our adjuvant during the COVID-19 pandemic phases to support coronavirus-related research and long-term global pandemic preparedness. For our cutting-edge innovation in COVID-19 therapeutics we will price responsibly to recognise the level of innovation and investment made, supported by study results and in-line with appropriate treatment alternatives. For more on our commitments in relation to COVID-19 treatments and vaccines, see gsk.com.

⊕ gsk.com: Our contribution to COVID-19

Product reach

Our commitment is to use access strategies to reach 800 million under-served people in lower income countries with our products by 2025.

Through collaborations with partners, our products have reached over 323 million people since we set our product reach target in 2018.[1]

Our commitment to Gavi

Our tiered pricing policy means we reserve our lowest vaccine prices for organisations such as Gavi, the international alliance to improve access to vaccines. We have been a partner of Gavi since its founding in 2000 and have supplied it with more than 945 million doses since 2010, helping to protect millions of children.

Our partnership includes supplying *Cervarix*, a critical tool in lower income countries for addressing cervical cancer, which accounts for the majority of the disease burden. In 2021, we also supplied our pneumococcal vaccine, *Synflorix*, to seven Gavi-eligible countries at a discounted price. Our *Rotarix* vaccine against rotavirus reaches children across 32 Gavi-eligible countries and four former Gavi countries.

In March 2021, we also committed to supply *Rotarix* through the Humanitarian Mechanism for civil society organisations serving refugee and other emergency situations. This will protect some of the children most vulnerable to severe diarrhoeal disease. The agreement builds on our existing commitment to the Humanitarian Mechanism for our pneumococcal vaccine, *Synflorix*.

We are a long-standing supplier of oral polio vaccines (OPV) to UNICEF and in 2021 supplied 80 million doses to help eradicate polio.

Voluntary licensing

ViiV Healthcare 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. There are similar agreements with 14 generic manufacturers for children, covering 123 countries.

As a result of these voluntary licence agreements, at least 21.3 million people living with HIV across 119 LICs and LMICs had access to a generic product containing dolutegravir by the end of 2021. This is at least 87% of people living with HIV on antiretrovirals in low and middle-income countries.

Product donations

Since 1999, we have donated over ten billion albendazole tablets to the WHO, including 526.4 million in 2021, to support efforts to end lymphatic filariasis (LF) and control intestinal worms (soil-transmitted helminths, or STH) in school-age children. According to the latest data from the WHO, this has benefited over 925 million people since the programme began. In 2020, 358.8 million people were treated through the LF programme in 28 countries, including over 120 million children.

1 Total excludes reach through albendazole donations which will be assessed in 2025.

Affordability and availability continued

Healthcare access

Our commitment is to improve disease prevention, awareness and access to healthcare services for 12 million people by 2025.

We passed this target in 2020 and have now reached 13.9 million people through our partnerships. Over the next year we're developing an ambitious global health strategy for GSK which will include setting a new target.

We foster global and local partnerships to strengthen health systems and help health innovations reach patients in low-income countries. We do this with partners including Save the Children and AMREF, and through ViiV's Positive Action programme. We want these partnerships to be sustainable and scalable, leading to long-term improvements in health even after our involvement ends.

To support communities affected by HIV, and those leading HIV prevention, ViiV Healthcare established the HIV Prevention Fund in 2021 to further support national and regional efforts to end AIDS by 2030. The programme is focused on capacity building and advocacy efforts of HIV prevention advocates.

ViiV Healthcare's Positive Action programme

ViiV Healthcare Positive Action programme launched its first annual report to track progress against their 2020-30 strategy. This aims to explore ways to support people-centred and community-led interventions to help meet the UN targets to end AIDS by 2030.

Overall, in 2021 the programme has invested more than £6.5 million, reaching approximately 274,000 people and funding 66 grants across 28 countries.

Strengthening healthcare systems

Health systems are under pressure from COVID-19. Global disparities in the ability to overcome these challenges demand fast action to build more resilience and develop partnerships to deliver healthcare where it's needed most. We're working with Save the Children, Amref Health Africa and CARE International to meet this need in low and middle-income countries.

Our partnership with Save the Children aims to cut the number of children dying from preventable and treatable diseases by running long-term health programmes, strengthening healthcare systems and finding new treatments. In 2021, we increased our emergency preparedness and response capabilities, investing in data analytics and early action protocols to provide efficient and timely healthcare in crises.

Training front-line health workers

Since 2011, our partnership with Save the Children, Amref Health Africa and CARE International has trained 108,000 front-line health workers, reaching over 17.3 million people with prevention and treatment for infectious diseases, plus maternal/child healthcare, vaccination, hygiene, sanitation and nutrition.

Through our collaboration with the Gates CEO Roundtable Health worker training programme, we're also working with the Bill & Melinda Gates Foundation, Pfizer, J&J, Novartis and Lilly to train health workers in six African countries. The programme is on track to train 2,550 workers by 2022, as well as establish a mobile learning platform.

Our partnership with Amref Health Africa launched a TB and malaria programme in Ethiopia and Kenya in 2021 to improve education, diagnosis and treatment for under-served communities disproportionately affected by the pandemic and later complemented by a specific paediatric HIV testing component funded by ViiV Healthcare's Positive Action programme. This trains health workers and managers to strengthen health systems and increase access to quality healthcare, as well improving laboratory testing and diagnostics, surveillance, information systems and supply chains.

	2018	2019	2020	2021	Notes
Community investment					
Cash (million £)	79	84	94	**83.8**	
Product and in-kind (million £)[1]	132	155	139	**158.9**	
Time (million £)[2]	3	2	0.1	**0.2**	
Management costs (million £)	10	22	18	**17.3**	
Total	224	263	250	**260.2**	Assured by DNV
Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation (million USD)[1,3]	122	145.7	151.1	**186**	Assured by DNV
US pricing					
1 Year Change in List and Net Price					
Change in combined average net price for our pharmaceutical and vaccines portfolio in the US since the previous year[4]	–	-5.0%	-0.7%	**+5.5%**	
Change in average list price in the US since the previous year[4]	–	+2.5%	+3.2%	**+3.8%**	
5 Year List and Net Price CAGR (Compounded Growth Rate)		**2015-19**	**2016-20**	**2017-21**	
Change in net price (after discounts, rebates or other allowances) for our products in the US over the past 5 years.[4]	–	-4.0%	-3.2%	**-2.0%**	
Change in average list price in the US over the past 5 years[4]	–	+6.4%	+5.7%	**+4.6%**	

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 pandemic.
3 This product donation is included within the total Community Investment figures reported.
4 Calculated across GSK and ViiV Healthcare products.

Affordability and availability continued

People reached through our Product reach target[1]	2018-2020	2021	Total	Notes
People with access to a generic dolutegravir product through voluntary licensing agreements (‘000)	–	**21,296**[2]	**21,296**	Assured by DNV
Estimated children reached with *Synflorix* through Gavi ('000)	58,600	**12,000**	**70,600**	Assured by DNV
Estimated children reached with *Rotarix* through Gavi ('000)	72,900	**23,540**	**96,440**	Assured by DNV
Estimated girls reached with *Cervarix* through Gavi ('000)	1,035	**170**	**1,205**	Assured by DNV
Estimated people reached with the Oral Polio Vaccine (OPV) ('000)	117,400	**16,010**	**133,410**	Assured by DNV
People reached through our US Patient Assistance Programs ('000)	344	**87**	**431**	Assured by DNV
Total people reached (‘000)			**323,382**	
Doses of *Synflorix* vaccine supplied to Gavi (million)	193	**39**		
Doses of *Rotarix* vaccine supplied to Gavi (million)	153	**49**		
Albendazole tablets donated to help eliminate lymphatic filariasis (millions)[3]	1,604	**451**		Assured by DNV
Albendazole tablets donated to help treat intestinal worms (millions)[3]	547	**75**		Assured by DNV
People reached through our Health access target[4]				
People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)	977	**438**[5]	**1,415**	Assured by DNV
People accessing malaria services through our Comic Relief partnership ('000)	3,200	**–**[7]	**3,200**	
Healthcare workers trained through our partners ('000)	41[6]	**–**[7]	**41**	
People accessing a healthcare worker, service or facility as a result of the health worker training programmes ('000)	6,571[6]	**–**[7]	**6,571**	
Healthcare workers trained through the Gates CEO Roundtable programme (‘000)[7]	0.2	**0.3**	**0.5**	
People accessing a healthcare worker, service or facility as a result of the Gates CEO Roundtable programme (‘000)[8]	101	**162**[5]	**263**	Assured by DNV
People reached through ViiV Healthcare’s Positive Action for Children Fund (PACF) grants (‘000)	1,658	**188**	**1,846**	
People reached through ViiV Healthcare’s Positive Action 2020-2030 Strategy grants (‘000)	–	**274**	**274**	Assured by DNV
People accessing treatment/care for cleft conditions through the Smile Train partnership ('000)	9.9	**2.5**	**12.4**	
HCPs/pharmacists trained through our partners in SE Asia and India dengue fever programmes ('000)	4.8	**–**[7]	**4.8**	
People accessing dengue fever services through our partners in India (‘000)	251	**–**[7]	**251**	
Total people reached (‘000)	12,814		**13,879**	

1 Our Product reach target is to: Use access strategies to reach 800 million underserved people in lower income countries with our products by 2025, against a 2018 baseline.

2 As a chronic and ongoing treatment, the cumulative number of people with access to dolutegravir (DTG) rather than annual data is used. Only sales of TLD (Tenofovir Disoproxil, Lamivudine and Dolutegravir) are included as these form the large majority of sales worldwide (around 95%). The indicator does not include sales of DTG 50 mg singles, ALD (Abacavir, Lamivudine, Dolutegravir), DTG 10 mg Dispersible tablets, TAF/FTC/DTG (Tenofovir Alafenamide, Emtricitabine, Dolutegravir), and DTG/3TC (Dolutegravir, Lamivudine).

3 This product donation is included within the total Community Investment figures reported.

4 Our Health access target is to: Improve disease prevention, awareness and access to healthcare services for 12 million people by 2025, against a 2018 baseline.

5 The data covers the period 1 July 2020 – 30 June 2021 (the latest available data). H2 2020 data has been added to H1 2021 data as proxy for total 2021 data. Final 2021 data is available in April 2022. The 2022 report will be updated to reflect the actual figure.

6 This figure has been restated to reflect actual data which was lower than estimated due to the impact of the pandemic.

7 This programme came to an end in 2020.

8 The Gates CEO Roundtable is funded by five pharmaceutical companies (GSK, J&J, Novartis, Lilly and Pfizer) and the Bill and Melinda Gates Foundation. As each of the funder organisations is an equal contributor, the reach number is calculated by dividing the total reach of the programme by six.

Modern employer

A positive experience at work is critical to attract, retain and motivate the best people. We want our people to thrive, be empowered to be themselves, feel good, and keep growing.

Engaged people

Our commitment is to achieve and maintain a competitive employee engagement score by 2022.

As we get ready to become two new companies, it's important we keep listening to make sure we're doing all we can to set ourselves up to deliver on our big ambitions. Our GSK survey is just one of the ways we do this and in January 2022 we completed a new all-company survey that is shorter and more focused than before: looking at purpose, strategy, engagement and culture progress. We've also measured some of our key trust priorities like I&D and safety.

Engagement remains high at 78% and above the general industry benchmark, settling back to 2019 levels after an extra boost during the early phases of the pandemic.

Inclusion and diversity

Our commitment is to accelerate our progress on inclusion and diversity (I&D), including aspirational targets for female and ethnically diverse representation in senior roles, by the end of 2025, and recognition as a disability-confident employer and in LGBT+ indices.

We believe that being an inclusive and diverse business makes us more successful, because we're making the most of all our people's potential. It also makes us better at responding to our patients' and consumers' different needs.

