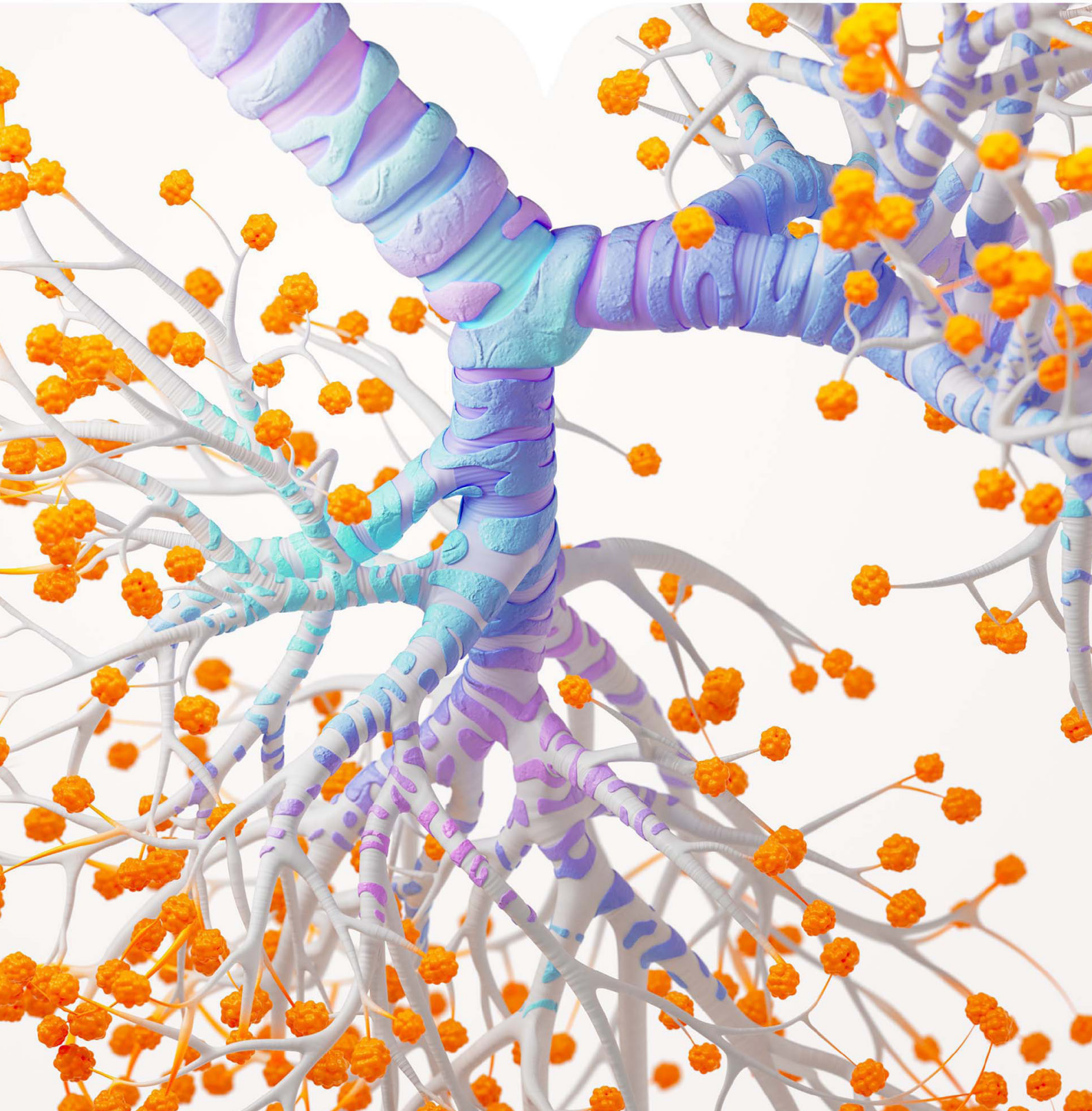
GSK

Responsible Business Performance Report 2024



Our purpose is to unite science, technology and talent to get ahead of disease together. We aim to positively impact the health of 2.5 billion people by the end of 2030, as a successful, growing company with strong momentum, where outstanding people can thrive.

