# Basis of Reporting – Social & Governance 2024

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# Basis of Reporting

GSK has identified six focus areas that address what is most material to our business and the issues that matter the most to our stakeholders. These focus areas are core to our strategy and are where we can have the greatest positive impact on some of society's most urgent challenges:

- Access
- Global health and health security
- Environment
- Inclusion and Diversity
- Ethical standards
- Product governance

This document gives the Basis of Reporting for selected metrics contributing to Performance Rating metrics and/or in scope of limited assurance within the above focus areas (other than Environment, for which we have a separate Basis of Reporting).

This document captures the scope, methodology & reporting criteria for relevant metrics (measures of quantitative assessment) disclosed at Group level in the Responsible Business Performance Report 2024. Unless stated otherwise, the reporting period is from 1 January to 31 December of a particular year.

**Governance of Changes to Published Data:**

Previously published data will not be changed unless it represents a material change impacting >5% of a GSK total disclosed and/or if in the case of qualitative performance rating metric, a change represents the difference between on or off track.

# Data Management

**Data Collection and Documentation:**

Data is collated periodically in the year depending on the relevant metric calculation methodology.

Data is validated through multiple rounds of review by subject matter experts (SMEs), data providers, and data approvers. This includes cross-checking data against historical records, relevant external inputs, investigating anomalies, and ensuring completeness and accuracy.

Detailed documentation is maintained for each metric, including definitions, methods, data flow, and validation processes. This ensures transparency and consistency in reporting. Limited assurance over the selected information underlying the performance rating (as designated with an A in the data tables through the report). For the full scope of external limited assurance please see the Responsible Business Performance Report. (https://www.gsk.com/en-gb/responsibility/esg-resources)

# High Level Description of Nature of Metrics

1. **Access to Healthcare:**
   Metrics related to the reach and value of GSK medicines and vaccines, community investment, and product reach.
2. **Global Health and Health Security:**
   Metrics related to the number of assets in the Global Health pipeline and active R&D projects addressing prioritised pathogens.
3. **Inclusion and Diversity:**
   Metrics related to representative clinical studies, ethnicity and gender, and spend with US-based certified diverse owned suppliers.
4. **Ethical Standards:**
   Metrics related to mandatory training, employee perceptions of speaking up, high-risk supplier scores, and ethical conduct.
5. **Product Governance:**
   Metrics related to product recalls, regulatory inspections, and trial protocol and result summaries.
6. **People Disclosures:**
   Metrics related to health and safety, and overall employee turnover.

# Detailed Description of Metrics

The remainder of this document describes the definition, scope and method for data capture for the selected metrics.

# Access

## US Patient Assistance Programs (PAP – People reach):

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| People reached through Patient Assistance Program ('000) | The total number of unique individuals that received GSK and ViiV Healthcare product through all our Patient Assistance Programs. | Each of the US Patient Assistance Programs provides a report at year-end, which enables GSK to consolidate the number of unique patients that received GSK and ViiV Healthcare products throughout the year. |

## US PAP – Value of GSK medicine and vaccines:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation ($m) | 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.<br>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. | GSK captures Patient Assistance Program orders for GSK and ViiV Healthcare products through an internal ordering database. The data is captured according to the Wholesale Acquisition Cost (WAC) of the medicine or vaccine and is coded as 'Free Good Charitable Orders'. This amount is converted to a 'Cost of Goods Sold' (COGS) amount for reporting purposes. |

## Total community investment:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Community Investment – Cash (£m)<br>Community Investment – Product and in-kind (£m)<br>Community Investment – Time (£m)<br>Community Investment – Management costs (£m)<br>Community Investment – Total Community Investment (£m) | All donations made by GSK globally for charitable purposes including cash, product, in-kind donations, the value of time donated via volunteering and the management costs associated with charitable programmes. | Data is collected from GSK consolidation financial reporting system, focusing on grants/donations to report all charitable giving, as valued in GBP at year-end exchange rates, following B4SI Framework to support and process improvement.<br>Donations are only included if they are voluntary and charitable in purpose.<br>Product donations are valued at global average cost of goods as reported in year-end results.<br>In-kind donations are valued at the value or cost of the item to GSK not the current external purchase price.<br>All volunteer time is tracked in GSK global people management system or relevant local time & absence system. All time (Together Days and skills-based) will be reported. Management costs should only be included where member of staff is 50% or more allocated to charitable giving (note: management costs are NOT included in volunteering time calculation; this should only be captured in Management costs.) |