We are committed to achieving equity in our employment practices in order to create an inclusive workplace. To support this, all our people undertake an annual inclusion and diversity training programme. We facilitate conversations that bring together employees at all levels to discuss and learn from experiences of inclusion at GSK, and, through our leadership programmes, we ensure that all leaders have a strong focus on creating an inclusive workplace. In 2021, we launched the global GSK Allyship campaign to encourage all our people to take action to support a more inclusive workplace.

Members of the GSK Leadership Team (GLT) lead our four diversity councils (covering disability, gender, LGBT+ and race and ethnicity). The councils comprise senior leaders who partner with employees and members of our employee resource groups to work on our priorities for each dimension of diversity.

Backing diversity through recruitment

In 2021, we changed our recruitment policy so that we now require diverse shortlists for our senior vacancies, whether recruited internally or externally. This includes shortlists from our executive search partners.

We have reviewed our recruitment process and have worked with an external partner to ensure that we understand and implement best practices. We're making good progress on implementing the recommendations. They include enhanced training for recruiting managers before the selection process starts, and a review of job postings and channels to make sure we're reaching and attracting diverse candidates.

Disability

We have developed a three-year plan to increase our disability confidence. This is part of our commitment to the Valuable 500 pledge, an initiative where large companies agree to put disability on their agenda and report progress. The plan focuses on recruitment and retention, workplace adjustments, premises, products and services, suppliers and partners, communications and technology.

As part of this plan, we have rolled out our workplace adjustments programme to five markets including Belgium, Canada and the US, making it available to over 40% of our employee population so far. The programme provides specialist adjustments to let our people perform at their best. We also check all our development programmes to make sure they're accessible for employees with disabilities and encourage them to let us know what they need for a better experience.

In 2021, we signed up to the International Labour Organization's Global Business and Disability Network. This works to promote the inclusion of people with disabilities in workplaces around the world by demonstrating the business benefits of employing them. We have also committed to become a leader organisation in the UK Department for Work and Pensions' Disability Confident programme. This scheme encourages businesses to think differently about disability and improve how they recruit, retain and develop people with disabilities. Leader organisations have an independently validated self-assessment of what they do to support disabled employees. As a global company we strive to apply our learnings from this disability confidence scheme across the whole organisation.

In 2021, we were recognised at the Disability Matters awards as a North America Honouree in its disability workforce category for our commitment to people with disabilities.

Gender

Our aspiration is that women hold 45% of VP and SVP roles by the end of 2025. Overall, the percentage of women in positions at Director-level and above continues to rise and in 2021 women held 40% of roles at VP and above, up from 38% in 2020. A full breakdown of our women in management data, by level, is available in the data tables below.

In early 2022 the FTSE Women Leaders ranking showed that we are in the top 10% of FTSE 100 organisations based on the proportion of women on our Board and in leadership positions.

We continued our Accelerating Difference women's programme, that supports the development of women through individual and group coaching to address development gaps and build on their strengths. Since 2013, over 1,100 women have taken part, and our research shows that participants on the programme have higher levels of engagement and are more likely to stay with us. From 2021, women can now nominate themselves for this programme, making it more accessible and enabling us to develop a broader pool of participants.

We published our fifth annual UK gender pay gap report in 2021. Our gender pay gap for all permanent UK-based GSK employees is 1.18% (mean), outperforming the national average of 14.9%. 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.

gsk.com: UK gender pay gap report

LGBT+

Our goal is to be recognised in global LGBT+ indices. In 2020, LGBT+ rights group Stonewall recognised GSK in its Top Global Employers list (the list was paused in 2021 due to the pandemic, but will resume in mid-2022). In 2021, we were designated as a Best Place to Work for LGBTQ+ Equality in the Human Rights Campaign Foundation's Corporate Equality Index. We are also a founding member of the Proud Science Alliance, a collective of LGBTQ+ networks that work together to raise the bar on LGBTQ+ inclusion across the health and life sciences sector.

Race and ethnicity

We are committed to equality of representation, which means that we constantly strive to ensure our workforce reflects the communities in which we work and hire.

In countries that meet our criteria for data confidentiality and anonymity (including the proportion of employee data reported and size of the relevant populations), we disclose the race and ethnicity of our people at each level and our aspirational targets for ethnically diverse leaders. In 2021, the US and UK continued to meet our data criteria. Our aspiration is to have at least 30% ethnically diverse leaders in our roles at VP and above in the US, and at least 18% in the UK by the end of 2025. While we're expecting to see progress across all groups during that time, for the UK we'll specifically focus on increasing the percentage of Black VP and above leaders year on year, and in the US we'll specifically focus on increasing the percentage of Black or African American, and Hispanic or Latinx VP and above leaders year-on-year.

As at 31 December 2021, we had 27.1% ethnically diverse leaders in VP and above roles in the US (up from 23.2% in 2020). The percentages of Black or African American (7.9%), and Hispanic or Latinx (5.8%) VP and above leaders in the US have also increased (up from 5.8% and 5.0% respectively in 2020). In the UK, we had 12.9% ethnically diverse leaders in roles at VP and above (up from in 11.1% in 2020). The percentage of Black VP and above leaders in the UK remains the same as in 2020 at 1.6%; we will continue to focus our efforts on making progress in this area. At all levels of leadership we have increased the proportion of ethnically diverse people. See page 10 for the data broken down by ethnicity group and leadership level.

To support further progress in this area, we are continuing our focus on equal employment opportunity including but not limited to an expectation of diverse candidate pools for key roles. We have also set aspirations for ethnically diverse candidates for our UK and US early talent programmes for apprentices and graduate trainees to strengthen our future pipeline. Also in 2021, we launched our Accelerating Difference Ethnic Diversity programme. It supports the development of ethnically diverse employees, building on their strengths and addressing their development gaps through individual and group coaching and sponsorship to support them in achieving their full potential. From 2023 we will publish GSK's 'ethnicity pay gap' data for the UK.

Health, wellbeing and development

Our commitment is to be a leading company in how we support employee health, wellbeing and personal development.

Responding to COVID-19

In 2021, our Global Leadership Team has continued to oversee our COVID-19 response. This includes the health, wellbeing and engagement of our employees in all our locations, whether they're working on site, in the research and manufacturing facilities, at home or customer-facing. We've continued our efforts to develop policies that ensure a safe workplace and protect all our employees, irrespective of their role or location.

We continuously monitor the impact of COVID-19 on our employees and analyse key trends where additional resources may need to be allocated. We closely follow public health guidance, local legislation and industry best practices to provide guidance on protective measures including personal protective equipment, COVID-19 testing and any site infrastructure changes such as setting capacity limits for sites and for all areas on site such as canteens, cafes, meeting rooms and laboratories, implementing social distancing measures and desk-booking systems.

We have committed to work with partners to offer COVID-19 vaccinations at minimal cost to our employees and their eligible dependents in absence of public health vaccination programmes.

Supporting mental health and wellbeing

We believe mental health and wellbeing is just as important as physical health and wellbeing and we encourage everyone to be open and ask for help and support when they need it.

Mental health training is available for all employees and 66% of managers have completed it since it first launched in 2019. In early 2021, we successfully piloted a new wellbeing programme, myWellbeing, focusing on resilience strategies and energy management. It has a focus on Mental Health and Wellbeing and we are planning further global implementation in 2022.

We continue to ensure confidential support is available through our global Employee Assistance Programme and we provide preventive health services for all employees as well as their dependants through our award-winning programme Partnership for Prevention.

Keeping our people safe

We care deeply about the health and safety of our employees, complementary workers and everyone that visits our sites, and our ambition is that everyone goes home safe. We run health and safety training for our people, tailored to whether they are working from an office, in the field, a lab or at a manufacturing site. Training covers how to identify, and take measures to reduce workplace risks.

In 2021, there were no employee fatalities or fatalities involving contractors, and our reportable injury and illness rate remained at 0.16 per 100,000 hours worked. The global safety programme and other key initiatives focusing on safety are continuing.

Over 20,000 of our employees drive on company business. We run a driver safety programme for them, combining online learning with practical road safety activities. Around 19,000 drivers from more than 60 countries are currently enrolled.

Developing our people

We want our people to keep growing through their careers, so everyone at GSK has the chance to discuss and agree a development plan with their manager. Everyone also has access to learning resources through our internal development portal - Keep Growing Campus. The portal offers development courses, videos and articles on a variety of topics including decision making, building change capability, coaching, influencing others and health and wellbeing. In 2021, 84,493 leadership and business courses were completed to advance development.

We develop leaders at all stages of their careers. Our training programme for first line leaders is designed around our four manager accountabilities of Motivate, Focus, Care and Develop. This helps us embed our culture by being clear what we expect from managers. We will measure the impact of the programme through our One80 manager feedback tool – a survey where our people give their manager's direct feedback.

We are committed to recruiting and developing people at the start of their careers and currently have 554 people on our graduate and MBA programmes globally and 479 on apprenticeships in 11 countries.

Modern employer continued

	2018	2019	2020	2021	Notes
Engagement					
Employee survey engagement score (%)	78	78	84	**78**	Assured by DNV
Employee survey response rate (%)	79	78	85	**70**	
Gender diversity					
Percentage of women (all employees)	44%	45%	47%	**47%**	
SVP/VP level	33%	36%	38%	**40%**	
Director level	43%	44%	46%	**48%**	
Manager level	48%	49%	50%	**50%**	
Total women in management	**45%**	**47%**	**48%**	**48%**	Assured by DNV
Percentage of women on the Board	45%	45%	42%	**42%**	
Health and safety					
Number of fatalities (employees and complementary workers under GSK direct supervision)	0	1	2	**0**	Assured by DNV
Fatalities (contractors not under GSK direct supervision)	0	0	1	**0**	Assured by DNV
Reportable injuries with lost time	294	291	195	**177**	Assured by DNV
Reportable illnesses with lost time	13	7	9	**12**	Assured by DNV
Lost time reportable injury rate (per 100,000 hours worked)	0.15	0.14	0.10	**0.09**	Assured by DNV
Lost time reportable illness rate (per 100,000 hours worked)	0.01	0.00	0.00	**0.01**	Assured by DNV
Reportable injuries with and without lost time	422	427	291	**253**	Assured by DNV
Reportable illnesses with and without lost time	44	36	36	**51**	Assured by DNV
Reportable injury rate (per 100,000 hours worked)	0.21	0.21	0.15	**0.13**	Assured by DNV
Reportable illness rate (per 100,000 hours worked)	0.02	0.02	0.02	**0.03**	Assured by DNV
Reportable injury and illness rate (per 100,000 hours worked)	0.23	0.23	0.16	**0.16**	Assured by DNV
Hours worked (million)	200.71	204.54	199.34	**190.20**	Assured by DNV
Talent and leadership development					
Number of graduates recruited through our Future Leaders programme	309	231	209	**174**	
Number of postgraduates recruited through our Esprit programme	27	13	15	**11**	
Number of apprentices recruited	165	113	133	**188**	Assured by DNV
Employee turnover					
Overall turnover (%)	–	12.5	15.7	**15.9**	Assured by DNV
Turnover of voluntary leavers (%)[1]	–	6.7	5.6	**7.9**	
% of all permanent leavers in 2021 that were male and female[2]					
Overall turnover – male	–	56	66	**50.5**	
Overall turnover – female	–	44	34	**49.5**	

1 Calculated as the number of permanent employees that voluntarily left GSK in 2021 divided by the average 2021 permanent headcount.