We are committed to getting ahead of issues that matter for society and for the long-term performance of our company. Building trust by operating responsibly is integral to our strategy and our culture. This approach helps us deliver long-term growth, build trust with our stakeholders and reduce risk to our operations, supports our people to thrive and delivers health impact at scale.

In this report

This report summarises performance in 2024 across our six Responsible Business focus areas.

We report in line with the requirements of the Sustainability Accounting Standards Board (SASB) and the Global Reporting Initiative (GRI). We submit an annual UN Global Compact Communication on Progress (UNGC CoP).

We also report against the Task Force on Climate-related Financial Disclosures (TCFD) and the Taskforce on Nature-related Financial Disclosures (TNFD) on pages 67-76 and 76-79, respectively, of our Annual Report.

In future, how we report will change, as we align with the requirements of the EU Corporate Sustainability Reporting Directive (CSRD). We will report in line with the CSRD from our 2025 financial year, publishing in 2026.

Our public positions on a range of issues, such as pricing and access, clinical trial conduct, nature and environmental protection, human rights and supply chain management, can be found on the public policy page of gsk.com. We also publish more information on gsk.com, including:

Materiality assessment

Sustainable Development Goals

Engagement with patient organisations

Engagement with healthcare professionals

Trade association memberships

Charitable partnerships

In this report:

External benchmarking (as at February 2025)

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

- **Access to Medicines:** Second in the Access to Medicines Index 2024 among 20 of the world's largest pharmaceutical companies
- **S&P Global 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

CEO's statement

Getting ahead of disease together

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

Our purpose is to unite science, technology, and talent to get ahead of disease together. As a global biopharma company, we focus on science of the immune system and use of advanced technologies to drive innovation – preventing and treating the most challenging diseases. We invest in four core therapeutic areas – Respiratory, Immunology & Inflammation; Oncology; HIV; and Infectious Diseases – to significantly impact health at scale.

Being a responsible business is an integral part of our strategy and our culture, and we focus on issues that matter most to our business performance, our stakeholders and society.

We've prioritised six areas of responsible business: access; global health and health security; environment; inclusion and diversity; ethical standards and product governance. This approach provides focus and helps us to deliver long-term growth, reduce risk, attract talented people, and deliver impact on health at scale. 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.

This report sets out the progress we are making and our Responsible Business Performance Rating, which was introduced in 2022 as one of our corporate key performance indicators and which we evolve each year.

Our 2024 Responsible Business Performance Rating was 'on track' for the third consecutive year, demonstrating sustained momentum to building trust alongside a strong track record of performance delivery.

2024 performance highlights

- We set a bold ambition, in 2021, to positively impact the health of 2.5 billion people over ten years. Based on estimates, we've already reached at least 2 billion people. We share more about this on page 11.
- Ranked second in the latest global Access to Medicine Index, where we have been placed first or second since its inception in 2008.
- ViiV Healthcare celebrated ten years of partnership with the Medicines Patent Pool, supplying over 1 billion packs of generic dolutegravir-based medicines over that time.
- Progressed development of six Global Health pipeline assets to address priority WHO diseases; and are currently progressing more than 30 projects in R&D relevant to tackling anti-microbial resistance (AMR).
- Pledged £45 million and our expertise to the Fleming Initiative, a new global network to find, test and scale solutions to AMR through combining scientific, technology, clinical policy and public engagement.
- Committed €4.5 million to the Global Antibiotic Research and Development partnership to support sustainable access to antibiotics in lower-income countries.
- 88% of phase III trials completing enrolment met our thresholds for participants to represent the disease epidemiology under study – well ahead of our 50% target for 2024.
- Started phase III trials of a low-carbon version of our respiratory inhaler *Ventolin* – its next-generation propellant has the potential to reduce emissions from the inhaler by ~90%.

Looking forward

This progress, and more, detailed in this report brings a huge sense of pride at GSK. We are making significant progress towards our long-term goals; equally we know there is still much work to be done.

