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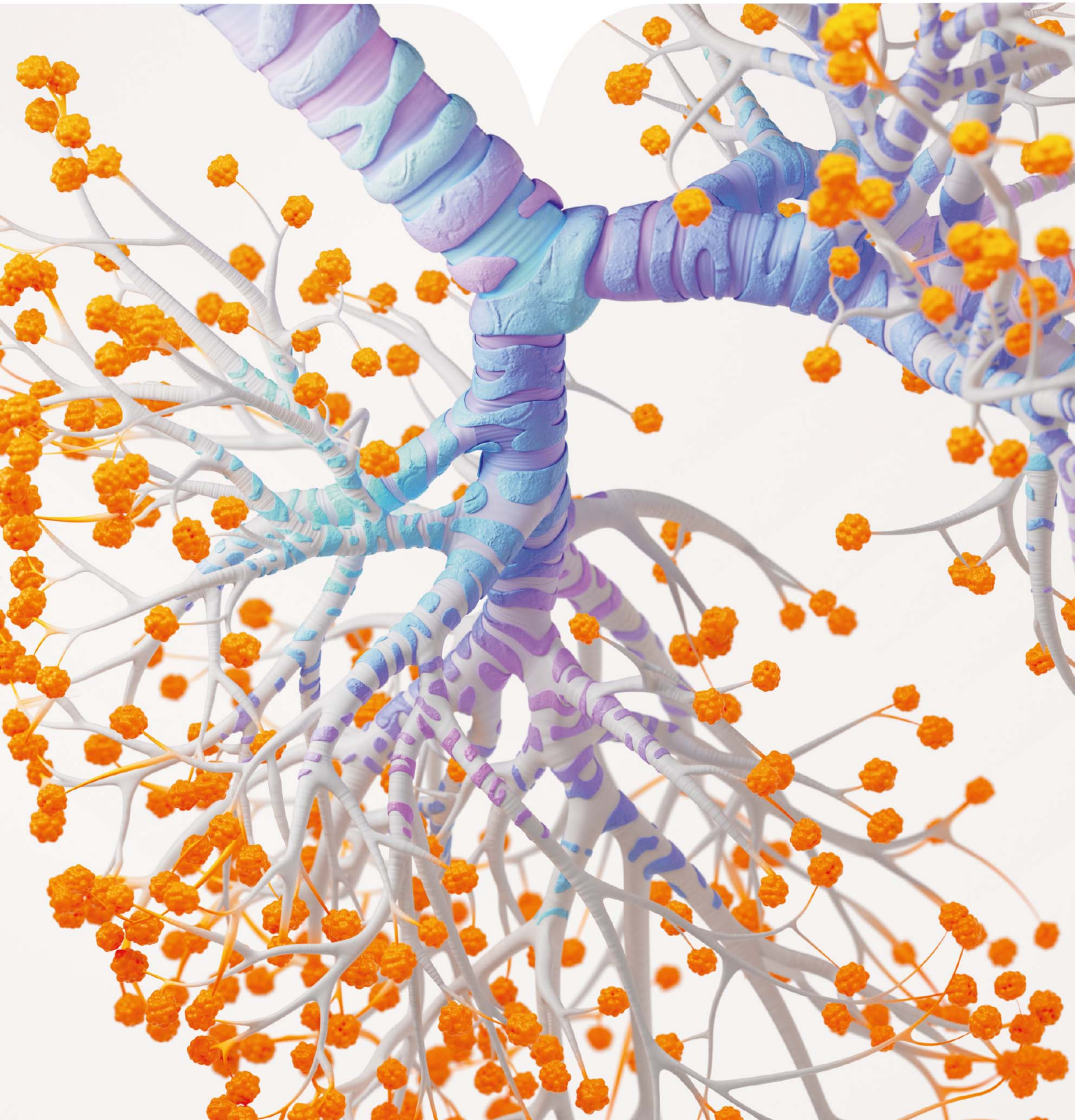
Ahead Together

GSK

Annual Report 2024



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Visit gsk.com for more information

Our supplements

Our Responsible Business Performance Report is available on gsk.com

Front cover image: Lungs

As well as supplying vaccines to help protect people from respiratory infections, we are developing treatments that could transform the standard of care for people affected by conditions including asthma and chronic obstructive pulmonary disease (COPD). Our pipeline also includes potential new approaches for unmet lung cancer needs.

Cautionary statement
See the inside back cover of this document for the cautionary statement regarding forward-looking statements.

Non-IFRS measures
We use a number of adjusted, non-International Financial Reporting Standards (IFRS) measures to report the performance of our business. Total reported results represent the Group's overall performance under IFRS. Core results and other non-IFRS measures may be considered in addition to, but not as a substitute for or superior to, information presented in accordance with IFRS. Core results and other non-IFRS measures are defined on pages 87 and 88 and reconciliations to the nearest IFRS measures are on pages 98 to 100.

Our purpose

We unite science, technology and talent to get ahead of disease together

for health impact
+ shareholder returns
+ thriving people

Ahead Together

Our strategy

We prevent and treat disease with specialty medicines, vaccines and general medicines.

We focus on the science of the immune system and advanced technologies, investing in four core therapeutic areas – respiratory, immunology and inflammation; oncology; HIV; and infectious diseases – to impact health at scale.

We operate responsibly for all our stakeholders by prioritising Innovation, Performance and Trust.

Read about how our business model delivers our strategy on page 2

Our culture

We are ambitious for patients, accountable for impact and we do the right thing.

Read about our culture and people on page 58

Business model

As a focused biopharma company, we discover, develop and deliver medicines and vaccines. We aim to positively impact the health of 2.5 billion people by the end of the decade.

Central to our success are our people: experts in science, technology, manufacturing and commercialisation...

68,600
GSK people across 75 countries worldwide

£6.4bn
R&D investment in 2024

37
manufacturing sites

18,000
suppliers working directly with GSK

...who are identifying, researching, developing and delivering...

Specialty Medicines

Our specialty medicines prevent and treat diseases, from HIV, cancer and asthma to immune-inflammation diseases like lupus. Many are first or best-in-class.

Read more on page 34

General Medicines

Our broad portfolio of general medicines, from inhalers for asthma and COPD to antibiotics, improve life for millions of people around the world. Many are market leaders.

Read more on page 40

Vaccines

We have one of the broadest portfolios of vaccines in the industry, targeting infectious diseases at every stage of life, helping to protect people from RSV, meningitis, shingles, hepatitis and many more.

Read more on page 37

...products that prevent and change the course of disease in our four core therapeutic areas...

Respiratory, immunology and inflammation

We're harnessing our deep knowledge of inflammatory mechanisms and the science of the immune system to redefine the future of respiratory medicine and target lung, liver and kidney disease.

Read more on page 15

HIV

We're leaders in HIV, focused on ending the global epidemic. We have an industry-leading pipeline, driven by patient insights.

Read more on page 22

Oncology

Our ambition is to help increase overall quality of life, maximise survival and change the course of disease, expanding from our current focus on blood and women's cancers into lung and gastrointestinal cancers, as well as other solid tumours.

Read more on page 18

Infectious diseases

Our infectious diseases pipeline and portfolio, including HIV, is the broadest in the industry.

Read more on page 24

Business model continued

...using advanced technologies...

Pipeline

At every step of the R&D process, we are using data tech, including AI, and platform technologies to be faster, more effective and more predictive in discovering and developing innovative medicines and vaccines.

Read how technology enables our R&D on page 28

Performance

We use technology to reach people and patients better and faster through smart manufacturing; helping patients and their carers to manage their conditions; and empowering our people to do their best work.

Partnership

We collaborate in new ways across the technology and biotech industries and academia, so that we can work with the latest advances in expertise and technology to get ahead of disease together.

...steered by our long-term priorities...

Innovation

We develop and launch new medicines and vaccines where they are needed, with better, faster and smarter R&D.

Read more about our R&D on page 12

Performance

Driven by our innovation, we have delivered consistent sales and profit growth and improved our long-term outlooks.

Read about our commercial operations on page 32

Trust

We focus on issues that matter most to our business, our stakeholders, and society, and where we can have the greatest impact.

Read more in Responsible Business on page 46

...creating value for...

Patients

>2bn

estimated patients reached between 2021 and 2024[1]

Society and the economy

£1.3bn

corporate income tax paid; in addition we pay duties, levies, transactional and employment taxes

Shareholders

61p

per share dividend

People

85%

of GSK people surveyed agree that their job gives them the opportunity to do challenging and interesting work

...and enabling reinvestment to get ahead of disease

The returns we make set us up to reinvest in discovering and developing new medicines and vaccines to prevent and change the course of disease. Helping people to live healthier lives eases pressure on health systems and supports economic prosperity.

Being a responsible business is an integral part of our strategy and culture. Read more on page 46

Our strategy is supported by a robust framework for monitoring and managing risk, described on pages 62

(1) We believe that we are on track to achieve our ambition of reaching 2.5 billion people by the end of the decade. Our estimated patient reach figure from 2021 to the end of 2024 is at least 2 billion people, excluding patient reach for albendazole donations in 2024 as this data is not yet available. For more detail see Access on page 48 and for more detail on our methodology see our Responsible Business Performance Report.

2024 performance and KPIs

Financial

We delivered another year of excellent performance in 2024, with strong sales and core operating profit growth driven by accelerating momentum of our specialty medicines portfolio.

Group turnover (£bn) KPI R

£31.4bn AER 3% CER 7%

Turnover by product groups (£bn) KPI

Specialty Medicines
£11.8bn AER 15% CER 19%

Vaccines
£9.1bn AER -7% CER -4%

General Medicines
£10.4bn AER 2% CER 6%

Total operating profit (£bn) KPI

£4.0bn AER -40% CER -33%

2024: Total operating profit was lower primarily due to a charge of £1.8 billion for the *Zantac* settlement.

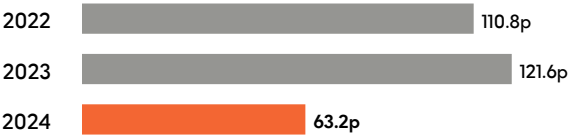
Core operating profit (£bn) KPI R

£9.1bn AER 4% CER 11%[1]

2024 growth excluding COVID-19 solutions 6% AER 13% CER

Total earnings per share (p)

63.2p AER -48% CER -40%



2024: Total EPS was lower primarily due to a charge of £1.8 billion for the *Zantac* settlement.

Core earnings per share (p)

159.3p AER 3% CER 10%[2]

2024 growth excluding COVID-19 solutions 5% AER 12% CER

Cash generated from operations (£bn) KPI

£7.9bn

Free cash flow (£bn) KPI

£2.9bn

We use a number of adjusted, non-IFRS, measures to report the performance of our business. Core results and other non-IFRS measures may be considered in addition to, but not as a substitute for or superior to, information presented in accordance with IFRS. Core results and other non-IFRS measures are defined on pages 87 and 88. AER – actual exchange rate; CER – constant exchange rate. Excluding COVID-19 solutions as defined on page 90.

(1) Core operating profit +11% (with further positive impact of +2% excluding COVID-19 solutions) at CER.

(2) Core EPS +10% (with further positive impact of +2% excluding COVID-19 solutions) at CER.

KPI Key performance indicator R Linked to executive remuneration. See pages 156 to 165 for more details

2024 performance continued

Research and development

We continued to strengthen our late-stage pipeline with organic R&D delivery and targeted business development, supporting future growth.

£12bn
innovation sales (KPI) of products launched, or with major lifecycle innovation expansion, in the last five years

71
assets in the pipeline

19
assets in phase III/registration

13
positive phase III readouts

5
major product approvals expected in 2025[1]

12
new collaborations and acquisitions, including with Elsie Technologies and Flagship Pioneering

The pipeline value and progress (KPI) (R) are not reported externally because of their commercial sensitivity.

Read more about our R&D on pages 12 to 31

Responsible business

We are committed to getting ahead of issues that matter for society and for the long-term performance of our company. Our Responsible Business Performance Rating (KPI) tracks progress across our six focus areas: access; global health and health security; environment (R); inclusion and diversity (R); ethical standards; and product governance.

91%
of our Responsible Business Performance Rating metrics 'met' or 'exceeded' in 2024

2nd
in the Access to Medicine Index (ATMI) among 20 of the world's largest pharmaceutical companies

12%
reduction in operational carbon emissions since 2023 (Scope 1 & 2)

Read more about our performance across our six focus areas on pages 46 to 56

Culture

We measure progress on embedding our culture (KPI) through our employee surveys. Our employee engagement score remained high at 81% in 2024.

Read more about our culture and people on page 58

(1) *Penmenvy*, our 5-in-1 meningococcal vaccine, was approved in the US in February 2025

Chair's statement

Another year of strong performance and meaningful R&D progress

2024 provided further evidence that Emma and her executive team have seized the opportunity of the demerger to make fundamental improvements to GSK's operational performance, competitiveness and pipeline.

Our long-term conviction remains that changing population demographics and disease patterns mean that GSK's purpose to get ahead of disease matters more than ever. By delivering innovative new medicines and vaccines to prevent and change the course of disease, GSK is creating sustained value for patients, healthcare systems and society at large. Over time, we are determined that this will also translate into sustained increased value for shareholders.

Strategic progress

GSK continues to perform to a new standard. 2024 marked the third consecutive year of strong sales and core operating profit and earnings per share growth.

We have built a much stronger platform for GSK to deliver consistent and dependable performance, underpinned by a new resilience and sales mix across the portfolio.

This was demonstrated in 2024, with strong performance delivered despite some challenges in Vaccines.

These were outweighed by strong growth across our Specialty Medicines business, with our Respiratory/ Immunology, Oncology and HIV franchises all registering double-digit sales growth.

The first phase of GSK's transformation, since the demerger, has built a foundation of consistent execution and delivery. Our medium- and longer-term outlooks also continue to strengthen, with total sales in 2031 on a risk adjusted basis now expected to be more than £40 billion.[1] The priority now is to build on this foundation as GSK moves into the second phase of its transformation, focused on executing pipeline delivery, realising our ambitious 2031 revenue targets and preparing for the next wave of innovation.

Shareholder returns

Equally, the Board recognises that the value of GSK shares does not currently reflect our confidence in these outlooks. The Board is extremely mindful of this and the need to deliver better shareholder value over the short-, medium- and long-term timeframes.

The Board has thought deeply about this gap between the market's view of valuation and our own. While investing in the business will always be the first priority for use of capital, the Board believes that the balance sheet is now strong enough to support a share buyback.

This should be seen as a clear demonstration in the Board's belief in the medium- and long-term growth prospects for GSK.

R&D progress

The company's core focus remains progressing and strengthening the pipeline and R&D performance. This is the number one priority for the Board as a whole and the Science Committee specifically. We continue to constructively challenge the executive team on their scientific and commercial assumptions and the financial returns expected from proposed R&D investments.

The Board was encouraged to see good progress made during the year, both organically and through business development, with 13 positive phase III readouts. This pipeline progress supports the Board's confidence in the delivery of the increased outlook to 2031. As a result, the Board is increasingly turning its attention to pipeline opportunities beyond 2031 based on the company's deep understanding of the immune system and leading capabilities in platform and data technologies.

Disciplined deployment of capital towards R&D remains central to this. We have chosen to both progress and decline business development opportunities over the course of this year, not least as we now see opportunities to accelerate certain assets in Respiratory, Immunology & Inflammation and Oncology.

Remuneration

We continue to evolve our Remuneration Policy to support delivery against the company's goals and seek to further increase alignment of shareholder and management experiences.

In the Remuneration Report we set out proposed changes which seek to both anchor our remuneration against the peer group we compete with and to ensure we are even more focused on incentivising financial over-performance and pipeline over-delivery in the near, mid and long term.

(1) See assumptions and basis of preparation related to 2025 Guidance, 2021-26 and 2031 Outlooks on the inside back cover

Chair's statement continued

We have consulted extensively with shareholders in developing the new proposals, which will be voted on in the usual way at our 2025 AGM.

Resolving *Zantac* litigation

Beyond the company's strategic and R&D priorities, the Board has focused on reducing unnecessary exposures for the company and shareholders. The retirement of the *Zantac* risk, through the settling of the vast majority of cases in the US, was clear demonstration of this.

We strongly believe this action is in the best long-term interests of shareholders, helping draw a line under the litigation and providing closure without any admission of liability.

This was a good example of the Board and leadership team working closely together, along with independent experts, to act in shareholder interests.

Culture and responsibility

As I have said before, I believe that one of the strongest drivers of GSK's long-term performance is the culture shift which Emma and her team are driving. This is seen in a focus on behaviours such as accountability and smart decision-making; and continued very high engagement scores among GSK people.

The Board continues to support the long-standing proactive approach taken by the company to build trust and operate responsibility. Through the relevant Board committees, we examined progress in priority areas such as access to medicines, where the company again ranked strongly in external benchmarks in 2024, antimicrobial resistance (AMR), and our climate and nature sustainability commitments.

Board evolution

As I've noted previously, we continue to evolve the Board to ensure we provide robust oversight and scrutiny of management. We have now built deep industry skills and experience across all parts of the biopharma value chain, including strategically important areas to GSK such as genetics, immunology and AI.

In 2024, we were delighted to welcome Dr Jeannie Lee to the Board. Jeannie is Vice Chair of the Department of Genetics at Harvard Medical School. Her deep expertise in scientific and medical innovation, including in the field of RNA biology and epigenetics, which are key parts of GSK's R&D approach, together with her experience in public health, bring a strong additional perspective to Board discussions.

We will also bid farewell to Dr Jesse Goodman, who will step down from the Board at the 2025 AGM having served nine years as a Non-Executive Director. The Board as a whole, and the Science Committee in particular, have benefitted hugely from Jesse's wealth of expertise in infectious diseases, regulation and public health. He has made a fantastic contribution to GSK and we wish him all the very best for the future. As Jesse steps down, we are delighted that Dr Gavin Screaton will join the Board as a Non-Executive Director from 1 May 2025. His deep expertise in immunology and infectious diseases, together with his considerable experience in public health, will help to replace Jesse's skillset and experience; and bring a valuable perspective to the Board.

Conclusion

We believe the company continues to strengthen across all parts of the business. That we have not demonstrated this more in shareholder value is a source of determination to do so. The Board is strongly focused on this and helping the executive achieve the outlooks set, which will ultimately drive investor confidence and in parallel, shareholder value.

There are many things that are precious about GSK but one that sits above all is our people – and the purpose that drives them to improve health and the lives of patients worldwide. I would like to thank all our people, as well as our partners, customers and shareholders, for their continued commitment through the past year. Together, we look forward to another year of success in 2025.

Sir Jonathan Symonds
Chair

CEO's statement

2025 will mark three years since the demerger and the creation of GSK as a new dedicated biopharma company, for patients and for shareholders.

The demerger enabled a fundamental restructure of GSK and its balance sheet, bringing new capacity to invest in growth and to deliver returns to shareholders.

Three years on, we have established a strong track record of performance delivery.

We have developed an attractive, reshaped portfolio and pipeline of Specialty Medicines and Vaccines, with Specialty now representing close to 40% of GSK's sales and expected to be well over 50% by 2031.

We have delivered sustained year-on-year sharper operational performance, profitability and cash improvements.

And our long-term outlooks have consistently improved, alongside the quality of our R&D innovation.

Significantly, we now expect sales on a risk adjusted basis to be more than £40 billion[1] by 2031. This is £7 billion ahead of the target we set only four years ago and would represent an increase of £17 billion to GSK's sales since the start of the decade, positively impacting the health of billions worldwide.

Strong 2024 performance

GSK's excellent performance in 2024 demonstrates the transformation of the business.

Group sales were £31.4 billion, up 8%,[2] core operating profit grew 13%[3], core EPS by 12%[4] and free cash flow was just over £2.9 billion.

This was driven by strong growth and increasing contribution from Specialty Medicines, with double-digit growth in all areas, more than offsetting headwinds in Vaccines.

In Respiratory/Immunology, sales were up 13%, driven by *Nucala*, our anti-IL5 biologic medicine and *Benlysta*, our treatment for auto-immune disease lupus.

Oncology sales almost doubled to more than £1.4 billion. Specialty medicines for ovarian and endometrial cancers, together with *Ojjaara*, our new treatment for myelofibrosis patients with anaemia, all grew rapidly, driven by increased uptake and recognition of their benefit by oncologists.

HIV sales grew 13%, with 20% of total HIV sales now coming from new long-acting injectables for treatment and prevention (PrEP).

Vaccine sales were down 3%, reflecting challenges we have seen from external pressures, in the US and China, for *Arexvy* and *Shingrix*. While we expect these to continue in 2025, we are confident that these vaccines, together with the pipeline opportunities we have in this part of our portfolio, will deliver meaningful contributions to medium- and long-term growth.

General Medicines also delivered another strong year of performance, with sales up 6% and *Trelegy* strengthening its position even further as the top-selling medicine worldwide for COPD and asthma.

Pipeline momentum

In R&D, execution in the late-stage pipeline was exceptional, with 13 positive phase III clinical trial readouts in 2024 across Respiratory, Immunology & Inflammation (RI&I), Oncology, HIV and Infectious Diseases – a record for the company.

We are now focused on the clinical development of 14 scale innovation opportunities – the majority in Specialty medicines – each with peak year sales potential of more than £2 billion and expected to launch before 2031.

These include five new product approvals expected in 2025[5], at the forefront of which are potential step-changes in treatment for multiple myeloma, with *Blenrep* our novel ADC treatment; and depemokimab – our new ultra-long-acting medicine for the treatment of severe asthma.

I was also pleased to see further strengthening of our mid- and early-stage pipeline, with progress and addition of several new assets including two high-potential oncology medicines – targeting B7-H3 and B7-H4 antigens; novel IL33 and TSLIP respiratory treatments; and successful steps forward in our development programmes for ultra-long-acting HIV medicines.

(1) See assumptions and basis of preparation related to 2025 Guidance, 2021-26 and 2031 Outlooks on the inside back cover

(2) On a CER basis and excluding COVID-19 solutions

(3) Core operating profit +11% (with further positive impact of +2% excluding COVID-19 solutions) at CER

(4) Core EPS +10% (with further positive impact of +2% excluding COVID-19 solutions) at CER

(5) *Penmenvy*, our 5-in-1 meningococcal vaccine, was approved in the US in February 2025

CEO's statement continued

Targeted business development (BD) also remains a key priority. In 2024, we completed transactions to acquire assets in oncology and RI&I; strengthened platform capabilities in mRNA and oligonucleotides; and entered into several new research alliances, including a collaboration with Flagship Pioneering – providing us with access to a portfolio of more than 40 bioplatform companies. Our recent agreement to acquire IDRx, Inc is a good example of what we expect to do going forward.

Upgraded long-term outlooks[1]

In 2025, we expect another year of profitable growth and, as referenced above, we have increased our long-term outlook.

Our new expectation – for 2031 sales to be more than £40 billion – is calculated on a risk adjusted basis and reflects the inclusion of *Blenrep*, our significant phase III progress since last year and multiple launch opportunities in the 2026 to 2031 period.

With almost 90% of our 2031 sales ambition coming from products already approved, or planned for launch in the next three years, we are confident that our portfolio will deliver against this upgraded outlook.

Capital allocation and shareholder returns

We remain extremely focused on disciplined allocation of capital.

Our first priority for capital remains to invest in growth and in R&D – both organically and in targeted business development – at scale and pace. R&D expenditure was over £6 billion in 2024, and we invested £2.3 billion of capital in targeted BD.

With the pipeline opportunities we now have, we are deliberately prioritising investment to accelerate development of key assets in RI&I and Oncology – alongside long-acting HIV medicines and existing core Vaccines opportunities.

In addition to investing in growth, we remain focused on improving returns for shareholders.

(1) See assumptions and basis of preparation related to 2025 Guidance, 2021-26 and 2031 Outlooks on the inside back cover

Our primary mechanism for this remains our progressive dividend. For 2024 we declared a full year dividend of 61p, and we expect to pay 64p in 2025.

We also look to deliver further returns, when circumstances and opportunities allow, and have announced our intention to buy back £2 billion of shares over the next 18 months. We believe this offers a very attractive return for shareholders at current share price levels.

Very importantly, our outperformance and stronger balance sheet support all our plans to invest competitively for growth – in pipeline and in BD – as well as deliver enhanced returns to shareholders.

Operating as a Responsible Business

GSK is committed to operating responsibly. This is core to who we are as a company and to delivering our ambition for patients, our people and long-term business success.

We maintained good progress in our six priority areas to build Trust in 2024, with an overall performance rating of "on track" for the third consecutive year.

Importantly, we retained a leadership position in the Access to Medicine Index where we have been placed first or second since its inception in 2008.

We are also making great progress against the ambition we set ourselves in 2021 to positively impact the health of 2.5 billion people over ten years, with latest estimates indicating that we have reached at least two billion people.

Being responsive to the environment in which we operate and the changing expectations of our key stakeholders, is critical to building trust. With that in mind, we continue to review and evolve the actions we are taking in all of our six areas.

Culture

At GSK, our culture is centred around being ambitious for patients, accountable for our impact and doing the right thing and we continue to make meaningful progress.

Our culture lays the foundation for how, together, we deliver our strategy, our business performance and positive health impact at scale. It also drives our strong commitment to creating an environment where talented people can thrive, feel valued, included, are able to focus on what matters and pursue exciting career development opportunities.

We continue to see highly positive engagement of our people – with scores of more than 80% again last year in our internal survey. Increased confidence in the delivery of our strategy was also reflected in the survey, and we were delighted to see positive feedback on the effectiveness of our managers – with 79% rated as highly effective by their teams.

Clear momentum as we look ahead

As we look ahead, I am very optimistic for the future at GSK and our ability to deliver our outlooks and develop the next wave of meaningful R&D innovation.

Our portfolio is demonstrating growth and resilience in key areas of therapeutic strength; we expect another year of profitable growth in 2025; and we have further improved our long-term outlooks, particularly in RI&I and Oncology.

This comes on the back of a strong track record of operational delivery and accelerating progress in innovation and pipeline development.

As ever, it is our wonderful teams and partners who fuel this progress, and I want to thank them for all they have achieved during 2024, for the momentum they are bringing into 2025, and for the inspiration they bring to us all.

All of this underscores GSK's clear opportunity to deliver scale health impact to patients, and attractive returns to shareholders, through the decade and beyond. Combining science, technology, and the talent of our people, to get ahead of disease together.

Emma Walmsley
Chief Executive Officer

Our external environment

Our Ahead Together strategy and long-term priorities of Innovation, Performance and Trust respond to major trends influencing the healthcare landscape.

Innovation

Convergence of science and technology continues to shape research and development opportunities

A deeper insight into human biology, combined with the potential to access and compute vast amounts of data, continues to shape discovery and development of new therapies. Advances in understanding of human genetics and functional genomics, in tandem with artificial intelligence and machine learning (AI/ML), are enabling scientists to decode the mechanisms of disease. A better understanding of biological processes, such as inflammation and ageing of the immune system, is paving the way for earlier, more precise intervention to change the course of disease.

In 2024, the biopharma industry continued to look to new mechanisms, technologies and opportunities. Oncology, respiratory and infectious diseases are forecast to be among the top ten therapy areas by 2028, based on global spend. Around a quarter of oncology trials now focus on novel mechanisms, especially antibody drug conjugates, multi-specific antibodies, and cell and gene therapies. While obesity drug trials are increasing, there is also more attention on obesity medications in the context of studies into other diseases; and the longer-term health needs that could emerge due to obesity being effectively controlled.

The transformative potential of scientific and technological advances continues to prompt innovative partnerships and collaborations across sectors. The biopharma industry completed around 60 AI/ML focused deals in 2024. Countries also continue to look to innovation generated by strategic industries, including biopharma, to support growth. China has taken steps to bolster its R&D environment, with its share of global biopharma companies rising to 16% in 2024. The US retains the greatest share, with 39%.

Our response

The convergence of science and technology is changing discovery and development. At all stages of our R&D, we're harnessing the opportunity to be more precise in our research targets, to identify the right patients, and to increase the chances of successfully developing medicines and vaccines that make a difference to them.

We continue to invest for growth in new, best-in-class medicines and vaccines. Our R&D approach combines our scientific focus on the immune system, including human genetics, functional genomics and single-cell profiling, with the use of advanced technologies. Our innovation is driven through both in-house R&D as well as partnering with leading institutions to access cutting-edge research and technology.

We work with our peers and governments to make sure that the policy and regulatory environment stimulates and protects innovative research and development within a culture that builds trust with transparency. This includes policies at a national level to invest in and recognise the value of innovation, as well as global frameworks to enable responsible and appropriate access to, and deployment of, data and new technologies.

Read more about our R&D to prevent and change the course of disease on pages 12 to 31

£9.9bn

Total deal value of AI/ML transactions completed by the biopharma sector in 2024.

$440bn

Projected global spending on oncology medicines by 2028, according to IQVIA, making it the leading therapy area as novel cancer treatments continue to be launched.

Performance

Changing demographics and health system pressures pave the way for a shift to preventative healthcare

Life expectancy is rising once again, following a dip during the COVID-19 pandemic. By 2030, the share of the world's population aged 60 and over will have risen to 1.4 billion. But a longer life does not always equate to a healthier life. In the US and Europe, rates of chronic disease, obesity and disability have increased over successive generations.

Changing demographics, and more complex health needs, put economies and health systems under increasing strain. Although medicines comprise a relatively small proportion of overall health budgets, containing drug costs remains a priority including for countries across Europe and the US as they look to manage health spending. Under the US Inflation Reduction Act, Medicare reduced prices for ten medicines. But as population dynamics change, there is increasing recognition of the value of preventative, pre-emptive healthcare to support future health system sustainability and economic growth. Adult immunisation alone can return up to 19 times its initial investment through health and wider socio-economic benefits.

Our response

Preventing and mitigating the effects of disease, and helping people to live well, is an important lever to improve health and strengthen productivity and economic growth. We are investing in innovation to help prevent illness in the first place and prevent progression of disease. Realising the full potential of this innovation needs the right systems in place to value the full health, social and economic benefits of preventative healthcare. It also needs the appropriate infrastructure to help people access care at the right time and in the right place. We are engaging with stakeholders to identify constructive policy solutions that would shift health systems from spending on sickness to investing in health.

Read more about our commercial operations and performance on pages 32 to 45

Trust

Building trust and transparency is key to implementing innovation

People's understanding of, and familiarity with, the biopharma industry remains relatively low. This contributes to a lack of trust in the sector and levels of trust vary significantly across geographies. The industry faces continued scrutiny across a range of issues. Questions span from how the industry delivers a consistent, safe and reliable supply of products that address unmet needs, through to sourcing and using health data. Despite significant strides to widen access to medicines and vaccines, inequities remain both within and between countries. As a result, the industry's business model continues to come into question.

The role of the sector in responding to sustainability and health security challenges, including pandemics and the rising tide of antimicrobial resistance (AMR), was also in the spotlight again during 2024. Governments around the world agreed a new political declaration on AMR, calling for concerted investment in new medicines and vaccines and improved access to antibiotics, vaccines and diagnostics.

Our response

Building trust and transparency remains central to sustaining innovation and bringing medicines and vaccines to patients; it is also core to delivering on our ambitions for shareholders and society at large. We recognise that challenge and it's why we have embedded six areas of responsible business – access; global health and health security; environment; inclusion and diversity; ethical standards; and product governance. These are areas where we can have the greatest impact. This ranges from delivering medicines and vaccines to the right patient, at the right time, to responding to risks posed by new pandemics, increasing resistance to antimicrobials and the consequences of climate change and nature loss.

Read more in the Responsible Business section on pages 46 to 57

Research and development

A scientist based at our Upper Providence site in the US, working in our Research Technologies group. This group is the foundation of our medicine discovery, bringing together platform and data groups to advance development across our therapy areas including oncology and respiratory.

Research and development

We focus on the science of the immune system and advanced technologies to drive innovation – preventing and treating the most challenging diseases, better and faster.

Highlights

71 assets in the pipeline

19 assets in phase III/registration

13 positive phase III readouts

- Positive phase III data and regulatory filing for *Nucala* in COPD
- Positive phase III data and regulatory filings for depemokimab, ultra-long-acting anti-IL5 biologic including for severe eosinophilic asthma
- Positive phase III data for *Blenrep*, including overall survival, and filings in 2L+ relapsed/refractory multiple myeloma
- *Ojjaara/Omjjara* approval for myelofibrosis patients with anaemia in Japan following approvals in the US, EU and UK
- *Jemperli* approval expanded to all adult patients with primary advanced or recurrent endometrial cancer in the US and EU
- Breakthrough Therapy (US) and Priority Medicine (EU) designations for B7-H3-targeted ADC, GSK'227, in relapsed/refractory osteosarcoma
- Fast-Track designation for bepirovirsen in chronic hepatitis B in the US and Japan
- Gepotidacin filed in the US as potential first new antibiotic for uUTI in 20 years
- *Arexvy* approval in adults aged 50-59 in the US, EU and Japan) and data indicating protection over three full RSV seasons
- Targeted business development including deals with Elsie Biotechnologies and acquisition of IDRx[1]

Our R&D approach

By combining our understanding of the science of the immune system with cutting-edge technology, we can discover and develop new medicines and vaccines with the potential to transform people's lives.

In 2024, we invested £6.4 billion in R&D across our portfolio, up 3% AER and 5% CER on 2023. We have 71 assets in development, most of which have the potential to be the first or best of their kind.

We focus our research and development on four therapy areas: respiratory, immunology and inflammation; oncology; HIV; and infectious diseases. These are areas where significant patient need remains and where we have the strongest expertise and ability to deliver differentiated and needed medicines and vaccines at scale. Patients are at the heart of everything we do – we engage with them and their healthcare providers to deeply understand the impact of disease and deliver innovation where it matters most.

Rapid advances in science and technology are unlocking new opportunities to prevent and treat disease. Being able to better predict and pre-empt the course of disease means we can prevent it occurring in the first place and intervene earlier to slow its progress and limit further complications. This can result in better outcomes, not only for patients, but for health systems and societies too.

Focusing on execution, technology and culture

Three priorities guide our research and development:

- **Execution** – accelerating delivery of our pipeline of innovative medicines and vaccines for patients who need them. Find out more about the latest developments across our four therapy areas:

See page 14

- **Technology** – acting as a catalyst for R&D at all stages, from how we choose research targets to making clinical trials as effective as possible. Discover how we deploy advanced data and platform technologies to develop medicines and vaccines that make a meaningful difference to people's health:

See page 28

- **Culture** – focusing on delivering what matters most – for patients, stakeholders and our people – better and faster. See how we foster an environment where our people can thrive, make the right decisions, take smart risks and work effectively with each other and our partners:

See page 60

(1) Closed in February 2025

Research and development continued

Execution

Accelerating delivery of our pipeline of innovative medicines and vaccines for patients who need them

Our pipeline continues to grow and strengthen and we now have 54 medicines and 17 vaccines in development.

Over the past year we began nine phase I development programmes, moved six assets into phase II and two into phase III. We had 13 positive phase III data readouts and 23 approvals or regulatory filings.

Our focus and investment in R&D are driving increased productivity with end-to-end success rates more than doubling from 2018-2023. Our phase III development cycle times are now in the top quartile for the industry[1].

Our rate of progress gives us confidence in our medium- and long-term growth outlook. From 2025 onwards we expect a series of major launches with peak year sales of over £2 billion, with five approvals in 2025[2] alone. We're also looking ahead to the next wave of R&D innovation based on an even deeper understanding of the science of the immune system with investment in scientific partnerships and advanced platform and data technologies, to identify the right target, the right intervention and the right patient. This will drive longer-term growth and value for patients, shareholders and our people.

In respiratory, we reported positive pivotal results for *Nucala* in COPD and depemokimab, the world's first six-monthly injectable for severe asthma and chronic rhinosinusitis with nasal polyps (CRSwNP). This reinforced our ambition to redefine the future of respiratory medicine.

We also continued to see significant momentum in our expanding oncology portfolio. This included approvals for *Jemperli* in endometrial cancer and *Ojjara* in myelofibrosis. We saw positive phase III data for *Blenrep* in multiple myeloma, including significantly improved overall survival rates versus standard of care. This data highlighted its potential to materially redefine clinical practice.

We made progress towards introducing innovative long-acting injectable regimens for HIV treatment and prevention, with positive real-world data for *Apretude* and promising phase I data for our ultra-long-acting formulation of cabotegravir.

We continued to strengthen our leadership in infectious diseases. Our market-leading RSV vaccine, *Arexvy*, gained expanded approvals in adults aged 50-59 and demonstrated sustained efficacy over three RSV seasons. We submitted gepotidacin for regulatory review. This is potentially the first in a new class of oral antibiotics in 20 years for uncomplicated urinary tract infections, which recurrently affects around one third of women. Our oligonucleotide, bepirovirsen, was granted Fast-Track status in the US and Japan. This takes us a step closer towards a functional cure for chronic hepatitis B, which affects around 300 million people worldwide.

Strengthening innovation through collaboration and business development

To complement our in-house R&D, we partner with the world's best minds and leading institutions to enable access to novel science and technology. This allows us to add to our pipeline, bring in unique data insights and integrate platform technologies to find new ways of addressing disease.

Targeted business development in 2024 resulted in 12 acquisitions and discovery collaborations across biotech. In June 2024 we acquired Elsie Biotechnologies whose platform technology will expand our oligonucleotide pipeline. We supplemented our pipeline with acquisitions such as the T-cell engager CMG1A46 from Chimagen for development in lupus, and a TSLP inhibitor from Aiolos Bio for asthma and other respiratory conditions.

We also partnered with Flagship Pioneering and its portfolio of 40+ bioplatform companies, aiming to discover and develop new potential medicines and vaccines. Our presence in gastrointestinal oncology was strengthened with our acquisition of IDRx Inc. which includes IDRx-42, a highly selective KIT tyrosine kinase inhibitor[3]. In addition, we have the option to acquire DB-1324, an antibody drug conjugate (ADC), from Duality Biologics.

Collaboration with academia is at the heart of scientific progress and a fundamental part of our R&D approach to better understand disease processes. In October 2024, we announced a five-year collaboration with Cambridge University focusing on kidney and respiratory disease. We're also working with Boston University's Center for Regenerative Medicine to develop a better understanding of respiratory diseases such as pulmonary fibrosis and with Oxford University to advance novel cancer research, focused on the potential of cancer prevention through vaccination.

Read more about our technology collaborations on page 30

Focusing on our four core therapeutic areas

Respiratory, immunology and inflammation, see page 15
Oncology, see page 18
HIV, see page 22
Infectious diseases, see page 24

(1) Source: Centre for Medicines Research

(2) *Penmenvy*, our 5-in-1 meningococcal vaccine, was approved in the US in February 2025

(3) Acquisition completed in February 2025

Research and development continued

Respiratory, immunology and inflammation

For over five decades, we have been at the forefront of the most complex respiratory health challenges. We have a deep understanding of the underlying drivers of disease in different groups of patients with conditions like asthma and chronic obstructive pulmonary disease (COPD). Our ambition is to redefine the future of respiratory medicine with a broad portfolio of next-generation long-acting treatments that work in distinct ways to help as many patients as possible. We continue to pursue the most ambitious treatment goals, aiming for early interventions that prevent, treat and stop disease, limiting future complications for patients.

Our deep understanding of the immune system is also leading to advances in our growing immunology pipeline. Here, we're building on our decades of knowledge in inflammatory mechanisms to target fibrotic lung, liver and kidney disease with innovative treatments that aim to modify underlying disease dysfunction and prevent disease progression.

In this section:

Asset	Potential indication/ label expansion[1]
Nucala[1] (mepolizumab)	Anti-IL5 monoclonal antibody for five respiratory conditions
Depemokimab	Anti-IL5 monoclonal antibody for four respiratory conditions
Camlipixant	P2X3 inhibitor for refractory chronic cough
Benlysta[1] (belimumab)	Anti-BLyS monoclonal antibody for systemic lupus erythematosus and lupus nephritis
CMG1A46	Dual CD19 and CD20-targeted T-cell engager for lupus and related auto-immune conditions
GSK'990	Antisense oligonucleotide for metabolic dysfunction-associated steatohepatitis and alcoholic liver disease
Linerixibat	IBAT inhibitor for cholestatic pruritus in primary biliary cholangitis

See a more detailed pipeline listing on pages 31 and 301

Respiratory

- **Half of the top six causes of death globally are lung diseases, which claim around seven million lives each year.**
- **Alongside lung cancer, COPD and lower respiratory tract infections are critical healthcare challenges with COPD affecting more than 300 million people globally.**

Respiratory diseases can create a significant physical, social and emotional burden for those affected, along with financial impact on people and healthcare systems. Older treatments that are typically used to manage them are not always adequate. This is why we're focusing our research on medicines that can potentially better control symptoms and slow disease progression by targeting underlying drivers of disease, like inflammation. For some patients, it may even be possible to achieve clinical remission, where they no longer experience symptoms and exacerbations, don't need to use oral steroids, and have stabilised lung function.

Next-generation treatments for patients with IL5 mediated conditions

For some patients with respiratory conditions like severe asthma, COPD and chronic rhinosinusitis with nasal polyps (CRSwNP), their disease is driven by 'type 2' inflammation. A cytokine (protein), known as interleukin-5 (IL5), plays a key role in driving this inflammation, making it a proven treatment target for these patients.

Type 2 inflammation is the underlying driver of unpredictable exacerbations and is seen in more than 80% of people with severe asthma and up to 40% of people with COPD. Rarer diseases including eosinophilic granulomatosis with polyangiitis (EGPA) and hypereosinophilic syndrome (HES) are also driven by IL5.

We now have two anti-IL5 biologic treatments in our pipeline. Our aim is to achieve more than simply controlling the symptoms of these inflammatory diseases. Instead, we strive to identify and target the underlying disease process to slow, or even stop, disease progression. This may help reduce the risk of organ damage and achieve clinical remission, where possible.

We pioneered the research that established the role of IL5 in respiratory diseases and continue to apply our knowledge as we explore other inflammatory pathways which may be future targets.

(1) Assets with existing approval or in development for label expansion are italicised

Research and development continued

Extending the impact of *Nucala* to more patients

Despite the availability of inhaled therapies, around half of respiratory patients continue to experience debilitating attacks (exacerbations) of their disease each year. Preventing these exacerbations, including the most severe events that lead to emergency hospital visits or hospitalisation, is a key treatment goal to reduce the impact on patients and on healthcare resources.

Nucala (mepolizumab), our anti-IL5 biologic (monoclonal antibody), is the only treatment in the US and Europe with indications in four IL5 mediated diseases.

In 2024, we gained new approvals for *Nucala*. In Japan, it was approved for CRSwNP in cases where standard treatments aren't controlling disease. An estimated two million people suffer from chronic rhinosinusitis in Japan, with 200,000 needing surgery for nasal polyps.