2 Calculated as 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.

Modern employer continued

	SVP/VP		Director		Manager		All employees	
US ethnic diversity	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
American Indian or Alaska Native	*	*	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
Asian	10.8%	10.8%	13.8%	14.7%	15.9%	16.7%	12.9%	13.7%
Black or African American	5.8%	7.9%	5.5%	5.2%	6.3%	7.1%	9.9%	9.8%
Hispanic or Latinx	5.0%	5.8%	4.5%	4.5%	5.1%	5.4%	5.1%	5.3%
Native Hawaiian or Other Pacific Islander	*	*	0.3%	0.3%	0.1%	0.1%	0.2%	0.2%
Two or more races	1.2%	2.2%	0.9%	1.2%	1.6%	1.5%	1.5%	1.6%
Ethnically diverse total	**23.2%**	**27.1%**	**25.3%**	**26.3%**	**29.3%**	**31.1%**	**30.0%**	**31.0%**
White total	**76.8%**	**72.9%**	**74.7%**	**73.7%**	**70.8%**	**68.9%**	**70.0%**	**69.0%**
UK ethnic diversity	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
Asian	5.7%	6.5%	11.8%	12.6%	16.0%	17.4%	13.1%	13.8%
Black	1.6%	1.6%	1.8%	1.8%	2.3%	2.7%	2.5%	2.6%
Mixed	1.2%	2.0%	1.5%	1.9%	1.8%	2.0%	1.8%	2.1%
Other	2.5%	2.8%	1.6%	1.5%	1.6%	1.6%	1.3%	1.3%
Ethnically diverse total	**11.1%**	**12.9%**	**16.7%**	**17.8%**	**21.8%**	**23.7%**	**18.7%**	**19.8%**
White total	**88.9%**	**87.1%**	**83.4%**	**82.2%**	**78.2%**	**76.3%**	**81.3%**	**80.2%**

The data above represents those that responded to identify a race or ethnicity category. In the US, 5.3% of employees did not actively respond to identify a race or ethnicity category, and a further 1.5% indicated 'I prefer not to say'. In the UK, 10.9% did not actively respond and a further 3.6% indicated 'I prefer not to say'. Due to rounding, the sum of the data may be marginally different from the totals. The 2021 US and UK ethnically diverse total percentage data has been assured by DNV. The sub-categories have not been assured due to confidentiality constraints.

* Insufficient data to report (fewer than three employees)

Operating responsibly

Operating as a responsible business means being transparent with our science and our data, delivering a reliable supply of high-quality products and protecting a values-driven culture where issues are responded to swiftly and transparently.

Reliable supply

We commit to quality, safety and reliable supply of our products for patients and consumers.

It's a priority for us to make sure there's a high-quality and reliable supply of our products for patients and consumers. This has continued to be of high importance throughout the pandemic, which put increased strain on global supply chains.

Our quality management systems allow for continuous improvement, helping us to keep up high standards for product quality and safety and make sure we comply with the relevant regulations, including Good Manufacturing Practice, Good Laboratory Practice, Good Pharmacovigilance Practice and Good Clinical Practice. In 2021, we had 171 external regulatory inspections at our manufacturing sites and local operating companies (142 in 2020). Many of them were conducted virtually because of the pandemic. We respond to all inspection findings, no matter how minor.

In 2021, we ran 1,833 quality audits of suppliers, and 312 audits of clinical trials run by, or on behalf of, GSK to assess their quality and safety. Where we find areas to improve, we create improvement plans and track their progress. If we find significant issues which stay unresolved, we might choose to suspend a third party or stop working with them.

Pharmacovigilance

All medicines, vaccines and consumer products have risks as well as benefits. Pharmacovigilance enhances patient care and safety around using medicines and vaccines, and supports public health programmes with reliable, balanced information on the overall benefits and risks 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 keep up high standards of safety and medical governance, and make sure our partners do the same.

We set out to stop the manufacture and distribution of counterfeit GSK products by working with international law enforcement. We also play an active role in associations to promote harmonized approaches and procedures for the clinical development and safety evaluation of drugs, and to implement key regulations as well as pressing for improvements in legislation and enforcement against counterfeit goods.

GSK's support of prosecutions against manufacturers of counterfeit GSK products have resulted in many custodial sentences and over £3 million of fines.

Ethics and values

Our commitment is to operate an ethical, values-driven culture, in which any issues are responded to swiftly and transparently.

Our culture guides our people to behave in an ethical way, to do the right thing and act on any concerns they have. It's important that all our people live up to this, and we expect the same of our suppliers.

Supporting GSK people to do the right thing

We are committed to operating responsibly – and we continue to expect that everyone who works for us, or on our behalf, conducts themselves in the right way, in line with our Code of Conduct. That protects our business – and helps create a workplace where we all thrive.

Everyone at GSK has to complete training on what the company expects from employees. In 2021, we renamed this training 'Working at GSK', and improved the content to focus on risk and compliance, as well as diversity and creating an inclusive workplace. In 2021, 99.4% of employees and 92.9% of contract workers completed this training.

Our managers and people in selected higher-risk roles get extra training on anti-bribery and corruption (ABAC). It helps them identify and mitigate ABAC risk, especially in third-party relationships, and to recognise, report and manage conflicts of interest. In 2021, 99.8% of employees and 98.8% of contract workers completed this training.

Reporting and investigating concerns

Anyone inside or outside GSK can raise concerns or speak to an independent third party through our integrity lines, confidentially or anonymously, without fear of retaliation.

We take every concern very 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.

In 2021, we changed the way we report disciplinary data and expanded the scope to include cases which were initiated in previous years. In 2021, 2,065 employees had concerns raised against them, with an additional 757 employees with concerns raised from prior year's open cases. We disciplined 1,176 employees (298 of whom initially had concerns raised in previous years), an increase from 2020 primarily driven by late completion of mandatory training. Of these, 265 either left voluntarily or were dismissed, and 923 received a written warning. In other cases, we took action short of a written warning. At the end of 2021, we had 427 cases awaiting investigation or a disciplinary decision. For further information, see pages 12 and 28-29.

Human rights

We respect human rights throughout our global operations and continue to deepen our understanding of the human rights impacts associated with our activities.

During the year we undertook an independent assessment of our approach to managing human rights to help us better understand how we can continue to improve how we manage our priority human rights areas (access to healthcare, research practices, patient safety, environment, health and safety, and privacy). The assessment showed that there is good understanding of our human rights impacts and we will be reviewing and addressing the findings in the year to come. We are members of the Pharmaceutical Supply Chain Initiative's Human Rights and Labour Sub-Committee, and contributed to a number of projects including online learning to build suppliers' capability to address human rights and engagement with carnaúba wax producers in Brazil.

Working with third parties

How our third parties act can have a direct impact on us meeting our priorities. It is important to manage our relationships with them well, including the way we choose, contract and monitor them.

Our Third-Party Oversight (TPO) programme evaluates and mitigates the risks introduced through engaging third-parties to provide goods or services for GSK. We complete assessments for the portion of our third parties that may present greater potential risk, for example, interactions with government officials or annual transfers of value above certain pre-defined limits.

In 2021, we ran more than 12,800 assessments of these higher risk third parties across more than 20 risk areas, identifying over 55% as high-risk in one or more areas. Most of these third parties are goods and services providers (70%), contract manufacturers and external suppliers (2%) or distributors and wholesalers (9%).

We are evaluating our TPO programme to simplify the upfront assessment and broaden its focus to risk management throughout the third-party relationship, using user feedback and findings from our ongoing monitoring.

We give extra support to our biggest suppliers by volume, and those critical to our R&D. We visit sites, in person or virtually, to help suppliers better understand and control their risks. And we use tools to assess how suppliers manage EHS risks, including EcoVadis desktop assessments. We set EHS requirements for suppliers, tell them when they fall short, and review their EHS performance as part of our internal EHS governance and oversight.

In 2021, we continued to work with suppliers to reduce environment, health and safety (EHS) risks and ran 79 audits on EHS and ethics, compared to 36 in 2020. We help suppliers improve safety and overall capability, focusing mainly on Active Pharmaceutical Ingredients (API) manufacturers and contract manufacturing suppliers. We have also trained suppliers on EHS topics, revised EHS contractual obligations and tracked management actions until they were completed.

Data and engagement

Our commitment is to use data responsibly and transparently and improve patient and scientific engagement.

Living up to our commitment means:

- managing data carefully
- sharing the results of our clinical studies
- integrating patient insights into our product development
- giving healthcare professionals relevant and accurate information when they need it

Using data responsibly

In 2021, we simplified our privacy notices and made them easier to access through a portal on all our websites.

Privacy is part of the mandatory 'Working at GSK' annual training 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. Our privacy team gets certification from the International Association of Privacy Professionals, along with the ongoing privacy education needed to maintain it.

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.

We are also a partner in the TransCelerate consortium's effort to create a harmonised approach for exchanging data internationally across the pharmaceutical industry.

Making clinical trials transparent

As part of our commitment to data transparency for our clinical studies, we have published 2,776 clinical study reports and 6,239 summaries of results. We have listed 2,550 studies for data sharing via www.vivli.org and www.clinicalstudydatarequest.com

Patient and scientific engagement

In 2021, we ran patient panels in disease areas including cancer, rheumatoid arthritis and hepatitis B. These panels give us insights and advice, as well as building trusting, long-term relationships with patients and carers that help us develop medicines that meet patients' needs. We also created a process to get patient feedback on the design of our clinical trials.

We want our clinical trials to be as representative and accessible as possible, reflecting the patient populations with the disease including age, race, ethnicity, sex and gender. Over the past five years, we have endeavoured to improve patient diversity in our clinical trials by implementing training and support to personnel at investigator sites including awareness training on conducting clinical trials in under-served communities. In 2021, we built on this work and formed a Global Demographics and Diversity team to coordinate our learning about epidemiology, burden of disease and health equity, and how they relate to age, sex, gender, race and ethnicity, so we can apply these lessons when planning our trials.

To read about our approach to engaging with HCPs, see our code on HCP engagement.

⊕ gsk.com: Clinical trial diversity • Patient engagement • Engaging with HCPs

	2018	2019	2020	2021	Notes
Ethical conduct					
Employees disciplined for policy violations	897[1]	935	881	**1,176**[2]	
Breakdown of types of policy violation					
Behaviour in the workplace	236	301	298	**248**	Assured by DNV
Mandatory training completion	261	174	82	**349**[3]	Assured by DNV
Good manufacturing and distribution practices	123	168	208	**115**	Assured by DNV
Marketing and promotional activities	66	107	73	**186**	Assured by DNV
Expenses	24	34	54	**150**	Assured by DNV
Other[4]	194	175	192	**221**	Assured by DNV
Employees who were dismissed or agreed to leave the company voluntarily	165	217	201	**265**	
Documented warnings	742	727	690	**923**	

1 In 2018, we changed the way that we collect disciplinary data to improve clarity, for example removing a number of categories that we do not deem to be a behavioural policy violation.

2 In 2021, we updated the reporting methodology. In previous years we reported on accusations raised and any subsequent disciplinary actions during the reporting period. The 2021 data includes all employees disciplined for policy violations in the reporting year where cases are closed. This expanded scope includes accusations from previous years where the employee has been disciplined in 2021. To enable comparison, prior year data has been updated using the new reporting methodology. As a result, the 2021 figures by category saw changes from prior years, with some increases driven by disciplinary action from prior year open cases.

3 This category is representative of disciplinary action for late completion of mandatory training, which is triggered after the due date and in most markets following an eight day grace period where permitted. Employees must subsequently complete training, with overall completion rates published (see page 11 'Supporting GSK people to do the right thing'). Some disciplinary actions in 2021 are related to late completion of mandatory training assigned and due in 2020, and subsequently completed.