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

Looking forward, we remain committed and confident in our ability to effect change, to operate responsibly, and to deliver strong business performance, bringing positive scale health impact for the benefit of patients, shareholders, and our people.

Emma Walmsley
Chief Executive Officer

Our approach

We are committed to getting ahead of issues that matter for the long-term performance of our company and for society. Being a responsible business is an integral part of our strategy and culture.

Our purpose is to unite science, technology and talent to get ahead of disease together and positively impact the health of billions of people.

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

To deliver on our purpose, we need to consider our impacts, risks and opportunities across everything we do – in our business and value chain. 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

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 reporting against the Corporate Sustainability Reporting Directive to inform our reporting for the financial year 2025, to be published in 2026.

gsk.com: Our materiality assessment

Our contribution to the UN SDGs

The 17 SDGs set out a vision for ending poverty, hunger and inequality, and protecting the planet's natural resources, by 2030. Our six focus areas are where we can most effectively contribute to meeting the SDGs. As a global biopharma company, we can make the most significant contribution to SDG3: Good Health and Wellbeing. We publish our contribution to the SDGs on our website.

gsk.com: Our contribution to the SDGs

Stakeholder engagement

Our approach to being a responsible business is guided by continuous engagement with our stakeholders. Our key stakeholders include our patients, customers, shareholders and employees. This engagement includes formal materiality assessments, which we undertake every two to three years. How we engage with our stakeholders is covered throughout this report. This includes engagement with our people (see page 9), our partnerships with NGOs, our membership of cross-industry collaborations, and with regulators and policymakers.

We also discuss our engagement with stakeholders in our Annual Report, which includes how our Board considers stakeholders in decision-making. (See our section 172 statement on page 128)

For more information on our approach to stakeholder engagement, see our policies and publications on gsk.com.

gsk.com: Materiality • Engaging with patient organisations • Engaging with healthcare professionals • Investors

Governance

The GSK Leadership Team and senior management are responsible for delivery against our six focus areas. They report regularly to our Board-level Corporate Responsibility Committee (CRC) on progress. (See page 137 of our Annual Report).

The CRC is responsible for oversight of our approach to responsible business and performance against our Trust priority. The Committee oversees our progress against our six focus areas, how our commitments reflect the most important issues for responsible business growth, and how we're meeting the expectations of our stakeholders. It collaborates with other Board committees, including the Remuneration Committee and the Audit & Risk Committee, as needed, reflecting how delivery is integrated across the business.

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.

In 2024, this included 22 metrics, which are summarised on pages 6-8. This is the same number of metrics as 2023. The executive leadership team and the Board, via the CRC, review the metrics that make up this rating each year to ensure they are sufficiently challenging and ambitious.

We set our metrics at the beginning of each year as an effective way to measure performance within a defined period of time and a rapidly changing external context. For example, in 2024, the context for our Health Security metric changed. This metric measures the number of R&D projects in our pipeline that address pathogens prioritised by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) as posting the highest level of concern due to drug resistance. Because the WHO added Mycobacterium tuberculosis to its priority pathogen list, we would have outperformed against this metric. For consistency, we have decided to report our performance against the list available at the time the target was set.

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 27). 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 GLT is accountable for delivering progress against our Responsible Business Performance Rating and the metrics that contribute to this. It regularly reviews performance along with the CRC, embedding accountability within the business. 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

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

Responsible business aligned remuneration

With the support of the CRC, the Remuneration Committee has proposed a new remuneration approach for 2025 onwards. This further strengthens the link between our short and long-term incentive plans and our Responsible Business Performance Rating. For short-term bonus for Executive Directors and GLT, assessment of their performance on Strategic and Operational measures (30% of annual bonus opportunity) will include performance on the relevant metrics within the Responsible Business Performance Rating. For senior leaders, our long-term incentive scheme will include performance over time on our Responsible Business Performance Rating (7.5% of LTI opportunity). See pages 146-175 of our Annual Report for further information.