Nucala was also approved for use in two additional indications in China. Alongside its indication in EGPA, *Nucala* is now approved as a treatment for severe asthma with an eosinophilic phenotype and in CRSwNP, making it the first targeted IL5 treatment in both conditions.

In China, asthma affects 46 million adults, 6% of whom experience severe asthma, and CRSwNP affects approximately 35 million people.

In September 2024, we presented positive pivotal results from our phase III MATINEE trial of mepolizumab in patients with COPD. The study met its primary endpoint, with data showing a statistically significant and clinically meaningful reduction in the annualised rate of moderate or severe exacerbations compared to placebo.

Based on these data, in December 2024, the US FDA accepted a regulatory submission seeking a new indication for the use of mepolizumab in patients with COPD.

Improving outcomes for patients with ultra-long-acting treatments

Long-acting therapies that target the underlying drivers of disease to provide sustained suppression of inflammation could further advance treatment of severe asthma and other respiratory or immune mediated disease.

Depemokimab has the potential to be the first approved ultra-long-acting anti-IL5 biologic with six-month dosing. This could offer millions of patients with respiratory diseases sustained efficacy benefits including a reduction in exacerbations and hospitalisations, as well as limiting cumulative lung damage and disease progression with just two injections per year. Extended dosing intervals could also help tackle other barriers to patients achieving optimal outcomes, such as adherence challenges or the inconvenience of frequent healthcare appointments.

In 2024, we announced positive results from the SWIFT-1 and SWIFT-2 phase III trials of depemokimab in patients with severe asthma with type 2 inflammation. Both trials met their primary endpoints with statistically significant reductions in the annualised rate of clinically significant exacerbations (asthma attacks) over 52 weeks versus placebo. Importantly, there was also a 72% reduction in exacerbations leading to hospitalisation.

In October 2024, we also announced positive phase III data from our ANCHOR-1 and ANCHOR-2 trials for depemokimab in patients with CRSwNP. Data from the ANCHOR and SWIFT programmes have been used to support filing acceptances in China, Japan and Europe, and regulatory submission in the US, for the use of depemokimab for two indications; in asthma with type 2 inflammation and CRSwNP. Additional submissions will occur through 2025.

We continue to explore other potential long-acting respiratory treatments in our early pipeline that could benefit a broader range of patients. These include our long-acting anti-thymic stromal lymphopoietin (TSLP) monoclonal antibody, currently in phase II for patients whose asthma is not driven by type 2 inflammation; and our anti-IL33 asset in phase I for COPD.

Addressing the unmet need in refractory chronic cough with camlipixant

Camlipixant, our potential treatment for patients with refractory chronic cough (RCC), became part of our pipeline through the acquisition of Bellus Health in 2023. It is in phase III development.

Clinical data has shown that by selectively inhibiting P2X3 receptors, camlipixant may reduce cough frequency for RCC patients with a relatively low incidence of dysgeusia.

Chronic cough affects around 28 million people, and around 10 million suffer from RCC for over a year. RCC is a cough that lasts for more than eight weeks, doesn't respond to treatment for an underlying condition and is otherwise unexplained. There's currently no effective treatment, with patients often cycling through other therapies and seeing specialists with no resolution. They can also suffer from depression, incontinence and sleep loss.

Research and development continued

Immunology

Our deep understanding of the immune system is opening up new opportunities to help patients with a range of immune-mediated conditions beyond respiratory. Data and platform technology collaborations are enabling us to understand underlying disease processes, reach previously inaccessible targets and better identify patients for treatment. Our work in human genetics and phenotyping is generating insights that are informing moves into other areas, including liver disease.

Broadening use of *Benlysta* for immune-mediated conditions

We continue to develop *Benlysta*, our anti-B lymphocyte stimulator monoclonal antibody, for a range of immune-mediated conditions, as well as systemic lupus erythematosus (SLE) and lupus nephritis (LN).

Benlysta has been approved to treat adults and children with SLE and LN in more than 60 countries, including the US, Japan, Europe and the UK.

Benlysta's robust and expansive evidence includes nine randomised controlled trials (RCT), including six placebo-controlled phase III trials in adult SLE, including LN.

These data underpin *Benlysta's* potential in the short- and long-term treatment of SLE and LN, including reduction of flares, tapering of oral corticosteroids (OCS) and helping to prevent damage to vital organs via a disease modifying action.

Reinforcing our portfolio for lupus

In October 2024, we acquired CMG1A46 from Chimagen Biosciences to reinforce our portfolio for the treatment of lupus and underlying drivers of autoimmune disease. CMG1A46, a clinical-stage dual CD19 and CD20-targeted T cell-engager, has the potential to deplete uncontrolled B cells present in autoimmune diseases, such as lupus. Phase I trials in lupus are likely to begin in 2025.

Building on our early pipeline to address liver disorders

GSK'990

GSK'990 is our investigational RNA interference therapeutic for steatotic liver disease (SLD), an area of substantial unmet need. Around 26 million patients globally have advanced alcoholic liver disease (ALD) and it accounts for half of liver-related deaths in developed countries. There are currently no pharmacological treatments available. Around 265 million patients globally have metabolic dysfunction-associated steatohepatitis (MASH), which causes a build-up of fat in the liver that can eventually lead to scarring and, in some cases, severe liver damage, liver failure and even death.

Genetic analysis has shown a strong association between the HSD17B13 gene and advanced ALD and MASH. GSK'990 targets HSD17B13 resulting in highly specific binding to receptors that are only expressed on liver cells. It is now in early development to address the liver fibrosis associated with ALD and MASH and prevent disease progression with an improved dosing schedule versus current treatment options.

Linerixibat

Linerixibat is our investigational product for the treatment of cholestatic pruritus in patients with primary biliary cholangitis (PBC).

Cholestatic pruritus causes an internal itch that cannot be relieved by scratching. Linerixibat has the potential to be the first global therapy to treat this itch. It is a minimally absorbed small molecule inhibitor of an ileal bile acid transporter (IBAT), administered as an oral tablet.

In November 2024, positive phase III results demonstrated a statistically significant improvement in itch versus placebo, potentially supporting patients whose quality of life is significantly affected by persistent itching.

CASE STUDY

Patients complete the picture: **living with severe asthma**

We're researching treatments to redefine the standard of care for patients with severe asthma. Ryan (pictured right), who has had severe asthma since the age of three, explains the impact of the illness on his day-to-day life.

As a child, Ryan was diagnosed with severe asthma and sarcoidosis of the lungs. "You just can't breathe. Not it's hard. You can't," explains Ryan. "I spend my free time chasing clean air, trying to go and walk slowly, but in clean air."

Living with severe asthma means that Ryan, now 44, goes back and forth to hospital frequently: "I can't go too far away because I need to rely on somebody to be able to take me to hospital."

His symptoms mean he hasn't been able to do the type of jobs he would like to do. "Everything physical is just harder. It's tiring. It's exhausting," he says. Allergies are a challenge too. "Technically, I'm allergic to everything," adds Ryan. "I couldn't carry on as a cabinet maker and joiner because of the dust."

"I spend a lot of time thinking about the bad bits. One of the worst things is the uncertainty," says Ryan. But innovation in care and treatment gives him hope: "When you have little glimmers of help from the specialists, it's amazing."

Research and development continued

Oncology

Cancer is one of the world's leading causes of death, and treatment options are still limited for many patients. Our ambition is to help increase overall quality of life, maximise survival and change the course of disease, expanding from our current focus on blood and gynaecologic cancers into lung and gastrointestinal cancers, as well as other solid tumours with our antibody drug conjugates. Our research uses precision medicine-based technology to match the right treatment to the right patient.

Cancer is complex with multiple, connected biological processes contributing to the development and progression of disease. Our oncology portfolio includes a range of medicines that target different aspects of cancer biology, including uncontrolled cell division (*Blenrep; Ojjaara*), immune system evasion (*Jemperli*) and DNA mutation (*Zejula*, B7-H3 ADC; B7-H4 ADC). As our understanding of these disease processes deepens, we're exploring the potential of our medicines, alone and in combination, across multiple cancer types with the aim of offering transformational solutions for as many patients as possible.

In this section:

Asset	Potential indication/label expansion[1]
*Blenrep (b*elantamab mafodotin)	BCMA-targeted antibody drug conjugate (ADC) for multiple myeloma
Ojjaara/Omjjara (momelotinib)	JAK1, JAK2 and ACVR1 inhibitor for myelofibrosis with anaemia
Jemperli (dostarlimab)	Anti-PD1 monoclonal antibody for endometrial, colorectal, head and neck, and lung cancers
Zejula (niraparib)	PARP inhibitor for ovarian, brain and lung cancer
GSK'227	B7-H3-targeted ADC for lung cancer and other solid tumours
GSK'584	B7-H4-targeted ADC for gynaecological cancers

See a more detailed pipeline listing on pages 31 and 301

Targeting uncontrolled cell division

***Blenrep* – potential to redefine multiple myeloma treatment**

- **Multiple myeloma is the third most common blood cancer globally, with around 180,000 cases diagnosed every year.**
- **The five-year survival rate is under 60%, and the disease is considered treatable but not curable.**
- **Multiple myeloma often becomes resistant to existing treatments, which may require inpatient care, underlining the need for new therapies with novel mechanisms of action that can be easily administered in the clinic.**

Blenrep (belantamab mafodotin) is our antibody-drug conjugate treatment for relapsed/refractory multiple myeloma, which we're evaluating in early lines of treatment in combination with novel therapies and current standard of care treatments.

In 2024, we announced pivotal data from our DREAMM development programme showing the potential for belantamab mafodotin to become a new standard of care at first relapse or later for patients with multiple myeloma.

The DREAMM-7 phase III trial showed patients receiving *Blenrep*, combined with bortezomib and dexamethasone (BVd), lived a median of almost three times longer without their disease progressing than those receiving a daratumumab-based combination. A subsequent planned analysis, presented at ASH in December 2024, showed that patients receiving the *Blenrep* combination had a statistically significant and clinically meaningful 42% reduction in the risk of death versus standard of care which may translate to giving patients a median additional three years of life, based on projections. The DREAMM-8 phase III study showed a nearly 50% lower risk of disease progression or death, as well as a positive overall survival trend, for *Blenrep*, in combination with pomalidomide plus dexamethasone (BPd), compared to standard of care.

Both studies also reinforced the well-characterised side-effect profile of *Blenrep*, with patient quality of life that is comparable to standards of care. Eye-related side effects were shown to be managed effectively through dose modifications without compromising efficacy. Ease of administration in a community setting is likely to be an additional advantage for patients and their healthcare professionals.

(1) Assets with existing approval or in development for label expansion are italicised

Research and development continued

In 2024, the *Blenrep* combinations were accepted for regulatory review in the US, Europe, Japan, UK, Canada and China under priority review. *Blenrep* was also granted orphan drug designation in Japan and, in combination with BorDex, received Breakthrough Therapy Designation in China, reflecting the high unmet need and potential for improvement in patient outcomes over available treatment options in relapsed/refractory multiple myeloma.

In December 2024, we started a phase III trial, DREAMM-10, with belantamab mafodotin as a first-line multiple myeloma treatment.

***Ojjaara/Omjjara* – improving outcomes for patients with myelofibrosis with anaemia**

- **Myelofibrosis (MF) is a rare blood cancer that affects around 1 in 500,000 people around the world.**
- **About 40% of MF patients are anaemic at diagnosis, and nearly all eventually develop anaemia and become dependent on regular blood transfusions.**
- **This leads to around 30% stopping treatment with established therapies.**

Ojjaara, known as *Omjjara* in several countries, is the only medicine indicated for newly diagnosed and previously treated MF patients with anaemia. It is a new standard of care, as more established MF treatments can exacerbate anaemia. Taken orally once a day it is the only therapy demonstrating durable clinical benefit on spleen response, symptoms and anaemia for patients with MF.

In 2024, *Ojjaara* was approved under the brand name *Omjjara* in the EU and UK, as well as in Japan, where 70% of patients with primary MF and 50% with secondary MF have moderate to severe anaemia when they're diagnosed. These approvals followed US approval in 2023.

Targeting immune system evasion

***Jemperli* – treating more patients with endometrial cancer**

- **Endometrial, or uterine, cancer is the most common gynaecologic cancer in developed countries.**
- **Globally around 1.6 million people live with active disease, with 417,000 new cases reported each year.**
- **Around 15-20% of patients have advanced disease when they're diagnosed.**

*Jemperli (*dostarlimab) is the foundation of our ongoing immuno-oncology-based research and development programme. Our targeted research approach has identified opportunities to address a specific biomarker, known as dMMR/MSI-H, that is present in some gynaecologic and other cancer types, such as colorectal cancer.

In combination with chemotherapy, *Jemperli* was the first new medicine to be approved for patients with dMMR/MSI-H primary advanced or recurrent endometrial cancer in decades. It is the only immuno-oncology-based treatment to show a statistically significant improvement in overall survival for all patients with this type of endometrial cancer.

Our phase III RUBY trial showed that patients treated with *Jemperli* and chemotherapy had a 31% lower risk of death than those treated only with chemotherapy.

In 2024, the US FDA expanded approval for *Jemperli* plus chemotherapy to include all patients with primary advanced or recurrent endometrial cancer. In January 2025, the European Commission also expanded approval to the same group in the EU. This broadens the previous indication to include mismatch repair proficient (MMRp)/microsatellite stable (MSS) tumours. These represent approximately 75% of patients diagnosed with this type of endometrial cancer, who have limited treatment options.

Research and development continued

Unprecedented results in locally advanced dMMR rectal cancer

- Colorectal cancer is the third most diagnosed cancer in the world.
- It accounts for around a tenth of all cancer cases, and is the second leading cause of cancer-related death.

The dMMR/MSI-H biomarker is also present in colorectal cancers, so we're using this, along with our advanced AI and ML technologies, to inform our development programme for dostarlimab beyond endometrial cancer.

In 2024, we announced updated results from a phase II study of dostarlimab in locally advanced, dMMR rectal cancer, with all 42 patients showing no evidence of disease after treatment. This is a collaborative study with Memorial Sloan Kettering Cancer Center evaluating dostarlimab as a first-line treatment and alternative to life-altering surgery. Our AZUR-1 trial is an ongoing global phase II registrational clinical trial that aims to confirm these promising findings. Based on these data, the FDA granted Breakthrough Therapy Designation for dostarlimab reflecting its potential in this patient population.

We are also advancing studies evaluating dostarlimab in patients with advanced/metastatic stages of dMMR/MSI-H colon cancer. AZUR-2 is our ongoing phase III trial for dMMR/MSI-H advanced colon cancer to replace chemotherapy as the current standard of care after surgery.

Differentiated clinical trial design in unresected head and neck cancer

- Head and neck cancer accounts for approximately 5% of all cancer cases and deaths, globally, with the incidence increasing across many countries.
- Nine in 10 patients with head and neck cancer have squamous cell carcinoma, and the majority are diagnosed with locally advanced disease.

In 2024, we started our JADE phase III study evaluating dostarlimab in locally advanced head and neck cancer, where long-term survival remains poor and significant unmet need exists. Building on learnings from previous studies, JADE has key design characteristics that differentiate from other approaches and increase our confidence that dostarlimab has the potential to benefit patients where other immunotherapies have failed.

Exploring the impact of dostarlimab combinations

We're studying dostarlimab in combination with several potential therapeutic options for non-small cell lung cancer (NSCLC).

The GALAXIES-Lung 301 phase III trial is investigating our anti-TIGIT antibody, belrestotug, in combination with dostarlimab in first-line PDL1-high NSCLC. We started this trial in 2024 based on promising interim results from the GALAXIES-Lung 201 phase II trial.

Our phase III COSTAR-Lung trial in second-line advanced NSCLC continues to evaluate a triplet combination of cobolimab, our anti-TIM-3 antibody, plus dostarlimab plus chemotherapy, compared to a doublet combination of dostarlimab plus chemotherapy, compared to standard of care chemotherapy alone. We expect the trial to read out in 2025.

Research and development continued

Targeting mutation and repair of DNA

Niraparib – our PARP inhibitor for ovarian cancer and beyond

We continue to assess the potential of niraparib, currently approved as *Zejula* for ovarian cancer, across multiple tumour types and in combination with other agents.In June 2024, the GLIOFOCUS phase III trial began, evaluating niraparib in newly diagnosed MGMT unmethylated glioblastoma (brain cancer). This is sponsored by the Ivy Brain Tumor Center and supported by GSK. The decision to progress to phase III was prompted by positive results in an earlier clinical trial, conducted by the Ivy Brain Tumor Center, where niraparib showed significant results in reaching the tumour and changing how the cancer grew.

The broader development programme for niraparib includes the ZEAL-1L phase III trial evaluating niraparib in combination with standard of care for the maintenance treatment of first-line advanced NSCLC, and the FIRST phase III trial assessing its potential in combination with dostarlimab in first-line ovarian cancer which met its primary endpoint.

GSK'227 B7-H3 targeted ADC – promising preliminary data in extensive stage small-cell lung cancer

- **Lung cancer is the leading cause of cancer-related deaths worldwide, accounting for the highest mortality rates among both men and women.**
- **Most lung cancers are non-small-cell lung cancer (NSCLC) which is often diagnosed at advanced stages where treatment options are limited.**

GSK'227 is our investigational B7-H3-targeted antibody-drug conjugate (ADC). B7-H3 is over-expressed in a wide range of solid tumour types, including lung.

In 2024, the US FDA granted Breakthrough Therapy Designation for GSK'227 for patients with extensive-stage small-cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy (relapsed or refractory). GSK'227 also received Priority Medicines (PRIME) Designation from the EMA. These designations reflect the significant unmet need in ES-SCLC and are based on promising early data from the ARTEMIS-001 phase I study which were presented at the 2024 World Conference on Lung Cancer.

We expect to conduct a broad development programme for GSK'227 and, in 2024, started a phase I platform study for advanced solid tumours, which includes a cohort for patients with relapsed or refractory ES-SCLC. In December 2024, the US FDA granted Breakthrough Therapy Designation for GSK'227 in late-line relapsed or refractory osteosarcoma.

We're also exploring two other ADCs. GSK'584, our B7-H4-targeted ADC, is being evaluated for gynaecologic cancers, such as endometrial and ovarian cancer. And we have an exclusive option to acquire ADC, DB-1324 from Duality Biologics for gastrointestinal tumours.

CASE STUDY

Patients complete the picture: **living with endometrial cancer**

We're aiming to treat more patients living with endometrial, or uterine, cancer – which currently affects around 1.6 million women worldwide. Here, Grace (pictured right) shares her experience of the disease and why the search for new treatments is so critical.

Grace was 30 when diagnosed with endometrial cancer. She then went through surgery, immunotherapy, radiotherapy and brachytherapy. "With immunotherapy, fatigue is a very different experience to say fatigue when I was on chemotherapy," Grace explained.

"It was an incredibly dark time. Things felt quite hopeless. And if you've got the uncertainty about what to expect from treatment on top of that, it can be so frightening."

"The medical data only tells one part of the story," said Grace, who acts as a patient advocate to help others living with endometrial cancer.

"The data can only really be truly understood by the people that are living with it, who are having the medications and the side effects on a daily basis. Because actually, we live this every day.

"There are so many dimensions to being well. I want a life that's meaningful and full. The hope for us lies in the medicines that are coming."

HIV

For nearly four decades, we've worked to improve the lives of people living with HIV or those who could benefit from HIV prevention. Having launched the first long-acting injectable options for HIV treatment and prevention, patients now only need to take medication a few times a year instead of every day. We are focused on even longer-acting options for treatment and prevention, including the option to treat at home as well as ultimately finding a cure.

- **40 million people live with HIV globally, with 1.3 million new cases diagnosed in 2023. In the US, around one third of people living with HIV struggle to maintain viral suppression.**
- **HIV incidence continues to grow despite progress in care, highlighting that an urgent need still exists for new options to prevent and treat HIV.**

Our work in HIV is led by ViiV Healthcare, which we majority-own, with Pfizer and Shionogi as shareholders. ViiV Healthcare is the only company exclusively dedicated to treating and preventing HIV with an ambition to end the HIV epidemic.

ViiV Healthcare's integrase strand transfer inhibitors (INSTIs), the core of our current long-acting and daily therapies, are trusted by healthcare professionals worldwide for their potency, durability, long-term tolerability and high barrier to resistance. The foundation was set with our first INSTI-based medicine, dolutegravir, which established a gold-standard for daily oral therapy. The follow up, long-acting cabotegravir injectables, increased dosing intervals to every two months. And now, our aim is to increase the treatment and prevention dosing interval to every four to six months. This could mean fewer visits to the clinic for people, as well as more choices for treatment and prevention, and the assurance of long-term efficacy.

Working towards a clear mission to leave no person living with HIV behind, and grounded in our deep understanding of patient insights, we took more steps in 2024 towards developing a new generation of longer-acting medicines to treat or prevent HIV.

In this section:

Asset	Potential indication/label expansion[1]
Cabenuva (cabotegravir/ rilpivirine)	Long-acting 2DR for HIV treatment
Dovato (dolutegravir/ lamivudine)	2DR for HIV treatment
Apretude (cabotegravir)	Long-acting PrEP for HIV prevention
GSK'744 (cabotegravir/ CAB-ULA)	Ultra-long-acting HIV treatment and prevention
VH'184	Third-generation INSTI for HIV treatment
VH'310	Ultra-long-acting HIV

See a more detailed pipeline listing on pages 31 and 301

Cabenuva – underlining the efficacy of our long-acting treatment

Cabenuva (cabotegravir; rilpivirine) is the world's first and only complete, long-acting injectable treatment for HIV, launched in 32 markets around the world. Administered in a clinic, only six times a year, it provides people living with HIV with an alternative to daily pills. The result is that people living with HIV may have a better quality of life by improving their treatment adherence and reducing stigma or fear of disclosure.

In 2024, interim data from the LATITUDE phase III trial showed *Cabenuva* was more effective than daily oral therapy at maintaining viral load suppression in people living with HIV with a history of antiretroviral treatment adherence challenges. There are many reasons why it is difficult for people to stick to daily treatment including pill fatigue, the daily reminder of HIV or the fear of having their HIV status disclosed. CROWN, a follow-up study to LATITUDE, is a clinical trial evaluating the use of *Cabenuva* in people living with HIV who are experienced with daily oral treatment, but have not successfully suppressed the virus and have detectable levels of HIV.

Dovato – showing the effectiveness of our oral daily treatment option

Dovato is our oral two-drug daily treatment regimen, based on dolutegravir, and approved in the US, Europe, Japan, Australia and other countries.

In 2024, the phase IV PASO DOBLE study comparing *Dovato* to the three-drug regimen Biktarvy showed *Dovato* had non-inferior efficacy, while participants also showed statistically significantly lower weight gain when taking *Dovato* over the course of 48 weeks.

We know that people living with HIV are concerned about taking more medicines as they age, as well as being interested in their metabolic health.

(1) Assets with existing approval or in development for label expansion are italicised

Research and development continued

Apretude – UK approval and real-world studies reinforcing more than 99% effectiveness for *Apretude*

Prevention is a vital part of ending the HIV epidemic, but globally only about 15% of people who could benefit from pre-exposure prophylaxis (PrEP) are taking it to reduce the risk of sexually transmitted HIV. *Apretude* (long-acting cabotegravir) is the world's first long-acting injectable PrEP. It is administered by a healthcare physician six times a year.

Since the pioneering US launch of *Apretude* in 2022, it has also been approved in the EU, Australia, South Africa and several other countries. In 2024, *Apretude* received marketing authorisation in the UK from the Medicines and Health products Regulatory Agency (MHRA). Additional regulatory submissions are underway.

In July 2024, we announced positive data for *Apretude* use during pregnancy. Women of childbearing age in sub-Saharan Africa experience disproportionately high rates of HIV. These data showed that *Apretude* was generally well tolerated among women who became pregnant and that pregnancy outcomes were similar to those with no cabotegravir exposure. These data add to the evidence for *Apretude* as a prevention option for women.

We also saw high effectiveness, 99%, of *Apretude* in studies that spanned gender diverse populations in the US and participants from Black and Hispanic communities.

Ultra-long-acting pipeline – positive data supports continued progression to extended dosing intervals

We are focused on enabling even longer treatment and prevention intervals of up to four months and longer, building our leadership in long-acting therapies. This would see people making just three clinic visits a year, doubling the current dosing interval available today for *Cabenuva* and *Apretude*.

Data from the phase I trial of GSK'744, our investigational ultra-long-acting formulation of cabotegravir (CAB-ULA), showed a dosing interval of at least four months was possible. This supports a move to the next stage of clinical development.

The trial demonstrated that intramuscular (IM) dosing of CAB-ULA slows drug absorption compared to the current CAB-LA formulation, producing a more desirable pharmacokinetic profile that supports less frequent dosing. Also, the safety and tolerability of the new formulation was comparable to our current profile for IM dosing with the approved CAB-LA formulation.

Additionally, we selected rilpivirine as the partner for CAB-ULA for our every four-month treatment option. This regimen selection is based on progress in formulation studies for rilpivirine and builds on existing positive patient and physician experience with these medicines in our current portfolio.

A registrational study is also in progress to evaluate using CAB-ULA to prevent HIV in adults.

Extending dosing and delivery options

Our goal is to offer treatment and prevention options that allow for every-six-monthly dosing as well as self-administered medicines by the end of the decade. As part of our development work, we are exploring the next generation of integrase inhibitors and partner agents to reach six months and beyond.

In 2024, we announced data for VH'184, our third-generation investigational INSTI. Early phase I data showed positive findings to support the development of VH'184, as a potential for ultra-long-acting dosing and coverage of INSTI-resistant viruses. As well as a unique resistance profile, further analysis also showed a good safety and tolerability profile for VH184. Building on our legacy of developing new integrase inhibitors, these positive findings reinforce that integrase inhibitors will remain the gold standard in HIV, trusted for their efficacy, long-term tolerability and high barrier to resistance. As such, VH184 is an excellent candidate for further development for ultra-long-acting and self-administered therapy.

Another compound, VH'310, is an inactive compound (known as a prodrug) that converts to active cabotegravir when administered into the body. Preclinical studies showed that VH310 delivered long-duration cabotegravir for more than 50 weeks. A first-time-in-human study that will look at the pharmacokinetic and safety profile is planned for 2025.

Infectious diseases

Infectious diseases cause around one in six deaths worldwide. They also put significant strain on healthcare systems and societies.

We intend to have a positive impact on the lives of more than 2.5 billion people by the end of the decade and a significant proportion of this will be through our work in infectious diseases. Our portfolio here is the broadest in our industry.

Our priorities include seasonal infections, like respiratory syncytial virus (RSV) and influenza; chronic infections, like hepatitis B, shingles and HIV; common childhood diseases, including measles; and rarer but critical conditions like meningitis. We also focus on bacterial infections, where antimicrobial resistance is creating an urgent need for new treatments.

In this section:

Asset	Potential indication/label expansion[1]
Arexvy	Vaccine for respiratory syncytial virus
Shingrix	Vaccine for shingles
MenABCWY vaccine candidate	Vaccine candidate for meningitis
Bepirovirsen	Antisense oligonucleotide for chronic hepatitis B
Pneumococcal vaccine candidates	Vaccine for pneumococcal diseases in adults and infants
mRNA vaccine candidates	mRNA vaccines for seasonal influenza, H5N1 pre-pandemic influenza, and SARS-CoV-2
Gepotidacin	Antibiotic for uncomplicated urinary tract infections and uncomplicated urogenital gonorrhoea
Tebipenem	Antibiotic for complicated urinary tract infections

See a more detailed pipeline listing on pages 31 and 301

Arexvy – expanding protection against RSV with our market-leading vaccine

- **RSV affects around 64 million people of all ages every year, causing approximately 470,000 hospitalisations and 33,000 deaths annually in people 60 and over in industrialised countries.**
- **Over 33 million people in the US and Europe aged 50-59 have a medical condition that increases their risk of severe RSV outcomes.**
- **People with certain underlying medical conditions, like COPD, asthma, heart failure and diabetes, are at increased risk from RSV, which can worsen these conditions and lead to pneumonia or death.**

In 2024, *Arexvy*, our RSV vaccine, gained expanded approvals in the US, Europe and Japan for the prevention of lower respiratory tract infection disease (LRTD) in adults aged 50 to 59 at increased risk. *Arexvy* was originally approved for adults 60 and over in a number of markets in 2023. It is now available for that group in over 50 countries.

Further adding to the body of evidence supporting *Arexvy*, we shared new data from the AReSVi-006 phase III trial. This showed that one dose of the vaccine is efficacious against RSV-LRTD and severe LRTD in adults aged 60 and older over three full RSV seasons. These results included efficacy against different RSV subtypes, in adults with advanced age (70-79 years of age) and those with certain underlying medical conditions. Safety and reactogenicity data were consistent with initial observations from the phase III programme.

Positive data were also reported showing the vaccine's efficacy and safety in adults aged 18 and above at increased risk from RSV, including immunocompromised patients. We continue to provide data on longer-term follow-up to help recommending bodies determine future RSV revaccination schedules.

To ease access to important adult vaccines, we generate data to show our vaccines can be co-administered. Following data on co-administration with seasonal flu vaccines in 2023, in 2024 we presented data confirming that *Arexvy* can also be administered together with our shingles vaccine, *Shingrix*. Further co-administration trials, including with pneumococcal vaccines, are ongoing.

(1) Assets with existing approval or in development for label expansion are italicised

Research and development continued

Shingrix – showing our vaccine's long-lasting duration of protection against shingles

- **Up to one in three people develop shingles in their lifetime, sometimes with serious consequences, including loss of vision and nerve pain, which affects up to 30% of people.**
- **By the age of 50, most adults already have the virus that causes shingles inside their body, even though not everyone will develop it.**
- **As people age, and their immune response to infection wanes, the risk of developing shingles increases.**

Shingrix, our shingles vaccine, is available in 52 countries for people over 50. In most of these countries it is also available for people over 18 who are at increased risk of shingles. The vaccine combines one of our adjuvants with an antigen chosen to enhance a protective immune response. This formulation may help to address the natural age-related decline in immune response that can make it more difficult to protect older people from disease.

In 2024, the China National Medical Products Administration (NMPA) accepted our regulatory application for *Shingrix* to prevent shingles in people of 18 years and over at increased risk. The vaccine is already approved in China for people of 50 and over.

In 2024, we published data showing that *Shingrix* gives a high level of protection for more than a decade in people aged 50 and over. The ZOSTER-049 long-term follow-up phase III trial showed 82% efficacy within the 11th year following vaccination. The study, covering 7,000 people in 18 countries, also showed over 73% cumulative efficacy from year 6 to 11 for *Shingrix* in people over 70.

A separate retrospective observational study sponsored by GSK, ZOSTER-122, evaluated a potential association between *Shingrix* vaccination and reduced dementia risk, compared to the risk in those who received one or more of two other elective adult vaccines recommended for similar age groups. These earlier initial results were encouraging and were consistent with the growing body of evidence. The ZOSTER-122 results were presented at the Alzheimer's Association's 2024 International Conference. We continue to investigate this area.

Reducing the burden of meningitis with our meningococcal vaccines

- **There are approximately 1.2 million cases of invasive meningococcal disease (IMD) worldwide each year.**
- **Up to one in 10 people diagnosed with IMD will die, despite treatment.**

Our meningitis ACWY vaccine *Menveo* and meningitis B vaccine *Bexsero* protect against most forms of IMD. Our 5-in-1 MenABCWY vaccine candidate combines them, aiming to protect against the five most common types of meningococcus with one vaccine. In 2024, the US FDA accepted the file for this vaccine candidate for regulatory review[1].

The vaccine could simplify immunisation by reducing the number of injections required. In turn, this could increase immunisation rates. Although meningitis B is the most common group of IMD-causing bacteria in US adolescents and young adults, just under 12% of them have had the two doses of vaccine needed to provide protection.

Our phase III trial to assess the safety and effectiveness of the MenABCWY vaccine candidate found the breadth of immune response to be consistent with *Bexsero* and *Menveo*.

Fast-track designations for our investigational medicine for chronic hepatitis B (CHB)

- **257 million people worldwide are living with CHB, though only around 10% are diagnosed.**
- **Nearly one million people die each year from hepatitis B and related complications, such as liver cancer.**

The WHO has highlighted hepatitis B as a global public health threat, setting targets for its elimination by 2030 through improved diagnosis and treatment, and preventative vaccination programmes.

Bepirovirsen, our triple-action antisense oligonucleotide, is a potential new treatment option for people with CHB when combined with oral antiviral therapies, called nucleoside/nucleotide analogues (NAs).

Data from the B-Clear and B-Sure phase IIb trials show bepirovirsen is the only single agent in phase III development to provide evidence of clinically meaningful functional cure response when combined with oral NAs. Current treatments (pegylated interferon) provide less than 8% functional cure rate, with less than 1% for oral treatments.

(1) This vaccine was approved in the US in February 2025, as *Penmenvy*

Research and development continued

In 2024, bepirovirsen was granted Fast Track designation for the treatment of CHB by the US FDA, as well as SENKU designation by the Japanese Ministry of Health, Labour and Welfare, reflecting its potential to address an unmet medical need for a serious and life-threatening condition.

The B-Well phase III clinical trial programme is now underway with both pivotal trials achieving full recruitment ahead of schedule.

Other infectious diseases

Influenza and respiratory combinations

- **Influenza is an enduring public health challenge. There are around one billion seasonal influenza cases each year worldwide, with up to five million leading to severe illness and up to 650,000 proving fatal.**
- **Globally, over 772 million cases of COVID-19 have been confirmed and nearly seven million deaths have been reported.**

We're developing mRNA-based vaccines for influenza and COVID-19, including combinations. In 2024, we achieved several important milestones across our mRNA development programme.

We reported positive data from a phase II study for a COVID-19 vaccine candidate. This showed single booster doses for both monovalent and bivalent modified vaccine candidates produced meaningful immune responses with acceptable reactogenicity profiles across all tested dose levels.

For seasonal influenza, we announced positive results from our phase II trial. This studied a range of mRNA formulations in older and younger adults to evaluate vaccine candidates that could improve on standard immune responses against influenza A and B strains. Data confirmed that the mRNA vaccine candidates elicited strong overall antibody titres with an acceptable safety profile. These results supported progression of our seasonal influenza vaccine programme into late-stage development. Positive data from both programmes enabled the start of a combined phase I/II study for a seasonal influenza and COVID-19 combination vaccine candidate in 2024.

As part of our commitment to helping governments around the world with pandemic preparedness, we started a phase I/II study of an investigational influenza A (H5N1) pre-pandemic vaccine candidate. The investigational vaccine has received Fast Track designation from the US FDA.

In 2024, we restructured our collaboration with CureVac into a new licensing agreement. Under the new terms, we assumed full control of developing and manufacturing candidate vaccines for influenza and COVID-19, including combinations, together with worldwide rights to commercialise them.

Pneumococcal disease

- **Worldwide, around one million children lose their lives to pneumococcal disease each year.**
- **In the US, pneumococcal pneumonia causes around 150,000 hospitalisations annually.**
- **Pneumococcal resistance to antimicrobials is a serious and growing global problem.**

We are using the innovative MAPS vaccine platform technology to progress development of new vaccine candidates with best-in-class potential for pneumococcal diseases. MAPS technology potentially enables higher antibody responses against more disease-causing serotypes for broader and stronger protection.

We have programmes to develop multivalent vaccines for both infants and adults that provide the broadest possible coverage and high immunogenicity. We are prioritising 30 plus-valent pneumococcal vaccine candidates for adults and infants currently in pre-clinical development with first subject, first visit expected in 2025. Our 24-valent vaccine candidate for infants is currently in phase II development.

Herpes simplex virus

Following a combined phase I/II proof-of-concept study to assess our early-stage therapeutic herpes simplex virus (HSV) vaccine candidate, we decided not to progress it to phase III. We will continue to generate follow-up data that could offer valuable insights into recurrent genital herpes. Given the unmet medical need, we'll review all our relevant data and studies to progress further research.

Research and development continued

Antibiotics and antimicrobial resistance

Gepotidacin – progress towards a new treatment for uncomplicated urinary tract infections (uUTIs) and gonorrhoea

- **Over half of all women are affected by uUTIs in their lifetime, with around 30% suffering from recurrent disease which can cause significant discomfort, impact daily activities, and lead to other complications.**
- **There are around 82 million new cases of gonorrhoea globally each year and neisseria gonorrhoeae, the bacteria causing gonorrhoea, is recognised by the World Health Organization as a priority pathogen.**

Gepotidacin is our investigational, first-in-class oral antibiotic, with a novel mechanism of action for the treatment of female adults and adolescents with uUTIs. New treatments are needed, as the number of uUTIs caused by drug-resistant bacteria is increasing. This can result in higher treatment failure rates.

Following positive results from our phase III EAGLE-2 and EAGLE-3 trials, gepotidacin was accepted for priority review by the US FDA in 2024. In these studies, gepotidacin demonstrated non-inferiority to the current standard of care for uUTIs. If approved, gepotidacin will offer a much-needed additional oral treatment option for patients at risk of treatment failure associated with resistance or recurrence of uUTI.

Gepotidacin is also in development for uncomplicated urogenital gonorrhoea in adolescents and adults. In 2024, we announced positive data from our phase III EAGLE-1 trial. Gepotidacin performed as well as intramuscular ceftriaxone plus oral azithromycin, a leading combination treatment for gonorrhoea. The results show gepotidacin has the potential to be a novel treatment option amid rising resistance to other treatments, and for patients who have allergies and intolerances to other treatments.

We had also been investigating a potential vaccine for gonorrhoea. Following results from the phase I/II study, we decided not to progress to phase III.

Tebipenem – treating complicated urinary tract infections

Through our partnership with Spero Therapeutics, Inc., we have an exclusive licence agreement for tebipenem HBr, a late-stage oral carbapenem antibiotic with the potential to treat complicated urinary tract infections (cUTIs). If approved, tebipenem HBr will address an unmet medical need for a novel oral antibiotic as an alternative to intravenous hospital therapy for drug-resistant cUTIs.

PIVOT-PO, the pivotal phase III trial for tebipenem, is ongoing.

CASE STUDY

Patients complete the picture: **living with urinary tract infections**

Recurrent uUTIs can cause severe discomfort, anxiety and potentially lead to other complications. Listening to the insights of women living with these infections is key to our search for potential new treatments.

Several women shared their experience of uUTIs with Live UTI Free, a patient advocacy organisation that we have worked with to shine a light on the realities of living with these infections.

The limitations on everyday life are clear, one woman explained: "It can get you really down, get you depressed, because ultimately you can't leave the house, you're bed bound, you're in pain, you're scared to go out because there's no toilet there."

Infections can make you tired and withdrawn, and no longer want to socialise with family and friends. "I started to feel helpless and increasingly sad," another said.

The search for different ways to prevent and manage infections motivates and gives hope to patients.

"I was not going to give up – I knew one day I would be rid of it. I swore I would not suffer from recurrent UTIs for the rest of my life like my Nanna did."

Quotes from liveutifree.com

Technology

Technology is helping us to understand the human immune system and the underlying biology of disease like never before. This gives us the opportunity to transform every part of R&D, from how we choose research targets and identify patients, to how we design medicines and vaccines, and make clinical trials as effective as possible.

Increasingly, technology is enabling a more dynamic approach to R&D. For example, we're using machine learning algorithms to identify potential drug targets and advanced data analytics to predict patient responses. We're also implementing digital twins, which will help us realise our ambition of accelerating our clinical trials and getting medicines and vaccines to patients faster. In 2024, we continued to advance our pipeline by harnessing both data and platform technologies.

Data technology – deep understanding of disease

Data tech, including data itself, digital capabilities, artificial intelligence (AI) and machine learning (ML), gives us an unprecedented depth of understanding of patients, human biology, and disease mechanisms. Our world-leading data sources allow us to push the boundaries of what's possible and enable our teams to work faster and with greater precision. For example, applying AI and ML to our work in human genetics and functional genomics has significantly enhanced our understanding of disease processes. This means we can more accurately target the molecular pathways responsible for diseases such as cancer or chronic disorders, helping to prevent disease progression and alter its course more effectively.

Platform technology – finding the right match

Platform technologies enable us to design and develop new medicines and vaccines for diseases that are hard to treat with traditional small molecules or biologics. Across our four therapy areas, these new platforms enable us to evaluate the best possible clinical effect for patients and could lead to solutions for diseases previously thought untreatable.

Our novel platform technologies include:

Advanced monoclonal antibodies

These modulate a patient's immune system and are produced by a single clone of cells or cell lines, consisting of identical molecules. We have the platforms to create best-in-class monoclonal antibodies (eg IL5) with favourable tolerability profiles, as well as bi-specific and tri-specific antibodies, These advancements aim to provide more effective and durable treatment options, addressing both the treatment and prevention of disease, and helping improve long-term health outcomes for patients.

Antibody-drug conjugates

Antibody-drug conjugates (ADCs) consist of monoclonal antibodies linked to potent cytotoxic drugs. They are designed to target malignant cells more precisely, sparing healthy tissue and addressing a key challenge in treating cancer. Our portfolio includes *Blenrep* as a potential treatment for relapsed/refractory multiple myeloma, and two investigational ADCs targeting B7-H3 and B7-H4, proteins that are highly expressed across a range of different cancer types. We also have an exclusive option agreement to license ADC, DB-1324 from Duality Biologic for gastrointestinal tumours.

Small molecule design

This is the process of creating tiny chemical compounds that can precisely target and interact with specific proteins or enzymes in the body to treat diseases. We're building a digital chemistry platform to transform the discovery of small molecule medicines by using AI/ML and automation. This will help create chemical compounds at an industry-leading scale, quickly and efficiently, through a unique generative design platform that we have developed. This platform should enable us to deliver small molecules, covalent medicines, and innovative treatments like antibody-drug conjugates (ADCs) to patients with increased success and speed.

Oligonucleotides

These address hard-to-treat diseases with high unmet need by modulating gene expression and transcription. About half of therapeutic targets are difficult to solve with traditional small molecules or biologics. Oligonucleotides could address RNA-based diseases which were previously thought to be untreatable with traditional drugs.

Research and development continued

Our oligonucleotides include bepirovirsen for chronic hepatitis B (see page 25), and GSK'990 (see page 17) which we're developing as a potential treatment for steatotic liver disease. Our acquisition of Elsie Biotechnologies in 2024 brings together Elsie's expertise and our internal capabilities in AI/ML to accelerate a next-generation oligonucleotide platform. This will further enable us to create predictive models for designing oligonucleotides aimed at difficult-to-treat diseases that affect large numbers of patients.