## Product reach – (doses supplied to lower income countries (millions (m)):

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Doses of *Rotarix*, *Synflorix* and *Cervarix* vaccines supplied to Gavi (m) | The number of doses of the *Rotarix*, *Synflorix* and *Cervarix* vaccine that are supplied to Gavi, the Vaccine Alliance. | To calculate the number of doses supplied, use the number of GSK doses shipped to Gavi-supported countries, with the data extracted from the GSK financial reporting system. |
| Doses of *Mosquirix* (RTS,S/AS01) vaccines supplied through the MVIP (m) | The number of doses of the *Mosquirix* (RTS,S/AS01) vaccine donated to the Malaria Vaccine Implementation Programme (MVIP). | To calculate the number of doses supplied, use the number of GSK doses procured by UNICEF (MVIP's procurement agent) and shipped to MVIP countries, with the data extracted from the GSK financial reporting system. GSK has been supplying *Mosquirix*, the first and only malaria vaccine. |
| Doses of OPV vaccines supplied to UNICEF (m) | The number of doses of the oral polio vaccine (OPV) vaccine that are supplied to UNICEF. | To calculate the number of doses supplied, use the total number of GSK doses shipped to countries procuring via UNICEF for both routine vaccination campaigns and outbreak responses, with the data extracted from the GSK financial reporting system. |

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Albendazole tablets donated to help eliminate lymphatic filariasis (m) | The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to eliminate lymphatic filariasis (LF). | Albendazole tablet shipments from GSK's manufacturing facility to endemic countries are tracked in a real-time database of donated medicines for Neglected Tropical Diseases. Donation figures for LF are aggregated and reported annually using data from the GSK financial reporting system. |
| Albendazole tablets donated to help treat intestinal worms (m) | 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 and entered into the GSK financial reporting system, which tracks donated medicines for Neglected Tropical Diseases in a real-time database. |
| Total doses supplied (m) | Sum of doses of *Synflorix*, *Rotarix*, *Cervarix* vaccines supplied to Gavi, doses of OPV vaccines supplied to UNICEF, doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied, and Albendazole tablets donated to help eliminate lymphatic filariasis and treat intestinal worms – as defined above. | To calculate the sum of doses of *Synflorix*, *Rotarix*, *Cervarix* vaccines supplied to Gavi, doses of OPV vaccines supplied to UNICEF, doses of *Mosquirix* (RTS,S/AS01) vaccines supplied, and Albendazole tablets donated to help eliminate lymphatic filariasis and treat intestinal worms – as per method and source described above. |