4 Policy violation types that do not fit into the categories specified.

Operating responsibly continued

	2018	2019	2020	2021	Notes
Political engagement					
Spend on federal lobbying activities ($m)	4.57	4.4	3.8	**5.3**	Data is registered on the US Federal Lobbying Register and includes cost of operating our office in Washington DC, and cost of travel and consulting.
Cost of representing our interests to EU institutions (€m)[1]	1.73	1.64	1.82	**1.18**	This data is published on the EU Transparency Register.
Political Action Committee contributions from US employees to state and federal candidates ('000 $)	345	265	367	**298**	A breakdown of PAC spend is available online.
Clinical trial management, pharmacovigilance and transparency					
Clinical trial audits (on our own trials and those conducted by 3rd parties on our behalf)	221	225	223	**312**	
Number of FDA Sponsor Inspections related to clinical trial management and pharmacovigilance that resulted in Voluntary Action Indicated (VAI)	–	–	–	**0**	
Number of FDA Sponsor Inspections related to clinical trial management and pharmacovigilance that resulted in Official Action Indicated (OAI).	–	–	–	**0**	
Publicly available trial result summaries	–	–	6,168	**6,239**[2]	Assured by DNV
Studies with Clinical Study Reports posted to the register	–	–	2,708	**2,776**[2]	
Trials listed for which patient level data is available for request	–	–	2,480	**2,550**[2]	
Research teams approved for access to GSK trial data	–	–	179	**190**[2]	
Quality inspections and audits					
Audits of our 3rd parties on quality processes	1,650	1,542	1,451[3]	**1,833**	Assured by DNV
Regulatory inspections					
Regulatory inspections of our Pharmaceutical business	55	101	40	**70**	
Regulatory inspections of our Vaccines business	34	23	27	**37**	
Regulatory inspections of our Consumer Healthcare business	62	72	75	**64**	
Total	151	196	142	**171**	Assured by DNV
FDA product recalls by business and class (I/II/III)					
Pharmaceuticals	n/r	0	0	**0**	Assured by DNV
Vaccines	n/r	0	0	**2**[4]	Assured by DNV
Consumer Healthcare	n/r	1[5]	6[6]	**0**	Assured by DNV
Number of FDA enforcement actions taken in response to violations of current Good Manufacturing Practices (cGMP)					
Pharmaceuticals	n/r	0	0	**0**	Assured by DNV
Vaccines	n/r	0	0	**0**	Assured by DNV
Consumer Healthcare	n/r	0	0	**0**	Assured by DNV

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

2 This figure is cumulative.

3 2020 data has been corrected from 1,839 to 1,451. The original datapoint was mis-stated due to a duplication of data from one part of the business and additional supplier audits were identified that were not previously reported.

4 This comprises of one Class II and one Class III recall representing 0.09% of total doses of all Vaccines manufactured globally in 2021.

5 Class III recall. Represents 0.01% of total Consumer Healthcare products produced globally.

6 This comprises of five Class II recalls and one Class III, representing 0.034% of total Consumer Healthcare product batches manufactured in 2020.

Environment

We want to play our part in protecting and restoring the planet's health to protect and improve people's health.

To achieve this, we have set specific targets across our direct operations, supply chains and portfolio. The goals apply principally to new GSK's business and portfolio. Our Consumer Healthcare business contributes towards these goals through delivery of its own targets, whilst it is part of GSK. At the capital markets day in February 2022, Consumer Healthcare announced new targets for the new business which are published on our website.

⊕ gsk.com: Environment targets

Climate

Our goal is to have net zero impact on climate across our full value chain by 2030.[1]

The Science Based Targets Initiative has accredited that our carbon targets align to a 1.5°C pathway.

Our climate targets are:

- Net zero emissions across all operations by 2030 (scope 1 and 2)
- 100% renewable electricity by 2025 (scope 2)
- Net zero emissions across our full value chain by 2030 (scope 3)

Our value chain carbon footprint is made up of:

- Scope 1 and 2 emissions from our own operations (7%)
- Scope 3 emissions from our suppliers (39%) and logistics (5%)
- Scope 3 emissions from people using our products (46%), mostly metered-dose inhalers
- Other scope 3 emissions 4%

Our operations

In 2021, we reduced our scope 1 and 2 carbon emissions by 15% compared to 2020, primarily through increased use of renewable electricity.

We are a member of RE100 and are committed to source 100% renewable electricity by 2025. In 2021 we reached 67% renewable electricity, an increase of 15% since 2020. Our sites in 15 countries, including the UK, Belgium and Spain, now source 100% renewable electricity.

In September, we announced a £50 million investment in UK and US manufacturing sites to secure renewable power generation. This includes new wind turbines and a 20-year power purchase agreement to supply solar electricity for our Irvine facility in Scotland, and solar energy for our Oak Hill facility in New York.

We are a member of EV100 and are committed to transition our sales fleet to low-carbon vehicles and to install charging infrastructure at 100 sites by 2030. In 2021, 4% of our sales fleet were electric or hybrid vehicles, and we have vehicle chargers at 30 of our sites. We've set up a pilot project in the US in partnership with our fleet management company to deploy electric and hybrid plug-in vehicles and install at home chargers to provide a seamless experience for our people.

⊕ gsk.com: Renewable energy investments • Carbon pathway to net zero

Our value chain

In 2020 (our latest available data), our scope 3 emissions reduced by 8%, reflecting the evolution of our product portfolio and reductions in business travel and commuting as a result of the pandemic.

Our metered dose inhalers for asthma and COPD account for 40% of our carbon footprint because their propellant is a potent greenhouse gas. In 2021, we started an R&D programme to find a lower-impact propellant that could reduce emissions from our inhalers by about 90%.

In November, we joined nine other global pharmaceutical companies to launch the Energize programme. This is the first collaboration of its kind to use the scale of a single industry's global supply chain to drive greater use of renewable electricity. Through power purchase agreements, it will make renewable electricity accessible to thousands of companies who are part of pharmaceutical supply chains.

We have also partnered with Manufacture 2030 to help us proactively engage with our suppliers and to measure and manage emissions reductions in our supply chain.

We recognise our suppliers' efforts to reduce their environmental impact through our annual Supplier Environmental Sustainability Awards and publish winning case studies on gsk.com.

⊕ gsk.com: Supplier awards

Collaborating across our sector

In September 2021, the pharmaceutical and medical technology sector reached the Race to Zero breakthrough target of 20% of major companies (by revenue) committing to net zero carbon emissions by 2050. In November, as part of the UN Global Climate Change Conference (COP26) in Glasgow we championed the need for action on climate and nature to protect health and announced the Energize programme to reduce emissions across the sector's shared supply chain. We also joined the Health Systems Task Force of the Sustainable Markets Initiative to drive collective action in digital healthcare, supply chains and patient care pathways to accelerate the shift to net zero.

Climate-related Financial Disclosures

See pages 49-52 in our Annual Report for our disclosure on climate risk and resilience according to the Task Force on Climate-related Financial Disclosures (TCFD) framework.

Nature

Our target is to be net positive on nature by 2030, by reducing our environmental impacts across water, materials and biodiversity and investing in protecting and restoring nature.[1]

We are involved in developing standardised guidance on measuring nature positive through working with the Science Based Targets for Nature (SBTN) initiative. We're partnering with the UN Environment Programme World Conservation Monitoring Centre (UNEP-WCMC) to test the SBTN methodology and map the impact we have on nature across our value chain.

We are also members of the Taskforce on Nature-related Financial Disclosures (TNFD), which is working to develop and deliver a risk management and financial disclosure framework by 2023.

1 See ESG reporting criteria (pages 26-32) for definition.

Environment continued

Water

Our water targets are to:

– Achieve good water stewardship at 100% of our sites by 2025[1]
– 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[1]
– Zero impact active pharmaceutical ingredient levels for all sites and key suppliers by 2030

In 2021, we reduced overall water use in our operations by 16% compared to 2020 and by 21% in sites in high water stress regions. 91% of our sites are now good water stewards, in line with the Alliance for Water Stewardship's definition.

We run water-efficiency projects at all our sites, including behaviour change programmes and introducing water-efficient cleaning procedures. All GSK sites now complete a water stewardship assessment and are delivering action plans to comply with our standard.

In 2021, we joined the Water Resilience Coalition. We are partnering with them to develop our approach to water neutrality in water-stressed regions and to deliver water resilience projects on the ground.

We've identified eight initial water basins in water stressed regions where we have manufacturing sites, including in South Africa, India and Pakistan. Our Cape Town site in South Africa is the first in the GSK network to embark on the journey towards water neutrality. The site has reduced water from municipal supply by 12% since 2017. We're working with the Water Resilience Coalition and local partners to address shared water challenges by clearing alien plant species and replanting local flora to create greater resilience in the basin.

⊕ gsk.com: Water footprint

We're committed to keeping any Active Pharmaceutical Ingredient (API) emissions from manufacturing – including those that might contribute to antimicrobial resistance (AMR) – below levels that have a negative impact on human health or the environment.

In 2021, 95% of our sites and 90% of our suppliers that manufacture antibiotics complied with the AMR Alliance industry standards on safe discharges.

We are a partner in the Innovative Medicines Initiative project focused on the Prioritisation and Risk Evaluation of Medicines in the Environment (PREMIER). This involves working with stakeholders to agree safe levels of environmental risk for APIs, making environmental data on APIs more accessible and supporting greener design and manufacturing of pharmaceuticals.

⊕ gsk.com: Pharmaceuticals in the environment

Materials and the circular economy

In 2020, we changed the scope of our waste targets to support the transition to a circular economy that keeps materials and resources in use[2].

Our targets are:

– Zero operational waste[1], including eliminating single-use plastics, by 2030
– 25% environmental impact reduction for our products and packaging by 2030
– 10% waste reduction from supply chain by 2030

In 2021, we reduced the waste from our sites by 7% and recovered 43% of these materials through circular routes like reuse or recycling.

In 2021, Consumer Healthcare launched 40 million recycle-ready toothpaste tubes in over 20 markets. This was part of our ambition to make over one billion toothpaste tubes recyclable by 2025. This is a significant milestone towards Consumer Healthcare's ambition to have developed solutions for all our packaging to be recycle-ready by 2025.

As part of our eco-design programme, we have developed tools to help scientists and engineers reduce the environmental impact of future products at the development stage.

We are building a waste footprint to identify hotspots across our supply chain. We will use this footprint to engage suppliers on waste reductions and it will also help us find opportunities to reduce our products' end of life waste.

Biodiversity

Our targets are:

– Positive impact on biodiversity at all sites by 2030
– 100% materials sustainably sourced and deforestation free by 2030

To achieve net positive biodiversity at our sites we will outweigh any impact we have on local ecosystems by improving habitats, protecting species and improving soil and water quality. Making nature easily accessible at our sites will also have a positive impact on health and wellbeing for our people and the wider community.

In 2021, we piloted our approach to biodiversity with a baseline assessment and action plans at three sites. All sites will have biodiversity action plans by 2025.

At our Stevenage site in the UK, we have established a baseline of the species and habitats at the site. We've created a landscape plan in partnership with Kew Gardens to deliver a 39% increase of biodiversity at the site, including grass, wood and heathlands. We are working with Natural England to calculate the additional benefits for water and air quality and human health. This pilot project will be rolled out, ensuring all GSK sites have measurable and effective biodiversity plans in place by 2025.

⊕ gsk.com: Biodiversity at GSK sites

Sustainable sourcing

Our target is:

– 100% of agricultural, forestry and marine derived materials sustainably sourced and deforestation free by 2030

In 2021, we developed sustainable sourcing plans for the 17 highest-risk materials in our supply chain, including paper, palm oil and soy. We are going beyond our first tier suppliers to map how these materials are sourced and putting in place action plans to increase sustainability.

1 See ESG reporting criteria (pages 26-32) for definition.
2 Our measure of waste generated now includes waste we recover or dispose on-site. This enables us to report on circularity.

Environment continued

Our membership of Action on Sustainable Derivatives helped us trace 88% of palm oil volume back to mill level. For paper packaging, 84% of our tier 1 supply chains are certified by the Forest Stewardship Council or the Programme for the Endorsement of Forest Certification.