MAPS technology

This technology targets complex infections through multivalent vaccines which generate multiple different immune responses to both disease-specific polysaccharides and protein antigens. We're using MAPS technology to develop a portfolio of vaccines against pneumococcal disease. MAPS technology has the potential to expand the coverage of vaccines against current and future pathogens.

mRNA technology

This technology helps the human immune system to prevent or fight disease with vaccines that enable the body's own cells to produce specific proteins and antigens. This technology has the potential for rapid deployment with new vaccine targets. We have influenza and COVID-19 mRNA vaccine programmes.

Advanced adjuvants

These enhance the body's immune response to increase the efficacy of vaccines and open up new vaccine targets. We design combinations of adjuvant/antigens specific to the need of the patient groups we want to help protect. Adjuvants are a key part of our *Arexvy* and *Shingrix* vaccines and may help overcome the natural age-related decline in immunity that contributes to the challenge of protecting older adults.

Accelerating innovation in our pipeline

Data and platform technologies help us in four main ways:

Choosing the right targets

Data tech helps us to choose and prioritise genetic targets most likely to have a positive impact on patients' health and change the course of disease. This accelerates development and increases probability of success, so we can bring new medicines to patients who need them, faster.

For depemokimab, predictive modelling, alongside our work to understand disease processes, has enabled us to progress straight to phase III from phase I for four respiratory indications.

For our oligonucleotide GSK'990, computational analysis of genetic data, including gene expression profiles and genetic variations associated with metabolic dysfunction-associated steatohepatitis (MASH) across several genetic datasets, enabled us to identify and validate targets for MASH, giving us confidence to in-license the asset. The analysis also found a link to alcohol-related liver disease (ALD), opening up another potential indication and increasing the asset's potential value.

Identifying the right patients

Our technologies help us understand which patients may respond best to our treatments at specific points in their disease.

In the case of our oligonucleotide bepirovirsen, AI and ML are helping us to achieve functional cure in more patients with chronic hepatitis B. Modelling retrospective data from our phase II trial showed us how different patients might respond to treatment.

We're using the dMMR/MSI-H biomarker, present in some endometrial and colorectal cancer tumours, to inform clinical development of our treatment *Jemperli*. And we're using advanced technologies like organoids (3D tumour models grown in the lab), deep-tissue profiling and digital pathology to match it to the right patients.

These predictive approaches improve our development success rates, so we're more likely to observe a substantial clinical effect. They also help us see which patients are most likely to respond. This enables doctors to make more informed and tailored decisions about which treatments are right for an individual patient's cancer. This is particularly important for tumours with dMMR/MSI-H, which don't respond as well to chemotherapy.

Research and development continued

Designing and manufacturing the right treatment

Technology gives us more options to reach our genetically validated targets by choosing the treatment method (modality) most likely to succeed and make a meaningful difference. It also allows us to sustain and control quality and consistency throughout development and manufacturing.

In oncology, we're evaluating targeted ADCs in certain types of small-cell lung cancer, ovarian cancer and endometrial cancer. ADCs combine an antibody that targets a specific characteristic of a tumour cell with a payload carrying an anti-cancer agent, such as chemotherapy. The targeted antibody acts like a 'lock-and-key,' so that the payload can deliver the cancer-killing medicine inside the tumour.

In HIV, we're using platform technologies to develop ultra-long-acting treatment and prevention medicines, based on cabotegravir. We're improving drug delivery with an enzyme to safely open up more space under the skin to inject more drug subcutaneously. We can also extend the drug's dosing interval by slowing down its absorption and deliver a longer-lasting option using other biopharmaceutical approaches to modify formulation.

Making clinical trials more effective

Technology is also a tool for accelerating our clinical studies and improving their outcomes, from the early stages of design to recruiting patients, collecting samples and making regulatory submissions.

To reach more patients faster, we're saving time and cost by automating clinical and regulatory submission documents with AI, for instance in certain phase III trials of *Jemperli* and depemokimab. In 2024, we continued our year-on-year reduction in submission times with median submission time being 24% less than in 2023. This has enabled us to file key assets, such as depemokimab, faster. We're also implementing digital twins across 10 studies in 2025, alongside other cutting-edge technology, to help realise our ambition of reducing the number of patients needed by an average of 15%, in clinical trials where these methods are applicable.

Technology also helps with clarifying complex decisions. For example, when planning the phase III study for *Arexvy*, our RSV vaccine, we used predictive modelling algorithms to identify where in the world the first RSV cases would occur, clarifying decisions such as when to start, where to recruit and how many people to enrol. This ultimately made development faster and more precise for what is now the market leading RSV vaccine for older adults.

Getting ahead together with our network of collaborations across tech

We work with current and potential collaborators on the most impactful data sources, platform technologies, and translational tools to foster transformational innovation and accelerate our pipeline.

Collaborations with UK Biobank, Alliance for Genomic Discovery (new in 2024) and FinnGen give us access to large genetic datasets to deepen our understanding of disease. We integrate them with other datasets, including our own, and use AI and ML to generate insights that enable us to significantly improve and accelerate drug discovery and development.

We work with Tempus, a precision medicine biotech, and King's College London as part of our work to match the right patient to the right treatment and the right point of disease. For instance, we're replicating clinical conditions using tumour models from patient-derived organoids alongside digital pathology and AI to increase our speed and probability of success in development at our Digital Biological Twin Lab in Stevenage.

In 2024, we announced new collaborations that complement our existing rich data sources and help us get a deeper understanding of disease mechanisms and human biology. They include:

- Ochre Bio, to explore drivers of liver disease by using pathology-derived human in vitro models.
- Relation, to identify and validate new therapeutic targets for fibrotic disease.
- University of Cambridge and Cambridge Hospitals to establish the Cambridge-GSK Translational Immunology Collaboration (CG-TIC) focused on kidney and respiratory diseases.
- Center for Regenerative Medicine of Boston University and Boston Medical Center to focus on pulmonary fibrosis.
- Oxford University to advance novel cancer research, focused on the potential of cancer prevention through vaccination.

Research and development continued

Pipeline overview

We have 71 assets in development, of which 19 are late-stage.

Phase III/Registration

- camlipixant (P2X3 receptor antagonist) Refractory chronic cough
- depemokimab (Long-acting anti-IL5 antibody)[1] Asthma[2,3]
- latozinemab (Anti-sortilin antibody)[1] Frontotemporal dementia[4]
- linerixibat (IBAT inhibitor) Cholestatic pruritus in primary biliary cholangitis
- Low carbon version of MDI[5], *Ventolin* (Beta 2 adrenergic receptor agonist) Asthma
- *Nucala* (Anti-IL5 antibody) COPD[3]
- belrestotug (Anti-TIGIT antibody)[1] Non-small cell lung cancer[2]
- *Blenrep* (Anti-BCMA ADC)[1] Multiple myeloma
- cobolimab (Anti-TIM-3 antibody)[1] Non-small cell lung cancer
- *Jemperli* (Anti-PD-1 antibody)[1] dMMR/MSI-H colon cancer[2]
- *Zejula* (PARP inhibitor)[1] Ovarian cancer[2]
- *Arexvy* (Recombinant protein, adjuvanted)[1] RSV adults (18-49 YoA AIR)[2]
- bepirovirsen (Antisense oligonucleotide)[1] Chronic HBV infection[2]
- *Bexsero* (Recombinant protein, OMV) Meningitis B (infants US)
- gepotidacin (BTI inhibitor)[1] Uncomplicated UTI[2,3]
- ibrexafungerp (Antifungal glucan synthase inhibitor)[1] Invasive candidiasis
- MenABCWY vaccine (Recombinant protein, OMV, conjugated vaccine) MenABCWY, 1st Gen[3,10]
- tebipenem pivoxil (Antibacterial carbapenem)[1] Complicated UTI
- GSK4178116 (Live, attenuated) Varicella new strain

Phase II

- *Benlysta* (Anti-BLys antibody) Systemic sclerosis associated ILD[2,6]
- GSK1070806 (Anti-IL18 antibody) Atopic dermatitis
- GSK3915393 (TG2 inhibitor)[1] Pulmonary fibrosis
- GSK4527226 (Anti-sortilin antibody)[1] Alzheimer's disease
- GSK4532990 (HSD17B13 RNA interference)[1] NASH/MASH[2]
- GSK5784283 (TSLP monoclonal antibody)[1] Asthma[7]
- GSK4381562 (Anti-PVRIG antibody)[1] Cancer
- nelistotug (Anti-CD96 antibody)[1] Cancer
- cabotegravir (Integrase inhibitor) HIV
- VH3810109 (Broadly neutralizing antibody)[1] HIV
- VH3739937 (Maturation inhibitor) HIV
- VH4011499 (Capsid protein inhibitor) HIV
- VH4524184 (Integrase inhibitor)[1] HIV
- alpibectir (Ethionamide booster)[1] Tuberculosis
- ganfeborole (Leucyl t-RNA synthetase inhibitor)[1] Tuberculosis
- GSK3437949 (Recombinant protein, adjuvanted)[1] Malaria fractional dose
- GSK3536852 (GMMA)[1] Shigella
- GSK3993129 (Recombinant subunit, adjuvanted) Cytomegalovirus[8]
- GSK4023393 (Recombinant protein, OMV, conjugated vaccine) MenABCWY, 2nd Gen[8]
- GSK4077164 (Bivalent GMMA)[1] Invasive non-typhoidal salmonella[2]
- GSK4382276 (mRNA)[1] Seasonal flu
- GSK4396687 (mRNA)[1] COVID-19
- GSK4406371 (Live, attenuated) MMRV new strain
- GSK5101955 (*MAPS* Pneumococcal 24-valent paed)[1] Paediatric pneumococcal disease
- GSK5536522 (mRNA)[1] Flu H5N1 pre-pandemic[8]
- GSK5637608 (Hepatitis B virus-targeted siRNA)[1] Chronic HBV infection
- sanfetrinem cilexetil (Serine beta lactamase inhibitor)[1] Tuberculosis

Phase I

- GSK3862995 (Anti-IL33 antibody) COPD
- GSK3888130 (Anti-IL7 antibody)[1] Autoimmune disease
- GSK4172239 (DNMT1 inhibitor)[1] Sickle cell disease
- GSK4347859 (Interferon pathway modulator) Systemic lupus erythematosus
- GSK4527363 (B-cell modulator) Systemic lupus erythematosus
- GSK4528287 (Anti-IL23-IL18 bispecific antibody) Inflammatory bowel disease
- GSK4771261 (Monoclonal antibody against novel kidney target) Autosomal dominant PKD
- GSK5462688 (RNA-editing oligonucleotide)[1] Alpha-1 antitrypsin deficiency
- GSK5926371 (Anti-CD19-CD20-CD3 trispecific antibody)[1] Autoimmune disease
- belantamab (Anti-BCMA antibody) Multiple myeloma[2]
- GSK4418959 (Werner helicase inhibitor)[1] dMMR/MSI-H solid tumours[8]
- GSK4524101 (DNA polymerase theta inhibitor)[1] Cancer[8]
- GSK5733584 (ADC targeting B7-H4)[1] Gynaecologic malignancies
- GSK5764227 (ADC targeting B7-H3)[1] Solid tumours
- XMT-2056[9] (STING agonist ADC)[1] Cancer
- VH4527079 (HIV entry inhibitor) HIV
- GSK3536867 (Bivalent conjugate)[1] Salmonella (*typhoid + paratyphoid*)
- GSK3772701 (*P. falciparum* whole cell inhibitor)[1] Malaria
- GSK3882347 (FimH antagonist)[1] Uncomplicated UTI
- GSK3923868 (PI4K beta inhibitor) Rhinovirus disease
- GSK3965193 (PAPD5/PAPD7 inhibitor) Chronic HBV infection[8]
- GSK4024484 (*P. falciparum* whole cell inhibitor)[1] Malaria
- GSK5251738 (TLR8 agonist)[1] Chronic HBV infection
- GSK5102188 (Recombinant subunit, adjuvanted) UTI
- GSK5475152 (mRNA)[1] Seasonal flu/COVID-19

Assets are ordered by therapy area within each phase: respiratory, immunology and inflammation; oncology; HIV; and infectious diseases. Only the most advanced indications are shown for each asset.

(1) In-licence or other alliance relationship with third party
(2) Additional indications or candidates also under investigation
(3) In registration
(4) Phase III trial in patients with progranulin gene mutation
(5) Metered dose inhaler
(6) In phase II/III study
(7) Phase II study start expected in 2025
(8) In phase I/II study
(9) GSK has an exclusive global license option to co-develop and commercialise the candidate
(10) Approved in February 2025 in the US as *Penmenvy*

ADC: antibody drug conjugate; AIR: at increased risk; COPD: chronic obstructive pulmonary disease; GMMA: generalised modules for membrane antigens; HBV: hepatitis B virus; ILD: interstitial lung disease; MMRV: measles, mumps, rubella & varicella; NASH/MASH: non-alcoholic steatohepatitis/metabolic dysfunction-associated steatohepatitis; OMV: outer membrane vesicle; PKD: polycystic kidney disease; RSV: respiratory syncytial virus; siRNA: small interfering RNA; UTI: urinary tract infection; YoA: years of age.

Commercial operations

Technicians working at our Jurong facility in Singapore – one of our sites where we bring together R&D and manufacturing to streamline the journey from development to delivery.

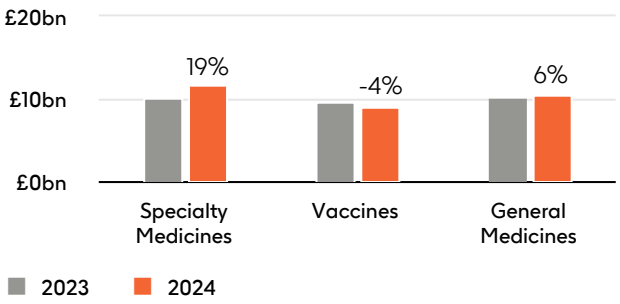
Commercial operations

We delivered another year of excellent commercial performance in 2024. Sales grew to over £31 billion – with strong growth and accelerating momentum in Specialty Medicines offsetting lower vaccine sales.

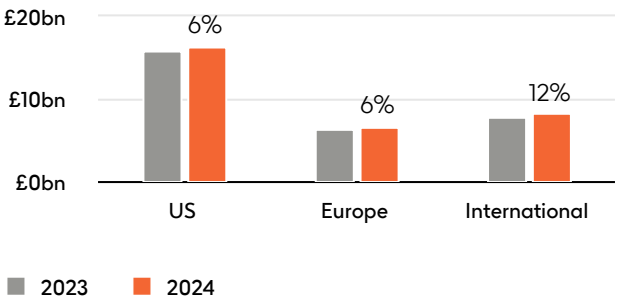
Total sales

£31.4bn **+3%** AER **+7%** CER **+8%** CER excluding COVID

Sales contribution by product groups[1]



Sales contribution by region[1]



Turnover by product groups

Specialty Medicines

£11.8bn

15% AER, 19% CER

HIV	£7.1bn
Respiratory/ immunology and other	£3.3bn
Oncology	£1.4bn

Read more on page 34

Vaccines

£9.1bn

-7% AER, -4% CER

Shingles	£3.4bn
Established	£3.3bn
Meningitis	£1.4bn
RSV	£0.6bn
Influenza	£0.4bn

Read more on page 37

General Medicines

£10.4bn

2% AER, 6% CER

Respiratory	£7.2bn
Other general medicines	£3.2bn

Read more on page 40

Commercial operations is presented with Specialty Medicines first to reflect that this is our largest business by value.

See Group financial review on page 82 for more detail

(1) Bar charts: excluding COVID-19 solutions

Absolute values at AER; changes at CER, unless stated otherwise

Specialty Medicines

Our specialty medicines prevent and treat diseases, from HIV and respiratory diseases, to immune-inflammation diseases like lupus, to cancer. Many are first or best-in-class.

Accelerating momentum and strong performance across all therapy areas

Specialty Medicines contributed more than 80% of Group revenue growth

Double-digit growth in HIV, respiratory/ immunology and oncology

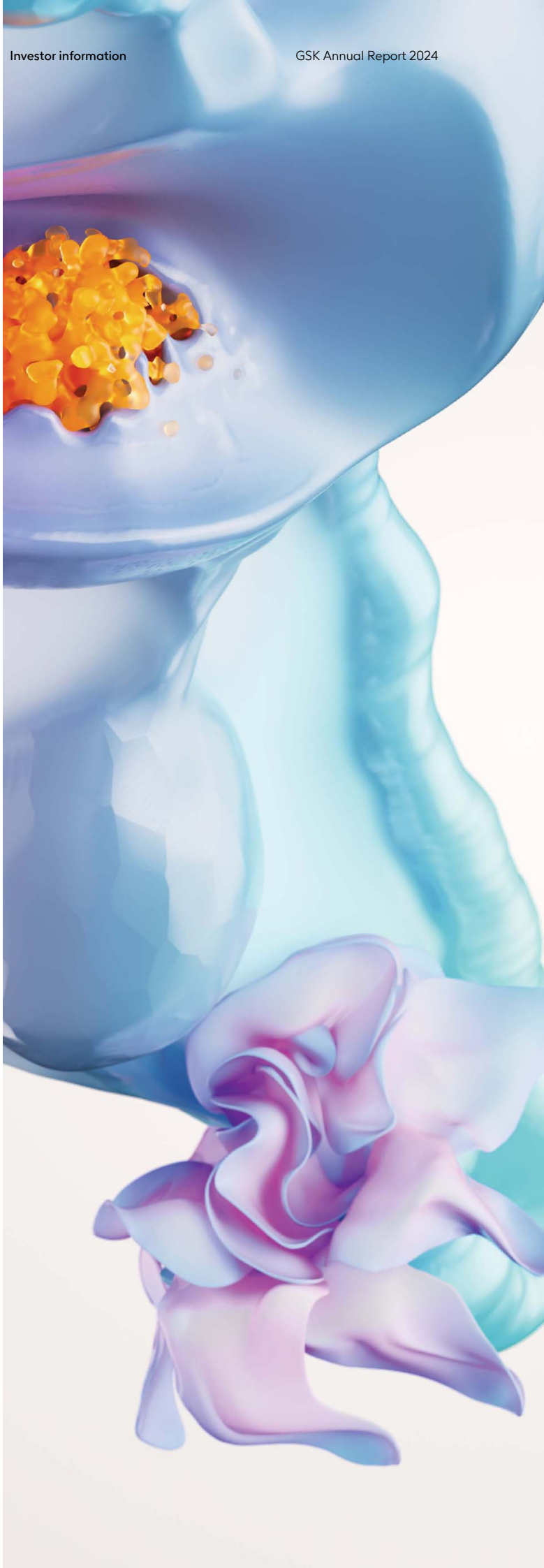


Image: Endometrial cancer

Jemperli, our treatment for endometrial cancer, is a PD-1-blocking antibody available in 33 countries that we are continuing to investigate for future monotherapy and combination regimens in multiple tumour types.

Performance: Specialty Medicines continued

Key marketed products

Product	Disease	Total revenue	AER	CER	Key information
Dovato	HIV treatment	£2.2bn	23%	27%	Dolutegravir-based two-drug regimen. Now launched in 54 markets
Tivicay	HIV treatment	£1.4bn	-3%	1%	Dolutegravir tablet for use in combination with other antiretroviral agents. Marketed in 69 countries
Triumeq	HIV treatment	£1.3bn	-14%	-11%	Dolutegravir-based fixed-dose combination tablets. Marketed in 64 countries
Cabenuva (Vocabria + Rekambys in Europe and Japan*)*	HIV treatment	£1.0bn	43%	47%	First complete long-acting injectable regimen (cabotegravir, rilpivirine). Launched in 32 markets
Juluca	HIV treatment	£685m	4%	7%	Dolutegravir-based two-drug regimen. Marketed in 30 countries
Apretude	HIV prevention	£279m	87%	93%	First long-acting injectable (cabotegravir) for HIV prevention. Approved in 25 markets
Rukobia	HIV treatment	£161m	38%	41%	Extended-release tablets for people living with multi-drug resistant HIV-1 for use in combination with other antiretrovirals. Launched in 17 markets
Nucala	Respiratory eosinophil-driven diseases	£1.8bn	8%	12%	The first treatment to be indicated in the US and Europe for use across four IL-5 mediated diseases (see page 16 in R&D)
Benlysta	Lupus and lupus nephritis	£1.5bn	10%	14%	Only biologic approved to treat both SLE and LN, in adults and paediatrics, in the US, Europe and elsewhere
Zejula	Ovarian cancer	£593m	13%	17%	PARP inhibitor commercially available in over 40 markets
Jemperli	Endometrial cancer	£467m	>100	>100	PD-1-blocking antibody available in 33 countries that we are continuing to investigate for future monotherapy and combination regimens in multiple tumour types
Ojjaara/Omjjara	Myelofibrosis	£353m	>100	>100	Approved in 13 markets as the only treatment specifically indicated for myelofibrosis patients with anaemia

Specialty medicines, along with vaccines, now dominate our reshaped portfolio and pipeline. Specialty Medicines sales were £11.8 billion, up 15% AER, 19% CER, reflecting continued growth across disease areas, with strong performances in respiratory/immunology, oncology and HIV.

By 2031, we expect Specialty Medicines to contribute more than 50% of sales, with this area being the key growth driver over the next few years.

We drive growth by accelerating our pipeline as well as prioritising business development, targeting acquisitions and partnerships to strengthen and complement our core therapy areas.

Respiratory/immunology

In respiratory/immunology, sales growth for our market-leading medicines *Nucala* and *Benlysta* continued, driven by patient demand across US, European and International markets.

Nucala, our IL5 antagonist monoclonal antibody with indications across four IL5 mediated diseases (eosinophil disease), continues to drive growth. Strong performance across all regions reflects the higher patient demand for treatments addressing eosinophilic-led disease.

Benlysta, our monoclonal antibody treatment for lupus, continues to grow as the only biologic approved for both systemic lupus erythematosus and lupus nephritis. We're focused on helping to identify and treat patients earlier, before lupus progresses and organ damage occurs.

Performance: Specialty Medicines continued

Oncology

Oncology sales growth was driven by strong performance across the portfolio for *Jemperli*, *Ojjaara/Omjjara* and *Zejula*. With pivotal trial data and regulatory filings in place, we are also preparing for a new launch of *Blenrep*.

Jemperli, a PD-1-blocking antibody, is the backbone of our ongoing immuno-oncology-based research and development programme. Strong sales at the end of 2024 followed FDA approval expanding the indication to include all adults with primary advanced or recurrent endometrial cancer. A robust clinical trial programme includes studies of *Jemperli* alone and in combination with other therapies in gynaecologic, colorectal and lung cancers, as well as where there are opportunities for transformational outcomes.

Omjjara, a JAK-1, JAK-2 and ACVR1 inhibitor, has grown strongly largely driven by continued uptake in the US since its launch in 2023. This was followed by successful 2024 launches in the UK, Germany and Japan. The robust market response reflects the significant unmet need that *Omjjara* can help address. It's a myelofibrosis therapy that treats enlarged spleen and constitutional symptoms, like bone pain and night sweats, but is also specifically indicated for patients with anaemia, which can be exacerbated by more established treatments.

In ovarian cancer, *Zejula* delivered continued double-digit growth driven by increased patient demand and volume across all regions, as well as geographical expansion. In 2024 more than 16,000 patients every month were treated worldwide with *Zejula* as a maintenance therapy for advanced ovarian cancer.

HIV

HIV sales were driven by strong demand for long-acting injectable medicines (*Cabenuva, Apretude*) and *Dovato*. Our long-acting medicines continue to see increased momentum and are critical to our long-term growth. By the end of 2024 they represented 20% of total HIV sales compared to 16% for 2023 and contributed over 50% of the total HIV growth.

Cabenuva, the world's first and only complete long-acting regimen for HIV treatment, is available in the US, Europe, Japan, China and Australia and continues to be supported by strong label evolution and data.

Apretude, the world's first long-acting medicine for HIV prevention, is approved in 25 countries including the US, UK, EU, Australia and South Africa, and is critical to ending the global epidemic.

Sales of oral two-drug regimen (D*ovato, Juluca*) now represent 42% of the total HIV portfolio. and *Dovato* continues to be the largest product. It is a dolutegravir-based oral two-drug regimen, approved in the US, Europe, Japan, Australia, and other countries worldwide. Sales of *Tivicay* and *Triumeq* fell during the year.

Our strategy for growth is centred on our innovative portfolio of medicines that are transforming HIV treatment and prevention while delivering on individual needs.

See Group financial review on page 82 for more detail

Vaccines

Our vaccines portfolio targets infectious diseases at every stage of life, helping to protect people from RSV, meningitis, shingles, hepatitis and many more.

Sales impacted by short-term headwinds, strong growth outside the US

Established vaccines continued to grow across International and the US

Meningitis vaccines had their strongest year of sales to date with double-digit growth across all regions

Image: Meningococcal serogroups (ABCWY) meningitis bacteria

Our *Menveo* vaccine helps protect against invasive meningococcal disease caused by Neisseria meningitis serogroups A, C, Y and W and is available in over 60 countries.

Performance: Vaccines continued

Key products

Product	Disease	Total revenue	AER	CER	Key information
Shingrix	Herpes zoster (shingles)	£3.4bn	-2%	1%	Market-leading recombinant, adjuvanted vaccine indicated for the prevention of shingles in adults. Launched in 52 markets
Bexsero	Meningitis group B	£1.0bn	19%	23%	Approved in 55 countries for the prevention of invasive meningococcal disease (IMD) caused by Neisseria meningitis serogroup B
Menveo	Meningitis group A, C, W and Y	£387m	2%	5%	*Menveo* helps protect against IMD caused by Neisseria meningitidis serogroups A, C, Y and W and is available in more than 60 countries
Arexvy	RSV	£590m	-52%	-51%	Market-leading RSV vaccine in the US for older adults, approved in more than 50 countries
Fluarix, FluLaval	Seasonal influenza	£408m	-19%	-16%	Trivalent vaccine available in the US, with other markets transitioning from quadrivalent to trivalent by 2027
Engerix, Twinrix, Havrix	Hepatitis	£692m	13%	17%	Growing hepatitis portfolio leadership through increased coverage and strengthened recommendations. *Engerix* adult is available in 91 countries, *Twinrix* adult in 51 countries, and *Havrix* adult in 86 countries
Boostrix	Diphtheria, tetanus, acellular pertussis booster	£681m	11%	14%	Available in 77 countries and market leader in the US
Rotarix	Rotavirus	£587m	-4%	-1%	Paediatric vaccine available in over 100 countries and on 96 national immunisation programmes
Infanrix, Pediarix	Diphtheria, tetanus, pertussis, polio, hepatitis B, haemophilus influenza type B	£512m	-8%	-5%	*Infanrix* is available in 170 countries. *Pediarix* is available in the US
Synflorix	Invasive disease, pneumonia, acute otitis media	£226m	-18%	-15%	*Synflorix*, available in 91 countries, including WHO pre-qualification
Priorix, Priorix Tetra, Varilrix	Measles, mumps, rubella and chickenpox	£323m	22%	26%	*Priorix* continues to gain share in the US. *Priorix* is available in 70 countries, Varilrix in 54 countries, and *Priorix* Tetra in 5 countries
Cervarix	Human papilloma virus	£72m	-40%	-38%	An important option against HPV. *Cervarix* two-dose schedule for girls aged 9-14 launched in China in 2023

Our portfolio of more than 20 marketed vaccines is one of the broadest in the industry. Vaccines sales were £9.1 billion, down 7% AER and 4% CER. This reflected the challenges we've seen from external pressures in the US and China for *Arexvy* and *Shingrix*. We expect these to continue in 2025, but remain confident that *Arexvy*, *Shingrix* and our vaccines pipeline will contribute meaningfully in the medium and long term.

Our focus is on strong execution in key markets with our existing portfolio, and on delivering the value of our pipeline with new launches so we can bring our vaccines to as many people as possible. Preventing seasonal viral and high-risk bacterial diseases remains a key focus for us. This is becoming even more important as populations age. From the age of around 50, our immune system starts to decline, leading to increased risk from infectious diseases. Our adult vaccination portfolio is critical to helping older adults remain active, healthy participants in society.

Our discovery, development and supply of vaccines at scale are built on a long-term commitment to building trust through transparency; and ensuring the quality and safety of our products.

Vaccines are complex and highly technical to develop and manufacture. Our established platform technologies, adjuvanted vaccines and the new platforms we're building, including mRNA technologies and MAPS technology, are core to our continued growth in vaccines. They enable us to tackle the most challenging diseases at every stage of life including influenza and pneumococcal disease.

Performance: Vaccines continued

Drivers of growth across the portfolio

Arexvy

Sales of *Arexvy* declined in 2024. US sales decreased due to lower demand partly related to a more limited recommendation from the Advisory Committee on Immunization Practices (ACIP) for individuals aged 60 to 74.

Despite lower sales in the US, *Arexvy* maintained a market-leading position. More than ten million of the 83 million US adults aged 60 and older at risk have been vaccinated with *Arexvy*. Data on safety, immunogenicity and duration of protection reinforce the strong and durable defence this uniquely adjuvanted vaccine offers against RSV. Through expanded indications in the US, EU, and other countries and geographic expansion, *Arexvy* continues to support our market leadership ambition with multi-billion-pound sales potential and we believe we're well positioned for growth over the medium and longer term. This is a result of *Arexvy's* differentiated profile, our partnering retailers, established expertise in the older adult population and ability to co-administer *Arexvy* with other important adult vaccines such as *Shingrix* and seasonal flu.

Arexvy is approved in over 50 markets globally, 17 countries have national RSV vaccination recommendations for older adults and six, including the US, have reimbursement programmes. With further approvals expected in 2025-26, as well as appropriate recommendations from public health authorities, *Arexvy* has the potential to relieve pressure on healthcare systems and help prevent the severe consequences of RSV globally.

Shingrix

Shingrix grew significantly in International in the year, driven by a national immunisation programme in Australia and supply to our co-promotion partner in China, but declined in the final quarter reflecting lower sales in China.

Nearly 87 million people are already protected with at least one dose of *Shingrix* and our ambition is to vaccinate more than 100 million people by 2026. In the US, 40% of the 120 million adults recommended to receive *Shingrix* have been vaccinated. *Shingrix* is now available in 52 countries.

A number of factors drove growth outside the US, including the launch of the national immunisation programme in Australia and expanded European public funding. We supply China through our exclusive agreement with Chongqing Zhifei Biological Products, Ltd. to distribute and promote *Shingrix* through its network of over 30,000 vaccination points. In 2024, we revised and extended our strategic collaboration with Zhifei, to bring innovative vaccines to more than 500 million people in China. We continue to see large opportunities for growth across the top 10 markets outside the US where the average immunisation rate is around 7%.

Bexsero and *Menveo*

Meningitis vaccines achieved double-digit growth with *Bexsero* (meningitis B) achieving sales of over £1 billion for the first time. *Bexsero* continues to grow strongly due to factors including a recommendation in Germany and increased demand from Australian immunisation programmes. *Menveo* (meningitis ACWY) grew due to favourable delivery timing in International markets and US CDC purchasing patterns. We're now planning for our pentavalent MenABCWY vaccine candidate that combines these established vaccines. To improve our competitiveness, we'll look to drive future growth with multiple lifecycle innovations in the coming years, including launching *Menveo* in a convenient liquid formulation in additional countries.

Established vaccines

Our established vaccines portfolio remains key. This portfolio includes vaccines that protect against hepatitis, rotavirus and measles – it represents a third of our total vaccines business. Established vaccines continued to grow as we sought to maximise uptake among those who need them. This is achieved through prioritising specific segments for growth, such as strengthened recommendations for hepatitis in adults, and increasing awareness of the importance of vaccination.

See Group financial review on page 82 for more detail

General Medicines

Our broad portfolio of general medicines, from inhalers for asthma and COPD to antibiotics, improve life for millions of people around the world. Many are market leaders.

General medicines contributed one third of Group turnover

Strong performance driven by both respiratory and other general medicines

***Trelegy* remains number one brand in COPD and asthma globally**

Image: Streptococcus pneumonia bacteria

Since launching more than 40 years ago, *Augmentin* is a global leader in oral antibiotics by sales value, helping to treat common infections including pneumonia.

Performance: General Medicines continued

Key marketed products

Product	Disease	Total revenue	AER	CER	Key information
Trelegy Ellipta	Asthma, COPD	£2.7bn	23%	27%	Top-selling brand in asthma and COPD globally and most prescribed single inhaler triple therapy (SITT) worldwide. Available in 60 countries for COPD, with dual indications for asthma and COPD in 22 countries
Relvar/Breo Ellipta	Asthma, COPD	£1.1bn	-3%	1%	One of the leading ICS/LABA[1] treatments worldwide by sales value, available in 69 countries
Seretide/Advair	Asthma, COPD	£1.1bn	-7%	-3%	One of the leading ICS/LABA[1] treatments worldwide by sales value, available in over 100 countries
Ventolin	Asthma, COPD	£702m	-6%	-3%	Global market-leading SABA[2] reliever by sales value, available in over 100 countries
Anoro Ellipta	COPD	£572m	3%	6%	Global market leader in the LAMA/LABA[3] class by value and volume (unit sales), approved in over 70 countries
Augmentin	Common bacterial infections	£635m	1%	7%	Global leader in oral antibiotics by sales value, available in over 100 countries
Avodart & Duodart	Benign prostatic hyperplasia (BPH)	£336m	-3%	3%	Market leaders by sales value and volume in the global dutasteride and dutasteride+tamsulosin FDC[4] market respectively, and approved in over 85 and 80 countries respectively
Avamys	Allergic rhinitis	£252m	-16%	-11%	Global leader in the intranasal corticosteroids prescription class by sales value and volume, available in over 80 countries
Dermovate, Betnovate, Cutivate, Eumovate	Inflammatory skin conditions	£207m	6%	11%	Dermovate is the global leader in the topical corticosteroids market by value and volume sales and available across around 75 markets globally, excluding the US

(1) ICS/LABA: inhaled corticosteroid/long-acting beta agonists
(2) SABA: short-acting beta agonist
(3) LABA/LAMA: long-acting beta agonists/long-acting muscarinic antagonists
(4) FDC: fixed-dose combination
Key information source IQVIA

Every day, our broad portfolio of General Medicines products, many of them market leaders, make life better for millions of people all over the world. Over the next decade, our ambition is for these products to have a positive impact on the lives of hundreds of millions of patients.

General Medicines sales were £10.4 billion, up 2% AER, 6% CER. Sales growth was primarily driven by *Trelegy*. For other general medicines, growth in antibiotics and dermatology in International markets was offset by global declines from continued generic competition across the portfolio.

The portfolio includes medicines typically prescribed in primary care. We supply them in more than 100 countries, and they represent over 92% of our total medicines and vaccines supply volume. In 2024, General Medicines contributed one third of our sales, helping to fund growth and investment in R&D and returns to shareholders.

Respiratory and infectious diseases therapeutics make up 77% of our General Medicines revenue, and we expect our asthma and COPD medicines *Trelegy* and *Anoro* to grow further, alongside continued growth for select established products in emerging markets.

To maximise returns, we prioritise investment in brands that are growing strongly, while managing the expected decline of other products in mature markets as they lose their patent exclusivity. We use our deep expertise in respiratory and infectious diseases to support the launch of new medicines. Those currently in development include our low-carbon *Ventolin* inhaler (see below) and novel infectious disease medicines (gepotidacin and tebipenem).

Read more in R&D on page 27

Performance: General Medicines continued

Drivers of growth

Our main growth drivers in General Medicines in 2024 were *Trelegy*, *Anoro* and *Augmentin*.

Trelegy

In 2024, *Trelegy*, our single inhaler triple therapy (SITT) for asthma and COPD, continued to grow globally. It's licensed in 60 countries for COPD, with dual indications for asthma and COPD in 22 countries, including the US and Japan. We received new approvals in 2024, extending *Trelegy*'s availability to asthma patients in Saudi Arabia and Indonesia.

Trelegy is the number one SITT globally, selling over 37 million packs – more than twice the volume of the nearest competitor. In 2024, Trelegy reinforced its position as the top-selling brand in asthma and COPD globally, supported by its leading position in the two largest markets, the US and Japan, and by the SITT class's positive positioning in COPD scientific evidence and global guidelines.

The 2023 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommended triple therapy over ICS/LABA for exacerbating patients. This has helped to continue the strengthening of the SITT market which, seven years after first launch, is still growing at over 30% year on year.

Increasing scientific evidence and new biological therapeutic options in COPD are now reinforcing the opportunity for more ambitious goals for COPD management for HCPs and patients. We expect a market shift towards optimising treatments, favouring growth for the SITT class, as the combination of ICS, LABA and LAMA is the backbone for add-on biologic treatments.

We expect *Trelegy* to be a key driver of growth in General Medicines in the coming years.

Anoro

Anoro is approved in approximately 70 countries to treat symptomatic COPD. It remains the global market leader in the LAMA/LABA class by volume (unit sales), with global sales (excluding US) continuing to grow. *Anoro's* strong clinical data profile includes head-to-head data in the LAMA/LABA class and versus other common initial maintenance therapy options, such as LAMA.

Ventolin

Ventolin remains an important medicine for approximately 35 million patients in more than 100 countries, some 55 years after it launched. Our *Ventolin* metered dose inhalers (MDIs) represent a significant proportion of our carbon emissions. In 2024, we began phase III clinical trials of our R&D programme to redevelop *Ventolin* MDIs by transitioning to a lower-carbon propellant; this could reduce greenhouse gas emissions from our *Ventolin* inhalers by approximately 90%.

Augmentin

Since launching more than 40 years ago, *Augmentin* – a global leader in oral antibiotics – has reached over 2.73 billion people and demand continues to be strong across all regions. *Augmentin*, which is available in over 100 countries, is categorised by the World Health Organization as an AWaRE Access antibiotic. Access antibiotics are recommended as first or second choice treatments for common infections because of factors like their lower potential for antimicrobial resistance.

See Group financial review on page 82 for more detail

Manufacturing and supply

Our global supply chain is critical to manufacturing and supplying reliable, high-quality medicines and vaccines to meet patients' needs and drive our performance.

In 2024 we saw the first full year of our integrated network of medicines and vaccines manufacturing sites. This is part of our strategy to build an ever-more competitive and resilient global supply chain. By bringing together our teams and expertise in medicines and vaccines, we've increased efficiency and helped make sure we have the capacity and capabilities, especially in areas like digital and technology, to deliver our new products.

This network of 37 medicines and vaccines manufacturing sites delivered 1.7 billion packs of medicines and 409 million vaccine doses in 2024 to help make a positive impact on the health of millions of people.

Our focus on productivity and efficiency contributed to an improvement in gross profit margin in 2024.

Accelerating innovation

Our global supply chain is not just core to our operations; it's vital for innovation too.

Our global supply chain teams are part of how we prevent and change the course of disease, bringing our innovations to patients as quickly, efficiently and effectively as possible. They're involved early in product and process development, working with R&D to make sure that what works in clinical trials can be scaled up to commercial production.

These teams support the lifecycle management of recently launched assets to secure supply and enable growth. In 2024, this included, for example, increasing capacity to meet demand and future growth for *Ojjaara/Omjjara*, our medicine for myelofibrosis in patients with anaemia, following expanded approval in the EU, the UK and Japan.

Image: HIV virus

Smart manufacturing, including use of digital twins, is helping us to scale up manufacturing and launch plans – including for our HIV pipeline.

Operations: Manufacturing and supply continued

They also support the development of second-generation products. For example, we're bringing on additional capacity to deliver *Menveo* liquid to more patients around the world following regulatory approvals in Argentina and the European Union. *Menveo* liquid is a new single-vial, fully liquid presentation of our *Menveo* meningococcal vaccine.

We've also started to prepare for the production of *Shingrix* fully liquid, a new presentation of our shingles vaccine that, if approved, would offer a convenient option for pharmacists, physicians and other healthcare professionals who administer vaccinations.

Also, the supply chain teams are preparing for the new assets that we're expecting to register and launch in the coming years, for example *Blenrep* (multiple myeloma), gepotidacin (uncomplicated urinary tract infections), camlipixant (refractory chronic cough) and bepirovirsen (chronic hepatitis B).

To advance the discovery and development of best-in-class medicines and vaccines, we're investing and partnering in a range of platform technologies, including antibody drug conjugates (ADCs), oligonucleotides, mRNA and MAPS technology. As manufacturing platform technologies become more complex, the need for collaboration between R&D and manufacturing increases. Bringing R&D and manufacturing together at the same locations helps us make a seamless transition from process development to clinical trials production to commercial production. This co-location is already happening at our sites in Upper Merion in the US, Ware in the UK, Wavre in Belgium and Jurong in Singapore.

Investing for the future

We continue to invest in reshaping, simplifying and strengthening our network.

As part of an investment of up to $800 million at our Marietta site in Pennsylvania, our largest US manufacturing investment to date, we're bringing R&D and manufacturing together in one location. The new R&D and commercial facilities will double the size and capacity of the site.

The new multi-purpose facility will be capable of manufacturing sterile liquid medicines and vaccines for which there is ever-increasing demand. This facility will also house a state-of-the-art R&D pilot plant to manufacture medicines for clinical trials. Also, we'll establish a new vaccines drug substance facility at the site, dedicated to manufacturing products based on our novel MAPS technology, subsequent to future regulatory submissions and approvals.

The new multi-purpose facility at the Marietta site will incorporate the latest technologies for solar panels, electric heat generation, and water and energy reclamation. Both facilities will feature smart utility and electrical system monitoring and controls, digital twins for continuous process optimisation, robotics for material handling, and predictive maintenance and digital scheduling enabled by artificial intelligence.

These investments in innovative technologies and platforms demonstrate our commitment to advancing science, technology and sustainability.

To support the delivery of our innovative portfolio and pipeline, we're also investing up to £128 million to expand sterile manufacturing capacity at our Barnard Castle facility in the UK. This investment will expand manufacturing of our newest, next-generation specialty medicines at the site, underpinning our commitment to cutting-edge pharmaceutical manufacturing in the UK. As part of the modernisation of our Barnard Castle site, we are also proposing to transfer production of some older products from the dermatology portfolio to external manufacturing partners.

In the UK, we also confirmed that in 2025 we will close our cephalosporin antibiotics manufacturing operations – our site at Ulverston and a facility in Barnard Castle. This follows our 2021 announcement, when we said that, in the absence of alternatives, we would close these operations following the completion of our contract manufacturing agreement with Sandoz.

Harnessing technology

Technology is transforming how we manufacture medicines and vaccines, enabling us to increase the speed, quality and scale of product supply.

Technology helps us optimise efficiency and effectiveness across our operations. We're reducing cycle time and cost in the Chemistry, Manufacturing and Controls (CMC) development process, the manufacturing and quality processes as well as the end-to-end supply chain and distribution processes.

We're using data to help us monitor production in real time, spot ways to increase yields and predict when equipment needs maintenance.