## Product reach – (people reached in lower income countries in thousands ('000s)):

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| People with access to a generic dolutegravir product | The total number of people living with HIV currently accessing generic dolutegravir-based products through ViiV Healthcare's voluntary licensing agreements with the Medicines Patent Pool and directly with Aurobindo Pharma. | Total number of people living with HIV accessing generic dolutegravir-based products is calculated based on licensee sales figures provided by the Medicines Patent Pool (MPP) and Aurobindo Pharma. The MPP uses this data to calculate the annual average number of people with access to generic dolutegravir-based products. |
| Estimated children reached with *Synflorix* through Gavi ('000) | The estimated number of children who have received the *Synflorix* vaccine (for the prevention of pneumococcal infection) through Gavi, the Vaccine Alliance. | To estimate the number of children reached by GSK doses in Gavi-supported countries, extract the data from the GSK financial reporting system by taking the total number of doses shipped, and divide it by the number of doses needed for a full vaccination schedule.<br>See: https://www.gavi.org/news/document-library/detailed-product-profiles |
| Estimated children reached with *Rotarix* through Gavi ('000) | The estimated number of children who have received the *Rotarix* vaccine under five years of age (for the prevention of rotavirus) through Gavi, the Vaccine Alliance. | |
| Estimated girls reached with *Cervarix* through Gavi ('000) | The estimated number of girls who have received the *Cervarix* vaccine (for the prevention of cervical cancer) through Gavi, the Vaccine Alliance. | |
| Estimated people reached with *Mosquirix* (RTS,S/AS01 E) through the MVIP ('000) | The estimated number of children who have received the RTS,S vaccine through the Malaria Vaccine Implementation Programme (MVIP). | To calculate the estimated number of children reached, we use the number of GSK doses shipped to MVIP countries, extract the data from the GSK financial reporting system, and divide this by the number of doses needed to complete a full schedule (4 doses), factoring in WHO's estimated vaccine wastage rates.<br>See: https://www.gavi.org/news/document-library/detailed-product-profiles |
| Estimated people reached with the Oral Polio Vaccine (OPV) ('000) | The estimated number of people who have received the OPV vaccine for polio procured through UNICEF. | To calculate the estimated number of people reached, GSK uses 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. WHO estimates 20% wastage. See WHO indicative vaccine wastage rates: https://www.who.int/docs/default-source/immunization/tools/revising-wastage-concept-note.pdf |
| Total people reached ('000) | Sum of people with access to a generic dolutegravir product through voluntary licensing agreements, estimated children reached with *Synflorix* & *Rotarix* through Gavi, estimated girls reached with Cervarix through Gavi, estimated people reached with *Mosquirix* (RTS,S/AS01 E), and estimated people reached with with OPV through UNICEF. | To calculate the sum of people with access to a generic dolutegravir product through voluntary licensing agreements and estimated children reached with *Synflorix* & *Rotarix* through Gavi, estimated girls reached with Cervarix through Gavi, estimated people reached with *Mosquirix* and estimated people reached with OPV through UNICEF. |

# Global health and health security

## Number of assets – Global Health pipeline to address priority WHO diseases:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Number of assets progressed through the Global Health pipeline to address priority WHO diseases | An asset is an active Research and Development (R&D) project. Progress is defined as the movement of a Global Health asset from one phase to another. GSK recognises progression through the following four categories:<br>– Senior leadership endorsement of business plan for progression<br>– Clinical trial starts ('First Subject, First Visit/Dose')<br>– Business development/in-licensing<br>– Regulatory milestone (ie – submission, approval, or launch)<br>Progressions are for active projects during the year. If project achieves a progression milestone early in the year, but closes later in the year, we still count the progression event.<br>Active projects that still reflect 'proposed' in the system are still treated as active, as there are sometimes system lags after event has occurred.<br>GSK uses the following lists to define priority WHO diseases:<br>– WHO Priority Pathogen List*<br>– WHO Emergency Diseases List*<br>– WHO Blueprint for Prioritized Disease List*<br>– WHO Essential Medicines List*<br>– UN Sustainable Development Goals<br>*WHO reviews and updates these lists as needs arise and methodologies change.<br>GSK set the performance target in Q1 in year of reporting and used the most recent published WHO list at that time.<br>In Q1 2024, the WHO changed its listing of urgent pathogens, adding rifampin-resistant Mycobacterium tuberculosis to the list, the metric population was not impacted. | GSK internal R&D project database is used to maintain population of assets and to track progress through phases of development. |