Our ambition is to move to synthetic or sustainable alternatives for any animal-based materials, but this will take time to ensure the efficacy and safety of our products are not compromised and to secure regulatory approval.

Nature-based solutions

We are exploring nature-based solutions to offset the impacts we can't eliminate, to address climate change, restore nature and create health benefits.

The Carbon Trust have certified *Trelegy Ellipta* in the UK as our first carbon neutral medicine. We've achieved this through starting to deliver a product-specific carbon reduction plan and then offsetting the remaining carbon that cannot currently be reduced by supporting a reforestation project in Ghana.

Protecting forests is fundamental to fighting climate change and biodiversity loss and safeguarding health through cleaning water and air. In 2021, we joined the public-private Lowering Emissions by Accelerating Forest Finance (LEAF) coalition which contributes high-quality emissions reductions by supporting countries to protect their tropical forests from deforestation. LEAF has mobilised over $1 billion in financing, one of the largest ever public-private efforts to help protect tropical forests. GSK will agree the first projects to support in 2022.

	2018	2019	2020	2021	Notes
Energy (GWh)					
Natural Gas purchased	2,112	2,017	2,112	**2,000**	
Electricity used	1,617	1,590	1,468	**1,366**	
Purchased Renewable Electricity	51	51	745	**899**	Assured by DNV
Purchased Non-Renewable Electricity	1,547	1,518	705	**452**	
On-site generated renewable electricity	26	25	27	**22**	
Exported electricity	7	4	9	**8**	
Coal	66	64	12	**0**	
Other fossil fuels	105	101	101	**110**	
Renewable heat	223	233	75	**27**	
Purchased heating and cooling	64	74	90	93	
% renewable electricity	5%	5%	52%	**67%**	
Total energy for operations	**4,187**	**4,079**	**3,858**	**3,596**	Assured by DNV
Carbon: Scope 1 and 2 emissions					
On-site fuel use (thousands of tonnes CO_2e)	431	416	415	**393**	
Sales force vehicles (thousands of tonnes CO_2e)	133	128	75	**61**	
Propellant emissions during manufacture of inhalers (thousands of tonnes CO_2e)	225	220	250	**205**	
On-site waste or wastewater treatment (thousands of tonnes CO_2e)	13	5	5	**7**	
Refrigerant gas losses (thousands of tonnes CO_2e)	20	29	22	**15**	
Total Scope 1 emissions (thousands of tonnes CO_2e)	**822**	**798**	**764**	**681**	Assured by DNV
Electricity (market-based emissions) (thousands of tonnes CO_2e)	516	508	214	**146**	
Purchased heating and cooling (thousands of tonnes CO_2e)	8	9	13	**13**	
Total Scope 2 emissions market-based (thousands of tonnes CO_2e)	**524**	**518**	**227**	**159**	Assured by DNV
Scope 2 location-based emissions (thousand tonnes CO_2e)	538	532	494	**458**	Assured by DNV
Total Scope 1 & 2 emissions market-based (thousands of tonnes CO_2e)	**1,346**	**1,316**	**991**	**840**	Assured by DNV
Fermentation/biogenic releases (thousands of tonnes CO_2e)	36	36	28	**10**	

Environment continued

	2018	2019	2020	2021[1]	Notes
Carbon: Scope 3 emissions[1]					
Purchased goods and services (thousands of tonnes CO_2e)	7,830	6,410	5,626	–	
Capital goods (thousands of tonnes CO_2e)	251	226	226	–	
Fuel and energy-related activities (thousands of tonnes CO_2e)	246	235	114	–	
Transportation and distribution (upstream) (thousands of tonnes CO_2e)	81	919[2]	687	–	
Waste generated in operations (thousands of tonnes CO_2e)	29	33	25	–	
Business travel (thousands of tonnes CO_2e)	65	221	50[3]	–	
Employee commuting (thousands of tonnes CO_2e)	152	96	48[3]	–	
Leased assets (upstream) (thousands of tonnes CO_2e)	1	0	0	–	
Transportation and distribution (downstream) (thousands of tonnes CO_2e)	654	0[2]	–	–	
Processing of sold products (thousands of tonnes CO_2e)	–	–	–	–	
Use of sold products (thousands of tonnes CO_2e)	6,669	6,412	6,617	–	
a) Emissions from use of propellant-based inhalers by patients (thousands of tonnes CO_2e)	5,745	5,382	5,757	**5,315**	Assured by DNV
End of life (thousands of tonnes CO_2e)	322	36	24	–	
Leased assets (downstream) (thousands of tonnes CO_2e)	–	–	–	–	
Franchises (thousands of tonnes CO_2e)	–	–	–	–	
Investments (thousands of tonnes CO_2e)	34	31	41	–	
Total Scope 3 emissions (thousands of tonnes CO_2e)	**16,335**	**14,620**	**13,456**	–	
Ozone depleting substances					
ODP Inventory of CFC and HCFC in Equipment (kg of CFC11e)	706	781	477	**276**	
ODP Calculated Releases of CFC11 equiv (kg of CFC11e)	19	21	13	**8**	
Water use					
Municipal (million m^3)	9.10	9.01	8.61	**7.47**	
Ground water (million m^3)	3.48	3.66	3.35	**2.54**	
Tankers (million m^3)	0.19	0.18	0.16	**0.16**	
Total water use (million m^3)	**12.77**	**12.85**	**12.11**	**10.17**	Assured by DNV
Recycled sources (million m^3)	0.15	0.20	0.27	**0.33**	
Water use at high water risk sites[4] (million m^3)	1.42	1.35	0.78	**0.62**	Assured by DNV
Water discharge					
Wastewater to municipal sewer (million m^3)	5.73	5.81	6.96	**7.09**	
Wastewater to surface water (million m^3)	3.00	2.99	2.95	**2.06**	
Wastewater to other (million m^3)	0.31	0.28	0.10	**0.01**	
Wastewater discharged to land (million m^3)	0.75	0.74	0.24	**0.50**	
Total wastewater discharged (million m^3)	**10.1**	**10.2**	**10.3**	**9.7**	Assured by DNV

1 Other than propellant emissions data (which is collected through our internal systems) we will not have an accurate picture of Scope 3 GHG emissions until later in the year).
2 Emissions classified as downstream transportation in previous years have been reclassified as upstream transportation emissions (on advice from the Carbon Trust).
3 Reduction caused by impact of pandemic.
4 See page 30 for GSK's high water risk sites.

Environment continued

	2018	2019	2020	2021	Notes
Waste					
Total waste generated (thousand tonnes)	**125.1**	**122.1**	**105.7**	**98.4**[1]	Assured by DNV
Total waste recovered by a circular route (thousand tonnes)	**–**	**–**	**–**	**42.2**	Assured by DNV
% circular waste	–	–	–	**43%**	Assured by DNV
Total hazardous waste (thousand tonnes)	**34.4**	**34.8**	**33.5**	**34.2**	
Total hazardous waste recovered by a circular route (thousand tonnes)	**–**	**–**	**–**	**3.5**	
Total non-hazardous waste (thousand tonnes)	**90.7**	**87.3**	**72.2**	**64.2**	
Total non-hazardous waste recovered by a circular route (thousand tonnes)	**–**	**–**	**–**	**38.6**	
Total waste to landfill (thousand tonnes)	**3.7**	**3.7**	**2.1**	**0.2**	Assured by DNV
Compliance					
EHS internal audits of GSK sites and facilities	54	49	19	**33**	
EHS, ethics and labour rights audits of 3rd party suppliers	83	43	36	**79**	
Environmental fines (£)	7,000	600	0	**0**	
Environmental remediation[2]					
Spend (million $)	2.1	2.6	2.8	**3.0**	

1 GSK's definition of Total waste generated has been updated in 2021, see KPI definitions on page 31.

2 We take responsibility for removing pollution and contaminants from soil, surface and ground water at facilities we have used previously, and at the disposal sites of waste management companies we have used.

GRI guidelines and SASB index

GRI/SASB indicator	Description	Where to find the information
GRI Guidelines		
General disclosures		
102–1	Name of the organization	GlaxoSmithKline plc
102–2	Activities, brands, products, and services	1 (Annual Report)
102–3	Location of headquarters	Brentford, Middlesex, TW8 9GS, UK
102–4	Location of operations	Brentford, Middlesex, TW8 9GS, UK
102–5	Ownership and legal form	288 (Annual Report)
102–6	Markets served	1 (Annual Report)
102–7	Scale of the organisation	1 (Annual Report)
102–8	Information on employees and other workers	7-9
102–9	Supply chain	11
102–10	Significant changes to the organisation and its supply chain	1
102–11	Precautionary principle or approach	34 (Annual Report)
102–12	Externally developed economic, environmental and social charters, principles, or other initiatives to which the organization subscribes or which it endorses.	34 (Annual Report)
102–13	Membership of associations	Trade Association Membership
102–14	Statement from senior decision-maker	3 (Annual Report)
102–16	Values, principles,standards and norms of behaviour	11-12
102–18	Governance structure of the organization, including committees of the highest governance body responsible for decision making on economic, environmental and social topics	Responsibility
102–40	List of stakeholder groups	44-45 (Annual Report)
102–42	Identifying and selecting stakeholders	Materiality Assessment
102–43 102–44	Approach to stakeholder engagement Key topics and concerns raised	44-45 (Annual Report) Materiality Assessment
102–49	Changes in reporting	No significant changes
102–50	Reporting period	Jan-Dec 2021
102–51	Date of most recent report	01/03/2021
102–52	Reporting cycle	Annual
102–53	Contact point for questions regarding the report	csr.contact@gsk.com
102–54 102–55	Claims of reporting in accordance with the GRI Standards GRI content index	Reporting Archive and Resources
102–56	External assurance	33-35
Specific standard disclosures **Economic**		
103–1	**Economic performance** Generic disclosures on Management Approach	Materiality Assessment
201–1	Direct economic value generated and distributed	1 (Annual Report)
103–1	**Indirect economic impacts** Generic disclosures on Management Approach	Materiality Assessment
203–2	Significant indirect economic impacts, including the extent of impacts	4-5
103–1	**Anti-corruption** Generic disclosures on Management Approach	Materiality Assessment
205-2	Communications and training on anti-corruption	11-12
207-1	Approach to tax	Tax Strategy
207-2	Tax governance, control, and risk management	Tax Strategy
Social		
103–1	**Occupational health and safety** Generic disclosures on Management Approach	8
403-9	Rates of injury, occupational diseases, lost days, absenteeism, work related fatalities	9