We're using smart manufacturing technologies for greater efficiency, productivity, sustainability and cost savings. Smart manufacturing is not about replacing people with technology, it's about enabling us to work smarter and more efficiently. We can augment our human creativity, expertise and problem solving with data and AI, increasing our impact and delivering better and faster for patients.

For example, we have introduced an AI tool to quickly determine the best transportation route to deliver our medicines and vaccines to patients. The tool does this by analysing vast amounts of data, including stock availability, cost, carbon emissions and batch details such as readiness to ship at a given time. As a result, we can save costs, reduce carbon emissions and make sure stock reaches its destination on time for patients.

Operations: Manufacturing and supply continued

Across our supply chain we're using 54 digital twin models on 12 products to digitally simulate the process, anticipate failures and accelerate manufacturing. For *Shingrix*, using a digital twin helped us optimise the lyophilisation (freeze-drying) step and unlock capacity to produce an extra 1 million doses to protect more people from shingles. Digital twins are also helping us deliver right first-time technology transfer to scale up manufacturing and launch plans for our HIV pipeline, including cabotegravir.

Automation and robotics also help to improve ergonomics, increase efficiency and deliver more medicines and vaccines around the world, on time every time. At Upper Merion in the US, a digitised scheduling system alone has created 10% extra capacity by removing bottlenecks in operations, while other technology has improved safety, reduced deviations and human error, and improved yields.

We've also gained external recognition. Our Wavre vaccine formulation unit in Belgium received the 'Factory of the Future' label from a group of Belgian and European agencies dedicated to digital and pharmaceutical industries. This label recognised our continuous investment in digitisation, talent development, smart processes, sustainable products and world-class production.

Building sustainability

In 2024 we activated a 56-acre solar farm and two wind turbines at our antibiotics manufacturing site at Irvine in the UK. The new infrastructure will generate over half of the facility's electricity, effectively tripling its on-site renewable electricity generation.

We also opened a €50 million vaccines logistics hub at Gembloux in Belgium, which will run on 100% renewable power and be self-sufficient by 2025, thanks to solar panels covering its roof. The 40,000 square-metre facility, our largest warehouse worldwide, exports 1 million doses of vaccines a day and stores millions more destined for more than 160 countries.

Our low-carbon *Ventolin* inhaler for asthma and COPD, currently in phase III trials, has the potential to cut the product's carbon emissions by approximately 90%, through new propellant technology. We confirmed plans to invest in our site at Evreux in France to manufacture the inhaler, so that we're ready to start supply, should clinical trials and regulatory processes be successful. The first of three filling lines is already installed and operational.

For more on our approach to sustainability and progress made at our sites, see our Responsible Business Performance Report

Promoting responsible manufacturing

We're also committed to responsible manufacturing. Our Worthing antibiotics site became the first in the UK to achieve BSI AMR Kitemark certification. This gives independent assurance that the antibiotics manufacturing process at Worthing meets rigorous international standards and is part of our broader efforts to address antimicrobial resistance (AMR) and support global health.

Our goal is for all our global antibiotics manufacturing sites to be certified in the coming years, demonstrating our commitment to responsible manufacturing and getting ahead of AMR.

Delivering quality, safety and reliability

To meet patients' needs and keep ourselves competitive, quality, safety and reliable supply are essential.

Our reliability remains strong, with an on-time, in-full (OTIF) measure of 99%, putting us in the top quartile against the industry benchmark[1].

In 2024, we had 104 regulatory inspections at our manufacturing sites and local operating companies, compared with 114 in 2023. We received zero warning letters from the US FDA, one critical finding from the MHRA and no critical findings from the European Medicines Agency (EMA) in 2024.

Read more about product governance on page 56

(1) Analysis for GSK conducted by McKinsey & Company's POBOS benchmark

Responsible business

A scientist working in the tuberculosis biology lab at our global health research and development site in Tres Cantos, Spain.

Responsible business

Our approach

Being a responsible business is an integral part of our strategy and culture. Our Trust priority supports our business performance and long-term growth. It helps us build trust with our stakeholders, reduce risk, supports our people to thrive and to deliver health impact at scale.

Six focus areas help us to address what is most material to our business and most important to our stakeholders.

They are:

– Access to healthcare

– Global health and health security

– Environment

– Inclusion and diversity

– Ethical standards

– Product governance

These focus areas are core to our strategy, help support long-term business success and are where we can have the greatest positive impact on some of society's most urgent challenges.

Being responsive to the environment in which we operate and the changing expectations of our key stakeholders is critical to building trust. With that in mind, we continue to review and evolve the actions we are taking in all of our six areas.

Specifically for inclusion and diversity, we are presently working to understand and evaluate the impact of the legal environment. We are progressing this work and reviewing activities, with the following principles in mind:

– Firstly, as ever, we will always comply with the law and be respectful of the environment in which we operate.

– Secondly, we remain fully committed to equal employment opportunity, non-discrimination, and merit-based decision-making in the way we recruit, manage and develop our people.

– And thirdly, we continue to believe that an inclusive culture, with different perspectives and experiences, helps drive superior business performance and deliver better health outcomes for patients.

We periodically undertake materiality assessments to assess key issues (see our 2022 assessment on gsk.com). In 2024, we undertook a double materiality assessment in preparation for the new reporting requirements under the EU's Corporate Sustainability Reporting Directive, which will inform our reporting for the financial year 2025, published in 2026.

(1) We have met our previously set overarching ethnicity and gender aspirations but not all individual components

(2) The 2024 data which underlies the Responsible Business Performance Rating has been subject to limited assurance by Deloitte. This assurance scope excludes the overall Performance Rating score and the targets that contribute to it. For full details of progress against our six focus areas, our Responsible Business Performance Rating and 22 metrics and independent limited assurance reports, see our Responsible Business Performance Report

Our Responsible Business Performance Rating

Our Responsible Business Performance Rating measures the progress we are making on delivering against our Trust priority. The rating is one of our corporate KPIs and tracks progress against key metrics aligned to each of our six focus areas. We continue to evolve our Performance Rating to ensure it measures what matters most and meets the expectations of our stakeholders. We review our metrics each year, so that they are stretching and achievable and guide progress towards our long-term goals. The executive leadership team and the Board, via the Corporate Responsibility Committee (CRC), review the metrics that make up this rating each year.

In this report, we set out progress made against inclusion and diversity (I&D) commitments previously set for 2024, and which are reflected in our overall Responsible Business Performance Rating for the year. In 2024, we measured progress towards our previously stated 2025 aspirations (set out on page 54). In 2024, we largely met[1] the leadership aspirations. Going forward, we will make changes in several areas related to inclusion and diversity to ensure continued compliance with the law and being respectful of our operating environment, including no longer setting aspirational targets for our leadership and supplier programmes.

How we assess performance

The GSK Leadership Team (GLT) is accountable for delivering progress against the metrics and regularly reviews performance along with the CRC.

See page 137

Each individual metric is assessed as either: on track (the metric has been met or exceeded); on track with work to do (at least 80% of the metric has been achieved); or off track (metric has been missed by more than 20%). To calculate the overall Performance Rating, we aggregate performance across all metrics into a single score. This score shows whether we are on track, on track with work to do, or off track. This rating is defined below:

On track: 70% or more of all metrics are on track

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

2024 Responsible Business Performance Rating[2]

Our 2024 Responsible Business Performance Rating is on track, based on 91% of all performance metrics being met or exceeded.

Since we introduced the metric in 2022, we've maintained on-track performance against our performance rating each year. Where we have work to do, we have plans in place and monitor our progress.

External benchmarking (as at February 2025)

Investors frequently ask us about our performance in key ratings including:

- **Access to Medicines:** 2nd in the Access to Medicines Index, among 20 of the world's largest pharmaceutical companies
- **S&P Corporate Sustainability Assessment:** 78 and included in the DJSI World and Europe indices
- **FTSE4Good:** Member of FTSE4Good Index since 2004
- **CDP:** A in Climate change, A in Water security, B in Forests
- **Sustainalytics:** Low risk rating
- **MSCI:** AA rating
- **Moody's Analytics:** ESG Overall Score of 62 (out of 100, sector average 38)
- **ISS Corporate Rating:** B+ rating

Access

Our aim is to positively impact the health of 2.5 billion people by the end of 2030 by making our medicines and vaccines available as widely as possible. We will do this through responsible pricing, strategic access programmes and partnerships.

Our commitment

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

Our Responsible Business Performance Rating metric 2024

- Progress towards our 2030 goal of reaching 1.3 billion people in lower income countries with our products

Progress in 2024

By making our medicines and vaccines available at prices that are both accessible to our patients and sustainable for our business, we are able to grow our business and secure a return to invest in future R&D. As well as through responsible pricing, we expand our reach through strategic access and partnerships to make our medicines and vaccines more widely available in lower income countries.

Measuring our progress on access and impact on health at scale

In 2021, we set the ambition to positively impact the health of 2.5 billion people over ten years. This includes 1.2 billion people in high and upper-middle countries and 1.3 billion in low and lower-middle income countries. We believe that we are on track to achieve our ambition. Our estimated patient reach figure from 2021 to the end of 2024[1] is at least two billion people, of which 1.5 billion are in low and lower-middle income countries.

Although we have exceeded our original estimate in low and lower-middle income countries, we don't expect progress towards our ambition to be linear. Reaching individuals becomes increasingly challenging the nearer we are to our goal as we don't recount those we've already reached, and those not yet reached may be harder to access. We are also working with our partners to help eradicate diseases like lymphatic filariasis so expect the number of patients reached by this programme to naturally decline. Estimating patient reach and measuring health impact is a complex and emerging area and we recognise the importance of transparency and industry collaboration to advance in this area. We report more detail on our methodology in our Responsible Business Performance Report.

Evidence-based pricing that recognises benefits

We set responsible prices in line with the benefits we bring to patients and health systems, measured by clinical, economic and social outcomes. We compare our offer to what is already available for patients and we generate evidence from clinical trials to establish the added value provided by our medicines and vaccines.

We aim to create stability and predictability for payers and our business while focusing on access to our medicines to improve patient outcomes, engaging proactively on upcoming product launches for budget planning, and adjusting prices to account for inflation. In the US in 2024, our combined average net price (after discounts, rebates or other allowances) for our pharmaceutical and vaccines portfolio increased by 5.2%, due to product mix and gross to net pricing favourability, while the average list price increased by 1.5%, compared with 2.3% (list) for the industry. Over the past five years, the average net price for our products increased 2.3% annually, while the average list price rose by 3.1%, compared with 4.2% (list) for the industry.

(1) Excluding patient reach for albendazole donations in 2024 as the data is not yet available

Responsible business continued

Access strategies focused on lower income countries

Vaccines

We reserve our lowest vaccine prices for Gavi, the Vaccine Alliance, and similar organisations. These commitments enable us to deliver manufacturing efficiencies, which help us to maintain lower prices for lower-income countries. We have partnered with Gavi, which is a public-private partnership, since its foundation in 2000 and have supplied more than one billion vaccine doses to date.

Through our partnership with Gavi, in 2024 we delivered around 6 million doses of *Cervarix*, supplied around 45 million doses of our pneumococcal vaccine, *Synflorix*, and 43 million doses of *Rotarix*.

We are a long-standing supplier of oral polio vaccines through UNICEF. In 2024, we supplied around 131 million doses to help eradicate the disease.

Malaria

Following the end of the WHO-coordinated Malaria Vaccine Implementation Programme, we continue to support the onward roll-out of RTS,S/AS01 in endemic countries. From 2019 to 2023, over two million children in Ghana, Kenya and Malawi received at least one dose of the vaccine, which was developed by GSK and our partners. WHO evaluations of the pilot showed high public health impact due to reduction in mortality and hospitalisation rates.

We're also rolling out doses of RTS,S/AS01 to nine African countries, as part of our commitment to supply 18 million doses to Gavi-eligible countries between 2023 and 2025. We plan to produce 15 million doses of RTS,S/AS01 annually from 2026-2028.

In 2024, Brazil and Thailand became the first malaria-endemic countries to introduce new single-dose radical cure medicines to prevent the relapse of Plasmodium vivax (P. vivax) malaria. Tafenoquine targets the liver-stage of P. vivax malaria and, when used in combination with chloroquine for the blood-stage infection, is effective in preventing malaria relapses. Approvals for tafenoquine have been granted in 11 countries, including the US, and the drug is undergoing marketing authorisation evaluation in a number of other countries where P. vivax is endemic.

In December, the 150mg tablet formulation of tafenoquine received WHO Pre-qualification. We anticipate that up to ten additional countries could introduce tafenoquine in 2025-28.

Lymphatic filariasis (LF)

In 2024, we donated 442 million albendazole tablets to help end these NTDs. This brings the total we have donated to over 12 billion tablets. The number of tablets we are donating is declining each year, given the gradual eradication of the NTDs that the medicine is targeting. The programme has benefited over 935 million people since it began, according to WHO data. We remain committed to supplying albendazole to endemic countries until LF is eliminated everywhere.

HIV

By the end of 2024, CAB LA for PrEP had been supplied at a non-profit price in a total of 11 low and middle income countries. We have also committed to tripling our annual supply of CAB LA for PrEP for programmatic use, making at least two million doses available in 2025-26 to meet growing demand where HIV burden and unmet need are greatest. In addition, ViiV has prioritised countries for registration of CAB LA for PrEP based on high HIV burden and PrEP readiness.

Following the signing of voluntary licences for CAB LA for PrEP with three generic manufacturers, via the Medicines Patent Pool (MPP), ViiV is engaging with these companies to expedite generic development and access. ViiV also has voluntary licensing agreements with 15 generic manufacturers to produce and sell low-cost single or fixed-dose combination products containing our HIV medicine dolutegravir for adults, with one direct licence and the others via the Medicines Patent Pool (MPP).

There are similar agreements with 14 generic manufacturers for paediatric dolutegravir, as well as separate agreements to drive access to dolutegravir in certain upper-middle income countries.

Over the 10 years of partnership between ViiV, the MPP, and generic manufacturers, more than one billion packs of generic dolutegravir-based medicines have been supplied. By the end of 2024, more than 23 million people across 129 countries had access to a generic dolutegravir-containing product.

Generic paediatric formulations of dolutegravir are now available in more than 100 countries, increasing access to age-appropriate treatment options for children living with HIV where the burden of need is highest. This was accelerated by a public-private partnership between ViiV, the Clinton Health Access Initiative, Unitaid and generic manufacturers with sublicences from the MPP.

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

Responsible business continued

Global health and health security

We are helping to address the biggest health challenges faced by people around the world.

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

- Progress six Global Health pipeline assets to address priority WHO diseases
- Progress eight active R&D projects that address pathogens prioritised by WHO and CDC as posing the highest level of concern due to drug resistance (critical and/or urgent threats)

Progress in 2024

We have a unique and important role to play in improving health for patients around the world and helping the world prepare for future health security challenges. We do this by developing products and technologies to treat and prevent priority diseases. We have the largest priority pipeline among 20 of the world's largest pharmaceutical companies[1], addressing high-burden diseases identified as priorities by external global health stakeholders, including the WHO. This supports our long-term growth by driving product innovation and helps us attract and retain outstanding people.

R&D for high-burden diseases in lower income countries

We're committed to changing the trajectory of high burden diseases in lower income countries with a focus on prevention and treatment of infectious diseases, including those with AMR potential.

In 2022, we announced an investment of £1 billion over 10 years to accelerate global health R&D (together with ViiV Healthcare). By the end of 2024, we had invested 33% of this and progressed six Global Health pipeline assets to address priority WHO diseases. The current Global Health R&D pipeline consists of more than 25 medicines and vaccines in development, of which more than one third are in clinical development.

We are committed to tackling TB, one of the world's deadliest infectious diseases. We have developed a promising candidate vaccine, M72/AS01E, up to proof of concept (phase IIb).

We have partnered with the Bill and Melinda Gates Medical Research Institute (Gates MRI). Gates MRI has begun a phase III trial in seven countries (funded by the Gates Foundation and the Wellcome Trust), with the first doses given in South Africa in March 2024. If proven effective, M72 could potentially become the first new TB vaccine that meets the WHO target product profile for over 100 years.

To date, together with our partners, we've brought two products for the prevention and treatment of malaria to market – the world's first vaccine against malaria (see Access, page 48), and a single-dose, radical cure for P. vivax malaria, which are both WHO pre-qualified.

Strengthening health security

Getting ahead of antimicrobial resistance with our innovation

AMR is an urgent threat to public health. We're developing new antimicrobials and vaccines to prevent and treat infectious diseases. Our investment in innovation to respond to AMR has resulted in one of the largest AMR relevant R&D pipelines in the industry. We have more than 30 R&D projects across medicines and vaccines that are relevant to AMR, of which 12 target pathogens deemed 'critical' by WHO and/or 'urgent' by the Centers for Disease Control and Prevention, excluding TB which was added by WHO earlier in 2024.

In 2024, gepotidacin, our investigational, first-in-class oral antibiotic, with a novel mechanism of action for the treatment of female adults and adolescents with uncomplicated urinary tract infections (uUTI), was accepted for priority review by the US FDA. Gepotidacin is also in development for uncomplicated urogenital gonorrhoea in adolescents and adults. We announced positive data from our phase III EAGLE-1 trial.

We continue to progress candidate vaccines against several enteric diseases which contribute to the burden of AMR in lower income countries, including invasive non-typhoidal salmonella, klebsiella, shigella, typhoid and paratyphoid fever.

Ensuring sustainable, appropriate use and manufacture of antibiotics

We continue to run several initiatives to support appropriate use of antibiotics. We provide education for healthcare professionals around the world about using and prescribing antibiotics appropriately, and the importance of surveillance studies. We've maintained our long-running multinational Survey of Antibiotic Resistance programme and are running antibiotic surveillance studies to support antimicrobial assets in late-stage development.

Investing in innovation and partnership to find and scale solutions to AMR

In 2024, we announced a £45 million pledge to support the Fleming Initiative, a new global network combining scientific, technology, clinical, policy and public engagement expertise to develop new AMR interventions.

The initiative will bring together our infectious disease expertise with Imperial College London and Imperial College Healthcare NHS Trust's clinical and research capabilities and a global network of experts to find, test, and scale solutions to AMR.

(1) 2024 Access to Medicine Index

Responsible business continued

We have also committed €4.5 million to the Global Antibiotic Research & Development Partnership (GARDP) to support sustainable access to antibiotics in lower income countries. GARDP focuses on developing and providing access to much-needed antibiotics that are effective against WHO-priority pathogens, particularly in low and middle income countries.

Partnering for pandemic preparedness

With outbreaks of Mpox, bird flu and the Marburg virus, health security remained high on the global agenda during 2024. To help prevent and respond to future health security emergency, we are working with governments and other stakeholders to strengthen global preparedness.

In April 2024, we initiated a combined phase I/II study of an investigational influenza A (H5N1) pre-pandemic vaccine candidate, evaluating safety, reactogenicity and immunogenicity in healthy younger and older adults. The vaccine candidate has been granted Fast Track designation by the US FDA. This programme reflects GSK's commitment to helping authorities with pandemic preparedness.

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

Environment

Climate change and nature loss threaten human health and pose risks to business resilience. To get ahead of disease and to help ensure long-term business success, we need to take action on climate and nature.

Our commitment

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

Our Responsible Business Performance Rating metrics 2024[1]

Climate

- Operational emissions reduction (Scope 1 & 2 market-based emissions)
- Industrialisation of low-carbon *Ventolin* initiated, and clinical and non-clinical data available to support regulatory submissions; in 2024, to complete clinical studies to enable filing of low carbon *Ventolin*
- Percentage of carbon credit volume in project pipeline

Freshwater

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

Land

- Percentage of paper packaging and palm oil certified

Waste

- Operational waste reduction at our sites

(1) These metrics are related to the Responsible Business Performance Rating 2024. The 2024 information underlying the Responsible Business Performance Rating is subject to independent limited assurance by Deloitte. See Responsible Business Performance Report 2024 for more information. We also measure and report performance against our wider set of long-term environmental sustainability targets, which we publish on gsk.com

Progress in 2024

Climate change and nature loss are changing the spread and burden of disease and are an urgent threat to human health. That's why we have set ambitious environmental goals for 2030 and 2045. These goals address our impacts across our entire value chain, from drug discovery to disposal of our products. Meeting them will help support our long-term performance by protecting our supply chains, help us adapt ahead of anticipated regulation change and providing potential growth opportunities as demand increases for medicines and vaccines with a lower environmental impact.

Climate

We have a clear pathway to a net zero impact on climate with ambitious targets for 2030 and 2045. These targets are approved by the Science Based Targets initiative (SBTi) Net Zero Standard.

Our value chain carbon footprint[1] is made up of Scope 1 & 2 emissions from our own operations (7%) and Scope 3 emissions from our supply chain (37%), logistics (3%), from people using our products (mostly metered-dose inhalers) (53%) and from the disposal of our products (<1%).

Long-term targets

- 80% absolute reduction in greenhouse gas emissions from a 2020 baseline, across all scopes, and investment in nature-based solutions for the remaining 20% of our footprint by 2030
- Net zero greenhouse gas emissions across our full value chain by 2045: 90% absolute reduction in emissions from a 2020 baseline, across all scopes, and all residual emissions neutralised
- 100% imported renewable electricity by 2025 and 100% renewable electricity (imported and generated) by 2030 (Scope 2)

Responsible business continued

Progress to date on carbon reduction pathway

– In 2024, we reduced our Scope 1 & 2 carbon emissions by 12% compared with 2023, and by 36% compared with our 2020 baseline.

– Our overall Scope 3 emissions are 10% lower than our baseline year of 2020, falling by 0.14% in 2023 (our latest available data) compared with 2022[1].

Progress in 2024

The reduction in our Scope 1 & 2 carbon emissions in 2024 was primarily driven by energy efficiency measures in our manufacturing processes, our ongoing transition to renewable energy and reducing propellant emissions during the manufacturing of inhalers.

In 2024, we reached 90% imported renewable electricity, 7 percentage points higher than the 83% we used in 2023. We also have a longer-term target to have 100% of all electricity imported and from self-generated from renewable sources by 2030, and in 2024 we achieved 90%.

The goods and services we buy to make our medicines and vaccines account for approximately 31% of our total carbon emissions footprint. In 2023 (our latest available data), the emissions from our supply chain increased by 6%, primarily driven by an increase in purchased goods and services. As our supply chain initiatives mature, and we move to activity based rather than spend based emissions, we expect to see the effects in reduced upstream Scope 3 emissions. As part of our Sustainable Procurement Programme, we have engaged with the top 30 carbon emitting suppliers involved in the production of our medicines and vaccines. At the end of 2024, 22 of these suppliers had shared their action plans with us to achieve carbon reductions by 2030 in line with our Scope 3 targets. We actively support our highest emitting suppliers, engage with service providers and continue to embed sustainability into procurement processes. We're also collaborating with our peers to address the shared challenge posed by supply chain emissions.

The use of our medicines and vaccines makes up 53% of our total footprint. Most of this is from the propellant used in metered-dose inhalers for asthma and chronic obstructive pulmonary disease (COPD).

Millions of people with respiratory conditions worldwide use our rescue metered dose inhaler (MDI) medication, *Ventolin* (salbutamol). We completed the 2024 planned clinical studies and began phase III trials in 2024 of a low carbon version containing a next generation propellant which has the potential to reduce emissions of the inhaler by approximately 90%. If successful, regulatory submissions will begin in 2025. This is in addition to dry powder inhaler alternatives which already exist, are propellant-free, and have a lower carbon footprint.

(1) Our Scope 3 data is currently based on the latest available 2023 data, however, from 2025 we are aiming to report in-year data across all scopes

Investing in carbon credits

– **Target:** We plan to secure carbon credits for the 20% emissions we estimate to have as residual in 2030, and for a maximum of 10% residual emissions by 2045 (from a 2020 baseline).

At the end of 2024, we had secured 33% of carbon credit volume we need by 2030 in the project pipeline. We invest in nature across our value chain and are also prioritising long-term nature projects for carbon credits. We are currently contributing to the protection and restoration of over 2 million hectares of land.

Nature

Human health relies on the fundamentals of nature like clean air and fresh water, and nature loss has a range of negative impacts on health. Protecting nature helps make our business more resilient and helps to ensure the ongoing supply of raw materials needed to manufacture our medicines and vaccines.

We are part of the first group of companies to be working with the Science Based Target Network (SBTN) in a pilot to set validated science-based targets for nature, starting with freshwater.

We are closely following the evolving policy landscape on access and benefit sharing related to Digital Sequence Information from genetic resources. We publish our latest position on Access and Benefit Sharing of Genetic Resources and Related Information on gsk.com.

Freshwater

We use water across our operations and supply chain for the production of our medicines and vaccines.

– **Target:** Achieve good water stewardship at 100% of our sites by 2025

In 2024, 100% of our sites continued to achieve good water stewardship status, in line with the Alliance for Water Stewardship's definition.

– **Target:** Reduce overall water use in our operations by 20% by 2030

We met our overall water reduction target across our network in 2022. In 2024, we reduced overall water use in our operations by an additional 5% compared with 2023 This is a decrease of 28% for overall water use from our 2020 baseline.

– **Target:** Be water neutral in our own operations and at key suppliers in water-stressed regions by 2030

We used water risk data from the World Resources Institute (WRI) and the World Wildlife Fund (WWF) to understand which of our sites are located in water-stressed basins and therefore face increasing water availability, quality and access risks. We define water neutrality at these sites using three criteria: achieving the Alliance for Water Stewardship Standard certification, reducing water use by 20% and by replenishing water quantity in the basin equivalent to the site's 2030 footprint. We've identified five sites in three water-stressed basins where we have operations across Algeria, India and Pakistan. We have projects underway to achieve water neutrality in one of these, the Godavari basin in India.

Responsible business continued

– **Target:** Achieve zero active API levels[1] for all sites and key suppliers by 2030

In 2024, >99% of all sites and key suppliers had API discharges below predicted no-effect concentration levels as defined by the AMR Industry Alliance and API Wastewater discharge limits compared with 87% in 2023. This improvement has been driven by successful engagement with suppliers. 100% of our own sites remained within AMR Alliance and API Wastewater discharge limits.

Land

Land degradation and conversion can have a range of negative health impacts. We've identified six priority sites in Belgium, France, Spain, the US and UK based on proximity to Protected Areas and Key Biodiversity Areas.

– **Target:** Positive impact on biodiversity[2] at all GSK owned sites by 2030

66% of GSK sites are under biodiversity management plans, an increase of 45% from 2023. In 2024, we delivered projects to remove non-native species and restore native fauna at our Ware, Wavre, Zebulon and Evreux manufacturing sites, with the aim of achieving a biodiversity uplift.

– **Target:** 100% of key[3] naturally-derived materials sustainably sourced and deforestation free by 2030

58% of our total spend on the 12 highest priority materials[4] is covered by an action plan to achieve sustainable sourcing by 2030. We are committed to 100% paper packaging and palm oil certified by 2025. In 2024, 93% of our paper packaging was derived from certified sources or from recycled raw materials, up from 86% in 2023. 93% of our core palm oil materials were credible third-party certified[5], a decrease from 98% from 2023. We're also looking at opportunities to reduce or avoid the use of some natural materials. For example, an extract from the soapbark tree is an essential ingredient in vaccine adjuvants. We are working on a process improvement to deliver a significant yield increase, reducing our nature impact and improving supply resilience.

Oceans

Degradation of the world's oceans, caused by factors such as climate change, marine pollution and over-fishing, impacts human health and business resilience.

Target

– 100% of key marine-derived materials to be sustainably sourced by 2030

The long-term focus for these specific materials is avoidance of use, through moving to horseshoe crab blood free alternatives. A horseshoe crab blood-derived material, Limulus amebocyte lysate (LAL) is required by some regulators to be used in pharmaceutical quality control processes to ensure the quality and safety of medicines and vaccines. We continue to make progress on LAL volume reductions and transitioning to LAL-free alternatives for new products, where applicable, and water testing, which accounts for the majority of our use.

We are engaging with regulators to seek further guidance on requirements to switch to LAL-free alternative, particularly for legacy products. In 2024, we became co-lead of an industry group through the Pharmaceutical Supply Chain Initiative to accelerate the transition to LAL-free testing.

Squalene is used as an ingredient in one of our pandemic vaccine adjuvants. In 2024, we identified and are currently evaluating potential non-animal alternatives.

Waste

The overuse of natural resources and the generation of waste and pollution are key drivers of climate change and nature loss. Using fewer natural resources can reduce the business risk of material scarcity, while also reducing costs.

– **Target:** 25% environmental impact reduction for our products and packaging by 2030

From 2024, all newly developed or acquired medicines will now have Sustainable Design Plans applied. These use industry-leading product sustainability methodologies to include environmental considerations at every step of the product decision-making process, from product design to disposal.

– **Target:** Zero operational waste[6] by 2030

In 2024, we reduced operational waste by 5% compared with 2023, a total of 25% since 2020. The amount of materials recovered by circular routes increased by 1% from 2023 to 54%. This was driven by a revision to our definition of circularity to exclude waste streams subject to regulatory requirements which prevent them from entering circular routes. We have maintained zero operational waste to landfill.

– **Target:** 10% waste reduction from our supply chain by 2030

For our supply chain, we're working on a waste footprint assessment to help with supplier engagement on waste reduction.

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

(1) Below the predicted no-effect concentration level, as defined by the AMR Alliance and API Wastewater discharge limits

(2) Using the Natural England Biodiversity Net Gain methodology

(3) Definition clarified in 2024 to reflect priority materials

(4) Aluminium, Cellulose (HPMC & MCC), Eggs, Horseshoe Crab Blood, Lactose, Palm Oil, Paper packaging, Rapeseed Oil, Soap Bark Extract (QS-21), Soy, Squalene, Sugar (Glucose, Mannitol, Sorbitol, Sucrose)

(5) We consider the principles and criteria determined by the Forest Stewardship Council (FSC) and the Programme for the Endorsement of Forest Certification (PEFC) as an appropriate standard for sustainable forest management

(6) Including a 20% reduction in routine hazardous and non-hazardous waste. Target updated in 2024 to remove specific reference to the elimination of operational single-use plastics. This work has been integrated into the overall operational waste target

Inclusion and diversity

To be a successful business and deliver positive health impact at scale, we must meet patients' needs with research that includes those impacted by the disease under study, attract and retain the best talent regardless of background, and support all GSK people to thrive.

In this report, we set out progress made against I&D commitments previously set for 2024, and which are reflected in our overall Responsible Business Performance Rating for the year.

Our Responsible Business Performance Rating metrics 2024

Representative clinical studies

– 50% of phase III trials completing enrolment in 2024 that have met our required threshold[1] of trial participants, consistent with disease epidemiology

In 2024, we measured progress towards our previously stated 2025 aspirations (set out below). In 2024, we largely met[2] the leadership aspirations. Going forward, we will make changes in several areas related to inclusion and diversity to ensure continued compliance with the law and being respectful of our operating environment, including no longer setting aspirational targets for our leadership and supplier programmes.

Previous leadership aspirations through fair and equitable opportunities

– aspire to have women hold at least 45% of VP-and-above roles globally

– aspire to have at least 30% ethnically diverse leaders in our roles at VP-and-above in the US, and increase the percentage of Black or African American, and Hispanic or Latino(a) VP-and-above leaders year on year

– aspire to have at least 18% ethnically diverse leaders in our roles at VP-and-above in the UK, and increase the percentage of Black VP-and-above leaders year on year

Previous supplier programme aspirational targets

– Improve year-on-year spend with US-based certified diverse-owned suppliers

Progress in 2024

Representative clinical studies

Diseases and medicines can affect people differently depending on their ethnicity, sex, race and age so we need to make sure that our clinical trials include those affected by the disease under study. This supports our business performance by providing healthcare providers and the individuals who are prescribed our medicines and vaccines confidence in the safety and effectiveness of our products.

Since 2022, all our phase III clinical trials have representation plans in place before commencing enrolment to reflect the people most impacted by a particular disease. For example, our respiratory syncytial virus (RSV) clinical development programme has been recognised by external experts for the robustness of the data reflecting the population at risk, hence informing prescribers and people of the vaccine's potential impact. Our phase III RSV clinical trials were designed to ensure the broadest geographic footprint and the broadest population representing people with underlying health conditions.

Now our focus is on actual enrolment of participants impacted by the disease under study. 88% of phase III trials completing enrolment in 2024 met our enrolment thresholds needed so that trial participants represent the disease epidemiology under study. This exceeds our 2024 target of 50%.

Building a high-performing, inclusive organisation

Over recent years, we've delivered a step-change in performance and we believe in the power of an inclusive culture and differing perspectives and experiences to unlock the full potential of the company. This helps attract and retain outstanding talent, develop innovative solutions, and drive better decision-making, supporting long-term performance and better health outcomes for patients.

We want GSK to be a workplace where our employees can feel a sense of belonging, be themselves, and have their different perspectives and characteristics valued, because this helps everyone perform at their best. We measure employee sentiment on inclusion as part of our employee survey, which includes questions on employees feeling welcome and included, feeling able to be themselves, valuing different perspectives, and agreeing on ways of working that enable them to perform at their best. In 2024, our employee engagement was strong at 81% favourable.

Our ERGs, employee-led communities that are open to all employees, are key partners to help us build an inclusive culture. For example, in 2024, we worked in partnership with our Disability Confidence Network to launch our new Global Accessibility Inclusion Standard that sets out minimum expectations to help address accessibility for people living with disabilities and long-term health conditions.

We are committed to equal employment opportunity, non-discrimination and merit-based decision-making in the way we recruit, manage and develop our people. We previously set leadership aspirations for race and ethnicity in senior positions in the US and UK and gender aspirations for senior positions globally. At the end of 2024, we had largely met[2] these aspirations.

At the end of 2024, women held 48% of VP-and-above roles globally, and made up 48% of all employees in 2024, and 51% of all management roles.

(1) Defined by meeting ≥70% of each demographic objective described in the plan based on disease epidemiology.

(2) We have met our previously set overarching ethnicity and gender aspirations but not all individual components.

In the UK at the end of 2024, 21.8% of our leaders at VP-and-above were ethnically diverse and we had 3.1% Black leaders at VP-and-above. In the US, 38.3% of our leaders at VP-and-above were ethnically diverse. We had 8.4% Black or African American leaders at VP-and-above and 5.9% Hispanic or Latino(a) leaders at VP-and-above.

We remain committed to abiding by the laws in all jurisdictions in which we operate, including anti-discrimination laws. We make changes as necessary as law and policy evolves. Going forward, we will make changes in several areas related to inclusion and diversity to ensure continued compliance with the law and being respectful of our operating environment, including no longer setting aspirational targets for our leadership and supplier programmes.

Fair and equal pay practices are crucial to create an environment where people feel welcome, valued, included and supported to thrive.

We conduct country-based reviews and ensure all markets have clear guidance, tools and support to ensure pay fairness.

If unexplained differences are detected, we address them through our compensation processes. Our UK pay gap reporting is available on gsk.com.

Supplier programme

Over the last year, we have increased our spending with suppliers owned by people in under-represented groups in the US and we expanded this programme to the UK.

In 2025, we will no longer set aspirational targets and will review this programme to ensure continued compliance with the law and being respectful of our operating environment, with the aim of continued outreach to a broad range of suppliers and delivery of business value.

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

Ethical standards

We expect all of our people to behave ethically, do the right thing and Speak Up about any concerns they have. We expect the same behaviour from our suppliers.

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

- Percentage of employees and complementary workers complete GSK's 2024 mandatory training
- Percentage of employees who believe they 'can and do Speak Up if things don't feel right' is above the general industry benchmark[1]
- 80% of direct high-risk suppliers achieve GSK's minimum EcoVadis score or have an improvement plan in place

Progress in 2024

How we do things is as important as what we do. This means that it is important that all our people, and everyone who works on our behalf, conducts themselves in the right way. This builds trust in what we do, protects our business and helps create a workplace where we all thrive. Getting this wrong is costly to our business in terms of legal and financial risk as well as undermining trust with key stakeholders. Our Code of Conduct (The Code) guides our people to do the right thing and act on any concerns they have.

The Code is supported by specific global policies and standards and an accompanying global learning curriculum, which all our people are required to complete. In 2024, 100% of our employees and 99% of complementary workers completed this training.

We have additional ABAC training for our people in certain high-risk roles or geographic regions. This helps them identify and mitigate any potential ABAC risk – especially in third-party relationships – and recognise, report and manage conflicts of interest. In 2024, 100% of this subset of employees and 98% of complementary workers completed this training. Our approach to managing ABAC risk, and other risks relating to ethical standards, forms part of our well-embedded risk management framework, which is described on page 62.

Reporting and investigating concerns

Anyone inside or outside GSK can raise concerns or speak to our integrity lines, confidentially and anonymously, without fear of retaliation. We take every concern seriously and review every report to see whether we need to investigate formally. If our investigations show an employee has breached our policies, we take action in line with our policies, procedures and local requirements. In 2024, we continued our focus on enhancing our controls, monitoring activities and timely case closure. The number of employees disciplined for policy violations increased from the prior year primarily due to localised incidents in a few countries with large workforces. These incidents mainly involved individual breaches of internal policy and procedures.

Our commitment to human rights

We are committed to respecting internationally recognised human rights wherever we do business. We are signatories to the UN Global Compact and our Human Rights Position Statement lays out our commitment to the UN Guiding Principles on Business and Human Rights.

In 2024, we updated our salient issues – those areas where GSK's potential to impact on human rights is greatest – to reflect how and where we influence human rights.

(1) The general industry benchmark is 67% according to research by KornFerry

Responsible business continued

Our refreshed salient issues are healthcare access and affordability, safety of patients and trial participants, working conditions, environmental health impacts, and artificial intelligence and data protection. We continue to make progress in integrating the management of these issues within our operations and how we conduct our business.

Working with third parties

We expect our third parties to comply with applicable laws and regulations and to adopt, at minimum, our ABAC and labour rights principles and, where relevant, to comply with our standards on quality, patient safety, health and safety, data and cyber security, and the environment.

In 2024, we assessed our high-risk third parties, totalling over 12,500 assessments across 17 risk areas. We also use tools to assess how suppliers manage risks, including EcoVadis desktop assessments.

We also conducted 41 supplier audits in 2024 following industry standard Pharmaceutical Supply Chain Initiative guidelines. We trained almost 1,400 supplier employees on EHS this year, strengthened EHS contractual obligations and worked with suppliers to help them improve their EcoVadis scores. If a third party has a significant EHS incident, we have a process in place to pause supply, with the decision on whether to restart or discontinue work with the third party depending on completion of an improvement plan and trajectory.

In 2024, we deployed a contractor safety programme across all GSK operations. This is a management system using best-known methods to reduce risks associated with services performed by contractors.

Using data and AI responsibly

We take our responsibility for data ethics and privacy seriously and we exercise high standards of integrity in dealing with the personal information of our employees, patients, clinical research participants, healthcare providers and other stakeholders.

Our Digital and Privacy Governance Board oversees our overall data ethics and privacy operating model, supported by digital and privacy legal experts and compliance professionals. The board monitors fast-evolving legislation, regulations, guidance and requirements being published by global regulators.

Cyber security threats have become more sophisticated and are increasing with our expanding digital footprint. We deploy cyber security controls, monitor and mitigate new and emerging cyber threats to protect GSK from cyber security risks.

In 2024, we continued to embed our cross-functional AI Governance Council (AIGC) to oversee our AI strategy and to ensure responsible adoption of AI/ML. We also introduced a new responsible AI Standard Operating Procedure, which defines the requirements for all development and/or procurement of AI systems across GSK, and established a framework for business functions to integrate AI risk review and management within existing risk management compliance boards. Our public policy position on responsible AI sets out our views, commitments and asks of policymakers.

Political engagement

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

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

Product governance

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

- Average number of critical and major findings per inspection by FDA/MHRA/EMA regulators[1]
- Percentage of inspections from all regulators with no critical findings or official action indicated
- Number of FDA warning letters
- Total number of Class I/II external product recalls across all markets
- Register and disclose all interventional clinical trials of GSK products. Specifically, register protocol summaries for studies initiated in 2024; and disclose results summaries for studies with results due in 2024

(1) We consider any observations from the US FDA as major

Progress in 2024

To be ambitious for patients, we're focused on delivering a high-quality, safe and reliable supply of our products around the world. This supports our long-term growth. To ensure we meet the high standards we set ourselves, and that are expected of us externally, we have rigorous quality systems in place across the company. These systems make sure the medicines and vaccines we deliver are safe and reliable.

When issues arise, our quality systems, in line with our values-driven culture, help us respond swiftly and transparently. In these instances, we prioritise patient safety and work collaboratively to investigate the cause of issues, focused on science. By way of example, we initiated a voluntary recall of *Zantac* products and suspended the release, distribution and supply of all dose forms of *Zantac* in 2019. GSK and the scientific community have undertaken

Responsible business continued

extensive tests and investigations into the safety of the product. The scientific consensus remains that there is no consistent or reliable evidence that ranitidine increases the risk of any cancer. For information on the recent *Zantac* settlements, see Legal proceedings on page 288.

A focus on quality

Our detailed and specific quality framework describes how we comply with regulatory requirements and other standards across our markets.

Our Quality Management System provides the standards that must be followed by GSK people to support good distribution and manufacturing practice. It helps us maintain a standardised and compliant approach to all our quality activities, aligned to the regulatory expectations of the markets that we supply to.

Regulatory inspections and recalls

In 2024, we had 104 regulatory inspections at our manufacturing sites and local operating companies, compared with 114 in 2023. We received zero warning letters from the US FDA, one critical finding from the MHRA and no critical findings from the European Medicines Agency (EMA) in 2024. We respond to and learn from all inspection findings, taking the necessary actions to address them.

During 2024, we had two Class I and two Class II product recalls. We engaged with regulators and responded quickly to prioritise patient safety. We will not hesitate to recall products voluntarily if necessary to protect patients.

Clinical data transparency

We are committed to transparency of data from clinical studies that evaluate our medicines and vaccines, because we want to enable access to information about our research to study participants, patients, healthcare providers and the wider public. It also allows us to acknowledge the invaluable contribution of the people who take part in our clinical research.

Clinical trial transparency is an area that is becoming increasingly regulated globally. Our policy regarding the disclosure of human subject research enables us to comply with international regulations and balances our commitment to transparency with the increasing need to ensure that our data assets are appropriately protected.

In the past two years, we have broadened our policy to encompass the dissemination of plain language summaries of our trial results to both trial participants and the general public. This applies to trials starting after 1 January 2023.

Since the GSK trial register was set up in 2004, we have made 8,036 protocol summaries and 7,029 summaries of results available. We have also listed 2,721 clinical trials for data sharing via www.vivli.org.

For full details of our progress in our six focus areas, please see our Responsible Business Performance Report

Our culture and people

Our purpose – to unite science, technology and talent to get ahead of disease together – puts our people at the heart of our success and we have defined a single culture for GSK globally.