## Number of active R&D projects to address prioritised pathogens:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Number of active R&D projects to address prioritised pathogens by the WHO and Centers for Disease Control (CDC) as posing the highest level of concern due to drug resistance (critical and/or urgent threats) | Active R&D Projects includes:<br>– R&D projects in Discovery, Pre-clinical, or Phase 1, Phase 2, Phase 3 and also open label studies or Phase 3b.<br>– In 2024, we include active projects in infectious disease (ID) therapeutics, Immunology and Global Health. (In 2023, we only included active projects in therapeutics and Immunology team.)<br>– Projects that are closed but are supporting active label submission (ie - awaiting regulatory approval for new indication).<br>– Projects run with or by partner companies, in the case of product acquisitions (example- Ibrexa).<br>Active Projects EXCLUDES:<br>– Projects on Clinical Hold<br>– Projects run by government/not GSK run<br>– Low priority/Tier 3<br>– Projects scheduled to be terminated/ cancelled | The global infectious disease and vaccines team maintain an internal GSK database to track active projects being run exclusively by GSK. Additional projects being run with partner companies are added to the list. |
| | GSK uses the following lists to define WHO/CDC highest level of concern pathogens:<br>– Critical Pathogens from WHO Priority Lists (2017 WHO priority bacteria list, combined with 2022 add-on Priority Antifungal List) and/or<br>– Pathogens listed as Urgent Threats on the CDC Biggest Threats Report (2019)<br>– WHO and CDC designated critical and/ or urgent threats include carbapenem-resistant (CR) Acinetobacter spp., C. difficile, CR or ESBL+ Enterobacteriaceae, Drug-resistant N. gonorrhoeae and carbapenem-resistant P. aeruginosa, Candida auris, Candida albicans, Aspergillis fumigatus and Cryptococcus neoformans<br>– WHO updated the list of urgent bacterial pathogens in quarter 1 of 2024 to include rifampin-resistant TB as a new urgent pathogen (the 2017 list was used for 2024 reporting and 2024 list will be used for 2025 reporting) | |

# Inclusion and diversity

## Spend with US-based diverse-owned suppliers:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Improve year-on-year spend with US-based certified diverse-owned suppliers | Percentage of year-on-year increase of GSK US spend with certified US-based diverse suppliers when comparing current year spend against previous year spend. | GSK tracks spend with US-based certified diverse-owned suppliers verifying suppliers' diversity status with third-party certification. Spend data with suppliers come from GSK financial reporting system. GSK has identified third-party national partner NGOs as reliable sources of certifications. |

## Representative clinical studies:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| % of Phase 3 trials completing enrolment in 2024 that have met our required threshold* of trial participants, consistent with disease epidemiology | The total percentage of clinical trials that have achieved Last Subject First Visit (LSFV) with enrolment of demographic categories based on disease epidemiology.<br>* Defined by meeting ≥70% (up to a ceiling of 130%) of each demographic objective described in the plan based on disease epidemiology.<br>For our Responsible Business Performance Rating metric 2024, demographic categories considered in plans were age, sex, race, and ethnicity as applicable based on disease epidemiology. Of the phase 3 clinical studies completing enrolment in 2024, Volition was the only study where the demographic objective of age or sex was considered applicable. | Clinical Operations Planning and Feasibility ("COPF") tracks important Phase 3 clinical studies using a GSK financial reporting system, focusing on studies starting this year and having plans based on disease epidemiology. They gather information on when the studies start and the expected participant demographics based on disease epidemiology every month and quarter basis. This information is then summarised in reports and shared with the GSK team. |

## Ethnicity and gender diversity:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| % of women (all employees)<br>– SVP/VP level<br>Total women in management | The total percentage of women employees and in a management role. 'Management' is classed as an employee in grade bands 0-6 which includes Managers, Directors, Vice Presidents (VP) and Senior Vice Presidents (SVP). | The data includes all employees who are women as reported within the GSK Internal HR system, covering active and non-active statuses but excluding agency workers and those without gender specified. The percentage is based on employee numbers by the year end. It is calculated by dividing the number of female employees grades 0-6 divided by the total payrolled employees grades 0-6 recorded in the GSK Internal HR system. |
| Ethnicity total (%) | Total percentage of ethnically diverse employees for GSK in the US and UK employee population across SVP/VP level. Race/ethnic categories are defined according to UK Census and US Federal reporting guidelines.<br>Ethnically Diverse is comprised of all categories excluding white for both US and UK diversity reporting. | The data includes all salaried employees in US and UK mainland territories within our GSK internal HR system, covering both active and non-active statuses excluding agency workers, and those with unspecified ethnicity. The percentage is calculated by the year end, by dividing the number of self-identified ethnically diverse employees with the total number of salaried employees. |