GRI guidelines and SASB index continued

GRI/SASB indicator	Description	Where to find the information
103-1	**Training and education** Generic disclosures on Management Approach	8
404-3	Employees receiving regular performance and career development reviews	8
103-1	**Diversity** Generic disclosures on Management Approach	7
405-1	Diversity of governance bodies and employees	9
Society		
103–1	**Marketing and labelling** Generic disclosures on Management Approach	Materiality Assessment
417-2	Incidents of non-compliance concerning product and service information and labelling	Operating responsibly
103–1	**Human rights** Generic disclosures on Management Approach	11
Environment		
302-1	Energy consumption within the organization	16
302-4	Reduction of energy consumption	14, 26-32 14
302-5	Reductions in energy requirements of products and services	14
103-1	**Water** Generic disclosure on management approach	Materiality Assessment
303-3	Water withdrawal	17
303-4	Water discharge	17
103-1	**Climate change** Generic disclosure on management approach	14
305-1	Direct (Scope 1) GHG emissions	16
305-2	Energy indirect (Scope 2) GHG emissions	16
305-3	Other indirect (Scope 3) GHG emissions	39 (Annual Report) 17
305-4	GHG emissions intensity	52 (Annual Report)
305-6	Emissions of ozone-depleting substances (ODS)	17
103-1	**Waste and packaging** Generic disclosure on management approach	18
306-1	Waste discharge by quality and destination	17
306-2	Waste by type and disposal method	18
307-1	Non-compliance with environmental laws and regulations	18
SASB index		
Safety of clinical trial participants		
HC-BP-210a.1	Discussion, by world region, of management process for ensuring quality and patient safety during clinical trials	Our approach to Clinical Trials
HC-BP-210a.2	Number of FDA Sponsor Inspections related to clinical trial management and pharmacovigilance that resulted in: (1) Voluntary Action Indicated (VAI) and (2) Official Action Indicated (OAI)	13
HC-BP-210a.3	Total amount of monetary losses as a result of legal proceedings associated with clinical trials in developing countries	Not reported
Access to medicines		
HC-BP-240a.1	Description of actions and initiatives to promote access to health care products for priority diseases and in priority countries as defined by the Access to Medicine Index	4-5
HC-BP-240a.2	List of products on the WHO List of Prequalified Medicinal Products as part of its Prequalification of Medicines Programme (PQP)	21-22
Affordabilty & pricing		
HC-BP-240b.1	Number of settlements of Abbreviated New Drug Application (ANDA) litigation that involved payments and/or provisions to delay bringing an authorized generic product to market for a defined time period	Not reported
HC-BP-240b.2	Percentage change in: (1) average list price and (2) average net price across US product portfolio compared to previous year	5
HC-BP-240b.3	Percentage change in: (1) list price and (2) net price of product with largest increase compared to previous year	5

GRI guidelines and SASB index continued

GRI/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	13
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	13
Counterfeit drugs		
HC-BP-260a.1	Description of methods and technologies used to maintain traceability of products throughout the supply chain and prevent counterfeiting	11, 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	11
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
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	Marketing Practices and Scientific Engagement
Employee recruitment, development & retention		
HC-BP-330a.1	Discussion of talent recruitment and retention efforts for scientists and research and development personnel	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	9
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 program or equivalent third-party audit programs for integrity of supply chain and ingredients	GSK is a member of Rx 360 and also conducts audits of third parties. 11
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 health care professionals	Code of Practice
Activity metrics		
HC-BP-000.A	Number of patients treated	6 (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)	28 (Annual Report)

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 (1 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 (1 dose)	Friday, 9 March 2001
Rotarix	Rotavirus – Liquid: ready to use plastic tube (1 dose)	Thursday, 12 March 2009
Rotarix	Rotavirus – Liquid: ready to use applicator (1 dose)	Thursday, 12 March 2009

GRI guidelines and SASB index continued

	Type, form and presentation	Date of prequalification
Vaccines		
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (1 dose)	Wednesday, 8 July 2009
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (2 dose)	Wednesday, 8 July 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (10 dose)	Thursday, 29 October 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (20 dose)	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 (1 dose)	Friday, 30 October 2009
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (2 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 (2 doses)	Wednesday, 21 December 2011
Havrix 1440 Adult	Hepatitis A (Human Diploid Cell), Inactivated (Adult) – Liquid: ready to use vial (1 dose)	Friday, 19 July 2013
Havrix 720 Junior	Hepatitis A (Human Diploid Cell), Inactivated (Paediatric) – Liquid: ready to use vial (1 dose)	Friday, 19 July 2013
Boostrix	Diphtheria-Tetanus-Pertussis (acellular) – Liquid: ready to use vial (1 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 (1 dose)	Wednesday, 31 July 2013
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (4 doses)	Monday, 16 October 2017
Rotarix	Rotavirus – Liquid: ready to use plastic tube (5 dose)	Thursday, 14 February 2019
	Type – applicant – WHO ref number	**Date of prequalification**
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

UN Global Compact Communication on Progress

Statement of support from the CEO

"GSK remains committed to upholding the UNGC's Ten Principles on human rights, the environment and anti-corruption. We aim to do this through embedding our policies and standards across our business and remaining true to our purpose."

Emma Walmsley, Chief Executive Officer, March 2022

			Where to find the information
Implementing the principles into strategies			
1	**Mainstreaming into corporate functions and business units**	Place responsibility for execution of sustainability strategy in relevant corporate functions (procurement, government affairs, human resources, legal, etc.) ensuring no function conflicts with company's sustainability commitments and objectives	Our governance structure
		Align strategies, goals and incentive structures of all business units and subsidiaries with corporate sustainability strategy	Our long-term priorities apply to our three businesses
		Assign responsibility for corporate sustainability implementation to an individual or group within each business unit and subsidiary	Our governance structure
2	**Describes value chain implementation**	Communicate policies and expectations to suppliers and other relevant business partners	11-12
		Implement monitoring and assurance mechanisms (e.g. audits/ screenings) for compliance within the company's sphere of influence	11-12
		Undertake awareness-raising, training and other types of capacity building with suppliers and other business partners	11-12, 14
Robust human rights management policies and procedures			
3	**Robust commitments, strategies or policies in the area of human rights**	Commitment to comply with all applicable laws and respect internationally recognised human rights, wherever the company operates	GSK Human rights statement
		A Integrated or stand-alone statement of policy expressing commitment to respect and support human rights approved at the most senior level of the company	GSK Human rights statement
		Statement of policy publicly available and communicated internally and externally to all personnel, business partners and other relevant parties	GSK Human rights statement
4	**Describes effective management systems to integrate the human rights principles**	On-going due diligence process that includes an assessment of actual and potential human rights impacts	11
		Allocation of responsibilities and accountability for addressing human rights impacts	11
5	**Describes effective monitoring and evaluation mechanisms of human rights integration**	Any relevant policies, procedures, and activities that the company plans to undertake to fulfil this criterion, including goals, timelines, metrics, and responsible staff	11
		System to monitor the effectiveness of human rights policies and implementation with quantitative and qualitative metrics, including in the supply chain	11
6	**Describes robust commitments, strategies or policies in the area of labour**	Reference to principles of relevant international labour standards (ILO Conventions) and other normative international instruments in company policies	GSK Human rights statement
		Inclusion of reference to the principles contained in the relevant international labour standards in contracts with suppliers and other relevant business partners	11
7	**Describes effective management systems to integrate the labour practices**	Risk and impact assessments in the area of labour	11
		Grievance mechanisms, communication channels and other procedures (e.g. whistleblower mechanisms) available for workers to report concerns, make suggestions or seek advice, designed and operated in agreement with the representative organisation of workers	11
Robust labour management policies and procedures (continued)			
8	**Describes effective monitoring and evaluation mechanisms of labour principles integration**	Audits or other steps to monitor and improve the working conditions of companies in the supply chain, in line with principles of international labour standards.	11
		Process to positively engage with the suppliers to address the challenges through schemes to improve workplace practices	11

UN Global Compact Communication on Progress continued

			Where to find the information
Robust environmental management policies and procedures			
9	**Describes robust commitments, strategies or policies in the area of environmental stewardship**	Reflection on the relevance of environmental stewardship for the company	14
		Written company policy on environmental stewardship	How we manage environmental risks
		Inclusion of minimum environmental standards in contracts with suppliers and to relevant business partners	14-16
		Specific commitments and goals for specified years	14-16
10	**Describes effective management systems to integrate the environmental principles**	Environmental risk and impact assessments	49-53 (Annual Report)
		Allocation of responsibilities and accountability within the organisation	Our governance structure
11	**Describes effective monitoring and evaluation mechanisms for environmental stewardship**	System to track and measure performance based on standardised performance metrics	14-16
		Audits or other steps to monitor and improve the environmental performance of companies in the supply chain	14
Robust anti-corruption management policies and procedures			
12	**Describes robust commitments, strategies or policies in the area of anti-corruption**	Publicly stated formal policy of zero-tolerance of corruption	Anti-Bribery and Corruption Policy
		Policy on anti-corruption regarding business partners	Anti-Bribery and Corruption Policy Third party guidelines
13	**Describes effective management systems to integrate the anti-corruption principle**	Support by the organisation's leadership for anti-corruption	11
		Internal checks and balances to ensure consistency with the anti-corruption commitment	11
		Management responsibility and accountability for implementation of the anti-corruption commitment or policy	11
		Communications (whistle blowing) channels and follow-up mechanisms for reporting concerns or seeking advice	11
14	**Describes effective monitoring and evaluation mechanisms for the integration of anti-corruption**	Leadership review of monitoring and improvement results	11
Taking action in support of the global goals			
15	**Describes core business contributions to UN goals and issues**	Align core business strategy with one or more relevant UN goals/issues	SDG factsheet
		Develop relevant products and services or design business models that contribute to UN goals/issues	2-3 4-5
16	**Describes strategic social investments and philanthropy**	Pursue social investments and philanthropic contributions that tie in with the core competencies or operating context of the company as an integrated part of its sustainability strategy	2-3 4-5
17	**Describes advocacy and public policy engagement**	Publicly advocate the importance of action in relation to one or more UN goals/issues	SDG factsheet GSK Human rights statement
		Commit company leaders to participate in key summits, conferences, and other important public policy interactions in relation to one or more UN goals/issues	SDG factsheet GSK Human rights statement
Taking action in support of the global goals continued			
18	**Describes partnerships and collective action**	Develop and implement partnership projects with public or private organisations on core business, social investments and/or advocacy	4-5
		Join industry peers, UN entities and/or other stakeholders in initiatives contributing to solving common challenges and dilemmas at the global and/or local levels with an emphasis on initiatives extending the company's positive impact on its value chain	4-5

UN Global Compact Communication on Progress continued

			Where to find the information
Corporate sustainability governance and leadership			
19	**Describes CEO commitment and leadership**	CEO publicly delivers explicit statements and demonstrates personal leadership on sustainability and commitment to the UN Global Compact	UNGC COP CEO statement
		CEO promotes initiatives to enhance sustainability of the company's sector and leads development of industry standards	CEO's statement
20	**Describes Board adoption and oversight**	Board of Directors (or equivalent) assumes responsibility and oversight of long-term corporate sustainability strategy and performance	CR Committee report CEO's statement
		Board establishes, where permissible, a committee or assigns an individual board member with responsibility for corporate sustainability	CR Committee report
		Board (or committee), where permissible, approves formal reporting on corporate sustainability (Communication on Progress)	CR Committee report Our governance
21	**Describes stakeholder engagement**	Publicly recognises responsibility for the company's impacts on internal and external stakeholders	43-44 (Annual Report)
		Define sustainability strategies, goals and policies in consultation with key stakeholders	43-44 (Annual Report)
		Establish channels to engage with employees and other stakeholders to hear their ideas and address their concerns, and protect 'whistle blowers'	11

ESG reporting criteria

KPI	Definition	Method
Social and Governance data – Unless stated otherwise, the data reflects the reporting period of 1 January 2021 to 31 December 2021.		
Access and affordability		
Community investment totals (million£)	All donations made by GSK globally for charitable purposes including cash, product, in-kind donations, the value of time donated via the PULSE employee volunteering programme and the management costs associated with charitable programmes.	Donations are only included if they are voluntary and charitable in purpose. Donations are valued in Sterling at year end exchange rates. Product donations are valued at the 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.
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 (LF).	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 LF 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.
Value of GSK medicine and vaccines prescribed 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 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 and products included in the programs.
Product reach target		
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 license 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 each quarter by taking the average total number of dolutegravir packs sold per quarter across the last four quarters. This is then divided by three 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). Sales of dolutegravir 50mg singles are excluded. 2021 data provided is based on cumulative figures up to the end of Q3 2021. Data is provided by the Medicines Patent Pool and Aurobindo, through which ViiV's DTG patents are (sub-)licensed.
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, a global Vaccine Alliance bringing together public and private sectors. 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, 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, 2020 and 2021. 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, a global Vaccine Alliance bringing together public and private sectors. 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, 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, 2020 and 2021. See: Detailed-product-profiles.xlsx (live.com)