Our culture

Ambitious for patients to deliver what matters better and faster

Accountable for impact with clear ownership and support to succeed

Do the right thing with integrity and care because people count on us

People and patients around the world count on the medicines and vaccines we make – so we're committed to creating an environment where our people can thrive and focus on what matters most.

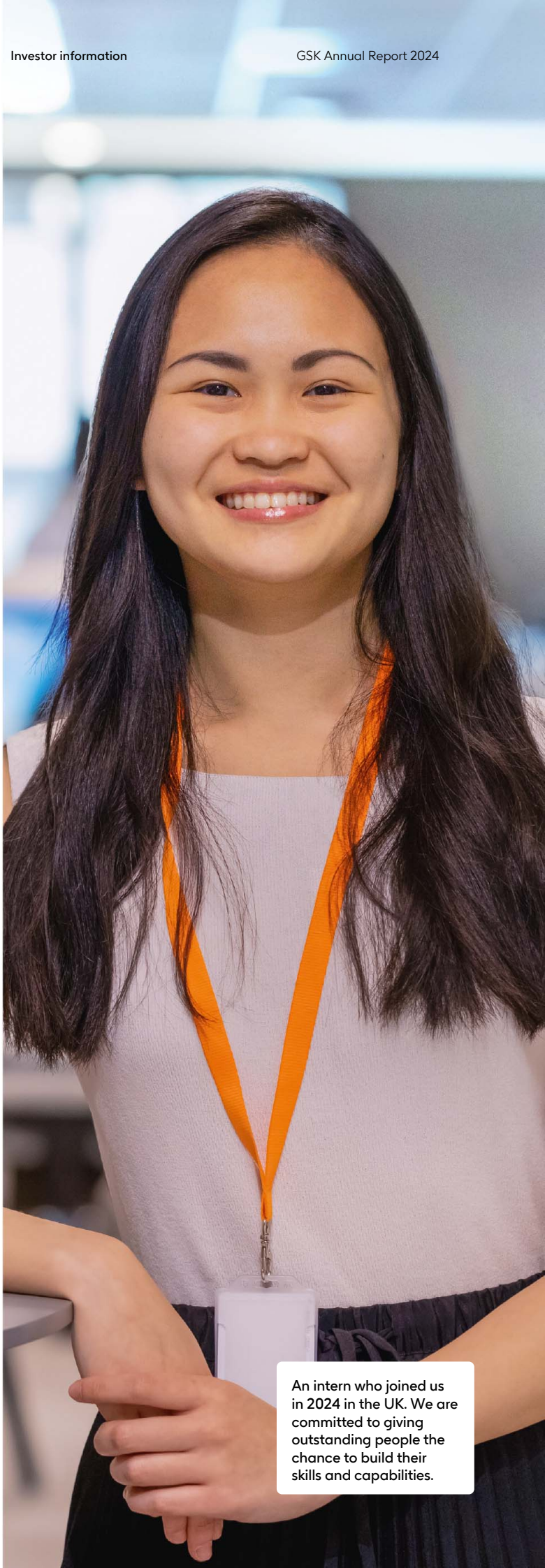
Our culture of being ambitious for patients, accountable for impact and doing the right thing is the foundation for how, together, we deliver for patients, shareholders and our people.

This means we support our people to focus, doing things better and faster. It means setting clear objectives, creating accountability for results and giving everyone the support and space they need to succeed. It also means doing everything responsibly with integrity and care.

Our culture is embedded in everything we do, from our recruitment and onboarding, training and development, to our assessments of performance and promotion. The Board regularly monitors and assesses how we've embedded our culture.

Each year, everyone signs up to the Code – which sets out our culture as well as the commitments GSK and our people make so we can deliver on our ambition in the right way. And each year, we measure our progress in making this culture the way we work together every day.

See The Code on gsk.com



An intern who joined us in 2024 in the UK. We are committed to giving outstanding people the chance to build their skills and capabilities.

Our culture and people continued

Developing outstanding people

To develop and deliver transformative medicines and vaccines, we recruit and develop outstanding people and give them opportunities to build their skills and capabilities.

From the moment people join GSK, we deliver an engaging onboarding approach to accelerate the growth of our new joiners with support from their manager and team.

We expect all our people to have an agreed development plan and we invest in learning and development initiatives which everyone can access.

Technology remains key to our purpose and to delivering our ambitions. Building digital fluency and behaviours across the organisation is a priority, with a focus on AI, data & analytics, experimentation and fostering curiosity. We have built our people's skills with training, as well as global events such as DataCon, where our people can learn how to apply digital, data and technology tools to become more digitally fluent. This year, more than 13,000 of our people took part.

Our managers play a crucial role in helping their teams to perform and thrive. We expect them to motivate, focus, care for and develop their teams and we deliver training anchored in these four areas. In 2024, approximately 700 senior directors attended our three-day in-person event called Leading Leaders across 24 global sessions. We also continue to invest in growing the next generation of senior leaders. In 2024 over 1,300 people attended our refreshed First Line Leader programme to support our foundational expectations of leadership at GSK.

To measure the effectiveness of our managers, their teams provide feedback through an annual One80 survey, and managers receive anonymised aggregate feedback. In 2024, 79% of our managers were rated as highly effective by their teams.

Recognising and rewarding people

Sharing our success and recognising and rewarding our people fairly, not just on the progress we have made but how we have made it, continues to be an important part of our culture. Our bonus scheme rewards performance across the company, and we also award 10% of our people each year with 'Ahead Together' awards for delivering exceptional performance and being ambitious for patients, accountable for their impact, and doing the right thing. We also identify 5% of people as having missed performance for not delivering on their objectives or living the culture.

Helping people thrive

People thrive in different ways, but there are common themes that matter to everyone. We strive to be a place where people feel welcome and valued, in an environment (including our policies, workplaces and ways of working) that enables and supports them to deliver at their best. This includes our approach to hybrid working for those in office-based roles, which allows the right balance of on-site and remote working.

Health, wellbeing and volunteering

Preventing disease and keeping people well are at the heart of what we do. We provide a range of health and wellbeing benefits to support people to manage their physical, emotional, mental and financial wellbeing through different life stages in ways that work for them. These include:

- Thrive Global, a science-led digital platform which supports mental resilience and overall wellbeing with personalised, AI-driven micro steps towards individual goals. We have so far launched this in eight countries, reaching 56% of our people with positive uptake and engagement.
- Our global Partnership for Prevention programme, which provides our people and their families with access to preventive healthcare services in line with the recommendations of the World Health Organization (WHO).
- Our Global Employee Assistance Programme, which offers free, confidential help and support for our people and their families 24/7.
- Financial wellbeing support for our people, which includes access to 'Nudge', a financial education platform in over 60 countries, helping people manage their finances and achieve their financial goals.

Our culture and people continued

To enable our managers to better care for their teams by identifying and responding to their people's challenges, 88% of managers have undertaken mental health training since the end of 2019.

We encourage our people to volunteer so we can make an even bigger impact on our communities. We match volunteering opportunities to our ambition, strategy and charitable investment themes: Health for people, Health for the planet, Innovators for the future. This year our people have donated over 47,000 hours of volunteering time.

How people experience GSK

We are committed to listening to our people. We regularly measure their experience of GSK as a place to work, including through an annual survey for all our people featuring questions on engagement, confidence, inclusivity, our culture focus areas and trust priorities. In 2024 we continued to see a high engagement score of 81% and increased confidence in the delivery of our strategy. We also continued to see high scores in our culture focus areas – ambitious for patients, accountability for impact and doing the right thing – as well as measures of inclusion, with improvements in many areas.

Our culture in action – driving R&D

Our culture pillars – ambitious for patients, accountable for impact, and doing the right thing – are fundamental to our success in researching and developing innovative medicines and vaccines. Alongside execution and technology, culture is one of our three R&D priorities – as culture is what unites us to deliver better and faster for patients.

In 2024, we've continued to encourage behaviours across our R&D organisation that embed our culture. Our employee engagement survey in R&D showed an increased score in all three culture pillars.

We aim to give everyone – scientists, researchers, data experts, trial specialists, technologists and more – the chance to thrive and make smart choices so we can get ahead of disease together. To enable people to succeed today and tomorrow, people have focused annual objectives, with a stretch goal to support their future development.

Being ambitious for patients means an absolute focus on our key assets and four therapy areas, where we have the strongest expertise and the greatest chance of making an impact for patients, and driving growth, on a large scale. We put the patient at the centre of everything we do. Through interviews, focus groups and regular collaboration with patient councils, we've integrated insights from patients, including those living with cancer and respiratory diseases, across the product lifecycle, helping us to deliver improved outcomes for those living with and at risk of disease.

Our R&D teams and leaders are dedicated to making informed decisions at pace. Accountability for smart decision-making is enhanced by streamlined governance structures and an environment of robust scientific debate. This approach is supporting enhanced productivity in R&D, including an improvement in end-to-end success rates and an accelerated development strategy for key assets including depemokimab.

Patients are counting on us, so it's critical that we act with integrity and care. Our ambition for patients drives us to do the right thing, making sure that we focus our efforts on accelerating significant assets that meet their needs and have the highest probability of success.

Read more about our innovation in R&D on pages 12 to 31

Risk management and disclosure statements

In this section

Risk management

Our strategy for growth is underpinned by a well-embedded risk management and internal control framework, overseen and evaluated by our Board.

Managing risk effectively through controls and guidance

Our risk management and internal control framework enables our Board to evaluate and oversee how we manage principal and emerging risks in line with our strategy and long-term priorities.

Our policy sets out the requirements, roles and responsibilities for the management and governance of risks and controls and provides guidance on the essential elements of our internal control framework. We routinely evaluate our risk management and internal control framework for improvements.

Board oversight and clear accountability

The Board oversees our system of risk management and internal control and establishes our risk appetite, supported by the Audit & Risk Committee (ARC). The Corporate Responsibility Committee (CRC) and Science Committee assess the effectiveness of risk management strategies that fall within their remits. Cyber security risks are overseen by both the ARC and the Board. We describe the responsibilities and remits of the Board and its committees on page 122.

Our Risk Oversight and Compliance Council (ROCC), co-chaired by our Group General Counsel and our Chief Compliance Officer, helps the ARC, CRC and Science Committee to oversee risks, and the strategies used to address them. At the same time, risk management and compliance boards (RMCBs) across the Group promote the 'tone from the top,' establish our risk culture, oversee the effectiveness of risk management activities, and communicate information about internal controls. Management is accountable for delivering on its objectives in line with the established risk appetite that applies to principal risks. The Disclosure Committee is responsible for considering the materiality of information and determining the disclosure of this information in a timely way.

An enterprise risk owner is responsible for each principal risk, overseen by a GSK Leadership Team (GLT) member, and reports risk and mitigation to ROCC and the appropriate Board committee each quarter. Significant risks or issues can also be escalated to the GLT, RMCB, or appropriate risk governance forum (eg Global Safety Board) throughout the year as needed. Legal & Compliance support these efforts by advising on our business strategies, activities, risks and controls. Audit & Assurance assesses the adequacy and effectiveness of our framework.

Assessing current, evolving and emerging risks

We use our enterprise risk assessment methodology to assess all risk, including our principal risks. Our enterprise risk assessment methodology considers the likelihood and impact of risks, and the timescale over which a risk could occur based on the most probable scenario and in the context of our existing internal controls. Our impact assessments include considerations across patient safety, quality and supply; environment, health and safety; legal matters; people; regulatory; reputation; strategic objectives; and finance, incorporating materiality thresholds.

As well as considering current and evolving risks, we evaluate emerging risks that could affect our ability to achieve our long-term priorities over a three-year horizon, in line with our Viability statement. We also define risks as 'emerging' if we need to know more about how likely they are to materialise, or what impact they would have if they did. We keep emerging risks and their impact on the company under evaluation to assess whether they should be elevated to principal risks.

Our risk management and compliance boards at all levels scan for emerging risks year-round, and ROCC discusses evolving and emerging risks at each meeting. We also scan the risk horizon throughout the year to identify external trends that may be opportunities and/or emerging risks and monitor our business activities and internal environment.

ROCC conducts an annual risk review to assess principal and emerging risks for the company, supported by extensive analysis of external trends and insights, senior-level interviews and recommendations from risk management and compliance boards and risk owners. This annual review is shared with the ARC and Board for assessment and agreement and forms the basis for the following year's risk management focus.

Our business strategy, results of operations and financial condition have not, as far as we are aware, been materially affected by risks from cyber security threats, including as a result of previous cyber security incidents, but we cannot provide assurance that they will not be materially affected in the future by such risks and any future material incidents.

Risk management continued

Our risk management and internal control framework

Our risk management and internal control framework is in line with industry standards and legal and regulatory requirements, and we regularly monitor for proposed or new requirements. The framework defines the essential elements we expect and helps us to identify, assess, manage, report and oversee risk relevant to our business activities. This framework helps make sure we manage our risks proportionately, in line with our risk appetite, throughout the year in a timely and transparent way to support our strategic objectives. We're assessing the revised UK Corporate Governance Code and implementing the new requirements.

For our principal risks, which include information and cyber security, we define enterprise risk plans that include a description of the risk, its context, our assessment, risk appetite, how we will treat the risk and the actions businesses will take to mitigate the risk in line with our internal control framework. These plans enable our Board committees to assess the effectiveness of our risk management strategies. We report on our principal risks and emerging risks to ROCC and the respective Board committees every quarter, to drive more dynamic, data-driven discussions, agile risk management strategies and oversight. We report on existing control measures, implementation, emerging risks, external insights and key risk indicators with risk reporting thresholds aligned to risk appetite. We include risks and mitigations associated with relevant events around us, such as geopolitical tensions.

Our Code sets out the overarching expectations for our employees and complementary workers. We aim to do the right thing with integrity and care as part of our culture. Our risk management framework complements our culture and Speak Up processes in making sure that we identify and mitigate risks effectively. We monitor our most important risks and take action to address issues. Our annual confirmation exercise with General Managers, Site Directors, senior leaders and GLT, checks that key risks are well managed, and that actions are in place to address gaps. Our principal risks include controls for responding to problems within their risk plans. We also have business continuity planning embedded in our framework and our critical processes, so we can continue business operations in the event of a crisis.

How we report our risks

The table beginning on page 64 shows our principal risks and respective trends, assessments and mitigation activities for the year. These risks are not in order of significance. For full risk definitions, potential impact, context and mitigating activities, see Principal risks and uncertainties on page 307. Other risks related to ESG that are not assessed as principal risks, including environmental sustainability and climate change, are managed through our six focus areas, as described in our Responsible Business Performance Report.

See page 67 for more about climate-related risk management

Changes to our risks for 2025

In our December 2024 annual risk review, the ARC agreed to ROCC's recommendation of our principal and emerging risks for 2025. Our principal risks will remain largely the same, with consistent ROCC member ownership and minor risk definition updates. We will also include a pipeline delivery principal risk (the risk that we fail or have delays in the delivery of our pipeline). This risk will continue to be overseen by our well established R&D governance and the Chief Scientific Officer. This addition reflects the evolving external reporting regulations and paramount importance of discovering and developing new medicines and vaccines to the company.

Additionally for 2025, the following emerging risk themes will be assessed throughout the year:

- Skills and capability planning (the risk that we fail to ensure adequate skills and capability planning to enable delivery of our strategic priorities);
- Regulatory environment (the risk that GSK fails to adapt to changes in the regulatory environment, new or amended legislation in relation to the pharmaceutical and healthcare industry); and
- Geopolitical developments (the risk that geopolitical and social tensions give rise to restrictive measures that may negatively impact GSK's operations).

Our prior data management emerging risk is now embedded in our business operations and principal risks and will be removed as an emerging risk for 2025. We will continue to monitor the external landscape and ensure that any new emerging risks are adequately addressed within our existing risk management governance.

Environment – see page 51
Climate-related financial disclosures – see page 67
Viability statement – see page 81
ARC report – see page 139
Internal control framework – see page 142
Legal proceedings – see page 287

2024 principal risks summary

Risk	Trend versus prior year	Risk assessment and mitigation
Patient safety	→ External	The external risk environment remains stable. We continue to contend with a complex legal and regulatory environment and despite having an optimised, best-in-class pharmacovigilance system, we cannot predict all circumstances impacting safety and efficacy that could potentially result in harm to patients, regulatory action or litigation. External reviews of GSK products or publications not based on robust scientific evidence of the ongoing benefit/risk assessment could also lead to potential harm to patients.
	→ GSK	Our internal risk environment remains stable in 2024. We continue to focus on ensuring an optimised benefit-to-risk profile for all medicines and vaccines through appropriate safety expertise and oversight. Throughout 2024 we have further embedded a simplified third-party support model for global pharmacovigilance operational activities.
Product quality	→ External	The external risk environment remains stable. It continues to be challenging, as regulators are introducing new or revised guidelines and initiatives and pharmaceutical, chemical and environmental legislation at a rapid pace. This is combined with a significantly increased focus on inspections, ongoing nationalism, and the impact of geopolitical tensions across our supply chain, with the result that our global sites and functions are delivering a much broader spectrum of advocacy and implementation activity to support product quality. A strong focus from regulators on preventing drug shortages adds to the importance of limiting quality issues. Attracting and retaining key specialised skills to deliver quality innovation in manufacturing and development is potentially challenging in a highly competitive environment and remains a focus for our innovative new platforms such as oligonucleotides, mRNA and antibody drug conjugates (ADC) and for the adoption of AI solutions.
	→ GSK	Our internal risk environment remains stable. We are embedding a single quality organisation and managing the integration of quality systems, functions and ways of working to support product quality. We are focused on driving quality improvement, standardisation and mitigating risk. We continue to work on enhancing our quality mindset and behaviours to drive proactive quality improvements and maintain compliance and our licence to operate. We also continue to enhance our quality management system framework to improve functional interfaces and standardise end-to-end Good Manufacturing Practice (GMP) and Good Distribution Practice (GDP) processes across the business.
Financial controls and reporting	→ External	The external risk environment remains stable. It continues to be challenging due to geopolitical uncertainty, proposed increases in the obligations of directors and auditors, increasing threats of cyber attacks and fraud, and increasing disclosure requirements including non-financial information.
	→ GSK	Our internal risk exposure remains stable due to our ongoing focus on the resilience of personnel and the testing of our internal control framework. We implement optimal risk mitigation through transformational programmes, technology, centralised processes, and risk and control assessments, and maintain effective tax and treasury strategies. We continually strengthen our control frameworks and collaborate with external bodies on setting standards.

2024 principal risks summary continued

Risk	Trend versus prior year	Assessment and mitigation activities
Legal matters	↑ External	The external risk environment is increasing. The pharmaceutical industry is highly regulated and subject to significant scrutiny by government agencies globally. We must comply with various and diverse global laws and regulations, including those on anti-bribery, corruption, competitive practices and export controls. The applicable laws are often uncertain, unstable or evolving and can conflict across different markets, making it challenging to determine exact requirements of local laws in every market. We are subject to extensive scrutiny from government agencies across multiple countries. Competition law is increasingly being used to tackle perceived issues impacting access to medicine, pricing and acquisitions. Rigorous anti-bribery and corruption internal controls are expected. US and UK, among many countries, prioritise enforcement of anti-corruption laws and regulations, with continued focus on investigating the use of third parties to bribe foreign public officials.
	→ GSK	Our internal risk exposure remains stable. We conduct our business in a heavily regulated industry and across many culturally diverse countries, including some which present high risks relating to corruption, sanctions, and competition law risk. The global external environment is volatile and impacts upon our ability to manage legal risks arising from our business activities, but this is managed by us being proactive, monitoring the external environment and quickly responding to any changes by adapting our internal controls designed to meet changing risks.
Commercial practices	↑ External	The external environment is challenging. Governments have increased their focus on initiatives to drive down medicine and vaccine costs for consumers. Macroeconomic factors such as inflationary pressure and major geopolitical events also contribute to a challenging environment for all stakeholders. Competitive pressure remains intense across therapy areas and market segments. Expectations for more patient and disease centric marketing strategies are high.
	→ GSK	Our internal risk exposure remains stable. We've adjusted to new technologies including AI/ML and new digital channels for promotional and non-promotional activities. We have mature and robust internal control systems, processes and monitoring that continue to evolve to match competitive enhancements to our commercial and digital practices, and we continue to place a focus on rapidly emerging risks.
Scientific and patient engagement	→ External	The external risk environment is stable. We engage externally through multiple channels and platforms, while digital health and generative AI tools advance. The environment continues to be characterised by complex and dynamic disease areas and treatments, requiring patient engagement throughout the development and lifecycles of products.
	→ GSK	Our internal risk environment remains stable. We continue to build capability and improve our engagement practices and internal controls to mitigate risk while exploring and piloting AI tools. We use data and systems to monitor for emerging risks associated with scientific and patient engagement activities and embedded existing controls in the newly created Chief Patient Officer organisation.
Data ethics and privacy	↑ External	The external risk environment is increasing. Data protection, privacy, cyber security, and AI/ML laws continue to evolve, increasing the complexity and risk in our environment. The rapid pace of technological innovation is expected to persist, and companies must remain alert to potential new legislation and regulatory changes. The growing trend toward data sovereignty could impact healthcare organisations, affecting their ability to innovate and conduct international operations.
	→ GSK	Our internal risk exposure is stable due to the strength and maturity of our data ethics and privacy framework. We continue to evaluate and evolve where necessary to address new privacy laws in the countries where we operate and regulatory restrictions on international data transfers.

2024 principal risks summary continued

Risk	Trend versus prior year	Assessment and mitigation activities
Research practices	↑ External	The external risk environment is increasing. Advances in technology, the expanded use of data and digital footprints, more sophisticated cyber security threats, the rising trend of data sovereignty and the developing global landscape of quality standards, data protection, privacy and cyber laws continue to influence the environment, as do new entrants in the sector. Companies should consider the relevant emerging legislation and regulations and impact on their ability to drive innovation and operate internationally.
	→ GSK	Our risk exposure is stable as we adopt new technologies and scale our adoption of artificial intelligence in the discovery and development of medicines and vaccines. We continue to adapt our internal business processes to enable innovation and to meet ethical, societal and regulatory expectations.
Environment, health and safety (EHS)	→ External	The external risk environment remains stable. There are currently no external EHS risk factors that reduce our ability to discover and manufacture our medicines and vaccines safely. We are monitoring developing legislation around PFAS (Per- and polyfluoroalkyl substances) in different regulatory frameworks.
	→ GSK	Our internal risk environment remains stable. We are focusing on assessing and controlling SIF (significant injuries and fatalities) risks throughout our operations and in particular where contractors are involved. Driver safety programme improvements and Safety Leadership Experience training is delivering continued improvement.
Information and cyber security	↑ External	The external risk environment is increasing. The external cyber security threat landscape has never been more complex due to the weaponization of AI by cyber threat actors, geopolitical tensions, and increased 'hacktivism'. New cyber regulations and privacy laws, along with the anonymity provided by cryptocurrencies and the dark web, are complicating the environment. The financial impact of cyber crime continues to rise significantly each year.
	→ GSK	Our internal risk environment is stable. We continue to operate in a digital healthcare ecosystem, while adopting new technologies to accelerate our mission to unite science and technology. Our Cyber Maturity Programme (CMP) continues to improve our controls and governance to prevent, detect, respond and recover from cyber security incidents. Failure to protect our information and systems against cyber threats may cause harm to patients, workforce, and customers, disrupt our business, and damage our reputation.
Supply continuity	→ External	The external risk environment remains stable. Threats to supply continuity include geopolitical instability, natural disasters and cyber attacks. The risk applies to our internal manufacturing and supply organisation and our network of third-party suppliers (including contract manufacturers, active pharmaceutical ingredients (API) and raw material suppliers, and third-party logistics providers).
	→ GSK	Our risk exposure remains stable, mitigated through a combination of well-defined supply chain management processes, clear escalation pathways to ensure supply continuity and clear succession plans for critical supply chain roles. Our Supply Chain 2030 initiative and the integration of the Medicines and Vaccines supply chains into one organisation demonstrate our commitment to evolving our technology platforms and product portfolio without impacting supply continuity, which remains consistently high.

Climate-related financial disclosures

Our climate-related financial disclosures are consistent with the recommendations and recommended disclosures of the Task Force on Climate-related Financial Disclosures (TCFD), including the TCFD all-sector guidance, and in compliance with the requirements of UKLR 6.6.6(8)R (UK Listing Rules). The disclosures are in compliance with the Companies (Strategic Report) (Climate-related Financial Disclosure) Regulations 2022 of the Companies Act 2006. We update our climate risk and impact assessments annually.

Governance

The Board's oversight of climate-related risks and opportunities

Board

The Board considers climate-related matters throughout the year. This includes assessing risk management processes, challenging and endorsing the business plan and budgets, including overseeing major capital expenditures, acquisitions and divestments.

The Corporate Responsibility Committee (CRC) exercises oversight, provides guidance and reviews our responsible business performance, including climate-related risks and opportunities, and environmental performance against our climate and nature targets.

The CRC receives quarterly updates on environmental sustainability, including climate. Regular attendees include the CEO and the President Global Supply Chain.

See page 122 for further details of the Board architecture

In 2024, the CRC met five times and discussed climate-related issues on three separate occasions with management. The CRC:

- assessed mid-point performance towards our 2030 and 2045 nature positive and net zero ambitions
- discussed the health impacts of climate change
- reviewed mid-year performance of the metrics used in the Responsible Business Performance Rating for 2024
- approved our climate disclosure statement and final Responsible Business Performance Rating for 2023 and other public environmental reporting and disclosures

Management's role in assessing and managing climate-related risks and opportunities

GSK Leadership Team (GLT)

The GLT meets regularly, giving members an opportunity to discuss strategic, financial and reputational matters.

The President, Global Supply Chain, a GLT member, has management responsibility for environmental sustainability, which includes our climate targets. The President is responsible for governance and oversight of risks and opportunities and makes sure there is an effective framework to manage the risks and opportunities across each of our business units. The framework also enables us to deliver on our commitments to a net zero, nature positive, healthier planet, with ambitious goals set for 2030 and 2045 across our entire value chain.

The GLT reviewed and discussed the mid-year and year-end performance for key climate and nature metrics (see page 51) as part of reviewing our Responsible Business Performance Rating.

GSK Sustainability Council

The Sustainability Council, held quarterly, is attended by senior leaders from across the business. Members include leaders from Procurement, Finance, HR, Compliance, R&D, Manufacturing and Corporate Affairs. The Council is co-chaired by the President Global Supply Chain and the Vice President Sustainability (VP Sustainability) and supported by the global Sustainability team and external third parties, who provide specialist expertise and advice to the business.

In 2024, the Council:

- approved the annual targets for the climate and nature key performance indicators (KPIs) of the sustainability programme
- reviewed monthly performance and escalations of any potential concerns or issues
- approved the annual climate risk review and approach for risk disclosure
- reviewed how we are preparing for the new EU reporting regulations
- reviewed the sustainability data strategy and implementation plan to create a robust data foundation for ESG reporting and compliance
- reviewed R&D's approach to use Sustainable Design Plans for new products in development

Other business support

The Sustainability Council is supported in assessing and managing climate-related risks and opportunities by:

- the sustainability programme steering team, chaired by the VP Sustainability, which meets monthly and co-ordinates the sustainability programme. This team monitors programme performance and the progress of the enablers required to deliver the sustainability programme.
- the Sustainability Risk and Opportunity Committee, which was established in 2024 and is a cross-functional team from the Sustainability, EHS, Finance, Supply Chain and Procurement. The Committee meets quarterly and reports to the Sustainability Council.
- the results of climate scenario modelling are shared with the Sustainability Council and business unit Risk Management Control Boards (RMCB).
- business sustainability councils which meet quarterly to review their business unit performance and delivery against our sustainability ambition. These are chaired by senior leaders who also attend the Sustainability Council.

Climate-related financial disclosures continued

– the Metered Dose Inhaler steering team, which is attended by senior leaders from across the commercial, supply chain, regulatory and R&D teams aligned to our respiratory business. This team is chaired by the President Global Supply Chain, who also chairs the Sustainability Council, and is the decision-making body for the programme to reduce the climate impact of metered dose inhalers which make up to approximately 50% of our total GHG emissions.

– the Capital Allocations Board (CAB), which is chaired by the CFO and includes the Group Financial Controller, reviews climate-related capital expenditure as part of its annual planning and capital allocation process.

– a reporting hub, which was established in 2023, provides oversight and assurance of data, including on carbon emissions.

– the carbon credit programme steering committee, which includes the Group Financial Controller and the VP Sustainability, who also attends Sustainability Council, reviews the due diligence outcomes of potential carbon credit projects and the performance of established investments, and makes new investment decisions.

Strategy

The climate-related risks and opportunities we have identified over the short, medium and long term

We consider climate-related risks and opportunities in three different time horizons:

1. short term (up to three years) aligning with financial planning timeframes.
2. medium term (four to ten years) aligning with long-term business forecasting timeframes.
3. long term (more than ten years) to enable us to explore the uncertainties in changes to weather, disease patterns and societal responses to climate change across the globe.

We have identified and prioritised these climate-related risks and opportunities:

Risks:

– changes to regulations governing the supply of high global warming potential (GWP) substances by the EU, UK and US governments could restrict our ability to manufacture metered dose inhalers.

– future regulatory policy responses to address climate change could lead to the imposition of carbon taxes by countries where we manufacture and source goods from third parties.

– increasing levels of water stress could lead to interruptions to supply of water to our and third-party supply sites.

– increasing frequency and impact of extreme weather events could disrupt GSK and third-party supplier sites.

– nature-based projects might not deliver enough carbon credits to offset 2 million tonnes CO_2e per year from 2030, meaning that we have to buy more credits at higher cost.

Opportunities:

– At COP28 in 2023, more than 70 countries committed to provide low-carbon healthcare systems. This could lead to increasing demand for low-carbon medicines and vaccines.

We set out the processes for identifying and assessing climate-related risks and opportunities in the Risk Management section. The Sustainability Risk and Opportunity Committee monitors for emerging risks and new data to include in future assessments.

The impact of climate-related risks and opportunities on our business, strategy and financial planning

Our commitment to work towards a net zero, nature positive, healthier planet with ambitious goals set for 2030 and 2045 is embedded in our strategic long-term priorities, always considering the social, environmental and governance impacts of everything we do from laboratory to patient. Our overall target to reach net zero greenhouse gas emissions across the value chain by 2045 from a 2020 base year was approved by the Science Based Targets initiative (SBTi) in 2023. Underpinning this headline target are our SBTi-approved near-term and long-term carbon reduction targets aligned to the 1.5°C pathway.

– Our near-term carbon reduction target is an 80% reduction in Scope 1 & 2 and Scope 3 carbon emissions by 2030.

– Our long-term carbon reduction target is a 90% reduction in Scope 1 & 2 and Scope 3 carbon emissions by 2045. Both targets are measured against a 2020 baseline.

Transition plan

We're taking action to reduce emissions across our full value chain, prioritising the highest-impact areas. We'll invest around £1 billion from 2020-30 to deliver emissions reductions and removals to achieve our targets through the activities outlined below.

Beyond 2030 we expect we will be left with the harder-to-tackle emissions from across our supply chain, our own operations, logistics, and disposal. In many cases, addressing these residual emissions is likely to depend on technologies, infrastructure and regulatory frameworks that require broad public/private collaboration. So our decarbonisation plan is interdependent with the broader economic transition and follows a similar timeframe.

See page 51 for further details of our progress in reducing carbon emissions

Climate-related financial disclosures continued

Direct operations

To continue reducing Scope 1 & 2 emissions across our operations by 2030, we're focusing on:

- maximising energy efficiency in our sites through our long-standing energy efficiency programme
- transitioning to 100% imported renewable electricity by 2025 and to 100% imported and generated renewable electricity by 2030
- exploring opportunities to use biogas to replace natural gas for energy and heat production
- increasing the use of electric vehicles by our sales fleet

Risks and uncertainties

In some markets where we operate, accessing renewable electricity will be challenging because of the limited generation capacity and the market boundary rules governing imported electricity. In 2024, we've taken action to mitigate this risk by signing a 10-year deal from 2025 to supply our manufacturing sites in Singapore with 100% renewable electricity purchased through renewable energy certificates from solar projects.

There are uncertainties in the transition to renewable heat. High-temperature heat produced by electricity is not generally commercially available today. Biogas can replace natural gas without introducing major changes to facilities, but is not widely available in the locations where we operate. The use of biomass as fuel could introduce issues of land use change and impacts on local air quality.

The transition to 100% electric vehicles by 2030 could be restricted by vehicle availability, lack of charging infrastructure and sourcing of key materials for battery production.

Supply chain

Our Sustainable Procurement Programme requires our suppliers to disclose emissions and set carbon reduction targets aligned with a 1.5°C reduction pathway. We also work with suppliers, particularly those with the largest footprint, to encourage them to adopt new sustainability measures. We're exploring the sourcing of low-carbon materials for use in our products and packaging.

Supply chain emissions are a shared challenge across our sector, and we're working with our peers on collaborative initiatives such as:

- the Activate programme to help active pharmaceutical ingredients (API) suppliers accelerate decarbonisation initiatives
- the Energize programme to encourage the use of renewable energy throughout the pharmaceutical sector's supply chain
- the Manufacture 2030 initiative to encourage suppliers to measure, manage and reduce their emissions

Risks and uncertainties

Pharmaceutical manufacturing processes are highly regulated by different agencies across the world, which may slow down the implementation of some decarbonisation initiatives.

Our supply chains are complex and can involve several intermediate stages of production that are highly product-specific. Our volume demand on specific materials is quite low, which can reduce our ability to influence where we only purchase a small share of a supplier's production.

Many suppliers are based in regions where renewable electricity and heat are less available than elsewhere.

Measuring Scope 3 emissions is complex and challenging and there's a lack of primary data from suppliers. Methodologies involve using spend-based estimates mixed in with activity-based data, industry average data and extrapolations based on subjective choices and judgements. As data systems, processes and controls mature and more primary data becomes available, there may be the need to restate reported emissions data in the future.

Product impact

The use of our products makes up 53% of our carbon footprint. Patient use of our rescue metered dose inhaler (MDI) medication, *Ventolin* (salbutamol), accounts for 45% of our carbon footprint. In 2024, we began phase III clinical trials for our low-carbon *Ventolin* programme to redevelop this inhaler by transitioning to a next-generation propellant, which has the potential to reduce emissions from the inhaler by approximately 90%. If trials are successful, regulatory submissions will begin in 2025 and work is underway to establish manufacturing capability for this inhaler at our site in Evreux, France, and at strategic contract manufacturing partners.

We are playing a leading role in developing a new standard to measure and report the environmental footprints of pharmaceutical products. This work is co-sponsored with the UK NHS and the Office of Life Sciences and the Pharma LCA consortium of 11 global pharmaceutical companies, with support from the Pharmaceutical Environment Group and the Sustainable Markets Initiative.

Risks and uncertainties

Metered dose inhalers are complex devices, and any new medical propellant must meet a specific range of technical performance characteristics to be safe and efficacious for patients.

We're engaging with medical regulators such as the US Food and Drug Administration (FDA), European Medicines Agency (EMA) and the UK Medicines and Healthcare Products Regulatory Agency (MHRA) on how advances in pharmaceutical product design can reduce the environmental impact of medicines.

Climate-related financial disclosures continued

Carbon credits

While we're focused on emissions reductions to meet our carbon targets, we're also investing in high-quality nature protection and restoration projects. These support our net zero and nature positive goals and deliver co-benefits to human health to generate carbon credits to offset annually the 20% of our baseline value chain carbon footprint from 2030. The volume of credits required will taper down to 10% as we continue to reduce our emissions, aiming to achieve net zero emissions across our full value chain by 2045. Our criteria for high-quality projects include avoidance of harm, transparency, additionality, permanence, mitigation of leakage, project monitoring, reporting and verification of claims and avoidance of double counting.

For our 2030 target, we're prioritising carbon removal credits, but we'll also secure a proportion of carbon avoidance and reductions credits in recognition of their critical role in conserving existing carbon stocks and protecting nature. For our 2045 net zero target, we'll aim to secure only carbon removal credits.

Risks and uncertainties

We recognise that this is a fast-moving field, and that methodologies and guidelines will likely evolve as we implement our plans. We commit to remaining flexible and transparent about our progress and learning.

There's a risk that the nature-based projects don't deliver enough carbon credits to meet our needs in a given year and that we may need to buy more credits at higher cost.

Climate scenarios

We use climate scenarios to inform management about climate risks, reporting the results to Risk Management Control Boards (RMCB) in the business, as well as to the Sustainability Council.

We've developed modelling tools with the support of third parties that enable us to model the impacts of physical and transition risks where our sites and supply chains are located. For example, we have modelled the probability of an interruption from an extreme weather event at our key sites and supplier sites and the subsequent financial impact of that interruption, assuming the inventory levels carried under existing business continuity plans. We've modelled the impact of future carbon taxes, such as direct taxes on energy-related emissions, emissions trading schemes and taxes from carbon border adjustment mechanisms assuming we deliver our carbon reduction glidepath to 2030 and beyond.

We intend to review the climate scenarios we use again in 2025 to make sure they'll stay up to date.

Net zero scenario (SSP 1 – RCP 1.9)

This scenario sets out a narrow but achievable pathway for the global energy sector to achieve net zero CO_2 emissions by 2050[1]. It doesn't rely on emissions reduction from outside the energy sector to achieve its goal. The scenario is consistent with limiting the global temperature rise to 1.5°C without a temperature overshoot. Net zero means huge declines in the use of coal, oil and gas and a shift to renewable energy sources.

Low-carbon scenario (SSP 1 – RCP 2.6)

In this scenario, all current net zero pledges are achieved in full and there are extensive efforts to realise near-term emissions reductions; advanced economies reach net zero emissions by 2050, China around 2060, and all other countries by 2070 at the latest[2]. The scenario is consistent with limiting the global temperature rise to below 2°C. With some level of net negative emissions after 2070, the temperature rise could be reduced to 1.5°C in 2100.

Current trajectory scenario (SSP 2 – RCP 4.5)

This scenario sets out to show to what extent announced ambitions and targets are on the path to deliver the emissions reductions required to achieve net zero emissions by 2050[3]. The temperature rise will exceed 2°C by 2100, with a more noticeable shift to happen in the latter half of the century. A net zero pledge for emissions within the scenario does not necessarily mean that CO_2 emissions from the energy sector need to reach net zero, but there's an allocation for carbon offsetting within the pledges.

Breach of planetary boundaries scenarios (SSP 5 – RCP 8.5)

This scenario is not aligned to any of the pledges laid out in the Paris Agreement and is one where countries are unable to meet the United Nations Sustainable Development Goals. This scenario will have the most severe physical consequences for the planet. The temperature rise will exceed 4°C by 2100, leading to high loss of biodiversity and species extinction.

Risk management

Our processes for identifying and assessing climate-related risks

The nature of the risks and opportunities from climate change depends not only on the physical aspects of climate change, but also regulatory and commercial changes in the markets in which we operate, including pressures to reduce the climate impact of our metered dose inhaler medicines.

Our risk management policies are designed to address all types of risks, including the Group principal risks and uncertainties. Climate risk management follows the same policy and framework. Risks from climate change at Group level fall under the governance of the CRC with the support of the Sustainability Council. Individual risks from climate change are raised with appropriate business unit or functional Risk Management Control Boards to integrate these risks into business risk management processes.

(1) IEA Net Zero emissions scenario, https://www.iea.org/reports/global-energy-and-climate-model/net-zero-emissions-by-2050-scenario-nze last accessed 17 November 2022

(2) IEA World Energy Outlook 2021, Chapter 2, p94, download report from https://www.iea.org/reports/world-energy-outlook-2021/overview, last accessed 17 November 2022

(3) IEA Announced Pledges, https://www.iea.org/reports/global-energy-and-climate-model/announced-pledges-scenario-aps last accessed 17 November 2022

Climate-related financial disclosures continued

The Sustainability Risk and Opportunity Committee meets quarterly to review and assess business intelligence, regulatory monitoring reports, and escalations from across GSK. The outcomes of impact assessments are reported to the Sustainability Council.

Our processes for managing climate-related risk

For the purposes of this disclosure, we differentiate between 'physical' and 'transition' climate-related risks.

Physical risks are typically identified at the asset or project level and are managed depending on the level of risk assessed. We use climate scenario analysis to model the potential impacts of our prioritised physical risks, which helps us understand the resilience of our supply chains against climate change.

Transition risks are typically risks associated with changes to regulations or societal expectations during the transition to a lower-carbon economy. They're identified at enterprise level and at market level. We manage transition risks through our investment decisions, our sustainability transformation programme and our procedures. For example, we manage risks which may arise from product claims based on environmental performance by using external accreditation processes and organisations to review the evidence used to support these claims. We use a shadow carbon price of $100 per tonne CO_2e to inform decision-making on investments in major capital expenditure to understand the implications on potential carbon offset costs for the carbon emissions from our value chain in 2030. This value is based on the recommendation by the Carbon Pricing Leadership Coalition that concluded in 2017 that the explicit carbon price level required to drive change to restrict temperature increases to below 1.5°C is at least US$50–100/$tCO_2$ by 2030. We monitor the value used for internal carbon pricing against estimates for the future costs of carbon credits.

Our Communications and Government Affairs team manages corporate reputation by identifying and monitoring climate-related issues and undertaking both proactive and reactive engagement with relevant stakeholder groups.

Details of how we manage our prioritised risks are in the Risk Table below.

How we integrate our processes for identifying, assessing and managing climate-related risks into overall risk management

Once a year, a cross-functional team from Sustainability, Finance, Supply Chain and Procurement functions reviews climate risks. It considers climate-related risks from a strategic and operational perspective to make sure we maintain a comprehensive view of the different types of climate risks we face and the different time horizons in which they may affect us. The team reviews previously identified climate risks, plus new or emerging risks and opportunities, and makes recommendations in a paper to the Sustainability Council. Risk assessment papers are prepared for the prioritised risks, considering the likelihood and financial impact on us of each risk under different climate scenarios.

We analyse each risk and opportunity to understand how we're managing them, the metrics and targets being used and the potential impact on our total profit using a low (<£100 million), medium (£100 million–£250 million) or high (>£250 million) threshold.

The impact assessments are approved by the VP Sustainability and a Finance VP from our Global Supply Chain business unit. The results are shared with the Sustainability Council, Business Unit Risk Management and Compliance Boards (RMCB) and the Finance RMCB to make sure risks are both contextualised with other business risks and managed appropriately. This allows management to take a holistic view and optimise risk mitigation responses, to make sure that responses to climate-related risks are properly integrated into the relevant business unit and function activities.