# Ethical standards

## % of employees and complementary workers that complete GSK's mandatory training:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| % of employees (ees) that complete GSK's mandatory training:<br>The Code: Living our Values and Expectations<br>Working at GSK<br>% of complementary workers (cws) that complete GSK's mandatory training:<br>The Code: Living our Values and Expectations<br>Working at GSK<br>% of ees that complete GSK's mandatory training – ABAC<br>% of cws that complete GSK's mandatory training – ABAC | The percentage of active employees and complementary workers (CWs) who have been assigned the mandatory training curriculum and completed all training modules. | All active employees and in-scope CWs are required to complete our global mandatory learning curriculum which is tracked through GSK's internal learning management system. The completion percentage is calculated by using training data as of end of each year for current reporting year. This is calculated by dividing the total number of active employees and CWs who have completed all assigned modules by the total population of active employees and CWs who have been assigned the mandatory training. |

## Employees who believe they "can and do Speak Up":

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Employees who believe they "can and do Speak Up" | The percentage of employees agreeing they can speak up if things don't feel right. in the GSK Annual Engagement and Culture Survey. | The GSK Annual Engagement and Culture Survey is designed to understand employee experiences and perceptions whilst working at GSK. The survey is issued to all regular full-time and fixed-term contract employees in all countries in which GSK operates (excluding Russia). The survey is translated into 25 languages for inclusivity. To calculate the percentage, the total number of responses that Strongly Agreed or Agreed with the question 'I can and do speak up if things don't feel right' is divided by the total number of responses received, excluding the Don't Know responses. |

## High-risk suppliers – Achieving minimum EcoVadis score:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| % of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place | GSK through its EcoVadis Programme helps direct high-risk suppliers* improve their operations and support their sustainability journey.<br><br>EcoVadis is an external ratings provider and assesses organisations across four themes: Environment & Community, Labour & Human Rights, Ethics, and Sustainable Procurement.<br><br>An improvement plan is initiated by the supplier or any of its partners, including GSK, and tracked on the EcoVadis platform. Where required, GSK interacts directly with the supplier to ensure corrective actions are implemented.<br><br>*Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the purchasing of materials directly associated with the production of goods.<br><br>Suppliers reaching the minimum score for a given year are considered to have met the minimum for the entire three-year grace period even if the desired minimum score increases in that period. | GSK requires suppliers to have a minimum score of at least 45 in the EcoVadis assessment. EcoVadis scorecard data is exported from the EcoVadis platform for further analysis and reporting.<br><br>To calculate the metric value, the total number of suppliers scoring >=45 or having an improvement plan in place is divided by number of total suppliers within scope, where suppliers are considered on parent company level unless instructed otherwise.<br><br>Underperforming suppliers are obliged to re-run the assessment within 12 months, and a supplier will be excluded from reporting if there is no relationship with GSK anymore. |

## Ethical conduct:

### GSK Case Management System:

All markets, except Austria & Germany (which have local privacy laws), utilise a case management system to manage cases and data retention. Austria & Germany maintain their own case list "disciplinary report" which is submitted to the global employee relations team on a quarterly basis for consolidation and analysis within the broader global data platform.

This data comprises all regular employees and excludes contractors and contingent workers.

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Employees who had concerns raised against them | The number of distinct employees with a disciplinary concern raised against them. | Anyone inside or outside GSK can raise concerns or speak to an independent third party through our integrity lines, confidentially or anonymously. Concerns can also be raised internally by employees, management, or internal monitoring.<br><br>These data are collected and organized in GSK case management system.<br><br>The data includes the total number of distinct employees with a disciplinary concern raised against them during the reporting period, and those employees with disciplinary concerns raised against them from prior year's open cases. |
| Employees disciplined for policy violations | The number of distinct employees where the outcome of a concern raised resulted in disciplinary action.<br><br>Disciplinary action includes a documented warning, termination, or resignation. | These data are collected and organised in GSK case management system.<br><br>The data represents cases closed during the reporting period. |