ESG reporting criteria continued

KPI	Definition	Method
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, a global Vaccine Alliance bringing together public and private sectors.	To calculate the estimated number of girls reached, we use the number of GSK doses shipped to Gavi, 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) ('000)	The estimated number of people who have received the OPV vaccine for polio 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, which may or may not be used or discarded at the end of the session after the vial is opened. See WHO indicative vaccine wastage rates Revising_Wastage_Concept_Note.pdf (who.int)
People reached through the US Patient Assistance Program ('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 and products included in the programs.
Health access target		
People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)	The total number of people directly reached through Save the Children's GSK-funded activities in disease prevention and access to health services.	This figure is calculated by combining the reach of all GSK-funded Save the Children programmes which operate in 24 low-income countries and focus on building a world where no child under the age of five dies from preventable causes. More information on these programmes can be found on our website. This figure includes children and adults directly reached with healthcare (for example through immunisation programmes, screening for malnutrition, treated for pneumonia, malaria or diarrhoea), as well as community members, civil society members and health workers trained and directly engaged. This figure does not include those indirectly reached, which includes people reached indirectly through communications, 'Information, Education and Communication' programmes, campaigning and/or awareness raising efforts or events conducted or supported by Save the Children or one of its implementing partners. Reach data is collected and provided by Save the Children. The data covers the period 1 July 2020 – 30 June 2021 (the latest available data). H2 2020 data has been added to H1 2021 data as proxy for total 2021 data. Final 2021 data is available in April 2022. The 2022 report will be updated to reflect the actual figure.
People accessing a healthcare worker, service or facility as a result of Gates CEO Roundtable programme ('000)	The total number of people directly reached by community healthcare workers trained through the programme.	The Gates CEO Roundtable programme trains community health workers in six countries (Liberia, Uganda, Kenya, Ethiopia, Sierra Leone and Malawi) with the aim of improving access to primary health care for underserved communities. It is funded by five pharmaceutical companies (GSK, J&J, Novartis, Lilly and Pfizer) and the Bill and Melinda Gates Foundation. Reach data is collected and provided by our NGO partners. As each of the funder organizations is an equal contributor, the reach number is calculated by dividing the total reach of the programme by six. The data covers the period 1 July 2020 – 30 June 2021 (the latest available data). H2 2020 data has been added to H1 2021 data as proxy for total 2021 data. Final 2021 data is available in April 2022. The 2022 report will be updated to reflect the actual figure.
People reached through ViiV Healthcare's Positive Action 2020-2030 Strategy grants ('000)	The total number of people directly reached by ViiV Healthcare's Positive Action 2020-2030 Strategy grants.	In December 2019 Positive Action launched the 2020-2030 Strategy. Grants are made to community-based organisations to achieve healthy communities in a world free of AIDS. Reach data is collected and provided by our grantees. The 2021 data capture is over an 18-month cycle. Grantees report every six-months on the previous six-months, therefore grantees continue to report 2021 data up until June 2022. As grantee reporting only began in October 2020, we have very limited 2020 data and have not used any proxy data. Final 2021 data is available in June 2022. The 2022 report will be updated to reflect the actual figure.

ESG reporting criteria continued

KPI	Definition	Method
People		
Employee survey engagement score (%)	The engagement score is an index expressed as a percentage score derived from responses that strongly agreed or agreed with four engagement questions in the GSK annual engagement survey. 72% of Pharmaceutical and Vaccines employees and 66% of Consumer Health employees responded to the survey. The consolidated response rate is 70%.	The survey is issued to all regular full-time and fixed term contract employees in all countries in which GSK operates, except China. The engagement score is calculated from four questions comprising feeling valued and proud as an employee, having the opportunity to do challenging and interesting work and recommending GSK as a great place to work. The employee survey questions are translated by professional service partners into 25 languages and reviewed by overseas nationals to ensure translation quality and accuracy. Due to the distinct nature of the businesses, two separate surveys were issued to Consumer Health employees and Pharmaceutical and Vaccines employees. The engagement questions were consistent in both surveys. The data was consolidated to report an enterprise-wide employee survey engagement score.
Total women in management (%)	The total percentage of women in a management role. 'Management' is classed as an employee in grade bands 0-6 which includes Managers, Directors, VPs and SVPs.	The data covers the total number of salaried 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' e.g. those pay-rolled 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 2021. This is calculated as the number of salaried employees (at 31 December) recorded in our HR system with Gender specified as female, within grades 0-6, divided by the total pay-rolled employees recorded in the HR system.
Number of apprentices recruited	The number of employees joining GSK on to one of the formal 'Apprenticeship' early talent programmes during the year. A formal 'Apprenticeship' early talent programme is defined as a structured programme into which individuals are recruited from school or technical college into GSK to develop specific functional skills through planned work experience. In addition, associates on these programmes will complete an element of formal education as specified by the 'apprentice standard' in the market in which they are employed that supports targeted skills development.	New apprentices recruited globally are tagged and recorded in the HR system. The only exception to this is for apprentices recruited in Germany, where the local HR team provides manual data which is incorporated into the GSK total.
Overall turnover (%)	Overall turnover is a measure of GSK employees leaving GSK and does not include internal moves within the site.	We calculate the number of leavers during the year as a % of the average 2021 permanent headcount. The employee turnover rate includes employees who left the company both voluntarily and involuntarily during the year.
Ethnically diverse total (%)	Total 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 salaried 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') e.g., those pay-rolled 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 2021. This is calculated as the number of salaried employees at 31 December 2021 recorded in our internal HR system who self-identified as Ethnically Diverse, divided by total salaried employees in the system.
Ethical conduct		
Compliance – 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: – Behaviour in the Workplace - inappropriate behaviour/language, harassment, discrimination, or other employee inappropriate actions. – Expenses - Expense policy violations including delinquent payment, overspend against local policy limits for legitimate business expenditure, improper or unapproved expense, or fraudulent expense claim. – Good Manufacturing and Distribution Practices - Violations of Good Manufacturing Practice, Supply Chain Continuity, or Supply Chain Quality Assurance.	This data comprises all regular employees and excludes contractors and contingent workers. In 2021, we updated the reporting methodology. In previous years we reported on concerns raised and any subsequent disciplinary actions during the reporting period. The 2021 data includes all employees disciplined for policy violations in the reporting year where cases are closed. This expanded scope includes concerns raised from previous years where the employee has been disciplined in 2021. 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.

ESG reporting criteria continued

KPI	Definition	Method
Ethical conduct		
Compliance – Breakdown of types of policy violation (#) Continued	– Mandatory Training Completion - Late completion or non-completion of mandatory training by worker. – Marketing and Promotional Activities - Any action, behaviour, or language in violation of (or relating to) any of the following: antitrust, commercial practices funding, contract sales organisation, external experts, Healthcare professional/Hospital Class Index transfer of value, inappropriate managerial direction, Interactions with Payer Account Groups/ Consumer/Payer groups, product promotion, samples, or Speaker Program. – Other - Any other policy violation types that do not fit into the above categories specified.	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.
Clinical trial transparency		
Publicly available trial result summaries	The number of clinical 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 research summaries.	We report the cumulative number of studies which have results disclosed since the set-up of the register in 2004. Clinical results summaries must be posted within one year of completion. 79 studies were due to be posted in 2021 and were posted in 2021 or ahead of time in 2020. Data on the number of studies for which results summaries are posted by GSK can be obtained from the GSK trial register (www.gsk-studyregister.com). On the advanced search feature on the GSK register, the studies with results summaries can be selected and the search applied.
Product quality		
Audits of our third parties on quality processes	The total number of supplier audits carried out for GxP (Good Practice quality guidelines and regulations) related activities, including raw materials, components as well as Good Manufacturing Practice services such as external labs, Contract Manufacturing Organisations and Logistics Service Providers.	Combined cumulative total across Pharma, Vaccines and Consumer Health business from 1 January 2021 – 31 December 2021. Based on status of number of audits where fieldwork has been completed within the reporting period. Where joint audits take place, the lead only records the audit.
Total regulatory inspections	Total number of Good Manufacturing Practice and Good Distribution Practice regulatory inspections from all global regulators.	Combined cumulative total across Pharma, Vaccines and Consumer Health business from 1 January 2021 – 31 December 2021. Based on regulatory inspections where fieldwork is started.
Product recalls		
Number of FDA product recalls by business and class (I/II/III)	Number of US FDA recalls of product from the US market. We categorise the data according to which of our businesses it relates to (pharmaceutical, vaccine or consumer healthcare) and according to 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.	Number of recalls for each BU Pharma, Vaccines and Consumer Health businesses from 1 January 2021 – 30 December 2021 split by class. Business Units track recalls in their respective systems and this data is then split by class to produce a cumulative result.
Number of FDA enforcement actions taken in response to violations of current Good Manufacturing Practices (cGMP)	Number of GMP warning letters issued by the US FDA, which lead to enforced regulatory actions being required.	Number of enforceable GMP warning letters for each BU Pharma, Vaccines and Consumer Health business from 1 January 2021 - 31 December 2021.

ESG reporting criteria continued

Environmental data		
Net Zero emissions	Net zero emissions means reducing scope 1, 2 and 3 emissions as much as is practicable in line with climate science to maintain global temperature increases below 1.5°C, and then balancing the remaining residual emissions through carbon removal credits.	GSK's carbon reduction plan is available on gsk.com GSK aims to offset around 20% of our 2020 footprint using responsible and high-quality carbon removal solutions.
Net positive impact on Nature	Net nature positive means reducing our environmental impacts across water, materials and biodiversity and investing in measures to protect and restore nature.	We will approach this through the delivery of our water, waste and biodiversity goals. We are partnering with organisations such as the UN Water Resilience Coalition to help us have a positive water impact in water stressed areas; the Ellen MacArthur foundation to help us adopt a circular approach to waste and materials; the UN Environment Programme World Conservation Monitoring Centre to help us place biodiversity at the heart of decision making. We aim to source agricultural, forestry and marine derived materials sustainably and we are a member of the Task Force on Nature Related Financial Disclosure (TNFD).
Water neutral	Water neutral means that all reasonable actions have been taken to reduce the existing water footprint of a site, and we aim to balance our impacts on water use, water quality and access within a water basin.	We will approach this through investing in water efficiency projects at our sites. We are partnering with the UN Water Resilience Coalition and NGO's to address shared water challenges in a community to support the sustainable use of water within a water basin, such as rainwater harvesting projects that capture water at source for reuse.
Zero operational waste	Zero operational waste means all routine waste and materials will be recovered by circular routes (see waste definition below).	We will approach this by reducing the amount of hazardous and non-hazardous waste generated on our sites by 20% by 2030, and by working to eliminate non-circular methods of waste disposal for the remainder.
Reporting Boundary	The published environmental data covers facilities owned or leased by GSK and its joint venture partners over which GSK has full operational control, except for small commercial offices and distribution centres, who are not required to report environmental impacts unless one of the following criteria are met: – total energy usage >4750 MWh per annum – total water in is > 10,000 m3 per annum – total waste generated >250 tonnes per annum This ensures that GSK is reporting > 95% of its environmental impacts.	GSK publish data aligned with the calendar year. However, December 2021 values include estimates as actual data is not available in time for publication. Data was restated for 2020 to correct for December estimates during that reporting period. Our baseline year for environmental targets is 2020.
Energy	This includes all purchased energy such as grid electricity, natural gas, coal, diesel and other fuels and renewably generated energy and hot water such as from solar, wind or biomass. Purchased renewable electricity is renewable electricity generated by a supplier that is purchased under a supply agreement that includes evidence of origin such as REC, REGOs or as part of a Power Purchase Agreement PPA.	Energy data is based on invoice data from utility companies and meter readings.
Water	This includes all water supplied to GSK. Captured rainwater and recycled water are measured and reported but not included in the 'total water used' calculation.	Water data is based on invoice data from suppliers and meter readings at our sites.
High Water Risk	This includes all water supplied to sites identified by GSK as located in a region of high water stress. Captured rainwater and recycled water are measured and reported but not included in the 'total water used' calculation. A region of high-water stress is defined by GSK as a region where there is a combined risk of high or very high across the three elements of Quantity, Quality and WASH (Water, Sanitisation and Hygiene) from the following tools: WRI Aqueduct Water Risk Atlas[1] and WWF Water Risk Filter.[2]	GSK mapped the geographic location of its sites against outputs from these tools to identify sites located in regions of high-water stress. These sites are – Boudouaou, Algeria – Cape Town, South Africa – Jamshoro, Pakistan – Karachi F268, Pakistan – Karachi West Wharf, Pakistan – Korangi, Pakistan, – Nashik, India – Nairobi, Kenya – Oak Hill, USA – Tianjin TSKF, China Historic data is being restated to cover these sites. It also includes water supplied to sites classed as high-water stress sites that left the GSK network in 2020 – Nabha, India – Sonepat, India – Tianyuan, China