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

Our approach continued

2024 Responsible Business Performance Rating

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.[1]

Our focus areas	Our six commitments	Our metrics for 2024	Our progress in 2024
Access	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	– Progress towards our 2030 goal of reaching 1.3 billion people in lower-income countries with our products	In 2024, we supplied 672 million doses of our products to lower-income countries
Global health and health security	Develop novel products and technologies to treat and prevent priority diseases, including pandemic threats	– Progress six Global Health pipeline assets to address priority WHO diseases	Progressed six Global Health pipeline assets to address priority WHO diseases, including malaria and tuberculosis (TB)
		– Progress eight R&D projects that address pathogens prioritised by the WHO and CDC as posing the highest level of concern due to drug resistance (critical and/or urgent threats)	Progressed 12 active R&D projects that address pathogens considered critical and/or urgent threats due to drug resistance[2]
Environment	Commit to a net zero, nature positive, healthier planet, with ambitious goals set for 2030 and 2045 See Environment, p19 and Annual Report, TCFD, p67 for more information on our climate targets	**Climate**	
		– Operational emissions reduction (Scope 1 and 2 market-based emissions)[3]	Reduced our operational emissions by 12% since 2023, a 36% reduction compared with our 2020 baseline
		– 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*	We completed the 2024 planned clinical studies and we began phase III trials in 2024 of a low-carbon version of our rescue metered dose inhaler (MDI) medication *Ventolin* which has the potential to reduce emissions of the inhaler by approximately 90%. If successful, regulatory submissions will begin in 2025
		– Percentage of carbon credit volume in project pipeline[4]	33% of carbon credit volume in project pipeline
		Water	
		– Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient limits and the percentage of sites and suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits	Average of >99% of all sites and key suppliers compliant with AMR Alliance and API Wastewater discharge limits
		Waste	
		– Operational waste reduction at GSK sites	5% reduction of operational waste at our sites

1 The 2024 information underlying the Responsible Business Performance Rating has been subject to limited assurance by Deloitte (as designated with an A in the data tables throughout this report). This assurance scope excludes the overall Performance Rating score and the targets that contribute to it. For the full scope of Deloitte's assurance please see their limited assurance report. (See page 47.)

2 This target was set based on the WHO Bacterial Priority Pathogens List (as at 31 January 2024), and the CDC Antibiotic Resistance Threats in the United States, 2019 report.

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

4 Percentage of 2.2 $MtCO_2$ offsetting volume in 2030 project pipeline; this residual emission (from 2020 baseline) is not in Deloitte's scope of assurance.

Our approach continued

Our focus areas	Our six commitments	Our metrics for 2024	Our progress in 2024
Environment		**Biodiversity**	
		– Percentage of paper packaging and palm oil certified	93% of our paper packaging was derived from certified sources or from recycled raw materials and 93% of our core palm oil materials were certified by third parties as being from sustainable sources
Inclusion and diversity	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. In 2024 we measured progress towards our previously stated 2025 aspirations (set out right and on page 27). 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.	**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[1]	88% of phase III trials completing enrolment in 2024 met our required threshold
		Previous leadership aspirations through fair and equitable opportunities	
		– aspire to have women hold at least 45% of VP-and-above roles globally	Women held 48% 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	38.3% ethnically diverse leaders at VP-and-above 8.4% Black or African American leaders at VP-and-above 5.9% Hispanic or Latino(a) leaders at VP-and-above
		– 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	21.8% ethnically diverse leaders at VP-and-above in the UK 3.1% Black leaders at VP-and-above
		Previous supplier programme aspirational targets	
		– Improve year-on-year spend with US-based certified diverse-owned suppliers	Increased year-on-year spend with suppliers owned by people in under-represented groups in the US
Ethical standards	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	– 100% of employees and complementary workers that complete GSK's 2024 mandatory training	100% of employees and 99% of complementary workers completed 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[3]	86% of employees believe they 'can and do Speak Up if things don't feel right'
		– 80% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	86% of direct high-risk suppliers achieved our minimum EcoVadis score or have an improvement plan in place

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.
3 The general industry benchmark is 67%, according to 2024 research by *Korn Ferry*.