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Breakdown of types of policy violation | The breakdown of the types of policy violations that employees have been disciplined for during the reporting period.<br>Policy violations categories are defined as:<br>– Employee Conduct<br>– Sales and Marketing<br>– Product Quality<br>– Safeguard People and Information and Assets<br>– Employee Relations & HR Policies<br>– Research and Development and Medical<br>– Practices<br>– Anti-Bribery and Corruption<br>– Cyber Security<br>– EHS and Sustainability<br>– Other: Any other policy violation types that do not fit into the above categories specified | Data is collected and organised in GSK case management system with first level hierarchy, "case class". Each case class then drill downs further to specific categories within that case class.<br>This data comprises all regular employees and excludes contractors and contingent workers.<br>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.<br>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.<br>Case owners regularly utilise published data quality reports to assist in data accuracy regularly. Quarterly internal audits are conducted to address any outstanding data discrepancies. |
| Employees who were dismissed or agreed to leave the company voluntarily | The number of distinct employees where the outcome of a disciplinary concern resulted in termination of employment or voluntary resignation of the employee. | These data are collected and organised in GSK case management system.<br>This data comprises all regular employees and excludes contractors and contingent workers.<br>The data represents cases closed during the reporting period.<br>Includes termination of employment or resignation. |
| Documented warnings | The number of distinct employees where the outcome of a disciplinary concern resulted in a documented warning. | These data are collected and organised in GSK case management system.<br>This data comprises all regular employees and excludes contractors and contingent workers.<br>The data represents cases closed during the reporting period.<br>Disciplinary action includes a documented warning (Level 1, 2, 3 sanction or final warning). |
| Open cases awaiting investigation or a disciplinary decision at year end | The number of distinct employees involved in an investigation or a disciplinary decision that is still open and pending an outcome at the end of the reporting period. | These data are collected and organised in GSK case management system.<br>This data comprises all regular employees and excludes contractors and contingent workers.<br>This data represents employees that are involved in cases that remain open at the end of the reporting period.<br>The outcome of investigations that are still open or awaiting disciplinary action at year end are captured during the subsequent reporting period, and correlating, this metric will be updated accordingly for the prior year. |

# Product governance

## Regulatory Inspections:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Total regulatory inspections from all health authorities | The number of regulatory inspections of GSK entities from all health authorities. | The data is collated from GSK cloud based secure document storage system. The data represents Good Manufacturing Practise (GMP)/ Good Distribution Practice (GDP) inspections conducted and reported and findings that are known, on all GSK entities in the reporting year. It is the responsibility of relevant site personnel (medicines and vaccines contacts) to report the occurrence of an inspection into the system. |
| % of inspections from all regulators with no critical findings or official action indicated | The percentage of the number of regulatory inspections of GSK entities with no critical findings or official action.<br>All FDA findings are considered Major (FDA critical findings are per Warning Letters). | The data is collated from GSK cloud based secure document storage system. The data represents the percentage across GMP/ GDP for the where results have been confirmed across all GSK entities in the reporting year. The percentage is calculated by the total number of inspections from all regulators with no critical findings or official action indicated divided by the total number of inspections from all regulators multiplied by 100. |
| Total regulatory inspections from FDA/ MHRA/EMA regulators | The number of regulatory inspections by the following regulators of GSK entities: United States (US) Federal Drugs Agency (FDA); United Kingdom (UK) Medicines Healthcare Regulatory Agency (MHRA); and European Medicines Agency (EMA) National Competent Authority in the EEA regulators. | The data is collated from GSK cloud based secure document storage system. The number of regulatory inspections across GMP/GDP based on FDA, MHRA and European regulators* that are inspecting on behalf of EMA regulatory bodies where results have been confirmed across all GSK entities in the reporting year.<br>*National Competent Authorities |
| Number of critical/ major findings by FDA/MHRA/EMA regulators | The number of critical and major findings from regulatory inspections of GSK entities by US FDA, UK MHRA and EMA regulators.<br>All FDA findings are considered Major (FDA critical findings are per Warning Letters). | The data is collated from GSK cloud based secure document storage system. The number of critical and major findings across GMP/ GDP on business and products based on FDA, MHRA and European regulators that are inspecting on behalf of EMA where results have been confirmed across all GSK entities in the reporting year. |
| Total FDA regulatory inspections | The total number of regulatory inspections of GSK entities by US FDA. | The data is collated from GSK cloud based secure document storage system. The number of regulatory inspections across GMP/ GDP on the business and products based on US FDA regulatory inspections where results have been confirmed across all GSK entities in the reporting year. |
| Number of FDA observations | The number of observations issued by the US FDA to GSK entities.<br>All FDA findings are considered Major (FDA critical findings are per Warning Letters). | The data is collated from GSK cloud based secure document storage system. The number of findings across GMP/ GDP on the business and products based on US FDA regulatory inspections where results have been confirmed across all GSK entities in the reporting year. |
| Number of FDA warning letters | The number of warning letters issued by the US FDA to GSK entities, which led to enforced regulatory actions being required.<br>All FDA findings are considered Major (FDA critical findings are per Warning Letters). | The data is collated from GSK cloud based secure document storage system. The number of enforceable GMP/GDP warning letters that are known, on all GSK entities in the reporting year. |