The resilience of our strategy, considering different climate-related scenarios, including a 2°C or lower scenario

We used the climate scenarios described above to stress test the resilience of the business by considering the impacts of potential physical and transition risks and opportunities on the locations where we operate as described in the table below. The modelling didn't identify any material impact to our business resilience.

The transition to supplying renewable energy to our own operations and our supply chain through power purchase agreements and continuing our long-standing energy and water efficiency programmes increases the resilience of our business.

Climate-related financial disclosures continued

Physical risks

Risk description	Potential impact	Our response	Assumptions
The risk from increasing levels of water stress leading to interruptions to supply of water to our sites and third-party supply sites. We and our third-party suppliers use freshwater as the main source of water to manufacture medicines and vaccines. If water availability was restricted at a factory, operations would be interrupted.	Current trajectory scenario ○ □ ● □ Breach of planetary boundaries scenario ○ □ ● □	We've identified three water basins in water-stressed areas in Algeria, India and Pakistan where we have manufacturing sites, and where we aim to be water neutral. At our manufacturing facility in Nashik, India we've built plants for rainwater harvesting. The climate scenario analysis has identified a number of sites and supplier sites located in water basins that could become water-stressed by 2050, and which have been added to a watch list. We'll monitor changes to the risk levels and update our site water risk assessments appropriately.	The financial impact is based on a three-month supply chain interruption as a worst case.
Increasing frequency of extreme weather events causing disruption to our and third-party supplier sites. Extreme weather events from any one of precipitation (rainfall), flood from precipitation, riverine flood, extreme wind, wildfire, and extreme heat can result in short-term interruptions to manufacturing at our or supplier sites.	Current trajectory scenario ○ □ ● □ Breach of planetary boundaries scenario ○ □ ● □	The climate scenario modelling indicated that, of the seven physical perils, flood from rainfall presents the highest likelihood of an acute interruption. However, the risk of flooding from rainfall and from the other extreme weather events is expected to remain very low. We've performed risk assessments for our manufacturing and other operations and have business continuity plans which we review annually to respond to the impacts of extreme weather events, including adopting appropriate mitigation plans. We have a well-established loss prevention and risk engineering programme to identify a range of risks that could affect our sites and, where flood risks exist, we've taken action to mitigate them.	The financial impact is based on a three-month supply chain interruption as a worst case.
Nature-based projects fail to deliver the anticipated volumes of carbon credits from lower-than-expected growth or the result of a natural catastrophe. This could lead to buying more carbon credits at higher cost to make up the shortfall.	Lower-than-anticipated growth scenario ○ □ Natural catastrophe scenario ○ □	We established a governance framework to manage each project with our external partners. Any issues are escalated to the Carbon Credit Programme Steering Committee.	We assume a future cost of $100 per tonne CO_2e by 2030. For the lower-than-anticipated growth scenario we assume a 25% under-delivery in a single year as the issues will have been identified early enough to take other preventative actions. For a natural catastrophe scenario, we assume 25% of the projects will be affected and the impact will last

Key

○ Short term
● Medium term
● Long term

□ Low financial impact <£100m
□ Medium financial impact £100m–£250m
■ High financial impact >£250m

Climate-related financial disclosures continued

Transition risks

Risk description	Potential impact	Our response	Assumptions
Regulations governing the use of high GWP substances have been updated in the EU and US. This could lead to increasing costs and restrict the ability to manufacture our metered dose inhaler (MDI) products that use a high GWP propellant (HFA134a).	Current trajectory scenario ● ■	We are investing in a R&D programme to redevelop our *Ventolin* (salbutamol) inhaler by transitioning to a lower-carbon propellant that could potentially reduce its carbon emissions by approximately 90%, if clinical trials are successful. Work is underway to establish manufacturing capability for this inhaler at our site in Evreux, France, and at strategic contract manufacturing partners. We already have a portfolio of dry powder inhaler products that don't use propellants and that are not affected by this risk.	The financial impact assumes the reformulated product is approved by regulators and launched according to plan.
Future regulatory policy responses to address climate change could lead to the imposition of carbon taxes by countries where we manufacture and source goods from third parties.	Net zero scenario ◉ □ ● □ Low-carbon scenario ◉ □ ● ☐ Current trajectory scenario ◉ ☐ ● ☐	We are managing this risk by reducing our value chain carbon emissions in line with our transition plan described above. We'll review our carbon tax modelling in 2025 to account for changes to announced commitments to introduce carbon taxes since 2022.	The financial impact assumes we deliver an 80% reduction in carbon emissions by 2030 and assumes carbon tax values are as per IEA scenarios, supplemented by data from policy pledges for a small number of countries.

Key

○ Short term	☐ Low financial impact <£100m
◉ Medium term	□ Medium financial impact £100m–£250m
● Long term	■ High financial impact >£250m

Climate-related financial disclosures continued

Opportunity

Risk description	Potential impact	Our response	Assumptions
At COP28 in November 2023, more than 70 countries committed to provide low-carbon healthcare systems. This could lead to increasing demand for low-carbon medicines and vaccines.	No financial impact available	We're reducing our own Scope 1 & 2 carbon emissions, which in turn reduces the Scope 3 footprint of our customers and suppliers. We're investing in a R&D programme to redevelop our *Ventolin* (salbutamol) inhaler by transitioning to a lower-carbon propellant that could potentially reduce its carbon emissions by approximately 90%, if clinical trials are successful. From 2024, all newly developed or acquired medicines will have Sustainable Design Plans applied. We are a founding member of the Circularity in Primary Pharmaceutical Packaging Accelerator (CiPPPA), which brings together partners from across the sector to address the sustainable packaging of medicines and vaccines. We are playing a leading role in developing a new standard to measure and report the environmental footprints of pharmaceutical products as part of the Pharma LCA consortium. We're developing methodologies to calculate the environmental impact of products and vaccines from a patient care pathway perspective.	.

Key

- ○ Short term
- ◉ Medium term
- ● Long term
- □ Low financial impact <£100m
- ▣ Medium financial impact £100m<£250m
- ■ High financial impact >£250m

Climate-related financial disclosures continued

Metrics and targets

The metrics we use to assess climate-related risks and opportunities in line with our strategy and risk management process.

a. Disclose the metrics used by the organisation to assess climate risks and opportunities in line with its strategy and risk management process	We have considered the key metrics following the TCFD guidance of Tables A1.1 and A1.2 as well as the metrics consistent with cross-industry, climate-related metrics. Based on that, our strategic metrics are: – Scope 1 & 2 emissions (market-based and location-based approach), described in the table below – Scope 3 emissions, described in the table below – % renewably sourced electricity, described in the table below – Total supplied water, described in the table below – Total waste and materials, described in the table below – Responsible Business Performance Rating, as part of our senior leaders' remuneration policy - see on page 146 – Sites that have achieved water stewardship, described in the table below Our Responsible Business Performance Report includes more metrics used to support the strategic metrics listed above.
b. Disclose Scope 1, 2 and if applicable Scope 3 GHG emissions and related risks	In energy and carbon emissions, see table below: – Scope 1 emissions from energy – Scope 1 emissions from other sources – Scope 2 emissions (market-based) – Scope 2 emissions (location-based) – Scope 3 emissions metrics – Scope 1 & 2 emissions intensity metrics Prioritised physical and transition risks are included in the Risk Table above.
c. Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against targets	Our targets (measured against a 2020 baseline where applicable) are: – 80% absolute reduction in greenhouse gas emissions from a 2020 baseline, across all scopes, and investment in nature-based solutions for the remaining 20% of our footprint by 2030 – Net zero greenhouse gas emissions across our full value chain by 2045: 90% absolute reduction in emissions from a 2020 baseline, across all scopes, and all residual emissions neutralised – 100% renewable electricity by 2025 (Scope 2) – Achieve good water stewardship at 100% of our sites by 2025 – Reduce overall water use in our operations by 20% in 2030 – Zero operational waste[1] by 2030 – Be water neutral in our own operations and at key suppliers in water-stressed regions by 2030 The performance against our targets is on page 51.[2]

(1) Including a 20% reduction in routine hazardous and non-hazardous waste. Target updated in 2024 to remove specific reference to the elimination of operational single-use plastics. This work has been integrated into the overall operational waste target

(2) See Basis of Reporting 2024 in the ESG resources section of gsk.com (https://www.gsk.com/en-gb/responsibility/esg-resources/) for detailed methodologies for measuring and reporting all GSK environmental KPIs

We commit to a net zero, nature positive, healthier planet, with ambitious goals set for 2030 and 2045 across our entire value chain. We report progress in reducing Scope 1 & 2 carbon emissions, Scope 3 carbon emissions, energy use, % renewable energy, water and waste annually towards these targets in the Environment section on page 51 and in our public responses to the CDP Climate, Water and Forest questionnaires.

Climate-related financial disclosures continued

Metrics data

Carbon emissions[1]

Carbon emissions '000 tonnes CO_2e	2024	2023	2022
Scope 1 emissions (from energy)	289	301	320
Scope 1 emissions (other[2])	232	279	306
Scope 2 emissions (market-based)	44[4]	64	88
Scope 2 emissions (location-based)	234[4]	240	265
Scope 3 emissions[3]	–	8,983	8,995
UK Scope 1 & 2 emissions	92	102	111

Other metrics	2024	2023	2022
Scope 1 & 2 emissions from energy/sales revenue (tonnes CO_2e/£m)	10.6	12.0	13.9
Scope 1 & 2 emissions from energy/FTE (tonnes CO_2e/FTE)	4.9	5.2	5.9
Total energy used (GWh)	2,577[4]	2,636	2,759
UK energy used (GWh)	658	711	735
% renewably sourced electricity	90%	83%	73%
Total supplied water million m^3	7.0[4]	7.4	7.5
Total supplied water in areas of high water stress million m^3	0.3[4]	0.3	0.3
Total waste '000 metric tonnes	47.3	49.7	50.2
% sites that have achieved water stewardship	100%	100%	100%

(1) Carbon emissions are calculated according to the Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (revised edition). We use market-based Scope 2 emissions for reporting purposes and report Scope 3 emissions across all 15 categories in our Responsible Business Performance Report.

(2) 'Other' refers to emissions from sales force vehicles, propellant emissions released during manufacture of inhalers (the majority of propellant emissions, released during patient use, are included in Scope 3 carbon emissions), on-site waste, or wastewater treatment and refrigerant gas losses

(3) We collect and publish Scope 3 data across 15 categories. The most recent Scope 3 data available is for 2023 as the process of compiling the 2024 data is not yet complete, except for 2024 Scope 3 emissions from patient use of inhalers, which are disclosed in the Responsible Business Performance Report. We will publish this data once it becomes available and it will be included in the 2025 Responsible Business Performance Report

(4) We ask external assurance provider, Deloitte, to provide limited assurance in accordance with ISAE3000 and ISAE3410 on GHG statements. Scope 1 assured as a total of 521 thousand tonnes CO2e. Methodologies for reporting and measurements are provided in the Basis of Reporting 2024 in the ESG resources section of gsk.com (https://www.gsk.com/en-gb/responsibility/esg-resources/)

Nature-related financial disclosures

We're committed to contributing to a nature positive world by avoiding and reducing nature impacts, as well as protecting and restoring nature.

Human health relies on the fundamentals of nature: clean air and fresh water. Nature loss has a range of negative impacts on health, for example, reduced air quality increases the incidence and severity of respiratory diseases and habitat degradation and deforestation are increasing the risk of new human pathogens and pandemics. To protect human health and get ahead of disease, we need to protect nature.

We're members of several working groups of the Taskforce on Nature-related Financial Disclosures (TNFD) and were involved in developing the TNFD Additional sector guidance – Biotechnology and pharmaceuticals publication. We've committed to make a full disclosure against the TNFD framework in early 2026 and we're now piloting the framework for a second year.

Governance

The Board's oversight of nature-related dependencies, impacts, risks and opportunities

As described on page 67.

Management's role in assessing and managing nature-related dependencies, impacts, risks and opportunities

As well as the disclosure on page 67, the Sustainability Council reviewed the results of the pilot process to set Science Based Targets for Nature (SBTN).

A new Nature Working Group chaired by the Nature Lead was established to support the Sustainability Council and Steering Committee. It's attended by representatives of Procurement, Manufacturing, Communications and Government Affairs, and subject matter experts.

Nature-related financial disclosures continued

Our human rights policies, engagement activities and oversight with respect to indigenous peoples, local communities, and other affected stakeholders

We publish our position on human rights on gsk.com. We have a responsibility to respect human rights through our engagements with patients, our employees, our suppliers and the communities in which we live and operate.

We'll continue to develop policies and procedures related to stakeholders' engagement and human rights specifically in relation to our assessment of impacts and our action on nature.

- As nature investments are always context-dependant, it is key for us to work with expert partners and NGOs to make sure project implementation includes local experts and local communities
- Before we make decisions on protection and restoration projects, we run a human rights assessment as part of our broader due diligence. This allows us to understand the local context and history, the process that partners use or plan to use to engage and involve local communities (including Free, Prior and Informed Consent (FPIC) and grievance mechanisms) and how benefits will be shared
- We've developed a toolkit to support project developers, investors and buyers to understand and enable health outcomes from protecting and restoring nature

Strategy

The nature-related dependencies, impacts, risks and opportunities we've identified over the short, medium and long term

Freshwater

Freshwater is essential for the production of our medicines and vaccines.

Our primary operational impact on water availability is through our own manufacturing sites and key suppliers located in areas of water stress.

Releases of Active Pharmaceutical Ingredients are a priority focus for us regarding water quality.[1] Pharmaceutical residues may sometimes pass into the environment as part of the normal biological process following patient use. To a lesser extent, pharmaceuticals can also enter the environment from unused medical products or factory discharges.

There are concerns that long-term exposure to pharmaceuticals in the environment can pose a risk to environmental species, including aquatic life. The presence of antibiotics in the environment, and its potential impact on driving antibiotic resistance as well as reducing microbial biodiversity, is a growing concern for many stakeholders[2].

(1) For more information see our public policy: https://www.gsk.com/media/8867/gsk-position-on-pharmaceuticals-in-the-environment-march-2022.pdf

(2) Read more about our position on antimicrobial resistance in our public policy

Land

Our primary dependency and impact on land is due to the natural materials we source, some of which derive from land-based commodities, a key driver of deforestation and land use change, globally.

Oceans

Our impacts and dependencies on oceans come primarily from two marine-derived materials that are part of manufacturing medicines and vaccines, specifically horseshoe crab blood and squalene.

Atmosphere

Our primary impact on air quality is from combustion of fossil fuels in our operations and supply chain.

The effect nature-related dependencies, impacts, risks and opportunities have on our business model, value chain, strategy and financial planning, as well as any transition plans or analysis in place

We're committed to contributing to a nature-positive world in line with the Global Biodiversity Framework to halt and reverse biodiversity loss by 2030. Our approach is through four focus areas, which are aligned to the 'realms' of nature as defined by TNFD and SBTN – freshwater, land, oceans and atmosphere – including the biodiversity of living species in them.

We're taking action across the four realms of nature in these ways:

- Avoiding and reducing our impacts on nature across our full value chain
- Investing in the protection and restoration of nature
- Helping to drive collective action for nature

We set targets in 2020 with a focus on the realms of nature, as well as supportive targets on waste and materials. We report progress against our nature plan and targets on page 51.

The resilience of our strategy to nature-related risks and opportunities, taking into consideration different scenarios

We manage organisational resilience to nature related risks through the implementation of our sustainability programme. We're working to develop nature scenarios in line with emerging guidance.

The locations of our direct operations that meet the criteria for priority locations

Freshwater

We've identified five of our sites located in three water-stressed basins in Algeria, India and Pakistan, which we've prioritised for investment in water neutrality.

Land

We've identified six priority sites in Belgium, France, Spain, the US and UK based on proximity to Protected Areas and Key Biodiversity Areas.

Nature-related financial disclosures continued

Risk and impact management

Our processes for identifying, assessing and prioritising nature-related dependencies, impacts, risks and opportunities in our direct operations and value chain

We're following the TNFD LEAP (Locate, Evaluate, Assess and Prepare) methodology to better understand our nature-related risks and opportunities. We're part of the first group of companies to be working with the Science Based Target Network (SBTN) in a pilot to set validated science-based targets for nature, starting with freshwater.

Our processes for managing nature-related dependencies, impacts, risks and opportunities

We manage nature-related dependencies, impacts, risks and opportunities by implementing our sustainability programme. We set targets in 2020 with a focus on the realms of nature, as well as supportive targets on waste and materials.

Water

All our sites complete a GSK water stewardship assessment and implement action plans to comply with our standard. For our sites located in water-stressed areas, we aim to secure certification under the Alliance for Water Stewardship standard.

Our sites located in water-stressed areas are prioritised for catchment-level projects of water replenishment, restoration, and regeneration activities that aim to deliver measurable environmental and social outcomes.

We're committed to making sure discharges from the manufacturing of active pharmaceutical ingredients (API), including antibiotics, don't adversely affect people or the environment.

Land

We're implementing land management action plans across our estate which aim to deliver a biodiversity improvement with a focus on our highest-priority sites.

We have an Eco-design programme to reduce the impacts of all our products and packaging and all newly developed or acquired medicines now have Sustainable Design Plans applied. These use industry-leading product sustainability methodologies to make sure we consider environmental impact at every step of the product decision-making process, from product design to disposal.

We've set ambitious standards for suppliers who provide us with materials that are highly dependent on nature.

We have roadmaps with an aim to achieve 100% certified paper and palm oil by 2025. We've engaged with associated suppliers to map the full supply chains involved, understand existing sustainability standards, identify gaps and establish action plans.

We're a founding member of the Circularity in Primary Pharmaceutical Packaging Accelerator (CiPPPA), a collaborative initiative across the pharmaceutical supply chain to develop and deploy solutions for the recycling of primary pharmaceutical packaging.

Oceans

We're working to reduce the volume of marine-derived materials, for example through process efficiencies, and are looking to transition to alternative materials.

In the meantime, we're working to implement our Marine Sustainable Sourcing Standard, which outlines the specific requirements that we ask our suppliers of marine-derived materials to follow.

Atmosphere

In 2024, we completed an in-depth air quality assessment with the Stockholm Environment Institute (SEI) and the University of York, using the methodology outlined in the Practical Guide for Business written by the Climate & Clean Air Coalition and SEI.

We're managing our impacts on air pollution by transitioning to renewable electricity and an electric fleet, and increasing the volumes of waste sent to circular routes of disposal.

We're members of the Alliance for Clean Air through the Clean Air Fund (CAF) and the World Economic Forum, which aims to drive corporate action on clean air to accelerate climate action and create healthy communities around the world.

How our processes for identifying, assessing, prioritising and monitoring nature-related risks are integrated into and inform our overall risk management processes

We manage any identified impacts, dependencies and nature-related risks through our sustainability governance structures. We're working to develop nature scenarios in line with emerging guidance.

Metrics and targets

We report performance against three nature metrics which are part of our Responsible Business performance metric. Our targets for managing our nature commitments are in the table below.

Nature-related financial disclosures continued

Realm	Key performance indicator
Freshwater	Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient (API) limits and the percentage of sites and suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits
Land	Percentage of paper packaging and palm oil certified
Waste and materials	Operational waste reduction at our sites

We set these targets for managing our nature commitments:

Focus area	Target
Freshwater	– 100% of our sites to achieve good water stewardship by 2025 and reduce overall water use by 20% by 2030 – Be water neutral in own operations and at key suppliers in water-stressed regions by 2030 – Achieve zero impact API levels[1] for all sites and key suppliers by 2030[2]
Land	– Positive impact on biodiversity[3] at all GSK owned sites by 2030 – 100% of key[4] naturally-derived materials sustainably sourced and deforestation free by 2030[2.]
Oceans	– 100% of marine-derived materials sustainably sourced by 2030
Atmosphere	– 100% renewable electricity by 2025 (Scope 2)[2] – 80% reduction in carbon emissions across our full value chain by 2030[2] – Net zero carbon emissions across our full value chain by 2045[2]
Waste and materials	– Zero operational waste[5] by 2030[2,6] – 10% waste reduction from supply chain by 2030 – 25% environmental impact reduction for our products and packaging by 2030

(1) Below the Predicted No-Effect Concentration level, as defined by the AMR Alliance and API Wastewater discharge limits
(2) Linked with the remuneration of our senior leaders
(3) Using the Natural England Biodiversity Net Gain methodology
(4) Definition clarified in 2024 to reflect priority materials
(5) Including a 20% reduction in routine hazardous and non-hazardous waste
(6) Target updated in 2024 to remove specific reference to the elimination of operational single-use plastics. This work has been integrated into the overall operational waste target

Non-financial and sustainability information statement

The following aligns to the non-financial reporting requirements contained in sections 414CA and 414CB of the Companies Act 2006.

Description of the business model

Social matters

Employees

Human rights

Anti-bribery and corruption

Environmental matters

Policy, due diligence and outcomes

Non-financial key performance indicators

Our policies

All of our public policies, codes and standards are available on gsk.com

Employees by gender

	Male	Female	Total
Board[1]	6	6	**12**
Management[1,2]	8,735	9,046	**17,781**
All employees[3]	35,413	33,216	**68,629**

(1) Headcounts as of 31 December 2024

(2) Senior managers as defined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013

(3) 'Total' calculated as full-time equivalent employees (FTEs) as of 31 December 2024. 'Male' and 'female' calculated by applying 'all employees' gender diversity percentages to 'total' FTE number

Our section 172(1) statement

Company directors are required by law to promote the success of their organisation for the benefit of both shareholders and their wider stakeholders, including employees, suppliers and the community. Information on the issues, factors and stakeholders that the Board considers relevant to complying with Section 172 (a) to (f) of the Companies Act 2006 can be found on page 128.

Viability statement

In accordance with provision 31 of the 2018 revision of the Code, GSK has assessed the prospects of the Group over a longer period than the 12 months required by the 'Going Concern' provision. The Directors confirm that they have a reasonable expectation that GSK will continue to operate and meet its liabilities, as they fall due, over the next three years. The Directors' assessment has been made with reference to GSK's current position and prospects, our strategy, the Board's risk appetite and GSK's principal risks and how these are managed, as detailed on pages 62 to 66 in the Strategic report.

The Board reviews our internal controls and risk management policies and approves our governance structure and code of conduct. It also appraises and approves major financing, investment and licensing decisions, and evaluates and monitors the performance and prospects of GSK as a whole. The focus is largely on improving our long-term financial performance through delivery of our company's business strategies and aligned priorities.

The Board reviews GSK's strategy and makes significant capital investment decisions over a long-term time horizon, based on a multi-year assessment of return on capital, the performance of the company, and the market opportunities in medicines and vaccines. This approach is aligned to GSK's model of achieving balanced growth by investing in high-quality, innovative products for patients and healthcare providers. However, since many internal and external parameters become increasingly unpredictable over longer time horizons, GSK focuses its detailed, bottom-up Plan on a three-year cycle. The Plan is reviewed at least annually by the Directors, who approve business forecasts showing expected financial impact. The Directors believe that a three-year assessment period for the Viability statement is most appropriate as it aligns with the Group's well established business planning processes that balance the long-term nature of investments in medicines and vaccines with an assessment of the period over which analysis of near-term business performance is realistically visible.

The Plan has been stress tested in a series of robust operational and principal risk downside scenarios as part of the Board's review on risk. The Plan assumes the next several years to be challenging for the healthcare industry with continued pressure on pricing of pharmaceuticals and uncertain economic conditions prevailing across many markets in which GSK operates. GSK assumes no premature loss of exclusivity for key products over the period and for all anticipated launches to proceed as planned.

The downside scenarios consider GSK's cash flows, sustainability of dividends, funding strategy, insurance provision and recovery as well as other key financial ratios over the period. These metrics have been subject to sensitivity analysis, which involves flexing a number of the main assumptions underlying the forecasts both individually and in combination, along with mitigating actions that could realistically be taken to avoid or reduce the impact or occurrence of the underlying risk.

The following hypothetical downside scenarios have been evaluated:

Scenario 1: Business performance risks. These include key performance risks, including lower sales from uptake of new and existing medicines and vaccines, including regulatory risks, greater adverse impact from generic competition and other competitive launches to other GSK products, as well as possible supply and manufacturing challenges.

Scenario 2: External and macroeconomic risks. This scenario reflects incremental risks to the business driven by outside factors, such as more intense competition, increased pricing pressure in both the US and Europe and the potential impact of material negative changes in the macro economic and healthcare environment.

Scenario 3: Principal risks. This scenario includes a severe assessment of the potential loss impact from the principal risks related to patient safety, product quality, supply chain continuity, information and cyber security and environmental harm as well as anti-bribery and corruption and any consequent regulatory actions, fines or significant litigation, all of which could fundamentally threaten our operations. These risks are managed through mitigating activities described on pages 307 to 318.

Scenario 4: Put option exercise. This scenario evaluates the additional funding requirements assuming the earliest potential exercise of the outstanding put option held by Pfizer Inc.

The three-year review also makes certain assumptions about the normal level of capital recycling likely to occur and considers whether additional financing facilities will be required and the respective level of funding flexibility and headroom.

The results of this stress testing show that certain combinations of these hypothetical scenarios could increase funding demands on GSK and require mitigating changes to the Group's funding strategy. However, in light of the liquidity available to the Group and based on this analysis, the Directors have a reasonable expectation that, even under these most severe stress tests, the Group will be able to continue in operation and meet its liabilities as they fall due over the three-year period of assessment.

Group financial review

In this section

Group financial review

Summary full year results

	Full year 2024 £m	Growth AER %	Growth CER %	Full year 2023 £m	Full year 2022 £m
Results summary					
Turnover	31,376	3	7	30,328	29,324
Turnover excluding COVID-19 solutions	31,364	4	8	30,134	26,951
Total operating profit	4,021	(40)	(33)	6,745	6,433
Total operating margin	12.8%	(9.4ppts)	(8.3ppts)	22.2%	21.9%
Total EPS	63.2p	(48)	(40)	121.6p	110.8p
Core operating profit	9,148	4	11	8,786	8,151
Core operating margin	29.2%	0.2ppts	0.9ppts	29.0%	27.8%
Core EPS	159.3p	3	10	155.1p	139.7p
Cash flow					
Cash generated from operations	7,861	(3)		8,096	7,944
Free cash flow	2,863	(16%)		3,409	3,348

(2024 Financial results unless otherwise stated, growth % and commentary at CER. Ex COVID is excluding COVID-19 solutions as defined on page 90).

Continued strong momentum in 2024

In 2024, our sales were £31,376 million, an increase of 7%. This reflected a significant growth contribution from Specialty Medicines representing more than 80% of the growth this year with building scale and momentum in our Respiratory, Immunology and Oncology therapy areas, as well as ongoing growth in our HIV portfolio. This was offset by the decline in Vaccines sales largely due to lower demand for Arexvy. Total operating profit decreased materially year on year to £4,021 million. The reduction primarily reflected a charge of £1.8 billion relating to the resolution of the *Zantac* litigation and a higher contingent consideration liabilities (CCL) charge driven by improved long-term outlook of our HIV business. Core operating profit increased 11% (with further positive impact of +2% excluding COVID-19 solutions) to £9,148 million driven by strong Specialty Medicines sales performance, with favourable product and regional mix, partly offset by increased investment in R&D and growth assets, and lower royalty income. The reconciliation of Total to Core results is included on page 98.

Total and core cost of sales as a percentage of sales decreased in the full year reflecting price and channel mix benefits as well as ongoing mix benefits in higher margin Specialty Medicines products and supply chain efficiencies.

Total and core SG&A growth was driven by continued disciplined investment to support global market expansion and disease awareness for key assets including *Arexvy*, *Nucala*, *Shingrix*, *Jemperli* and long-acting HIV medicines. Total SG&A also reflected the increase in Significant legal costs of £1.8 billion in relation to *Zantac* litigation costs.

The decrease in the full year Total EPS was primarily due to the *Zantac* settlement and higher CCL charges. Core EPS grew 10% overall (with further positive impact of +2% excluding COVID-19 solutions) driven by growth in core operating profit as well as lower finance costs, partly offset by a higher effective taxation rate and higher non-controlling interests. The effective adjusted tax rate was 15.5% in line with 2023 and our guidance.

2024 operating margins

Total operating profit margin was 12.8%. This was lower in 2024 due to the charge of £1.8 billion for the *Zantac* settlement and higher CCL charges. Core operating profit margin was 29.2% benefiting from strong Specialty Medicines sales performance, with favourable product and regional mix, partly offset by increased investment in R&D and growth assets, and lower royalty income. It also included a favourable impact from the reversal of the legal provision for the *Zejula* royalty dispute, following a successful appeal in Q1 2023.

Our 2024 performance demonstrates the transformation of the business. Sales grew 7% at CER to over £31 billion, up 8% at CER excluding COVID-19 solutions – with strong growth and increasing contribution from Specialty Medicines, more than offsetting headwinds in Vaccines. Core operating profit grew 11% with core EPS growing 10% both at CER and with further positive impact of +2% excluding COVID-19 solutions. The 2024 core operating margin improved to 29.2%, up 130 basis points year on year on a CER basis excluding COVID-19 solutions. This level of performance delivered two upgrades to our guidance in 2024 and supported the increased dividend of 61p per share for the full year. We resolved the vast majority of the *Zantac* litigation in 2024 and have now commenced our £2 billion share buyback programme, which will be completed over the next 18 months.

Group financial review continued

Summary full year results continued

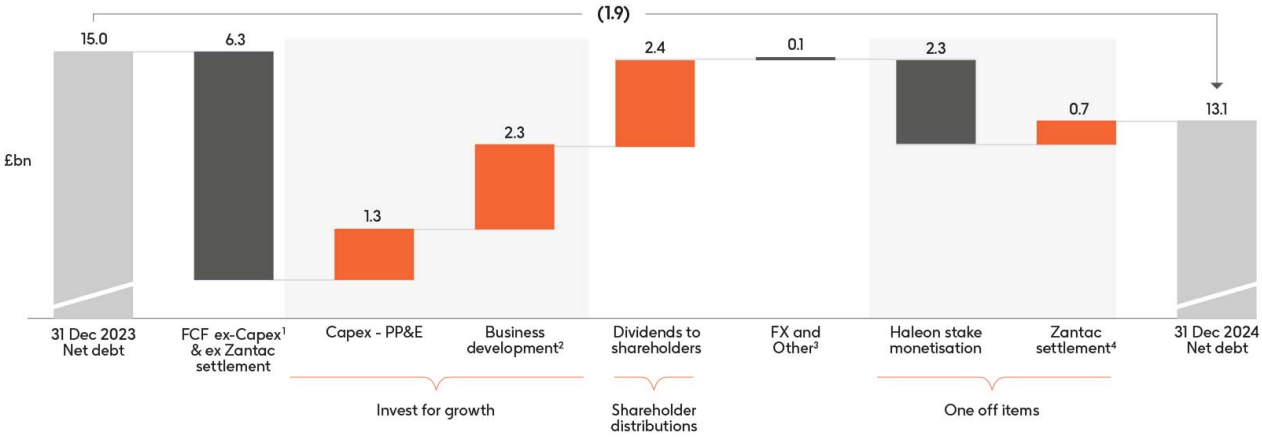
2024 cash flow performance

Our total full year Cash Generated From Operations (CGFO) was £7,861 million including £672 million settlement payments relating to the resolution of *Zantac*. Excluding this impact we continued our track record of improving cash every year with CGFO increasing by £0.4 billion, totalling £8,533 million before the impact of the *Zantac* settlement. This improvement primarily reflected the increase in core operating profit, together with favourable working capital, largely due to lower receivables and lower pension contributions, partly offset by lower other payables due to reduced rebates and returns.

Net Debt improvement

Our net debt position further decreased to £13 billion by the end of 2024. We look to deploy funds to enhance growth and deliver attractive shareholder returns. We started the year with net debt of £15 billion, with strong free cash generation and the monetisation of our stake in Haleon plc, which supported £3.6 billion of investment in targeted business development and capital expenditure, plus £2.4 billion returned to shareholders via the dividend.

Capital deployment supports business growth and shareholder returns



(1) Free Cash Flow (FCF) is £2.9bn, including the capital expenditure net of disposal proceeds for plant, property & equipment (£1.3bn) and intangibles (£1.5bn), included in business development above and the *Zantac* settlement payment of £0.7bn

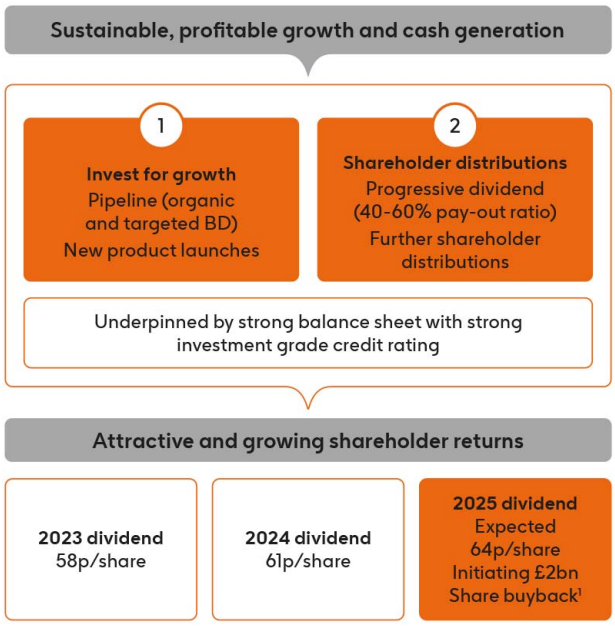
(2) Business development in the above chart includes net intangible capex, net equity investments and investments in associates

(3) Other includes dividend and distribution income, exchange on net debt and other financing items

(4) Settlement payments relating to the *Zantac* litigation are still expected to total £1.9bn with £0.7bn paid to date and £1.2bn expected to be paid in Q2 2025

Capital allocation framework to support investment and returns

Priority is to invest for growth, coupled with attractive shareholder returns



(1) £2bn share buyback programme to be completed over 18 months

Our capital allocation framework to support investment and returns

Our capital allocation framework means our first priority remains to invest in the business, with capital allocated towards development of the pipeline, both organic and targeted business development.

We also remain committed to delivering attractive returns to shareholders and pursuing a progressive dividend policy, guided by a 40 to 60 percent pay-out ratio through the investment cycle. In setting its dividend policy, GSK considers the priorities of the Group and its investment strategy for growth, alongside the sustainability of the dividend.

Consistent with this, and reflecting strong business performance during the year, GSK declared an increased dividend of 61p per share for the full year 2024. The expected dividend for 2025 is 64p.

In the event of surplus cash, the excess would be considered for further returns to shareholders. We remain committed to maintaining a balance sheet with a strong investment grade credit rating.

Given the significant transformation since the demerger, we now have a strong balance sheet, which gives us a high level of flexibility for the acceleration of organic investments and further business development, whilst also enabling a step up in shareholder returns. We expect to augment our dividend with a £2 billion share buyback programme to be completed over the next 18 months.

Group financial review continued

Summary full year results continued

2025 guidance

For 2025, we expect another year of meaningful growth for GSK, our guidance is provided at CER. Turnover is expected to increase between 3 to 5 per cent and Core operating profit is expected to increase between 6 to 8 per cent. Core earnings per share is expected to increase between 6 to 8 per cent.

This guidance is supported by the following turnover expectations for full year 2025:

- For Specialty Medicines, we expect a low double-digit per cent growth
- For Vaccines, we expect sales will decrease by a low single-digit per cent
- For General Medicines, we expect sales will be broadly stable

GSK expects to deliver leverage at a gross margin level due to improved product mix from Specialty Medicines growth and continued operational efficiencies. In addition, GSK anticipates further leverage in Operating profit as we continue to take a returns-based approach to SG&A investments. R&D is expected to increase broadly in line with sales as we invest for future growth.

Core earnings per share is expected to increase between 6 to 8 per cent at CER, in line with Core operating profit growth, reflecting higher interest charges and the tax rate which is expected to rise to around 17.5%, offset by the expected benefit of up to 1% from the share buyback programme. Expectations for non-controlling interests remain unchanged relative to 2024.

2021-26 and 2031 Outlooks at CER

By 2031, GSK now expects to achieve sales of more than £40 billion (previously >£38 billion) on a risk-adjusted basis and at CER. This further increase reflects the inclusion of *Blenrep*, the significant phase III progress since last year and multiple launch opportunities in the 2025 to 2031 period.

As before, we have further upside potential from our early-stage pipeline and prospective business development.

There is no change to our outlooks for 2021-2026. GSK continues to expect sales to grow more than 7% on a CAGR basis and Core operating profit to increase more than 11%, on the same basis. Core operating profit margin in 2026 continues to be expected to be more than 31%.

All expectations, guidance and outlooks regarding future performance and dividend payments should be read together with 'Guidance and outlooks, assumptions and cautionary statements' on inside back cover. These outlooks are provided at CER and exclude any contribution from COVID-19 related solutions.

Currency impact

If exchange rates were to hold at the closing rates on 29 January 2025 ($1.24/£1, €1.19/£1 and Yen 193/£1) for the rest of 2025, the estimated impact on 2025 Sterling turnover growth for GSK would be +1% and if exchange gains or losses were recognised at the same level as in 2024, the estimated impact on 2025 Sterling Core Operating Profit growth for GSK would be +2%.

Group financial review continued

Financial performance summary

The Total results of the Group are set out below.

	2024		2023		Growth	
	£m	% of turnover	£m	% of turnover	£%	CER%
Turnover	**31,376**	**100**	30,328	100	3	7
Cost of sales	**(9,048)**	**(28.8)**	(8,565)	(28.2)	6	8
Gross profit	**22,328**	**71.2**	21,763	71.8	3	7
Selling, general and administration	**(11,015)**	**(35.1)**	(9,385)	(30.9)	17	20
Research and development	**(6,401)**	**(20.4)**	(6,223)	(20.5)	3	5
Royalty income	**639**	**2.0**	953	3.1	(33)	(33)
Other operating income/(expense)	**(1,530)**	**(4.9)**	(363)	(1.3)	>(100)	>(100)
Operating profit	**4,021**	**12.8**	6,745	22.2	(40)	(33)
Net finance costs	**(547)**		(677)			
Share of after tax profits/(losses) of associates and joint ventures	**(3)**		(5)			
Profit/(loss) on disposal of interest in associates and joint ventures	**6**		1			
Profit before taxation	**3,477**		6,064		(43)	(34)
Taxation	**(526)**		(756)			
Profit after taxation	**2,951**		5,308		(44)	(36)
Total profit attributable to non-controlling interests	**376**		380			
Total profit attributable to shareholders	**2,575**		4,928			
	2,951		5,308		(44)	(36)
Total earnings per share (pence)	**63.2p**		121.6p		(48)	(40)
Total earnings per ADS (US$)	**1.62**		3.02			

The Core results for the Group are set out below. Reconciliations between Total results and Core results for 2024 and 2023 are set out on pages 98 to 99.

	2024		2023		Growth	
	£m	% of turnover	£m	% of turnover	£%	CER%
Turnover	**31,376**	**100**	30,328	100	3	7
Cost of sales	**(7,870)**	**(25.1)**	(7,716)	(25.4)	2	4
Selling, general and administration	**(8,974)**	**(28.6)**	(9,029)	(29.8)	(1)	2
Research and development	**(6,023)**	**(19.2)**	(5,750)	(19.0)	5	7
Royalty income	**639**	**2.0**	953	3.2	(33)	(33)
Core operating profit	**9,148**	**29.2**	8,786	29.0	4	11
Core profit before taxation	**8,613**		8,112		6	13
Taxation	**(1,462)**		(1,257)		16	24
Core profit after taxation	**7,151**		6,855		4	11
Core profit attributable to non-controlling interest	**654**		572			
Core profit attributable to shareholders	**6,497**		6,283			
Core profit after taxation	**7,151**		6,855		4	11
Core earnings per share (p)	**159.3p**		155.1p		3	10

Reporting framework

Total and Core results

The Group financial review discusses the operating and financial performance of the Group, its cash flows and financial position and our resources. The results for each year are compared primarily with the results of the preceding year.

Total results

Total reported results represent the Group's overall performance.

GSK made one update to its reporting framework in Q1 2024 which was to change the description of Adjusted results to Core to align with European peers in the pharmaceutical industry but with no change to the basis or figures. In Q2 2024 an update was made to the definition of Core results to exclude amounts greater than £25 million from the foreign currency translation reserve which are reclassified to the income statement upon the liquidation of a subsidiary. There is no change to Total Results.

GSK also uses a number of adjusted, non-IFRS, measures to report the performance of its business. Core results and other non-IFRS measures may be considered in addition to, but not as a substitute for or superior to, information presented in accordance with IFRS. Core results are defined below and other non-IFRS measures are defined on page 88.

GSK believes that Core results, when considered together with Total results, provide investors, analysts and other stakeholders with helpful complementary information to understand better the financial performance and position of the Group from period to period, and allow the Group's performance to be more easily compared against the majority of its peer companies. These measures are also used by management for planning and reporting purposes and when determining compensation. They may not be directly comparable with similarly described measures used by other companies.

GSK encourages investors and analysts not to rely on any single financial measure but to review GSK's Annual Reports, including the financial statements and notes, in their entirety.

GSK is committed to continuously improving its financial reporting, in line with evolving regulatory requirements and best practice. In line with this practice, GSK expects to continue to review and refine its reporting framework.

Core results

Core results exclude the following items in relation to our operations from Total results, together with the tax effects of all of these items:

- amortisation of intangible assets (excluding computer software and capitalised development costs)
- impairment of intangible assets (excluding computer software) and goodwill
- Major restructuring costs, which include impairments of tangible assets and computer software, (under specific Board approved programmes that are structural, of a significant scale and where the costs of individual or related projects exceed £25 million) including integration costs following material acquisitions
- transaction-related accounting or other adjustments related to significant acquisitions
- proceeds and costs of disposals of associates, products and businesses; significant settlement income; significant legal charges (net of insurance recoveries) and expenses on the settlement of litigation and government investigations; other operating income other than royalty income, and other items including amounts reclassified from the foreign currency translation reserve to the income statement upon the liquidation of a subsidiary where the amount exceeds £25 million

Costs for all other ordinary course smaller scale restructuring and legal charges and expenses are retained within both Total and Core results.

As Core results include the benefits of Major restructuring programmes but exclude significant costs (such as amortisation of intangible assets except for computer software and capitalised development costs, significant legal, major restructuring and transaction items), they should not be regarded as a complete picture of the Group's financial performance, which is presented in its Total results. The exclusion of other Adjusting items may result in Core earnings being materially higher or lower than Total earnings. In particular, when significant impairments, restructuring charges and legal costs are excluded, Core earnings will be higher than Total earnings.