Our approach continued

Our focus areas	Our six commitments	Our metrics for 2024	Our progress in 2024
Product governance	Commit to maintaining robust quality and safety processes, and using data and new technologies responsibly	– Average number of critical and major findings per inspection by FDA/MHRA/EMA regulators	An average of less than two findings per inspection. We respond to and learn from all inspection findings, taking the necessary actions to address them
		– Percentage of inspections from all regulators with no critical findings or official action indicated	96% of inspections had no critical findings or official action indicated
		– Number of FDA warning letters	Zero FDA warning letters
		– Total number of Class I/II external product recalls across all markets	Two Class I and two Class II product recalls (non-FDA). In these instances, we engaged with regulators and acted quickly to prioritise patient safety
		– 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	Registered and disclosed all current year interventional clinical trial protocol summaries of GSK products

gsk.com: Environmental Basis of Reporting; Social and Governance Basis of Reporting

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

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

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.

Our culture and people continued

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 onsite 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.

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.

Access

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

>2bn

estimated number of people reached with our products since 2021

11

countries where tafenoquine has been granted approval for radical cure of P.vivax malaria

23m

people living with HIV had access to a generic product containing dolutegravir in 2024

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

Our approach

We have an ambition to positively impact the health of 2.5 billion people by the end of the decade. We have made strong progress and estimate that, by the end of 2024, we had reached at least 2 billion people. See below for more information on our approach.

We use science, technology and talent to develop more effective medicines and vaccines with speed, scale and precision. Growing populations, improvements in medical technology and access to healthcare are raising pressures on healthcare budgets in all markets. To grow sustainably, we must support access in different ways across a broad range of markets. Discovering and developing new medicines and vaccines takes significant time, risk and investment. These medicines and vaccines make a huge difference to patients and society, and generate the financial returns required to fund the next generation of products.

Getting the balance right between responsible pricing and sustainable business is fundamental. To do this, we follow our pricing and access principles.

gsk.com: Pricing and access principles

There are specific challenges faced by people in lower-income countries, who continue to be disproportionately affected by infectious diseases where we have expertise. 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 these countries. We work with partners and local communities to identify how health systems could be strengthened or made more resilient and collaboratively find and implement solutions to help our products reach the people who need them.

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 income 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 2 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.

To calculate our reach ambition, our methodology is derived from a product level analysis of actual sales and long-range forecasts by individual countries. This includes products sold or donated by GSK and ViiV Healthcare, phase III pipeline assets (at the time of developing the ambition), and voluntary licensing of patent protected ViiV medicines. We made assumptions for overlaps by assessing potential product use across age cohorts, region and population.

We will continue to evolve our approach to measuring progress and remain committed to achieving our ambition by discovering and delivering specialty medicines, vaccines and general medicines to positively impact health at scale.

1 **Excluding patient reach for donations of albendazole tablets in 2024 as the data is not yet available.**

Access continued

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 our medicines and vaccines provide. We adjust our pricing in line with the socio-economic status of a country to ensure affordability and availability.

We work within existing payer systems and recognise the need to balance health budgets for the societies we serve. This includes using tiered pricing for vaccines that address public health priorities in low- and middle-income countries, based on the World Bank gross national income classification. We recognise health inequities in higher-income countries and fund dedicated activities to reach underserved populations. These include disease education and helping uninsured and underinsured patients to navigate health benefits, as well as access programmes to provide financial and disease management support.

In the US, for example, we provided prescribed medicines and vaccines to approximately 74,000 low-income uninsured, underinsured and Medicare Part D patients last year, through GSK and ViiV Healthcare's Patient Assistance Programs Foundation.

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.

Access strategies focused on lower-income countries

We are committed to systematically evaluate our pipeline to identify products that have potential global health impact. This process helps us identify which products will benefit people most in need in these countries and develop tailored access plans to reach them. In lower-income countries, we do not file patents for our medicines or enforce historic patents. In 2024, we supplied 672 million doses of our products to lower-income countries.

Vaccines

We reserve our lowest vaccine prices for Gavi 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 since its foundation in 2000 and have supplied more than 1 billion vaccine doses since then.