1 World Resources Institute Aqueduct Water Risk Atlas, last accessed 5th January 2022

2 WWF Water Risk Filter, last accessed 5th January 2022

ESG reporting criteria continued

KPI	Definition	Method
Wastewater	This includes all wastewater sent to a municipal sewer, discharged to surface water after treatment on site, waste water used for irrigation, wastewater used to recharge aquifers in accordance with local regulations. Liquid waste such as waste solvents that contain water are reported separately as wastes.	Wastewater data is based on invoice data from utility companies, meter readings, or a calculation based on water use in the absence of a meter.
Scope 1 Carbon emissions	GSK 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.	Carbon emissions are calculated as CO2 equivalent (CO2e) per the GHG Protocol Corporate Accounting and Reporting Standard. Carbon emission factors and calorific factors for the combustion of natural gas, diesel and other fuels are taken from the UK Government emission conversion factors for greenhouse gas company reporting 2020 edition. Emissions from on-site solvent waste to energy incineration in historical data are being restated as part of emissions from fuel instead of waste treatment emissions. Historical carbon emissions for sales force travel were calculated based on distance travelled, not directly on fuel use and have added an estimate (approx. 10%) for offices where distance driven data is not available. In 2021, sales force emissions were based on fuel emissions, distance and vehicle data from our fleet providers. Carbon emissions from refrigerant losses are based on the quantities of refrigerant used to top up equipment. Historical emissions from refrigerant losses are being restated. On site waste treatment emissions are based on engineering estimates. Biogenic emissions are reported separately but not included in the Scope 1 & 2 total emissions.
Scope 2 Carbon emissions	GSK Scope 2 emissions include any purchased electricity, steam, compressed air and chilled water.	Carbon emissions are calculated as CO2 equivalent (CO2e) per the GHG Protocol Corporate Accounting and Reporting Standard. Carbon emission factors for purchased electricity are taken from the International Energy Agency Statistics – CO2 from Fuel Combustion 2020 edition. Carbon emission factors for purchased heat, steam and chilled water are taken from the UK Government emission conversion factors for greenhouse gas company reporting 2020 edition GSK are restating scope 2 emissions from electricity for 2018, 2019 and 2020 based on the updated IEA emission factors published in 2020. GSK report market-based Scope 2 emissions for facilities where there is evidence of low carbon energy generation such as certificates of origin (REC, REGO, PPA) or hydroelectric local grid supply e.g. in the Quebec Region.
Scope 3 Carbon emissions	GSK report all 15 Scope 3 categories as detailed in the Greenhouse Gas protocol.	Carbon emissions are calculated as CO2 equivalent (CO2e) per the GHG Protocol Corporate Value Chain (Scope 3) Standard. Scope 3 data across all 15 categories were prepared by GSK using a hybrid model combining primary activity-based data where available, and economic data. The model was quality assured by the Carbon Trust. Scope 3 emissions for business travel by air are based on ticketing information not directly on fuel use. Scope 3 emissions from patient use of metered dose inhalers are based on the numbers of inhalers leaving manufacturing sites for distribution, and the amount of propellant in each inhaler.
Waste	In 2021 we revised our definitions of waste. 'Waste generated' is the operational waste generated on our sites. Historical waste generated data up to 2020 is the waste generated that that leaves GSK boundaries. Waste recovered by a circular route includes all waste and materials generated on site that is sent for: – Recycling/reclamation including off-site solvent recovery – On and Off-Site Reuse – Composting or Anaerobic Digestion – Land treatment resulting in benefit to agriculture or ecological improvement In 2021, circular waste does not include any solvent that was recovered and recycled on-site.	Waste data is based on invoices and waste transfer note data.

ESG reporting criteria continued

KPI	Definition	Method
Waste to Landfill	Waste to landfill includes both hazardous and non-hazardous waste that is disposed in landfill.	Waste to landfill data is based on invoices and waste transfer note data. In some cases, local laws and regulations require certain waste be sent to landfill. For some types of waste (e.g. asbestos waste) landfill is the best environmental option. We include these wastes as waste sent to landfill in our data table, but we also allow the small number of sites affected to claim 'zero to landfill' status.
Ozone depleting substances contained in equipment	We report the ozone depleting potential for the total amount of ozone depleting sub-stances contained in ancillary equipment as kg CFC-11 equivalents.	The total amount of ozone depleting substances is based on site inventory data multiplied by the ozone depleting potential factors from the Intergovernmental Panel on Climate Change. We estimate the impact of fugitive losses for these refrigerants. We are excluding the inventory from a small number of sites where GSK do not own or manage the refrigeration equipment.
GSK reportable incident	A GSK reportable injury or illness meets the following criteria: 1. The affected individual is either a GSK employee or a 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 health care 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 reportable injury or illness meets these listed criteria. These criteria are different from national regulatory reporting requirements which vary across the world. 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 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. Employees include full time employees and directly supervised agency staff.

Independent Limited Assurance Report

to the Directors of GlaxoSmithKline plc

GlaxoSmithKline 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 2021 (the "Report"), for the reporting year ended 31 December 2021.

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 observations are provided below. These observations do not affect our conclusion set out above.

- We identified gaps in the site-level reported distances used for the SalesForce emissions calculation. The approach was retrospectively updated to retrieve CO2e emissions directly from fleet suppliers. We recommend GSK develop a documented methodology for reporting SalesForce emissions to support replicability. Periodic checks of reported CO2e emissions from fleet suppliers would improve controls around the completeness of data.
- During data testing we found gaps in the waste reported for three sites. Upon investigation, the central reporting team confirmed this data was missing and updated the figures prior to report publication. We recommend the central reporting team investigate zero values and anomalies at sites to mitigate the risk of underreporting data.
- EHS One highlights figures reported +/-25% of the previous month's value. Although this covers errors from incorrect conversions or UoM, the percentage is above GSK's wider materiality threshold. There is a risk that significant variations are not captured from the current system control. We recommend that GSK sets a system warning to provide commentary at GSK's wider materiality threshold.
- We found that GSK relies on third parties to provide the data for 'People Reached' through GSK's health target without an established definition and methodology to ensure that 'People Reached' are counted consistently across programmes. We recommend that GSK establish a definition and methodology at Global level that partner NGOs adhere to for reporting purposes, to ensure consistent data is collected across GSK.
- We found that not all data owners have their data collation and calculation processes fully documented. There is a risk that data is not reported consistently year-on-year and that it may not be possible to report data in cases where the data owner is unavailable. We recommend that GSK establish a systematic process for maintaining and updating the data methodology internally to improve the consistency and efficiency of reporting.

Selected information

The scope and boundary of our work is restricted to the Environmental Social and Governance (ESG) performance data included within the Report (the "Selected Information") for the reporting year 2021 and is listed in **Appendix 1** of this document.

To assess the Selected Information, which includes an assessment of the risk of material misstatement in the Report, we have used GSK's EHS Technical Support Documents and Master Internal Data Collection Process (the "Criteria"), a summary of which can be found on pages 26–32 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.

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.

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.

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;
- Desktop review of evidence of site level data and following this through to consolidated group data;
- Remote site visits to Levice (Slovakia), Wavre (Belgium) and Zebulon (USA) to review processes and systems for preparing site level EHS data consolidated by GSK's central reporting team. DNV were free to choose the sites on the basis of materiality and their contribution to GSK's overall data;
- Performing limited substantive testing on a selective basis of the Selected Information to check that data had been appropriately measured, recorded, collated and reported. Due to strict confidentiality constraints, we were unable to review a sample of source data from GSK's HR system. Where this was the case, we undertook alternative testing methods such as quality control and governance interviews to ensure reliance of the data.
- Recalculating the Selected Information using suitable conversion factors and/or 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; and
- Reading the Report and narrative accompanying the Selected Information within it with regard to the Criteria.

DNV Business Assurance Services UK Limited
London, UK
3 March 2022

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.

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

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

- Total energy from operations (GWh)
- Purchased renewable electricity (GWh)
- On site renewably generated electricity (GWh)
- Total Scope 1 emissions (thousands of tonnes CO2e)
- Total Scope 2 emissions market-based (thousands of tonnes CO2e)
- Scope 2 location-based emissions (thousand tonnes CO2e)
- Total Scope 1 & 2 emissions market-based (thousands of tonnes CO2e)
- Emissions from use of propellant based inhalers by patients (thousands of tonnes CO2e)
- Total water use (million m3)
- Total wastewater discharged (million m3)
- Water use at high water risk sites (million m3)
- Total waste generated (thousand tonnes)
- Total waste to landfill (thousand tonnes)
- Total circular waste (%)
- Number of fatalities (employees and complementary workers under GSK direct supervision)
- Fatalities (contractors not under GSK direct supervision)
- Reportable injuries with lost time (number)
- Reportable illnesses with lost time (number)
- Lost time reportable injury rate (per 100,000 hours worked)
- Lost time reportable illness rate (per 100,000 hours worked)
- Reportable injuries with and without lost time (number)
- Reportable illnesses with and without lost time (number)
- Reportable injury rate (per 100,000 hours worked)
- Reportable illness rate (per 100,000 hours worked)
- Reportable injury and illness rate (per 100,000 hours worked)
- Hours worked (million)
- Total Community Investment (million £)
- Albendazole tablets donated to help eliminate lymphatic filariasis (millions)
- Albendazole tablets donated to help treat intestinal worms (millions)
- Value of GSK medicine and vaccines prescribed through our US Patient Assistance Program (COGS in million USD)
- 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 the Oral Polio Vaccine (‘000)
- People reached through the US Patient Assistance Program (‘000)
- People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)
- People reached through ViiV Healthcare’s Positive Action 2020-2030 Strategy grants (‘000)
- People accessing a healthcare worker, service or facility as a result of the Gates CEO Roundtable programme (‘000)
- Engagement – Employee survey engagement score (%)
- Gender diversity – Total women in management (%)
- Talent and leadership development – Number of apprentices recruited (#)
- Employee turnover – Overall turnover (%)
- Ethnicity – US and UK ethnically diverse total (%)
- Compliance - Breakdown of types of policy violation (#)
- Clinical trial transparency data – publicly available trial result summaries (#)
- Quality inspections and audits - Audits of our 3rd parties on quality processes(#)
- Total regulatory inspections (#)
- Number of FDA product recalls by business and class (I/II/III) – Pharmaceuticals, Vaccines, Consumer Healthcare
- Number of FDA enforcement actions taken in response to violations of current Good Manufacturing Practices (cGMP) – Pharmaceuticals, Vaccines, Consumer Healthcare