GSK has undertaken a number of Major restructuring programmes in response to significant changes in the Group's trading environment or overall strategy or following material acquisitions. Within the Pharmaceuticals sector, the highly regulated manufacturing operations and supply chains and long lifecycle of the business mean that restructuring programmes, particularly those that involve the rationalisation or closure of manufacturing or R&D sites, are likely to take several years to complete. Costs, both cash and non-cash, of these programmes are provided for as individual elements are approved and meet the accounting recognition criteria. As a result, charges may be incurred over a number of years following the initiation of a Major restructuring programme.

Significant legal charges and expenses are those arising from the settlement of litigation or government investigations that are not in the normal course and are materially larger than more regularly occurring individual matters. They also include certain major legacy matters.

Reconciliations between Total and Core results, providing further information on the key Adjusting items for 2024, 2023 and 2022, are set out on pages 98 to 100.

GSK provides earnings guidance to the investor community on the basis of Core results. This practice is in line with peer companies and expectations of the investor community, supporting easier comparison of the Group's performance with its peers. GSK is not able to give guidance for Total results as it cannot reliably forecast certain material elements of the Total results, particularly the future fair value movements on contingent consideration and put options that can and have given rise to significant adjustments driven by external factors such as currency and other movements in capital markets.

Group financial review continued

Reporting framework continued

Historical record of Adjusting items

The reconciliations between Total and Core operating profit from continuing operations over the last three years can be summarised as follows:

	2024 £m	2023 £m	2022 £m
Total operating profit from continuing operations	**4,021**	6,745	6,433
Intangible amortisation	**1,002**	719	739
Intangible impairment	**314**	398	296
Major restructuring	**353**	382	321
Transaction-related items	**1,881**	572	1,750
Significant legal, divestments and other items	**1,577**	(30)	(1,388)
Core results	**9,148**	8,786	8,151

The analysis of the impact of transaction-related items on operating profit for each of the last three years is as follows:

	2024 £m	2023 £m	2022 £m
Contingent consideration on former Shionogi-ViiV Healthcare JV (including Shionogi preferential dividends)	**1,533**	934	1,431
ViiV Healthcare put options and Pfizer preferential dividends	**67**	(245)	85
Contingent consideration on former Novartis Vaccines business	**206**	(187)	193
Contingent consideration on acquisition of Affinivax	**(22)**	44	17
Other adjustments	**97**	26	24
Transaction-related items	**1,881**	572	1,750

Full reconciliations between Total and Core results for 2022–2024 including continuing and discontinued operations are set out on pages 98 to 100. Further explanations on the Adjusting items for 2024, including the *Zantac* settlement, are reported on page 101.

Other non-IFRS measures

CER and AER growth

In order to illustrate underlying performance, it is the Group's practice to discuss its results in terms of constant exchange rate (CER) growth. This represents growth calculated as if the exchange rates used to determine the results of overseas companies in Sterling had remained unchanged from those used in the comparative period. CER% represents growth at constant exchange rates. £% or AER% represents growth at actual exchange rates. For those countries which qualify as hyperinflationary as defined by the criteria set out in IAS 29 'Financial Reporting in Hyperinflationary Economies' (Argentina and Turkey) CER growth is adjusted using a more appropriate exchange rate reflecting depreciation of their respective currencies in order to provide comparability and not to distort CER growth rates.

Compound Annual Growth Rate (CAGR)

CAGR is defined as the compound annual growth rate and shows the annualised average rate for growth in sales and core operating profit between 2021 to 2026 assuming growth takes place at an exponentially compounded rate during those years.

Free cash flow

Free cash flow is defined as the net cash inflow/outflow from continuing operating activities less capital expenditure on property, plant and equipment and intangible assets, contingent consideration payments, net finance costs, and dividends paid to non-controlling interests, contributions from non-controlling interests plus proceeds from the sale of property, plant and equipment and intangible assets, and dividends received from joint ventures and associates. It is used by management for planning and reporting purposes and in discussions with and presentations to investment analysts and rating agencies. Free cash flow growth is calculated on a reported basis. A reconciliation of net cash inflow to free cash flow is set out on page 102.

Return on capital employed

Return on capital employed is calculated as total profit before taxation as a percentage of average net assets over the year.

Total net debt

Net debt is defined as total borrowings less cash, cash equivalents, liquid investments, and short-term loans to third parties that are subject to an insignificant risk of change in value. Please see Note 30 'Net Debt' for the calculation of net debt.

Total net debt/Core EBITDA ratio

Core EBITDA is defined as Total operating profit excluding adjusting items and core depreciation and amortisation (as described on page 106) and includes the share of after tax losses on associates. Core depreciation is total depreciation less depreciation arising as part of major restructuring and is disclosed as part of adjusting items. Core amortisation arises from computer software and internally capitalised R&D development costs. Total Net debt is defined above. The ratio is Total Net debt expressed as a multiple of Core EBITDA which demonstrates a key leverage metric which assesses the strength of the balance sheet. A reconciliation of Total operating profit to Core EBITDA is provided on page 106.

Working capital

Working capital represents inventory and trade receivables less trade payables.

Group financial review continued

Reporting framework continued

Non-controlling interests in ViiV Healthcare

Trading profit allocations

As ViiV Healthcare is a subsidiary of the Group, 100% of its operating results (turnover, operating profit, profit after tax) are included within the Group income statement and then a portion of the earnings is allocated to the non-controlling interests owned by the other shareholders, in line with their respective equity shareholdings (Pfizer, Inc. (Pfizer) 11.7% and Shionogi & Co. Ltd (Shionogi) 10%). Each of the shareholders, including GSK, is also entitled to preferential dividends determined by the performance of certain products that each shareholder contributed. As the relative performance of these products changes over time, the proportion of the overall earnings allocated to each shareholder also changes. In particular, the increasing proportion of sales of dolutegravir- and cabotegravir-containing products has a favourable impact on the proportion of the preferential dividends that is allocated to GSK. Adjusting items are allocated to shareholders based on their equity interests. GSK was entitled to approximately 85% of the Total earnings and 83% of the Core earnings of ViiV Healthcare for 2024.

Remeasurements of the liabilities for the preferential dividends allocated to Pfizer and Shionogi are included within other operating income/(expenses).

Acquisition-related arrangements

As consideration for the acquisition of Shionogi's interest in the former Shionogi-ViiV Healthcare joint venture in 2012, Shionogi received the 10% equity stake in ViiV Healthcare and ViiV Healthcare also agreed to pay additional future cash consideration to Shionogi, contingent on the future sales performance of the products being developed by that joint venture, dolutegravir and cabotegravir. Under IFRS 3 'Business combinations', GSK was required to provide for the estimated fair value of this contingent consideration at the time of acquisition and is required to update the liability to the latest estimate of fair value at each subsequent period end. The liability for the contingent consideration recognised in the balance sheet at the date of acquisition was £659 million. Subsequent re-measurements are reflected within other operating income/(expenses) and within Adjusting items in the income statement in each period.

Cash payments to settle the contingent consideration are made to Shionogi by ViiV Healthcare each quarter, based on the actual sales performance and other income of the relevant products in the previous quarter. These payments reduce the balance sheet liability and hence are not recorded in the income statement, but are included in the cash flow. The cash payments made to Shionogi by ViiV Healthcare in 2024 were £1,190 million.

As the liability is required to be recorded at the fair value of estimated future payments, there is a significant timing difference between the charges that are recorded in the Total income statement to reflect movements in the fair value of the liability and the actual cash payments made to settle the liability.

The cash payments are reflected in the cash flow statement partly in operating cash flows and partly within investing activities. All cash payments are now reflected in operating activities. The tax relief on these payments is reflected in the Group's Adjusting items as part of the tax charge. The part of each payment relating to the original estimate of the fair value of the contingent consideration on the acquisition of the Shionogi-ViiV Healthcare joint venture in 2012 of £659 million is reported within investing activities in the cash flow statement and the part of each payment relating to the increase in the liability since the acquisition is reported within operating cash flows.

Movements in contingent consideration payable to Shionogi were as follows:

	2024 £m	2023 £m
Contingent consideration at beginning of the year	**5,718**	5,890
Remeasurement through income statement and other movements	**1,533**	934
Cash payments: operating cash flows	**(1,190)**	(1,106)
Cash payments: investing activities	**–**	–
Contingent consideration at end of the year	**6,061**	5,718

Of the contingent consideration payable (on a post-tax basis) to Shionogi at 31 December 2024, £1,127 million (31 December 2023: £1,017 million) is expected to be paid within one year.

Exit rights

Pfizer may request an IPO of ViiV Healthcare at any time and if either GSK does not consent to such IPO or an offering is not completed within nine months, Pfizer could require GSK to acquire its shareholding. Under the original agreements, GSK had the unconditional right, so long as it made no subsequent distribution to its shareholders, to withhold its consent to the exercise of the Pfizer put option and, as a result, in accordance with IFRS, GSK did not recognise a liability for the put option on its balance sheet. However, during Q1 2016, GSK notified Pfizer that it had irrevocably given up this right and accordingly recognised the liability for the put option on the Group's balance sheet during Q1 2016 at an initial value of £1,070 million. Consistent with this revised treatment, at the end of Q1 2016 GSK also recognised liabilities for the future preferential dividends anticipated to become payable to Pfizer and Shionogi on the Group's balance sheet.

Pfizer has the right to require GSK to acquire its shareholding in ViiV Healthcare in certain circumstances at any time. A put option liability is therefore recorded on the Group's balance sheet as a current liability. It is measured on the gross redemption basis derived from an internal valuation of the ViiV Healthcare business.

The closing balances of the liabilities related to Pfizer's shareholding are as follows:

	2024 £m	2023 £m
Pfizer put option	**915**	848

Group financial review continued

Reporting framework continued

Under the original agreements, Shionogi could also have requested GSK to acquire its shareholding in ViiV Healthcare in six-month windows commencing in 2017, 2020 and 2022. GSK had the unconditional right, so long as it made no subsequent distribution to its shareholders, to withhold its consent to the exercise of the Shionogi put option and, as a result, GSK did not recognise a liability for the put option on its balance sheet.

However, during Q1 2016, GSK notified Shionogi that it had irrevocably given up this right and accordingly recognised the liability for the put option on the Group's balance sheet during Q1 2016 at an initial value of £926 million. In Q4 2016, Shionogi irrevocably agreed to waive its put option and, as a result, GSK de-recognised the liability for this put option on the Group's balance sheet directly to equity. The value of the liability was £1,244 million when it was de-recognised.

GSK also has a call option over Shionogi's shareholding in ViiV Healthcare, which under the original agreements was exercisable in six-month windows commencing in 2027, 2030 and 2032. GSK has now irrevocably agreed to waive the first two exercise windows, but the last six-month window in 2032 remains. As this call option is at fair value, it has no value for accounting purposes.

Reporting definitions

Brand names and partner acknowledgements

Brand names appearing in italics throughout this document are trademarks of GSK or associated companies or used under licence by the Group.

Core Operating Margin

Core operating margin is Core operating profit divided by turnover.

COVID-19 solutions

COVID-19 solutions include the sales of pandemic adjuvant and other COVID-19 solutions principally during the year 2020 - 2023 and including vaccine manufacturing and *Xevudy* and the associated costs but does not include reinvestment in R&D. This categorisation is used by management and we believe is helpful to investors through providing clarity on the results of the Group by showing the contribution to growth from COVID-19 solutions during this period.

Core earnings per share excluding COVID-19 solutions

Core earnings per share excludes the impact of Commercial Operations COVID-19 solutions for *Xevudy* and pandemic adjuvant.

Core operating profit excluding COVID-19 solutions

Core operating profit excludes the impact of Commercial Operations COVID-19 solutions for *Xevudy* and pandemic adjuvant.

Discontinued operations

Consumer Healthcare was presented as a discontinued operations from Q2 2022. The demerger of Consumer Healthcare was completed on 18 July 2022. The Group Income Statement and Group Cash Flow Statement distinguish discontinuing operations from continuing operations for 2022.

General Medicines

General medicines are usually prescribed in the primary care or community settings by general healthcare practitioners. For GSK, this includes medicines in inhaled respiratory, dermatology, antibiotics and other diseases.

Non-controlling interest

Non-controlling interest is the equity in a subsidiary not attributable, directly or indirectly, to a parent.

Percentage points

Percentage points of growth which is abbreviated to ppts.

RAR (Returns and Rebates)

GSK sells to customers, both commercial and government mandated contracts, with reimbursement arrangements that include rebates, chargebacks and a right of return for certain pharmaceutical products principally in the US. Revenue recognition reflects gross-to-net sales adjustments as a result. These adjustments are known as the RAR accruals and are a source of significant estimation, uncertainty and fluctuation which can have a material impact on reported revenue from one accounting period to the next.

Risk adjusted sales

Risk adjusted sales includes sales for potential planned launches which are risk-adjusted based on the latest internal estimate of the probability of technical and regulatory success for each asset in development.

Specialty Medicines

Specialty Medicines are typically prescription medicines used to treat complex or rare chronic conditions. For GSK, this comprises medicines in infectious diseases, HIV, Oncology, Respiratory/Immunology and Other.

Turnover excluding COVID-19 solutions

Turnover excluding COVID-19 solutions excludes the impact of sales of pandemic adjuvant within Vaccines and *Xevudy* within Specialty Medicines related to the COVID-19 pandemic. Management believes that the exclusion of the impact of these COVID-19 solutions sales aids comparability in the reporting periods and understanding of GSK's growth including by region versus prior periods.

Total Operating Margin

Total Operating margin is Total operating profit divided by turnover.

Total Earnings per share

Unless otherwise stated, Total earnings per share refers to Total basic earnings per share.

Financial performance

Group turnover

Group turnover was £31,376 million in the year, up 3% at AER, 7% at CER. Turnover grew 4% at AER, 8% CER excluding COVID-19 solutions.

Group turnover by business

Vaccines
£9.1bn
AER decline 7% CER decline 4%

Specialty Medicines
£11.8bn
AER growth 15% CER growth 19%

General Medicines
£10.4bn
AER growth 2% CER growth 6%

Group turnover by geographic region

US
£16.4bn
AER growth 4% CER growth 6%

Europe
£6.7bn
AER growth 2% CER growth 4%

International
£8.3bn
AER growth 5% CER growth 11%

GSK reports results under two segments namely Commercial Operations and Total R&D. See Note 6, 'Turnover and segment information' to the consolidated financial statements for more details.

The Commercial Operations segment has three product groups of Vaccines, Specialty Medicines, and General Medicines.

- Vaccines products, which includes sales of *Shingrix* and *Arexvy*
- Specialty Medicines products which includes GSK's marketed products for HIV, oncology, respiratory/immunology and other specialty medicines (including *Nucala*)
- General Medicines products, which includes medicines in inhaled respiratory, dermatology, antibiotics and other diseases that are typically accessed by patients through primary care settings

Vaccines

Turnover (£bn)

£9.1bn	AER decline	CER decline
29% of Group turnover	-7%	-4%

Vaccines sales decreased primarily due to lower demand for *Arexvy* related to a more limited ACIP[1] recommendation in the US and channel inventory consumption compared to launch year stocking in 2023. Meningitis vaccines had their strongest year of sales to date with double-digit growth across all regions and Established vaccines continued to grow across International and the US. Overall, Vaccines performance was also adversely impacted due to COVID-19 solution sales and US CDC[2] stockpile replenishments in 2023, each impacting full year growth by 1 percentage point.

Shingles

	2024 £m	2023 £m	Growth £%	Growth CER%
Shingles	**3,364**	3,446	(2)	1

Sales of *Shingrix*, a vaccine against shingles, grew with ex-US sales growth more than offsetting lower sales in the US.

The US cumulative immunisation rate reached 40%, up five percentage points compared to 12 months earlier.[3] Sales decreased by 18% reflecting the slowing pace of penetration of harder-to-reach unvaccinated consumers, partially offset by favourable pricing. *Shingrix* sales were also negatively impacted by changes in retail vaccine prioritisation partly due to a transition to a new CMS[4] rule that changed how pharmacies process reimbursements from payers.

Shingrix grew significantly in International, driven by a national immunisation programme in Australia and supply to our co-promotion partner in China. In Europe, *Shingrix* sales growth was driven by expanded public funding and higher uptake across multiple countries, partly offset by lower demand in Germany. Markets outside the US represented 56% of 2024 global sales (2023: 45%), with *Shingrix* launched in 52 countries. The overwhelming majority of ex-US *Shingrix* opportunity is concentrated in 10 markets where the average immunisation rate is around 7% with significantly higher uptake in funded cohorts.

(1) Advisory Committee on Immunization Practices
(2) Centres for Disease Control and Prevention
(3) Based on data from IQVIA up until the end of Q3 2024
(4) Centers for Medicare & Medicaid Services

Group financial review continued

Financial performance continued

Meningitis

	2024 £m	2023 £m	Growth £%	Growth CER%
Meningitis	**1,437**	1,260	14	18

Meningitis vaccines achieved double-digit growth. *Bexsero*, a vaccine against meningitis B, achieved sales of over £1 billion for the first time. Growth was primarily due to favourable pricing mix and increased full year purchases from the CDC in the US, recommendation in Germany and launch in Vietnam.

RSV

	2024 £m	2023 £m	Growth £%	Growth CER%
RSV (*Arexvy*)	**590**	1,238	(52)	(51)

Arexvy, a RSV[1] vaccine for older adults had declining sales in the year. US sales decreased due to lower demand partly related to a more limited recommendation from ACIP for individuals aged 60 to 74. Sales were also adversely impacted by channel inventory consumption compared to the launch year stocking in 2023. Arexvy maintained the market leading position in retail where the overwhelming majority of doses are administered. More than ten million US adults[2] aged 60 and older at risk have been protected by *Arexvy* since the launch in Q3 2023.

In countries outside the US, sales growth reflected uptake following a positive recommendation in Germany, initial tender deliveries in Saudi Arabia and new launch inventory builds in Australia and Brazil, partly offset in the quarter by lower demand in Canada. While *Arexvy* is approved in 59 markets globally, 17 countries had national RSV vaccination recommendations for older adults and 6, including the US, had reimbursement programmes in place at the year end.

Influenza

	2024 £m	2023 £m	Growth £%	Growth CER%
Influenza	**408**	504	(19)	(16)

Fluarix/FluLaval sales decreased driven by competitive pressure and lower market demand primarily in the US.

Established Vaccines

	2024 £m	2023 £m	Growth £%	Growth CER%
Established Vaccines	**3,339**	3,266	2	6

Established Vaccines growth reflected increased sales of Hepatitis vaccines across all regions, higher US market share and European demand for *Boostrix* and increased International supply and US uptake of MMR/V[3] vaccines. This was partly offset by adverse CDC stockpile movements for *Rotarix* and *Infanrix/Pediarix*. Established Vaccine sales in 2024 included around £130 million of non-repeating contracted sales including divested brands which have now ceased.

Specialty Medicines

Turnover (£bn)

	AER growth	CER growth
£11.8bn	15%	19%

38% of Group Turnover

Specialty Medicines sales grew by double-digit percentages reflecting continued growth across disease areas, with strong performances in HIV, Respiratory/Immunology and Oncology.

HIV

	2024 £m	2023 £m	Growth £%	Growth CER%
HIV	**7,089**	6,444	10	13

HIV sales continue to grow double-digits driven by strong patient demand for long-acting injectable medicines (*Cabenuva, Apretude*) and *Dovato*. This demand primarily reflected a 2 percentage point[4] increase in market share compared to the prior period which contributed 10 percentage points of growth in 2024. The remainder of the growth was driven by favourable in-year pricing, including the positive impact from channel mix.

Oral 2DR

	2024 £m	2023 £m	Growth £%	Growth CER%
Oral 2DR	**2,924**	2,480	18	21

Sales of Oral 2DR (*Dovato, Juluca*) now represent 42% of the total HIV portfolio. *Dovato*, the first and only once-daily oral 2DR for the treatment of HIV infection in both treatment naive and virally suppressed adults and adolescents continues to be the largest product in the HIV portfolio with sales of £2,239 million in 2024 and growing 23% AER, 27% CER versus 2023.

Long-Acting Medicines

	2024 £m	2023 £m	Growth £%	Growth CER%
Long-Acting Medicines	**1,292**	857	51	55

Long-Acting Injectable Medicine sales contributed over 50% of the total HIV growth in 2024. *Cabenuva*, the only complete long-acting injectable regimen for HIV treatment, reached sales of £1,013 million in 2024, growing 47% due to strong patient demand across US and Europe. *Apretude*, the first long-acting injectable option for HIV prevention delivered sales of £279 million in 2024, growing 93% compared to 2023.

(1) Respiratory syncytial virus (2) Based on data from IQVIA

(3) Measles, mumps, rubella and varicella

(4) Based on sales data from 2024 and 2023: DoT Volume Market Share - IQVIA , GERS(France), Czech State Institute for Drug Control (SUKL), DLI Market Intelligence (Denmark), farmINFORM (Netherlands), Cegedim Healthcare (Romania)

Group financial review continued

Financial performance continued

Respiratory/Immunology and other

	2024 £m	2023 £m	Growth £%	Growth CER%
Respiratory/Immunology and Other	**3,299**	3,025	9	13

Sales primarily comprised contributions from *Nucala* in respiratory and *Benlysta* in immunology. Double-digit sales growth in the full year was delivered for both *Nucala* and *Benlysta*, driven by patient demand globally across US, European and International markets.

Nucala

	2024 £m	2023 £m	Growth £%	Growth CER%
Nucala	**1,784**	1,655	8	12

Nucala, is an IL-5 antagonist monoclonal antibody treatment for severe asthma, with additional indications including chronic rhinosinusitis with nasal polyps, eosinophilic granulomatosis with polyangiitis (EGPA), and hypereosinophilic syndrome (HES). Double-digit sales growth was driven particularly by strong performance in Europe and International regions, reflecting higher patient demand for treatments addressing eosinophilic-led disease.

Benlysta

	2024 £m	2023 £m	Growth £%	Growth CER%
Benlysta	**1,490**	1,349	10	14

Benlysta, a monoclonal antibody treatment for Lupus, continues to grow by double-digit percentages representing strong demand and volume growth in US, European and International regions, with bio-penetration rates having increased across many markets.

Oncology

	2024 £m	2023 £m	Growth £%	Growth CER%
Oncology	**1,410**	731	93	98

Strong Oncology sales growth continued driven by increasing patient demand for *Zejula*, a PARP[1] inhibitor, *Jemperli*, a PD-1[2] blocking antibody, and *Ojjaara/Omjjara*, a daily JAK1/JAK2 and ACVR1[3] inhibitor.

Zejula

	2024 £m	2023 £m	Growth £%	Growth CER%
Zejula	**593**	523	13	17

Zejula, a PARP inhibitor treatment for ovarian cancer, grew by double-digit percentages, with strong growth delivered across all regions with sustained increases in patient demand and higher volumes, further enhanced by positive price impacts in the US.

Jemperli

	2024 £m	2023 £m	Growth £%	Growth CER%
Jemperli	**467**	–	>100	>100

Jemperli, a medicine for first-line treatment in combination with chemotherapy for patients with primary advanced or recurrent endometrial cancer, continued to grow strongly. Strong sales were driven largely by increased patient uptake in the US, following Q3 2024 FDA approval expanding the indication to include all adult patients with primary advanced or recurrent endometrial cancer.

Ojjaara/Omjjara

	2024 £m	2023 £m	Growth £%	Growth CER%
Ojjaara/Omjjara	**353**	–	>100	>100

Ojjaara/Omjjara, a treatment for myelofibrosis patients with anaemia, grew strongly largely driven by the US with continued uptake in patients since its product launch in Q3 2023. Sales included increasing contributions from Europe and International regions following launches in the UK and Germany in Q1 2024, and in Japan in Q3 2024.

General Medicines

Turnover (£bn)

	AER growth	CER growth
£10.4bn	2%	6%

33% of Group turnover

Sales include contributions from both the Respiratory and Other General Medicine portfolios. Sales growth was primarily driven by *Trelegy*, a COPD[4] and asthma medicine, with strong demand across all regions. Performance was adversely impacted by the removal of the AMP[5] cap on Medicaid drug prices in the US. This removal impacted *Advair*, *Flovent*, and *Lamictal* due to significant pricing reductions, reduced commercial contracting, and the decision to discontinue branded *Flovent*. However, this has been fully offset by the increased use of authorised generic versions of *Advair* and *Flovent* while, significantly, continuing to provide access to patients.

(1) PARP: a Poly ADP ribose polymerase (2) PD-1: a programmed death receptor-1 blocking antibody (3) JAK1/JAK2 and ACVR1: once a-day, oral JAK1/JAK2 and activin A receptor type 1 (ACVR1) inhibitor (4) Chronic obstructive pulmonary disease (5) Average manufacturer price

Group financial review continued

Financial performance continued

Respiratory

	2024 £m	2023 £m	Growth £%	Growth CER%
Respiratory	**7,213**	6,825	6	10

Sales growth reflected *Trelegy*'s strong performance in all regions. In the US adverse impacts from the removal of the AMP cap were fully offset by the increased use of authorised generic versions of *Advair* and *Flovent*, providing access to medicines for patients.

Trelegy

	2024 £m	2023 £m	Growth £%	Growth CER%
Trelegy	**2,702**	2,202	23	27

Trelegy is the most prescribed SITT[1] treatment worldwide for COPD and asthma. Sales grew 27% in the year, driven largely by volume growth, whilst also benefiting from favourable pricing. Strong volume growth continued across all regions reflecting patient demand, SITT class growth, and increased market share. Overall favourable pricing in the year was driven by US channel mix price adjustments in the first six months of 2024, which moderated in the second half.

Seretide/Advair

	2024 £m	2023 £m	Growth £%	Growth CER%
Seretide/Advair	**1,057**	1,139	(7)	(3)

Seretide/Advair is a combination treatment used to treat asthma and COPD. Sales decreased in Europe and International reflecting continued generic erosion by competitor products. This was partially offset by growth in the US driven largely by favourable impacts from channel mix adjustments.

Other general medicines

	2024 £m	2023 £m	Growth £%	Growth CER%
Other general medicines	**3,215**	3,395	(5)	–

Growth was flat, with growth in antibiotics and dermatology in International markets offset by global declines from continued generic competition across the portfolio.

(1) Single inhaler triple therapy

Turnover by regions

US

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	**16,384**	15,820	4	6
Excluding COVID	**16,374**	15,810	4	6

Specialty Medicines double-digit growth in the year was driven by strong Oncology and HIV performance, and continued growth in *Nucala* and *Benlysta*.

Vaccine sales decreased primarily in *Arexvy* due to lower demand related to a more limited ACIP recommendation and related channel inventory consumption compared to the 2023 launch year stocking. *Shingrix* also decreased reflecting lower demand driven by the continued challenge of activating harder-to-reach consumers.

General Medicine's growth in the year was primarily driven by increased demand for *Trelegy*, with strong volume growth from higher patient demand and growth of the SITT market as well as favourable price benefits. Performance continues to be impacted following the removal of the AMP cap on Medicaid drug prices, which particularly impacted *Advair*, *Flovent* and *Lamictal*. This was fully offset by the increased use of authorised generic versions of *Advair* and *Flovent*, providing access to medicines for patients.

Europe

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	**6,666**	6,564	2	4
Excluding COVID	**6,665**	6,431	4	6

Specialty Medicines sales grew by double-digits in the year due to continued strong performance in Oncology, *Benlysta* in immunology, and *Nucala* in respiratory including the benefit from new indication launches. HIV growth continued at a high single-digit percentage.

Vaccine sales grew in the year excluding the adverse impact of COVID-19 sales in 2023. *Shingrix* growth was driven by expanded public funding across several markets, partly offset by lower demand in Germany. *Bexsero* and *Arexvy* sales increased following recommendations in Germany.

General Medicines sales were broadly stable. Strong double-digit growth for *Trelegy* and *Anoro* was offset by decreases across other general medicine products.

International

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	**8,326**	7,944	5	11
Excluding COVID	**8,325**	7,893	5	12

Specialty Medicine's double-digit growth in the year was driven by HIV, *Nucala* in Respiratory, *Benlysta* in Immunology, and Oncology.

Vaccine sales grew strongly in the year driven by *Shingrix* related to the national immunisation program in Australia and supply to our co-promotion partner in China together with strong momentum in Meningitis vaccines and single-digit growth in Established Vaccines sales.

General Medicines sales grew with strong growth in *Trelegy*, *Augmentin* and dermatology products, partially offset by a decrease in other general medicine products.

Group financial review continued

Financial performance continued

Cost of sales

	2024 £m	2023 £m	Growth £%	Growth CER%
Total cost of sales	**(9,048)**	(8,565)	6	8
% of sales	**28.8%**	28.2%	0.6	0.2
Core cost of sales	**(7,870)**	(7,716)	2	4
% of sales	**25.1%**	25.4%	(0.4)	(0.7)

Total and Core cost of sales as a percentage of sales benefited from price and channel mix benefits, as well as ongoing mix benefits in higher margin Specialty Medicines products, and supply chain efficiencies. These benefits were offset in the year by charges of £150 million in Q4 2024 to drive future supply chain efficiencies. Total cost of sales also increased due to additional amortisation for *Zejula* and *Jemperli*.

Selling, general and administration

	2024 £m	2023 £m	Growth £%	Growth CER%
Total selling, general and administration	**(11,015)**	(9,385)	17	20
% of sales	**35.1%**	30.9%	4.2	3.8
Core selling, general and administration	**(8,974)**	(9,029)	(1)	2
% of sales	**28.6%**	29.8%	(1.2)	(1.3)

Total SG&A growth was primarily driven by the increase in Significant legal costs reflecting the charge of £1.8 billion ($2.3 billion) in Q3 2024 in relation to *Zantac* for the State Courts Settlement, the Qui Tam Settlement, and the remaining 7% of pending state court product liability cases, partially offset by reduced future legal costs. Since that time, the vast majority of the remaining state court cases have been resolved or been dismissed such that less than 1% of the state court cases remain (see details on page 288).

Core SG&A growth was driven by continued disciplined investment to support global market expansion and disease awareness for key assets including *Arexvy, Nucala, Shingrix* and *Jemperli,* and investment behind long-acting HIV medicines. Growth was partly offset by a 1 percentage point favourable impact of the reversal of the legal provision taken in Q1 2023 for the *Zejula* royalty dispute, following a successful appeal.

Research and development

	2024 £m	2023 £m	Growth £%	Growth CER%
Total research and development	**(6,401)**	(6,223)	3	5
% of sales	**20.4%**	20.5%	(0.1)	(0.4)
Core research and development	**(6,023)**	(5,750)	5	7
% of sales	**19.2%**	19.0%	0.2	–

Total R&D growth was driven by an increase in Core R&D investment, partly offset by lower impairment charges compared with the full year 2023.

Core R&D investment increased driven by progression across the portfolio.

In Specialty Medicines, investment increased in Respiratory, Immunology and Inflammation to support late-stage clinical development programmes for camlipixant (refractory chronic cough), the long-acting TSLP asset acquired from the Aiolos acquisition, bepirovirsen (chronic hepatitis B) and *Benlysta* (autoimmune diseases), with ongoing strong investment in depemokimab (asthma and eosinophilic inflammation).

In Oncology, increased investment reflected acceleration on antibody-drug-conjugates (ADCs) including those acquired from Hansoh Pharma at the end of 2023, and studies into *Blenrep* (multiple myeloma) and *Jemperli* (endometrial cancer). In HIV investment increased on next-generation long-acting treatment and preventative medicines.

In Vaccines, clinical trial programmes associated with the pneumococcal Multi Antigen Presenting System (MAPS) technology and mRNA continued to drive investment.

These increases were partly offset by reductions following the launches of *Arexvy* and *Ojjaara*, and progression to completion of gepotidacin and *Zejula* studies.

Royalty income

	2024 £m	2023 £m	Growth £%	Growth CER%
Total royalty income	**639**	953	(33)	(33)
Core royalty income	**639**	953	(33)	(33)

The decrease in Total and Core royalty income primarily reflected the cessation of the majority of Gardasil royalties at the end of 2023, with 2024 Gardasil royalties of £42 million (2023: £472 million).

This was partly offset by increases in Kesimpta and Biktarvy royalties.

Other operating income/(expense)

	2024 £m	2023 £m	Growth £%	Growth CER%
Other operating income/ (expense)	**(1,530)**	(363)	>(100)	>(100)

Other operating expense reflected a charge of £1,839 million (2023: £546 million) principally arising from the remeasurement of contingent consideration liabilities (CCL). This primarily reflected improved longer term HIV prospects as well as smaller foreign currency movements compared to 2023 and an increase in liability for the Vaccines CCL. This was partly offset by higher other net income of £287 million (2023: £200 million) as well as a fair value gain of £22 million (2023: £17 million loss) on the retained stake in Haleon plc.

Group financial review continued

Financial performance continued

Operating profit

	2024 £m	2023 £m	Growth £%	Growth CER%
Total operating profit	**4,021**	6,745	(40)	(33)
% of sales	**12.8%**	22.2%	(9.4)	(8.3)
Core operating profit	**9,148**	8,786	4	11
% of sales	**29.2%**	29.0%	0.2	0.9

Total operating profit and margin were lower primarily due to the charge of £1.8 billion ($2.3 billion) for the *Zantac* settlement, higher CCL charges driven by improved longer term HIV prospects and other remeasurements as well as unfavourable foreign currency movements, additional amortisation for *Zejula* and *Jemperli*, and minimal movements on Haleon plc shares (2023 fair value loss).

Core operating profit growth benefited from strong Specialty Medicines sales performance, with favourable product and regional mix. This was partly offset by increased investment in R&D and growth assets, and lower royalty income. 2024 also includes a favourable impact from the reversal of the legal provision taken in Q1 2023 for the *Zejula* royalty dispute, following a successful appeal.

The adverse impact of lower sales of COVID-19 solutions had a two percentage points impact in the full year on Core operating profit growth and a 0.4 percentage point impact on Core operating profit margin.

Core operating profit by business

	2024 £m	2023 £m	Growth £%	Growth CER%
Commercial operations	**15,335**	14,656	5	9
% of sales	**48.9%**	48.3%	0.5	1.0
R&D	**(5,845)**	(5,607)	4	7

Commercial Operations Core operating profit benefited from strong Specialty Medicines sales performance and favourable product and regional mix, as well as price and channel mix benefits and supply chain efficiencies, and a reversal of the *Zejula* royalty dispute legal provision in Q1 2024. This was partly offset by charges to drive future supply chain efficiencies, continued disciplined investment in growth assets and lower royalty income.

The R&D segment operating expenses growth was driven by continued spend across the portfolio, and increased investment in Specialty Medicines including camlipixant, bepirovirsen and *Benlysta*, as well as the long-acting TSLP asset acquired as part of the Aiolos acquisition. In Oncology, increased investment in *Jemperli* and ADC assets was offset by investment decreases following the launches of *Ojjaara* and progression to completion of *Zejula* studies. In HIV, investment on long-acting medicines continued, and in Vaccines, pneumococcal (MAPS) and mRNA continued to drive investment.

Net finance costs

	2024 £m	2023 £m	Growth £%	Growth CER%
Total net finance cost	**(547)**	(677)	(19)	(18)
Core net finance cost	**(532)**	(669)	(20)	(19)

The decrease in net finance costs was mainly driven by lower interest on short-term financing as a result of cash received from the disposal of all Haleon plc shares, savings from maturing bonds, and higher interest income on cash, partly offset by fair value movements on net investment hedges. The comparator to 2023 also benefited from the net cost of bond buybacks completed in Q1 2023.

Share of after tax profits of associates and joint ventures

The share of after tax loss of associates and joint ventures was £3 million (2023: £5 million share of loss).

Profit on disposal of interest in associates

In 2024, the Group also reported a profit on disposal of interests in associates and joint ventures of £6 million (2023: £1 million profit).

Profit before tax

Taking account of net finance costs, the share of profits or losses of associates and profit or loss on disposal of interest in associates,Total profit before taxation was £3,477 million compared with £6,064 million in 2023.

Taxation

	2024 £m	2023 £m
UK current year charge	**186**	207
Rest of world current year charge	**1,458**	1,371
Charge/(credit) in respect of prior periods	**(92)**	43
Total current taxation	**1,552**	1,621
Total deferred taxation	**(1,026)**	(865)
Taxation on total profits	**526**	756

The charge of £526 million represented an effective tax rate on Total results of 15.1% (2023: 12.5%) and reflected the different tax effects of the various Adjusting items. Tax on Core profit amounted to £1,462 million and represented an effective Core tax rate of 17.0% (2023: 15.5%). Issues related to taxation are described in Note 14, 'Taxation' to the financial statements. The Group continues to believe it has made adequate provision for the liabilities likely to arise from periods which are open and not yet agreed by tax authorities. The ultimate liability for such matters may vary from the amounts provided and is dependent upon the outcome of agreements with relevant tax authorities.

Group financial review continued

Financial performance continued

Non-controlling interests (NCI)

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	**376**	380	(1)	8
Core	**654**	572	14	20

The increase in Total NCIs at CER was driven by higher ViiV Healthcare Total profits (partly offset by a higher remeasurement loss on the CCL) as well as higher net profits in some of the Group's other entities. ViiV Healthcare Total profits were lower at AER, reflecting adverse currency impacts, with an allocation of £356 million (2023: £374 million).

The increase in Core NCIs primarily reflected higher core profit allocations from ViiV Healthcare, with £634 million in 2024 (2023: £566 million), as well as higher net profits in some of the Group's other entities with NCIs.

Earnings per share from operations

	2024 £m	2023 £p	Growth £%	Growth CER%
Total earnings per share	**63.2p**	121.6p	(48)	(40)
Core earnings per share	**159.3p**	155.1p	3	10

The decrease in Total EPS was primarily due to a charge of £1.8 billion ($2.3 billion) for the *Zantac* settlement (see details on page 288) and higher CCL charges.

The increase in the Core EPS primarily reflected the growth in Core operating profit as well as lower finance costs, partly offset by a higher effective taxation rate and higher non-controlling interests. Lower sales of COVID-19 solutions reduced Core EPS by two percentage points in the full year.

Currency impact on results

	2024 £m/£p	2023 £m/£p	Growth £%	Growth CER%
Turnover	**31,376**	30,328	3	7
Total earnings per share	**63.2p**	121.6p	(48)	(40)
Core earnings per share	**159.3p**	155.1p	3	10

The adverse currency impact primarily reflected the strengthening of Sterling against the US Dollar, Euro, Yen and emerging market currencies. Exchange gains or losses on the settlement of intercompany transactions had a negligible impact on Total and Core EPS.

Dividends

The Board has declared four interim dividends resulting in a total dividend for the year of 61p per share. The GSK Group dividend in 2023 was 58p per share. Please refer to Note 16, 'Dividends' to the financial statements.

Dividend policy

Dividends remain an essential component of total shareholder return and GSK recognises the importance of dividends to shareholders. On 23 June 2021, at the GSK Investor Update, GSK set out that from 2022 a progressive dividend policy will be implemented guided by a 40 to 60 percent pay-out ratio through the investment cycle. Consistent with this, GSK declared an increased dividend of 16p for Q4 2024 and 61p per share for full year 2024. The expected dividend for 2025 is 64p per share. In setting its dividend policy, GSK considers the capital allocation priorities of the Group and its investment strategy for growth alongside the sustainability of the dividend.

Group financial review continued

Adjusting items

Core results reconciliation 31 December 2024

	Total results £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Turnover	31,376						31,376
Cost of sales	(9,048)	947		163	40	28	(7,870)
Gross profit	22,328	947		163	40	28	23,506
Selling, general and administration	(11,015)			160	2	1,879	(8,974)
Research and development	(6,401)	55	314	9			(6,023)
Royalty income	639						639
Other operating (expense)/income	(1,530)			21	1,839	(330)	–
Operating profit	4,021	1,002	314	353	1,881	1,577	9,148
Net finance costs	(547)			1		14	(532)
Share of after-tax losses of associates and joint ventures	(3)						(3)
Profit/(loss) on disposal of interest in associates	6					(6)	–
Profit before taxation	3,477	1,002	314	354	1,881	1,585	8,613
Taxation	(526)	(208)	(63)	(80)	(311)	(274)	(1,462)
Tax rate	15.1%						17.0%
Profit after taxation	2,951	794	251	274	1,570	1,311	7,151
Profit attributable to non-controlling interests	376				278		654
Profit attributable to shareholders	2,575	794	251	274	1,292	1,311	6,497
	2,951	794	251	274	1,570	1,311	7,151
Earnings per share	63.2p	19.5p	6.1p	6.7p	31.7p	32.1p	159.3p
Weighted average number of shares (millions)	4,077						4,077

Group financial review continued

Adjusting items continued

Core results reconciliation 31 December 2023

	Total results £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Turnover	30,328						30,328
Cost of sales	(8,565)	647		164	13	25	(7,716)
Gross profit	21,763	647		164	13	25	22,612
Selling, general and administration	(9,385)			216	13	127	(9,029)
Research and development	(6,223)	72	398	2		1	(5,750)
Royalty income	953						953
Other operating (expense)/income	(363)				546	(183)	–
Operating profit	6,745	719	398	382	572	(30)	8,786
Net finance costs	(677)			1		7	(669)
Share of after-tax profits of associates and joint ventures	(5)						(5)
Profit/(loss) on disposal of interest in associates	1					(1)	–
Profit before taxation	6,064	719	398	383	572	(24)	8,112
Taxation	(756)	(154)	(94)	(83)	(100)	(70)	(1,257)
Tax rate	12.5%						15.5%
Profit after taxation from continuing operations	5,308	565	304	300	472	(94)	6,855
Profit attributable to non-controlling interests from continuing operations	380				192		572
Profit attributable to shareholders from continuing operations	4,928	565	304	300	280	(94)	6,283
	5,308	565	304	300	472	(94)	6,855
Earnings per share from continuing operations	121.6p	13.9p	7.5p	7.4p	6.9p	(2.2)p	155.1p
Weighted average number of shares (millions)	4,052						4,052

Group financial review continued

Adjusting items continued

Core results reconciliation 31 December 2022

	Total results £m	Profit from discontinued operations £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Turnover	29,324							29,324
Cost of sales	(9,554)		648		102	45	18	(8,741)
Gross profit	19,770		648		102	45	18	20,583
Selling, general and administration	(8,372)				180	13	51	(8,128)
Research and development	(5,488)		91	296	39			(5,062)
Royalty income	758							758
Other operating (expense)/income	(235)					1,692	(1,457)	–
Operating profit	6,433		739	296	321	1,750	(1,388)	8,151
Net finance costs	(803)				2		10	(791)
Share of after-tax profits of associates and joint ventures	(2)							(2)
Profit before taxation	5,628		739	296	323	1,750	(1,378)	7,358
Taxation	(707)		(150)	(64)	(87)	(242)	112	(1,138)
Tax rate	12.6%							15.5%
Profit after taxation from continuing operations	4,921		589	232	236	1,508	(1,266)	6,220
Profit after taxation from discontinued operations and other gains/(losses) from the demerger	3,049	(3,049)						–
Remeasurement of discontinued operations distributed to shareholders on demerger	7,651	(7,651)						–
Profit after taxation from discontinued operations	10,700	(10,700)						–
Total profit after taxation for the year	15,621	(10,700)	589	232	236	1,508	(1,266)	6,220
Profit attributable to non-controlling interests from continuing operations	460					135		595
Profit attributable to shareholders from continuing operations	4,461		589	232	236	1,373	(1,266)	5,625
Profit attributable to non-controlling interest from discontinued operations	205	(205)						–
Profit attributable to shareholders from discontinued operations	10,495	(10,495)						–
	15,621	(10,700)	589	232	236	1,508	(1,266)	6,220
Total profit attributable to non-controlling interests	665	(205)				135		595
Total profit attributable to shareholders	14,956	(10,495)	589	232	236	1,373	(1,266)	5,625
	15,621	(10,700)	589	232	236	1,508	(1,266)	6,220
Earnings per share from continuing operations	110.8p		14.6p	5.8p	5.9p	34.1p	(31.5)p	139.7p
Earnings per share from discontinued operations	260.6p	(260.6)p						
Total earnings per share	371.4p	(260.6)p	14.6p	5.8p	5.9p	34.1p	(31.5)p	139.7p
Weighted average number of shares (millions)	4,026							4,026

Group financial review continued

Adjusting items continued

Intangible asset amortisation

See page 233 for description and information on Intangible asset amortisation.