Through our partnership with Gavi, we delivered around 6 million doses of *Cervarix*, a critical vaccine in lower-income countries for addressing cervical cancer, in 2024. We also supplied around 45 million doses of our pneumococcal vaccine, *Synflorix*, to seven Gavi-eligible countries at our lowest price. We also provide a vaccine against rotavirus, *Rotarix*, to children across 23 Gavi-eligible countries and five former Gavi countries. In 2024, we supplied 43 million doses of *Rotarix* through Gavi. We have offered vaccines to civil society organisations serving refugees and working in other emergency situations through the Humanitarian Mechanism since 2017.

We are a long-standing supplier of oral polio vaccines through UNICEF. In 2024, we supplied around 131 million doses as part of the effort 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, developed by GSK and our partners. WHO evaluations of the pilot showed high public health impact through lower 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. In September 2024, Niger became the ninth country to introduce the vaccine into its routine immunisation programme. We plan to produce 15 million doses of RTS,S/AS01 annually from 2026 to 2028. To significantly increase supply of the vaccine in the medium term, we are transferring technology know-how to Bharat Biotech of India, which will be the sole supplier of the RTS, S/AS01E vaccine from 2029.

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, which recognises products that meet global standards of quality, safety and efficacy, to support access at scale. We anticipate that up to ten more countries could introduce Tafenoquine in 2025-28.

Access continued

Lymphatic filariasis

We've worked with our partners since 1999 to tackle neglected tropical diseases (NTDs), including lymphatic filariasis (LF), a debilitating disease caused by a parasite transmitted to humans by mosquitoes, and to reduce morbidity from intestinal worms and echinococcosis. 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. LF has now been eliminated in 21 countries. This is significant progress in our collaborative effort to get ahead of disease together. 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

We work on HIV through ViiV Healthcare, which we majority own, with Pfizer and Shionogi as shareholders. ViiV Healthcare is the only company that is 100% focused on the treatment and prevention of HIV. ViiV Healthcare's goal is to leave no person living with HIV behind. ViiV Healthcare works with global health agencies, non-governmental organisations, governments and community partners to support the introduction of cabotegravir long-acting for HIV pre-exposure prophylaxis (CAB LA for PrEP, marketed as *Apretude*) into national programmes. 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've also committed to tripling our annual supply of CAB LA for PrEP for programmatic use, making at least 2 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. Almost half of regulatory approvals for CAB LA for PrEP to date are in sub-Saharan Africa, with 79% in low- and middle-income countries.

We also support the development of generic versions of our HIV products through voluntary licences to help improve access by increasing manufacturing capacity and enabling lower prices in eligible countries.

Following the signing of voluntary licences for CAB LA for PrEP with three generic manufacturers, via the Medicines Patent Pool (MPP), ViiV is engaged with these companies to provide technical support and know-how 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 MPP. There are similar agreements with 14 generic manufacturers for paediatric dolutegravir, as well as separate agreements to enable access to dolutegravir in certain upper middle-income countries.

Over the ten years of partnership between ViiV, the MPP and generic manufacturers, more than 1 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 product containing generic dolutegravir. This is at least 90% of people living with HIV on antiretrovirals in generic-accessible low- and middle-income countries.

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.

Strengthening healthcare systems

Delivering global health impact at scale requires robust healthcare systems able to address systemic issues which reduce access to healthcare, vaccines and treatments and perpetuate health inequalities in lower-income countries.

However, challenges facing people in lower-income countries are becoming more diverse and urgent. This is why we continue to expand our partnerships to ensure communities can access prevention support in resilient health systems, and our medicines and vaccines have impact, led locally based on the country's need.

We continue to build on our long-standing partnerships with organisations such as Save the Children and Amref Health Africa to support healthcare systems in the prevention, diagnosis and treatment of diseases including malaria, TB, HIV and antimicrobial resistance (AMR). We're establishing new programmes with partners such as mothers2mothers, who we have worked with since March 2024, to focus on enhancing access to TB, HIV and malaria information and health services for women in countries such as Uganda and Lesotho.

Supporting remote and hard-to-reach communities is important. This is why we're working with Last Mile Health in Liberia to prepare for the rollout of new malaria vaccines. In 2024, we invested £12 million in health system strengthening partnership grants, humanitarian support and Africa Open Lab.