## Product recalls:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Total number of Class I/II/III external product recalls | The number of external Class I/II/III recalls of product broken down by recall type. | The data is extracted from the GSK internal database that manages product recalls. Total number of class I/II/III external product recalls across all markets within range across a rolling four quarters. The data represents the number of external Class I/II/III recalls across GMP/GDP that are known, on all GSK entities in the reporting year. |
| FDA product recalls by business and class | The 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 or vaccine) and according to recall type. | The data is extracted from the GSK internal database that manages product recalls. Business Units track recalls in their respective systems. |

### Trial protocol and result summaries:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Publicly available trial protocol summaries (register)<br>* Trial protocol summary includes key information related to a trial e.g. the study design, outcome measures, arms and interventions, eligibility criteria, contacts, and study site locations. | The number of trial protocol summaries registered on the external facing GSK trial register or ViiV register as part of GSK's internal policy commitment to disclosure of human subject research. This is in addition to the mandatory requirements by regulators for disclosure of protocol registrations. | The process involves registering protocol summaries for studies on either the GSK trial register or the ViiV register. The numbers reflect the studies initiated in the current year for which protocol summaries were registered. For cumulative values, the numbers include studies with protocol summaries registered on the GSK register and disclosed, extracted from study registers. |
| Publicly available trial result summaries (disclose)<br>**A trial results summary is the submission of data in a tabular format summarising | The number of trial results summaries posted on the external facing GSK trial register or ViiV register as part of GSK's internal policy commitment to disclosure of human subject research.<br>This is in addition to the mandatory requirements by regulators for disclosure of results summaries. | The process involves registering protocol summaries for studies on either the GSK trial register or the ViiV register. The numbers reflect the studies initiated in the current year for which protocol summaries were posted. For cumulative values, the numbers include studies with protocol summaries registered on the GSK register and these are generated through the Transparency report which derives the data from the disclosure system used by the business. |

# People

### Health and Safety:

"Reportable" injuries and incidents are assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process.

Reportable injuries or illnesses are those which meet the criteria:

1. Must be an employee or GSK-supervised worker
2. Must be GSK work-related
3. Must meet one or more of the general criteria:
   a. Medical treatment beyond first aid
   b. Restricted days/job transfer/days away from work
   c. Loss of consciousness
   d. A significant occupational injury or occupational illness diagnosed by a physician or other licensed health care professional
   e. Fatality
4. Must be a "new case"

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Number of fatalities (employees and complementary workers under GSK direct supervision) | Work-related fatalities of employees and complementary workers under GSK direct supervision. | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process. |
| Number of fatalities (contractors not under GSK direct supervision) | Fatalities of contractors not under GSK direct supervision but related to work at GSK sites. | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process. |
| Reportable injuries with lost time | Injuries at the global GSK site level meeting the criteria of GSK reportable injuries and resulted in lost time. Lost time includes work related incidents that have resulted in lost days, restricted time, or a job transfer. | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process. |
| Reportable illnesses with lost time | Number of illnesses at the global GSK site level meeting the criteria of GSK reportable illnesses and resulted in lost time. Lost time includes work related incidents that have resulted in lost days, restricted time or a job transfer. | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process. |