Intangible asset impairment

See page 233 for description and information on Intangible asset impairment. No individual intangible asset accounted for a material impairment.

Major restructuring and integration

Within the Pharmaceuticals sector, the highly regulated manufacturing operations and supply chains and long lifecycle of the business mean that restructuring programmes, particularly those that involve the rationalisation or closure of manufacturing or R&D sites are likely to take several years to complete.

Major restructuring costs are those related to specific Board-approved Major restructuring programmes and are excluded from Core results. Major restructuring programmes, including integration costs following material acquisitions, are those that are structural and are of a significant scale where the costs of individual or related projects exceed £25 million. Other ordinary course smaller-scale restructuring costs are retained within Total and Core results.

Total Major restructuring charges incurred in 2024 were £353 million (2023: £382 million), analysed as follows:

	2024			2023		
	Cash £m	**Non-cash £m**	**Total £m**	Cash £m	Non-cash £m	Total £m
Separation restructuring programme	**200**	**36**	**236**	199	117	316
Significant acquisitions	**59**	**1**	**60**	65	1	66
Legacy programmes	**48**	**9**	**57**	(1)	1	–
	307	**46**	**353**	263	119	382

The Separation restructuring programme incurred cash charges of £200 million primarily from the restructuring of some commercial and administrative functions as well as Supply Chain. The non-cash charges of £36 million primarily reflected the write-down of assets in manufacturing locations.

The programme focussed on the separation of GSK into two separate companies and is now largely complete. The programme has delivered its target of £1.1 billion of annual savings, with total costs expected at £2.4 billion, with cash charges of £1.7 billion and non-cash charges of £0.7 billion.

Costs of significant acquisitions relate to integration costs of Sierra Oncology Inc. (Sierra) and Affinivax Inc. (Affinivax) which were acquired in Q3 2022, BELLUS Health Inc. (Bellus) acquired in Q2 2023 and Aiolos acquired in Q1 2024.

Cash charges of £48 million under Legacy programmes primarily arose from the divestment of the cephalosporins business.

Transaction-related adjustments

Transaction-related adjustments resulted in a net charge of £1,881 million (2023: £572 million), the majority of which related to charges/(credits) for the remeasurement of contingent consideration liabilities, the liabilities for the Pfizer put option, and Pfizer and Shionogi preferential dividends in ViiV Healthcare.

Charge/(credit)	**2024 £m**	2023 £m
Contingent consideration on former Shionogi-ViiV Healthcare Joint Venture (including Shionogi preferential dividends)	**1,533**	934
ViiV Healthcare put options and Pfizer preferential dividends	**67**	(245)
Contingent consideration on former Novartis Vaccines business	**206**	(187)
Contingent consideration on acquisition of Affinivax	**(22)**	44
Other adjustments	**97**	26
Total transaction-related charges	**1,881**	572

The £1,533 million charge relating to the contingent consideration for the former Shionogi-ViiV Healthcare joint venture represented an increase in the valuation of the contingent consideration due to Shionogi, driven by £1,107 million from updated future sales forecasts and exchange rates, and the unwind of the discount for £426 million.

The £67 million charge relating to the ViiV Healthcare put option and Pfizer preferential dividends represented an increase in the valuation of the put option primarily as a result of updated sales forecasts partly offset by higher preference dividends. The ViiV Healthcare contingent consideration liability is fair valued under IFRS. An explanation of the accounting for the non-controlling interests in ViiV Healthcare is set out on page 89.

The £206 million charge relating to the contingent consideration on the former Novartis Vaccines business primarily related to changes to future sales forecasts.

The £22 million credit relating to the contingent consideration on the acquisition of Affinivax primarily related to updated milestone payment dates partly offset by the unwind of the discount.

Significant legal charges, Divestments and other items

Significant legal charges in the full year primarily reflected the Q3 2024 charge of £1.8 billion ($2.3 billion) in relation to *Zantac* for the State Courts Settlement, the Qui Tam Settlement, and the remaining 7% of pending state court product liability cases, partially offset by reduced future legal costs.

Legal charges provide for all significant legal matters and are not broken out separately by litigation or investigation.

Divestments and other items primarily included other net income from milestones and dividends related to investments, as well as amounts reclassified from the foreign currency translation reserve to the income statement upon the liquidation of subsidiaries.

Group financial review continued

Cash generation and conversion

A summary of the consolidated cash flow statement is set out below.

	2024 £m	2023 £m
Total net cash inflow from operating activities	**6,554**	6,768
Total net cash (outflow) from investing activities	**(1,229)**	(1,595)
Total net cash inflow/(outflow) from financing activities	**(4,726)**	(5,641)
Increase /(decrease) in cash and bank overdrafts	**599**	(468)
Cash and bank overdrafts at beginning of year	**2,858**	3,425
Exchange adjustments	**(54)**	(99)
Increase /(decrease) in cash and bank overdrafts	**599**	(468)
Cash and bank overdrafts at end of year	**3,403**	2,858
Cash and bank overdrafts at end of year comprise:		
Cash and cash equivalents	**3,870**	2,936
Overdrafts	**(467)**	(78)
	3,403	2,858

Reconciliation of net cash inflow from operating activities to free cash inflow

A reconciliation of net cash inflow from operating activities, which is the closest equivalent IFRS measure to free cash flow, is shown below.

	2024 £m	2023 £m
Net cash inflow/(outflow) from operating activities	**6,554**	6,768
Purchase of property, plant and equipment	**(1,399)**	(1,314)
Proceeds from sale of property, plant and equipment	**65**	28
Purchase of intangible assets	**(1,583)**	(1,030)
Proceeds from sale of intangible assets	**131**	12
Net finance costs	**(494)**	(651)
Dividends from joint ventures and associates	**15**	12
Contingent consideration paid (reported in investing activities)	**(19)**	(11)
Distributions to non-controlling interests	**(416)**	(412)
Contribution from non-controlling interests	**9**	7
Free cash inflow	**2,863**	3,409

Capital expenditure and financial investment

Cash payments for tangible fixed assets amounted to £1,399 million (2023: £1,314 million) and intangible fixed assets amounted to £1,583 million (2023: £1,030 million) and disposals realised £196 million (2023: £40 million). The increase in intangible assets primarily related to acquisitions during the year and an upfront payment to CureVac N.V. for £342 million. Cash payments to acquire equity investments amounted to £103 million (2023: £123 million) and sales of equity investments realised £2,356 million (2023: £1,832 million).

Free cash flow

Free cash flow is the amount of cash generated by the Group after meeting our obligations for contingent consideration, interest, tax and dividends paid to non-controlling interests, and after capital expenditure on property, plant and equipment and intangible assets.

	2024 £m	2023 £m
Free cash inflow	**2,863**	3,409

Total cash payments to Shionogi in relation to the ViiV Healthcare contingent consideration liability in the year were £1,190 million (2023: £1,106 million), all of which was recognised in cash flows from operating activities. These payments are deductible for tax purposes.

Future cash flow

Over the long term, we expect that future cash generated from operations will be sufficient to fund our operating and debt servicing costs, normal levels of capital expenditure, obligations under existing licensing agreements, expenditure arising from restructuring programmes and other routine outflows including tax, pension contributions and dividends, subject to the 'Principal risks and uncertainties' discussed on pages 307 to 317. We may from time to time have additional demands for finance, such as for acquisitions and share repurchases. We have access to multiple sources of liquidity from short and long-term capital markets and financial institutions for such needs, in addition to the cash flow from operations.

Group financial review continued

Financial position and resources

	2024 £m	2023 £m
Assets		
Non-current assets		
Property, plant and equipment	**9,227**	9,020
Right of use assets	**846**	937
Goodwill	**6,982**	6,811
Other intangible assets	**15,515**	14,768
Investments in associates and joint ventures	**96**	55
Other investments	**1,100**	1,137
Deferred tax assets	**6,757**	6,049
Derivative instruments	**1**	–
Other non-current assets	**1,942**	1,584
Total non-current assets	**42,466**	40,361
Current assets		
Inventories	**5,669**	5,498
Current tax recoverable	**489**	373
Trade and other receivables	**6,836**	7,385
Derivative financial instruments	**109**	130
Current equity investments	**–**	2,204
Liquid investments	**21**	42
Cash and cash equivalents	**3,870**	2,936
Assets held for sale	**3**	76
Total current assets	**16,997**	18,644
Total assets	**59,463**	59,005
Liabilities		
Current liabilities		
Short-term borrowings	**(2,349)**	(2,813)
Contingent consideration liabilities	**(1,172)**	(1,053)
Trade and other payables	**(15,335)**	(15,844)
Derivative financial instruments	**(192)**	(114)
Current tax payable	**(703)**	(500)
Short-term provisions	**(1,946)**	(744)
Total current liabilities	**(21,697)**	(21,068)
Non-current liabilities		
Long-term borrowings	**(14,637)**	(15,205)
Corporation tax payable	**–**	(75)
Deferred tax liabilities	**(382)**	(311)
Pensions and other post-employment benefits	**(1,864)**	(2,340)
Other provisions	**(589)**	(495)
Contingent consideration liabilities	**(6,108)**	(5,609)
Other non-current liabilities	**(1,100)**	(1,107)
Total non-current liabilities	**(24,680)**	(25,142)
Total liabilities	**(46,377)**	(46,210)
Net assets	**13,086**	12,795
Total equity	**13,086**	12,795

Property, plant and equipment

Our business is science-based, technology-intensive and highly regulated by governmental authorities. We allocate significant financial resources to the renewal and maintenance of our property, plant, equipment and vehicles to minimise risks of interruption to production and to ensure compliance with regulatory standards. A number of our processes use hazardous materials.

The total cost of our property, plant and equipment at 31 December 2024 was £19,710 million, with a net book value of £9,227 million. Of this, land and buildings represented £2,766 million, plant, equipment and vehicles £4,147 million and assets in construction £2,314 million. In 2024, we invested £1,393 million in new property, plant and equipment. This was mainly related to a large number of projects for the renewal, improvement and expansion of facilities at various worldwide sites to support new product development and launches as well as to improve the efficiency of existing supply chains. Property is mainly held freehold. New investment is financed from our liquid resources. At 31 December 2024, we had contractual commitments for future capital expenditure of £754 million. We believe that our property and plant facilities are adequate for our current requirements.

Right of use assets

Right of use assets amounted to £846 million at 31 December 2024 compared with £937 million at 31 December 2023. The decrease in the year primarily reflected depreciation of £211 million, and disposals and impairments amounting to £102 million, partially offset by additions of £230 million.

Goodwill

Goodwill increased to £6,982 million at 31 December 2024, from £6,811 million primarily as a result of £210 million from acquisitions-related transactions, partially offset by exchange rate losses and other small movements of £39 million.

Other intangible assets

Other intangible assets include the cost of intangibles acquired from third parties and computer software. The net book value of other intangible assets as at 31 December 2024 was £15,515 million (2023: £14,768 million). The increase primarily reflected additions, net of disposals and write-offs, of £2,585 million partly offset by impairment losses, net of reversals and amortisation, of £1,771 million and exchange rate losses of £91 million.

Group financial review continued

Financial position and resources continued

Investments in associates and joint ventures

We held investments in associates and joint ventures with a carrying value at 31 December 2024 of £96 million (2023: £55 million). See Note 21, 'Investments in associates and joint ventures' to the financial statements, for more details.

Current equity investments

Current equity investments amounted to £nil at 31 December 2024 (2023: £2,204 million). Current equity investments comprise equity investments which the Group holds with the intention to sell and which it may sell in the short term. Where acquired with this intention, they are measured at fair value through the profit and loss (FVTPL). They are initially recorded at fair value plus transaction costs and then remeasured at subsequent reporting dates to fair value. Unrealised gains and losses are recognised in the income statement. During 2024, the disposal of the remaining Haleon plc shares resulted in gross proceeds of £2,226 million (2023: £1,863 million).

Other investments

At 31 December 2024 we held other investments with a carrying value of £1,100 million (2023: £1,137 million). The most significant investments held at 31 December 2024 were in WAVE Life Sciences Ltd, SR One Capital Fund I-B, LP and Crispr Therapeutics AG. These investments had a fair value at 31 December 2024 of £165 million (2023: £55 million), £135 million (2023: £102 million) and £101 million (2023: £158 million) respectively. The other investments included equity stakes in companies with which we have research collaborations, and which provide access to biotechnology developments of potential interest and interests in companies that arise from business divestments.

Derivative financial instruments: assets

We held current derivative financial assets at fair value of £109 million (2023: £130 million). The majority of these financial instruments related to foreign exchange contracts both designated and not designated as accounting hedges.

Inventories

Inventories amounted to £5,669 million (2023: £5,498 million) at 31 December 2024.

Trade and other receivables

Trade and other receivables amounted to £6,836 million (2023: £7,385 million) at 31 December 2024. The decrease is mainly driven by lower *Arexvy* sales in the US.

Deferred tax assets

Deferred tax assets amounted to £6,757 million (2023: £6,049 million) at 31 December 2024.

Derivative financial instruments: liabilities

We held current derivative financial liabilities at fair value of £192 million (2023: £114 million). This is primarily related to foreign exchange contracts both designated and not designated as accounting hedges.

Trade and other payables

At 31 December 2024, trade and other payables were £15,335 million compared with £15,844 million at 31 December 2023. The decrease was primarily driven by lower returns and rebates accruals. See Note 29, 'Trade and other payables' to the financial statements.

Provisions

We carried deferred tax provisions and other short-term and non-current provisions of £2,917 million at 31 December 2024 (2023: £1,550 million). Other provisions at the year-end included £1,446 million (2023: £267 million) related to legal and other disputes, including the *Zantac* settlement, and £273 million (2023: £282 million) related to Major restructuring programmes. Provision has been made for legal and other disputes, indemnified disposal liabilities, employee-related liabilities and the costs of the restructuring programme to the extent that at the balance sheet date a legal or constructive obligation existed and could be reliably estimated.

Pensions and other post-employment benefits

We account for pension and other post-employment arrangements in accordance with IAS 19. The net deficits were £103 million (2023: £763 million) on pension arrangements and £863 million (2023: £943 million) on unfunded post-employment liabilities. See Note 31, 'Pensions and other post-employment benefits' to the financial statements.

Other non-current liabilities

Other non-current liabilities amounted to £1,100 million at 31 December 2024 (2023: £1,107 million).

Contingent consideration liabilities

Contingent consideration amounted to £7,280 million at 31 December 2024 (2023: £6,662 million), of which £6,061 million (2023: £5,718 million) represented the estimated present value of amounts payable to Shionogi relating to ViiV Healthcare, £502 million (2023: £516 million) represented the estimated present value of contingent consideration payable to the former shareholders of Affinivax and £575 million (2023: £424 million) represented the estimated present value of contingent consideration payable to Novartis related to the Vaccines acquisition.

The liability due to Shionogi was £289 million in respect of preferential dividends. An explanation of the accounting for the non-controlling interests in ViiV Healthcare is set out on page 89.

Of the total contingent consideration payable (on a post-tax basis) at 31 December 2024, £1,127 million (2023: £1,107 million) is expected to be paid within one year to Shionogi. The consideration payable is expected to be paid over a number of years. As a result, the total estimated liabilities are discounted to their present values, on a post-tax basis using post-tax discount rates.

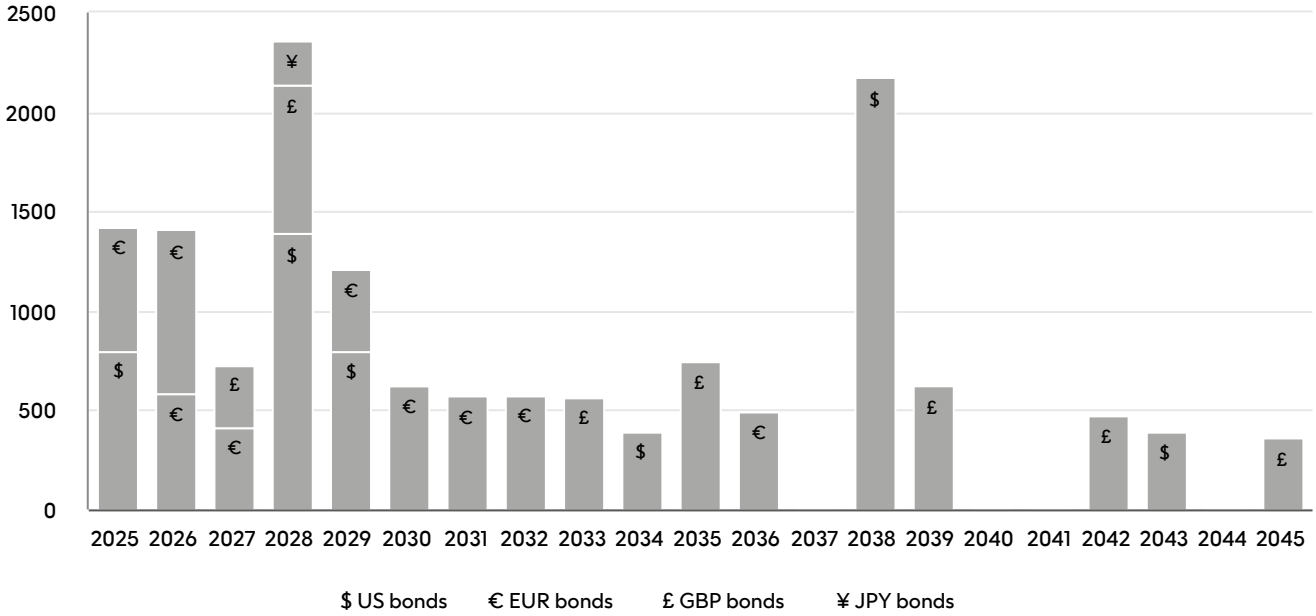
The Shionogi-ViiV Healthcare contingent consideration liability is discounted at 8%, the Affinivax contingent consideration liability is discounted at 9.0%, and the Novartis Vaccines contingent consideration liability is discounted partly at 8.0% and partly at 9.0%.

Group financial review continued

Financial position and resources continued

Maturity profile of bond debt

£m equivalent



Net debt

	2024 £m	2023 £m
Liquid investments	**21**	42
Cash and cash equivalents	**3,870**	2,936
Short-term borrowings	**(2,349)**	(2,813)
Long-term borrowings	**(14,637)**	(15,205)
Net debt the end of the year	**(13,095)**	(15,040)

At 31 December 2024, net debt was £13.1 billion, compared with £15.0 billion at 31 December 2023, comprising gross debt of £17.0 billion and cash and liquid investments of £3.9 billion. Net debt decreased by £1.9 billion primarily due to £2.9 billion net cash inflow, after £0.7 billion of *Zantac* settlement payments, and £2.4 billion proceeds from the disposal of investments, primarily due to sale of the remaining retained stake in Haleon plc. This was partly offset by the net acquisition costs of Aiolos and Elsie Biotechnologies of £0.8 billion and dividends paid to shareholders of £2.4 billion.

At 31 December 2024, GSK had short-term borrowings (including overdrafts and lease liabilities) repayable within 12 months of £2.3 billion and £1.4 billion repayable in the subsequent year.

At 31 December 2024, GSK's cash and liquid investments were held as follows:

	2024 £m	2023 £m
Bank balances and deposits	**2,590**	1,942
US Treasury and Treasury repo only money market funds	**300**	155
Liquidity funds	**980**	839
Cash and cash equivalents	**3,870**	2,936
Liquid investments – government securities	**21**	42
	3,891	2,978

Cash and liquid investments of £3.1 billion (2023:£2.2 billion) were held centrally at 31 December 2024.

The analysis of cash and gross debt after the effects of hedging is as follows:

	2024 £m	2023 £m
Liquid investments	**21**	42
Cash and cash equivalents	**3,870**	2,936
Gross debt – fixed	**(16,060)**	(16,898)
– floating	**(924)**	(1,120)
– non-interest bearing	**(2)**	–
Net debt	**(13,095)**	(15,040)

Group financial review continued

Financial position and resources continued

Movements in net debt

	2024 £m	2023 £m
Total net debt at beginning of year	**(15,040)**	(17,197)
Increase/(decrease) in cash and bank overdrafts	**599**	(468)
Increase/(decrease) in liquid investments	**(21)**	(72)
Repayment of long-term loans[1]	**1,615**	2,260
Issue of long-term notes	**(1,075)**	(223)
Net (increase)/decrease in short-term loans	**811**	333
Increase in other short-term loans[2]	**(266)**	–
Repayment of other short-term loans[2]	**81**	–
Repayment of lease liabilities	**226**	197
Net investments/(debt) of subsidiary undertakings acquired	**–**	50
Exchange adjustments	**117**	554
Other non-cash movements	**(142)**	(474)
Decrease/(increase) in net debt	**1,945**	2,157
Total net debt at end of year	**(13,095)**	(15,040)

(1) Repayment of long-term loans for 2024 of £1,615 million (2023: £2,260 million; 2022: £6,668 million) includes the current portion of long-term borrowings of £1,615 million (2023: £2,116 million; 2022: £5,074 million) which was classified as short term borrowing on the balance sheet and previously presented as repayment of short-term loans.

(2) Other short-term loans include bank loans presented within short-term borrowings on the balance sheet, with an initial maturity of greater than three months.

Reconciliation of Total Operating Profit to Core EBITDA

	2024 £m	2023 £m
Total Operating profit	**4,021**	6,745
Adjusting items	**5,127**	2,041
Core Operating profit	**9,148**	8,786
Including:		
Share of after tax profit/(loss) of associates and joint venture	**(3)**	(5)
Excluding:		
Core depreciation	**1,096**	1,081
Core amortisation	**452**	493
Core EBITDA	**10,693**	10,355
Total Net debt to Core EBITDA ratio		
Total Net debt	**13,095**	15,040
Core EBITDA	**10,693**	10,355
Total Net debt to Core EBITDA ratio	**1.2**	1.5

Total equity

At 31 December 2024, total equity had increased from £12,795 million at 31 December 2023 to £13,086 million.

A summary of the movements in equity is set out below:

	2024 £m	2023 £m
Total equity at beginning of year	**12,795**	10,096
Total comprehensive income for the year	**2,778**	4,991
Deconsolidation of former subsidiaries	**(2)**	–
Dividends to shareholders	**(2,444)**	(2,247)
Shares issued	**20**	10
Changes in non-controlling interests	**4**	–
Hedging gain/loss transferred to non-financial assets	**(6)**	36
Share-based incentive plans	**344**	307
Tax on share-based incentive plans	**4**	7
Contributions from non-controlling interests	**9**	7
Distributions to non-controlling interests	**(416)**	(412)
Total equity at end of year	**13,086**	12,795

Share purchases

At 31 December 2024, GSK held 169.2 million shares as Treasury shares (2023: 197.1 million shares) at a cost of £2,958 million (2023: £3,447 million), which has been deducted from retained earnings.

On 5 February, GSK announced an intention to commence a £2 billion share buyback programme, to be implemented over the next 18 months. The programme commenced on 24 February 2025.

In 2024, 27.8 million Treasury shares were transferred to the Employee Share Ownership Plan (ESOP) Trusts. Shares are held by the Trusts to satisfy future exercises of options and awards under the Group share option and award schemes.

A proportion of the shares held by the Trusts are in respect of awards where the rules of the scheme require GSK to satisfy exercises through market purchases rather than the issue of new shares. The shares held by the Trusts are matched to options and awards granted.

At 31 December 2024, the ESOP Trusts held 64.3 million (2023: 58.8 million) GSK shares against the future exercise of share options and share awards and for the Executive Supplemental Savings plan. The carrying value of £397 million (2023: £288 million) has been deducted from other reserves. The market value of these shares was £866 million (2023: £853 million).

Group financial review continued

Financial position and resources continued

Contractual obligations and commitments

Financial commitments are summarised in Note 36, 'Commitments' and Note 44, 'Financial instruments and related disclosures' to the financial statements. The amounts below represent the anticipated undiscounted contractual cash flows for the Group's key financial commitments.

At 31 December 2024, the Group anticipates gross contractual cash flows of £16 billion for borrowings (excluding interest) of which £2 billion is payable within one year and £14 billion is payable after one year. Total undiscounted interest payable on these loans amounts to £5.2 billion of which £0.5 billion is payable within one year and £4.7 billion is payable after more than one year. Commitments in respect of loans and future interest payable on loans are disclosed before taking into account the effect of derivatives. Refer to Note 44. 'Financial instruments and related disclosures' on page 283 for more details.

At 31 December 2024, the Group has intangible assets capital commitments of £19 billion. Of these, £1 billion would fall due within one year and £18 billion would fall due after more than one year. These commitments include milestone payments, which are dependent on successful clinical development or on meeting specified sales targets, and which represent the maximum that would be paid if all milestones, however unlikely, were to be achieved. The amounts are not risk-adjusted or discounted. Refer to Note 36. 'Commitments' on page 254 for more details.

At 31 December 2024, the Group anticipates gross contractual cash flows of £1.1 billion for lease liabilities (excluding interest) of which £0.2 billion is payable within one year and £0.9 billion is payable after one year. Total undiscounted interest payable on lease liabilities amounts to £0.2 billion, most of which is payable after more than one year Refer to Note 44. 'Financial instruments and related disclosures' on page 283 for more details.

At 31 December 2024, the Group had property, plant and equipment capital commitments of £0.8 billion of which £0.5 billion is payable within one year and £0.3 billion is payable after one year. Refer to Note 36. 'Commitments' on page 254 for more details.

At 31 December 2024, the Group had £0.2 billion of investment commitments of which £0.1 billion is payable within one year and £0.1 billion is payable after one year.

Contingent liabilities

Other contingent liabilities are set out in Note 35, 'Contingent liabilities' to the financial statements.

The following table sets out contingent liabilities, comprising guarantees and other items arising in the normal course of business, and when they are expected to expire.

	Total	Under 1 yr	1-3 yrs	3-5 yrs	5 yrs+
	£m	£m	£m	£m	£m
Guarantees	6	4	1	–	1
Other contingent liabilities	20	–	3	9	8
Total	26	4	4	9	9

In the normal course of business, we have provided various indemnification guarantees in respect of business disposals in which legal and other disputes have subsequently arisen.

A provision is made where an outflow of resources is considered probable and a reliable estimate can be made of the likely outcome of the dispute and this is included in Note 32, 'Other provisions' to the financial statements.

We provide for the outcome of tax, legal and other disputes when an outflow of resources is considered probable and a reliable estimate of the outflow may be made. At 31 December 2024, other than for those disputes where provision has been made, it was not possible to make a reliable estimate of the potential outflow of funds that might be required to settle disputes where the possibility of there being an outflow was more than remote.

The ultimate liability for such matters may vary significantly from the amounts provided and is dependent upon negotiations with the relevant tax authorities and the outcome of litigation proceedings, where relevant. This is discussed further in 'Principal risks and uncertainties' on pages 307 to 317 and Note 47, 'Legal proceedings' to the financial statements.

Group financial review continued

Approach to tax

Business makes a major contribution to the public purse through its tax contribution. This includes direct taxes (such as corporate income tax) and indirect taxes (such as VAT, environmental taxes and customs duties) as well as other taxes (such as employment taxes and property taxes). It is therefore important that companies explain their approach to tax. This helps inform dialogue about tax and tax policy.

We are supportive of efforts to ensure companies are appropriately transparent about how their tax affairs are managed. To this end, our Tax Strategy is set out in detail within the Public policies section of our website and we regularly engage in discussions with stakeholders who are keen to understand our tax profile and our approach to tax.

We support the exchange of country-by-country reporting (CBCR) data between tax authorities as, validated against existing information held on taxpayers, it will support their ability to ensure multinational groups pay the right amount of tax in the right places. Our published Tax Strategy includes a summary of our country-by-country reporting (CBCR) data.

As a global biopharmaceutical company, we have a substantial business and employment presence in many countries around the world and pay a significant amount of tax. This includes corporate income tax and other business taxes, and tax associated with our employees. We also collect a significant amount of tax on behalf of governments, such as income tax from payments to our employees and VAT along our supply chain. Further information in relation to GSK's total tax contribution, giving a better reflection of our overall fiscal contribution in a particular country, can be found in our published Tax Strategy.

We are subject to taxation throughout our supply chain. The worldwide nature of our operations means that our cross-border supply routes, necessary to ensure supplies of medicines into numerous countries, can result in conflicting claims from tax authorities as to the profits to be taxed in individual countries. This can lead to double taxation (with profits taxed in more than one country).

To mitigate the risk of double taxation, profits are recognised in territories by reference to the activities performed there and the value they generate. To ensure the profits recognised in jurisdictions are aligned to the activity undertaken there, and in line with current OECD guidelines, we base our transfer pricing policy on the arm's length principle and support our transfer prices with economic analysis and reports.

We do not engage in artificial tax arrangements – those without business or commercial substance. We do not seek to avoid tax by the use of 'tax havens' or transactions we would not fully disclose to a tax authority. We have a zero-tolerance approach to tax evasion and the facilitation of tax evasion.

Tax risk in all countries in which we operate is managed through robust internal policies, processes, training and compliance programmes. Our Board of Directors, supported by the Audit & Risk Committee (ARC), are responsible for approving our tax policies and risk management arrangements as part of our wider risk management and internal control framework. Our Risk Oversight and Compliance Council (ROCC) and the Audit and Assurance function help the ARC oversee tax risks and the strategies used to address them.

We seek to maintain open and constructive relationships with tax authorities worldwide, meeting regularly to discuss our tax affairs and real time business updates wherever possible to support their work and help manage tax risk in accordance with our framework.

We monitor government debate on tax policy in our key jurisdictions so that we can understand and share an informed point of view regarding any potential future changes in tax law, in support of a transparent and sustainable tax system. Where relevant, we provide pragmatic and constructive business input to tax policy makers either directly or through industry trade bodies, to help inform reforms that support economic growth and job creation.

In 2024, the Group corporate tax charge was £526 million (2023: £756 million) on profits before tax of £3,477 million (2023: £6,064 million) representing an effective tax rate of 15.1% (2023: 12.5%). We made cash tax payments of £1,307 million in the year (2023: £1,328 million). In addition to the taxes we pay on our profits, we pay duties, levies, transactional and employment taxes.

Our Core tax rate for 2024 was 17% (2023: 15.5%). The rate continues to benefit from innovation incentives available in key territories in which we operate, such as the UK and Belgium Patent Box regimes, albeit at a reduced level following introduction of global minimum corporate tax rate provisions, in line with the OECD's Pillar 2 model rules, with effect from 1 January 2024.

The Group's Total tax rate for 2024 of 15.1% (2023: 12.5%) was lower than the Core tax rate reflecting the different tax effects of various Adjusting items, including the impact of amortisation and impairments of intangible assets at higher tax rates and the impact of the *Zantac* settlement.

Further details about our corporate tax charges for the year are set out in Note 14 'Taxation' to the financial statements.

Treasury policies

We report in Sterling and pay dividends out of Sterling cash flows. The role of Treasury is to monitor and manage the Group's external and internal funding requirements and financial risks in support of our strategic objectives. GSK operates on a global basis, primarily through subsidiary companies, and we manage our capital to ensure that our subsidiaries are able to operate as going concerns and to optimise returns to shareholders through an appropriate balance of debt and equity. Treasury activities are governed by policies approved annually by the Board of Directors, and most recently on 10 October 2024. A Treasury Management Group (TMG) meeting, chaired by our Chief Financial Officer, takes place on a regular basis to review Treasury activities. Its members receive management information relating to these activities.

Treasury operations

The objective of GSK's Treasury activities is to minimise the post-tax net cost of financial operations and reduce its volatility in order to benefit earnings and cash flows. GSK uses a variety of financial instruments to finance its operations and derivative financial instruments to manage market risks from these operations. Derivatives principally comprise foreign exchange forward contracts and swaps which are used to swap borrowings and liquid assets into currencies required for Group purposes, as well as interest rate swaps which are used to manage exposure to financial risks from changes in interest rates.

Derivatives are used exclusively for hedging purposes in relation to underlying business activities and not as trading or speculative instruments.

Capital management

GSK's financial strategy, implemented through the Group's financial architecture, supports GSK's strategic priorities and is regularly reviewed by the Board. We manage the capital structure of the Group through an appropriate mix of debt and equity. We continue to manage our financial policies to a credit profile that particularly targets ratings of at least A2/A (Moody's/S&P), through the cycle.

GSK's long-term credit rating with Standard and Poor's is A (stable outlook) and with Moody's Investor Services ('Moody's') is A2 (stable outlook). Our short-term credit ratings are A-1 and P-1 with Standard and Poor's and Moody's respectively.

Liquidity risk management

GSK's policy is to borrow centrally in order to meet anticipated funding requirements. Our cash flow forecasts and funding requirements are monitored by the TMG on a regular basis. Our strategy is to diversify liquidity sources using a range of facilities and to maintain broad access to financial markets.

Each day, we sweep cash to or from a number of global subsidiaries to central treasury accounts for liquidity management purposes.

Interest rate risk management

GSK's objective is to minimise the effective net interest cost and to balance the mix of debt at fixed and floating interest rates over time. The policy on interest rate risk management limits the net amount of floating rate debt to a specific cap, reviewed and agreed no less than annually by the Board.

Foreign exchange risk management

Our objective is to minimise the exposure of overseas operating subsidiaries to transaction risk by matching local currency income with local currency costs where possible. Foreign currency transaction exposures arising on external and internal trade flows are selectively hedged. GSK's internal trading transactions are matched centrally and we manage inter-company payment terms to reduce foreign currency risk. Where possible, we manage the cash surpluses or borrowing requirements of subsidiary companies centrally using forward contracts to hedge future repayments back into the originating currency.

In order to reduce foreign currency translation exposure, we seek to denominate borrowings in the currencies of our principal assets and cash flows. These are primarily denominated in US Dollars, Euros and Sterling.

Borrowings can be swapped into other currencies as required. Borrowings denominated in, or swapped into, foreign currencies that match investments in overseas Group assets may be treated as a hedge against the relevant assets. Forward contracts in major currencies are also used to reduce exposure to the Group's investment in overseas Group assets. The TMG reviews the ratio of borrowings to assets for major currencies regularly.

Commodity risk management

Our objective is to minimise income statement volatility arising from fluctuations in commodity prices, where practical and cost effective to do so. The TMG is authorised to approve the execution of certain financial derivatives to hedge commodity price exposures.

Counterparty risk management

We set global counterparty limits for each of our banking and investment counterparties based on long-term credit ratings from Moody's and Standard & Poor's. Usage of these limits is actively monitored and any breach of these limits would be reported to the Chief Financial Officer immediately.

In addition, relationship banks and their credit ratings are reviewed regularly so that, when changes in ratings occur, changes can be made to investment levels or to authority limits as appropriate. All banking counterparty limits are reviewed at least annually.

Critical accounting policies

The Group consolidated financial statements have been prepared in accordance with UK-adopted international accounting standards in conformity with the requirements of the Companies Act 2006 and the International Financial Reporting Standards (IFRS) as issued by the International Accounting Standard Boards (IASB).

We are required to make estimates and assumptions that affect the amounts of assets, liabilities, revenue and expenses reported in the financial statements. Actual amounts and results could differ from those estimates.

The critical accounting policies relate to the following areas:

- Turnover
- Taxation (Note 14)
- Legal and other disputes (Note 47)
- Contingent liabilities (Note 35)
- Pensions and other post-employment benefits (Note 31)
- Impairment of intangible assets (Note 20)

Information on the judgements and estimates made in these areas is given in Note 3, 'Critical accounting judgements and key sources of estimation uncertainty' to the financial statements.

Turnover

In respect of the turnover accounting policy, our largest business is US Commercial Operations, and the US market has the most complex arrangements for rebates, discounts and allowances. The following briefly describes the nature of the arrangements in existence in our US Commercial Operations:

- We have arrangements with certain indirect customers whereby the customer is able to buy products from wholesalers at reduced prices. A chargeback represents the difference between the invoice price to the wholesaler and the indirect customer's contractual discounted price. Accruals for estimating chargebacks are calculated based on the terms of each agreement, historical experience and product growth rates.
- Customer rebates are offered to key managed care and Group Purchasing Organisations and other direct and indirect customers. These arrangements require the customer to achieve certain formulary status, performance targets relating to the value of product purchased or pre-determined market shares relative to competitors. The accrual for customer rebates is estimated based on the specific terms in each agreement, historical experience and product growth rates.
- The US Medicaid programme is a state-administered programme providing assistance to certain poor and vulnerable patients. In 1990, the Medicaid Drug Rebate Program was established to reduce state and federal expenditure on prescription drugs. In 2010, the Patient Protection and Affordable Care Act became law. We participate by providing rebates to states. Accruals for Medicaid rebates are calculated based on the specific terms of the relevant regulations or the Patient Protection and Affordable Care Act.
- Cash discounts are offered to customers to encourage prompt payment. These are accrued for at the time of invoicing and adjusted subsequently to reflect actual experience.
- We record an accrual for estimated sales returns by applying historical experience of customer returns to the amounts invoiced, together with market-related information such as stock levels at wholesalers, anticipated price increases and competitor activity.

A reconciliation of gross turnover to net turnover for US Commercial Operations is as follows:

	2024		2023		2022	
	£m	**Margin %**	£m	Margin %	£m	Margin %
Gross turnover	**30,484**	**100**	32,359	100	29,814	100
Market-driven segments	**(7,704)**	**(25)**	(8,874)	(27)	(8,275)	(28)
Government mandated and state programmes	**(5,394)**	**(18)**	(6,385)	(20)	(6,218)	(21)
Cash discounts	**(502)**	**(2)**	(566)	(2)	(536)	(2)
Customer returns	**(272)**	**(1)**	(344)	(1)	(255)	(1)
Prior year adjustments	**631**	**2**	591	2	780	3
Other items	**(859)**	**(3)**	(961)	(3)	(768)	(2)
Total deductions	**(14,100)**	**(47)**	(16,539)	(51)	(15,272)	(51)
Net turnover	**16,384**	**53**	15,820	49	14,542	49

Market-driven segments consist primarily of managed care and Medicare plans with which we negotiate contract pricing that is honoured via rebates and chargebacks. Mandated segments consist primarily of Medicaid and federal government programmes which receive government-mandated pricing via rebates and chargebacks.

Group financial review continued

Critical accounting policies continued

Overall sales deduction as a percentage of sales have decreased year over year in line with our commercial contracting strategy, movement in product mix and steps taken to address removal of the Average Manufacturer Price (AMP) Cap. Deductions within the year were split approximately as follows: General Medicines 61%, Specialty Medicines 28% and Vaccines 11%.

At 31 December 2024, the total accrual for discounts, rebates, allowances and returns for US Commercial Operations amounted to £5,235 million (2023: £5,951 million).
A monthly process is operated to monitor inventory levels at wholesalers for any abnormal movements. This process uses gross sales volumes, prescription volumes based on third-party data sources and information received from key wholesalers. The aim of this is to maintain inventories at a consistent level from year to year based on the pattern of consumption.

On this basis, US Commercial Operations inventory levels at wholesalers and in other distribution channels at 31 December 2024 were estimated to amount to approximately four weeks of turnover. This calculation uses third-party information, the accuracy of which cannot be totally verified, but is believed to be sufficiently reliable for this purpose.

Legal and other disputes

In respect of the accounting policy for legal and other disputes, the following briefly describes the process by which we determine the level of provision that is necessary.

In accordance with the requirements of IAS 37, 'Provisions, contingent liabilities and contingent assets', we provide for anticipated settlement costs where an outflow of resources is considered probable and a reliable estimate may be made of the likely outcome of the dispute and legal and other expenses arising from claims against the Group.

We may become involved in significant legal proceedings, in respect of which it is not possible to meaningfully assess whether the outcome will result in a probable outflow, or to quantify or reliably estimate the liability, if any, that could result from ultimate resolution of the proceedings. In these cases, appropriate disclosure about such cases would be included in the Annual Report, but no provision would be made.

This position could change over time and, therefore, there can be no assurance that any losses that result from the outcome of any legal proceedings will not exceed by a material amount the amount of the provisions reported in the Group's financial statements.

Like many pharmaceutical companies, we are faced with various complex product liability, anti-trust and patent litigation, as well as investigations of our operations conducted by various governmental regulatory agencies. Throughout the year, the General Counsel of the Group, as head of the Group's legal function, supported by the Senior Vice President and Head of Global Litigation for the Group, who is responsible for all litigation and government investigations, routinely brief the Chief Executive Officer, the Chief Financial Officer and the Board of Directors on the significant litigation pending against the Group and governmental investigations of the Group.

These meetings, as appropriate, detail the status of significant litigation and government investigations and review matters such as the number of claims notified to us, information on potential claims not yet notified, assessment of the validity of claims, progress made in settling claims, recent settlement levels and potential reimbursement by insurers.

The meetings also include an assessment of whether or not there is sufficient information available for us to be able to make a reliable estimate of the potential outcomes of the disputes. Often, external counsel assisting us with various litigation matters and investigations will also assist in the briefing of the Board and senior management. Following these discussions, for those matters where it is possible to make a reliable estimate of the amount of a provision, if any, that may be required, the level of provision for legal and other disputes is reviewed and adjusted as appropriate. These matters are discussed further in Note 47, 'Legal proceedings' to the financial statements.

Strategic report

The Strategic report was approved by the Board of Directors on

25 February 2025

Julie Brown
Chief Financial Officer

25 February 2025