Through Positive Action, ViiV Healthcare's community grant-giving programme, ViiV Healthcare continues to work directly with the communities most affected by HIV. In 2024, Positive Action invested more than £13 million, reaching approximately 666,000 people and providing 174 grants across 32 countries.

GSK and ViiV Healthcare are also committed to supporting humanitarian crises where possible. Our approach helps us respond effectively to new and protracted crises, as well as aiming to proactively anticipate support that will be needed. Over 2024, we donated £2 million to aid agencies and charity organisations responding to climate and health shocks, and armed conflict in Africa and the Middle East and Ukraine.

gsk.com: Global health, Impact partnerships and GSK Impact Partnerships report

Access continued

	2021	2022	2023	2024	
US pricing					
1-year change in list and net price[3]					
Change in combined average net price for our pharmaceutical and vaccines portfolio in the US since the previous year	+5.5%	+1.4%	+0.4%	**+5.2%**	
Change in average list price in the US since the previous year	+3.8%	+3.8%	+3.2%	**+1.5%**	
5-year list and net price (compound annual growth rate)[3]					
Change in net price (after discounts, rebates or other allowances) for our products in the US over the past five years	-2.0%	-1.1%	+0.3%	**+2.3%**	
Change in average list price in the US over the past five years	+4.6%	+3.9%	+3.3%	**+3.1%**	
Product reach (doses supplied to lower-income countries)					
Doses of *Synflorix* vaccines supplied to Gavi (m)	39	40	41	**45**	PR A
Doses of *Rotarix* vaccines supplied to Gavi (m)	49	43	43	**43**	PR A
Doses of *Cervarix* vaccines supplied to Gavi (m)	0.4	0.2	5	**6**	PR A
Doses of OPV vaccines supplied to UNICEF (m)	80	95	130	**131**	PR A
Doses of *Mosquirix* (RTS,S/AS01) vaccines supplied (m)	1	1	6	**5**	PR A
Albendazole tablets donated to help eliminate lymphatic filariasis (m)	451	440	462	**354**	PR A
Albendazole tablets donated to help treat intestinal worms (m)	75	93	153	**88**	PR A
Total doses supplied (m)	695	712	840	**672**	PR A
Product reach (people reached in lower-income countries)					
People with access to a generic dolutegravir product through voluntary licensing agreements ('000)[4]	–	20,927	24,058	**23,156**	A
Estimated children reached with *Synflorix* through Gavi ('000)	12,000	12,116	12,573	**13,817**	A
Estimated children reached with *Rotarix* through Gavi ('000)	23,540	20,561	20,570	**20,693**	A
Estimated girls reached with *Cervarix* through Gavi ('000)	170	106	4,307	**5,476**	A
Estimated people reached with OPV through UNICEF ('000)	16,010	18,975	26,032	**26,220**	A
Estimated people reached with *Mosquirix* (RTS,S/AS01) ('000)	310	326	1,383	**1,272**	A
Total people reached ('000)	52,030	73,011	88,923	**90,634**	A
Community investment					
Cash (£m)	83	79	80	**90**	A
Product and in-kind (£m)[1]	159	209	198	**244**	A
Time (£m)	0.2	0.6	3	**2**	A
Management costs (£m)	17	19	23	**27**	A
Total community investment (£m)	**259**	**308**	**304**	**363**	A
Value of GSK medicines and vaccines provided through our US Patient Assistance Programs Foundation ($m)[1,2]	186	228	224	**299**	A

PR Metric contributes to our Responsible Business Performance Rating.

A Metric's 2024 data has been independently assured.

1 Product donations are valued at the global average cost of goods as reported in year-end results.
2 This product donation is included within the total community investment figures reported.
3 Calculated across GSK and ViiV Healthcare products.
4 This figure is an estimate of patient reach based on annual sales volumes reported to the Medicines Patent Pool. It may therefore fluctuate year on year in line with global funding and procurement cycles as well as ongoing stock management at a country level.