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Lost time reportable injury rate (per 100,000 hours worked) | The number of reportable injuries with lost days, restricted work or job transfers rated per 100,000 hours worked (GSK employees and direct supervised contract workers).<br># reportable injuries<br>Total hours worked/100,000 | By dividing the total number of reportable lost time injuries by the total hours worked per 100,000, GSK obtains the metric rate.<br>The Scaling Factor – Per 100,000 Hours Worked helps to normalize the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours. |
| Lost time reportable illness rate (per 100,000 hours worked) | The rate of number of reportable illnesses with lost days, restricted work or job transfers per 100,000 hours worked. (GSK employees and direct supervised contract workers). | By dividing the total number of reportable lost time illness by the total hours worked per 100,000, GSK obtains the metric rate.<br>The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours. |
| Reportable injuries with and without lost time | Total number of injuries that meet the criteria of being "reportable". | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process |
| Reportable illnesses with and without lost time | Total number of illnesses that meet the criteria of being "reportable". | This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS One system as part of the reporting process |
| Reportable injury rate (per 100,000 hours worked) | The number of reportable injuries rated per 100,000 hours worked (GSK employees and direct supervised contract workers). | By dividing the total number of reportable injury by the total hours worked per 100,000, you obtain the metric rate.<br>The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours. |
| Reportable illness rate (per 100,000 hours worked) | The number of reportable illnesses rated per 100,000 hours worked. (GSK employees and direct supervised contract workers). | By dividing the total number of reportable illness by the total hours worked per 100,000, you obtain the metric rate.<br>The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours. |
| Reportable injury and illness rate (per 100,000 hours worked) | The number of reportable injuries and illnesses rated per 100,000 hours worked (GSK employees and direct supervised contract workers). | By dividing the total number of reportable illnesses and injuries by the total hours worked per 100,000, GSK obtains the metric rate.<br>The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours. |
| Hours worked (millions) | HR System Report of the hours worked in millions of hours. | Hours worked is based on multiplying average headcount per site per month by estimated average number of hours worked by an employee in a month (assumed to be 150 hours). Employees counted are those in active status with specified employee type codes for each location (site). |

## Overall employee turnover:

| Reported Metric | Definition | Source and calculated methodology |
|---|---|---|
| Overall turnover (%) | Overall turnover is a measure of GSK employees leaving GSK and does not include internal moves within GSK.<br>Headcount is for regular employees and 13 months are used to calculate the average for the reporting year.<br>The termination data is based on the effective date of termination and not the termination date. The termination date is the last day of work and the effective date of termination is the first day of termination, i.e. the following day. Therefore, employees with termination date of 31 December of reporting year are not included in this dataset. | The employee headcount data and employee termination data is updated daily and extracted from our GSK HR platform called Workday.<br>Overall turnover % is a function of number terminated employees divided by the average reporting year's permanent headcount. |

# Glossary of terms

**Total community investment**

– **B4SI (formerly LBG) Framework:** Business for Societal Impact is the global standard in measuring and managing corporate social impact. B4SI Frameworks form a robust measurement standard that any company can apply to understand the difference their contributions make to their business and society.

**Number of active R&D projects to address prioritised pathogens (AMR)**

– **CDC:** The Centers for Disease Control and Prevention is the national public health agency of the United States.

– **AMR:** Antimicrobial resistance (AMR) is a phenomenon where microbes (such as bacteria, viruses, fungi and parasites) change or adapt in ways that make them resistant to the drugs that are used to treat them.

– **WHO:** World Health Organization

**Regulatory inspections**

– **FDA:** Food and Drug Administration

– **MHRA:** Medicines and Healthcare Products Regulatory Agency

– **EMA:** European Medicines Agency