Access continued

	2021	2022	2023	2024	
People reached through our healthcare access programmes					
People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)	438	91	103	**104**	
People reached through ViiV Healthcare's Positive Action for Children Fund grants ('000)	188	13	–	**–**	
People reached through ViiV Healthcare's Positive Action 2020-2030 Strategy grants ('000)[1]	274	421	603	**667**	
People reached through our US Patient Assistance Programs ('000)	87	79	71	**74**	(A)

(PR) Metric contributes to our Responsible Business Performance Rating.

(A) Metric's 2024 data has been independently assured.

1 Reach data is collected from grantees every six months for the previous six months' activity over an 18-month cycle. 2023 data has been revised.

Global health and health security

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

6

Global Health pipeline assets to address priority WHO diseases progressed in 2024

>30

R&D projects relevant to antimicrobial resistance in our pipeline

12

R&D projects targeting bacterial pathogens deemed 'critical' or 'urgent' by the WHO and the CDC

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)

Our approach

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 are committed to developing novel 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. For example, the platform technologies developed as part of our Global Health R&D have supported the development and commercialisation of other assets in our pipeline. Specifically, the AS01 adjuvant, which was the result of our malaria vaccine R&D, is now used in *Shingrix* and *Arexvy*. Our work in Global Health also helps us to attract and retain outstanding people who are motivated by the opportunity to help tackle some of the world's biggest health challenges.

Infectious diseases cause death and ill health for millions of people who are living with unmet health needs. This is especially true among the most vulnerable populations in low- and lower-middle-income countries, where the majority of the disease burden continues to be from infectious diseases where we have expertise. This includes tuberculosis (TB), malaria, HIV and neglected tropical diseases. That's why we're committed to developing novel products and technologies to treat and prevent priority diseases in lower-income countries.

Infectious diseases also pose a threat to health security globally. Addressing these threats, including antimicrobial resistance (AMR) and pandemics, helps to safeguard lives and livelihoods, as well as support our business model.

AMR is an urgent threat to public health. We're developing new antimicrobials and vaccines to treat and prevent infectious diseases. Our investment in innovation to respond to AMR has resulted in one of the largest relevant AMR R&D pipelines in the industry.

Our ambition is contingent on our products reaching the people who need them (see Access page 11), and by helping the global community to better prepare for emerging health security threats and challenges, including through collaboration and partnership.

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.

Among the biggest drivers of morbidity and mortality in lower-income countries are tuberculosis (TB), malaria, AMR, HIV and neglected tropical diseases. The impact of many of these diseases will be made worse by climate change and will disproportionately affect lower-income countries.

1 2024 Access to Medicine Index.

Global health and health security continued

In 2022, we announced an investment of £1 billion over ten 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, including climate-aggravated diseases that are disproportionately affecting lower-income countries. 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.

Partnerships exploring promising TB prevention and treatment projects

We're 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). Building on our long-standing, successful history of working with external partners, we've partnered with the Bill & 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.

We are also the lead industry partner in two large EU-funded Innovative Medicine Initiative projects, ERA4TB and Unite4TB, which together aim to progress numerous medicine assets from pre-clinical through to phase III-ready compounds.

Getting ahead of malaria through research and treatment

There were an estimated 249 million malaria cases and over 600,000 deaths caused by malaria in 2022, the last year for which WHO data is available. Over 90% of those were in Africa, and more than three-quarters were of children under five.

Together with our partners, we've brought two products for the prevention and treatment of malaria to market to date – the world's first vaccine against malaria (see Access, page 11), and a single-dose, radical cure for P. vivax malaria, both of which are WHO pre-qualified. Preventing and treating malaria is particularly challenging due to growing resistance to existing drugs and insecticides and the role of climate change in enabling the spread of the disease. We continue to support the global elimination of the disease by improving prevention and treatment for children and vulnerable populations and strengthening research capabilities in Africa.

Building local research capacity and capability

Through our Africa Open Lab initiative, we support early-career scientists based in sub-Saharan Africa, with a focus on infectious diseases that disproportionately affect sub-Saharan populations, including malaria, TB and AMR. In 2024, we agreed grants to ten researchers in five countries in sub-Saharan Africa. We also work with African academic institutions to provide grants for with supplemental training in areas including epidemiology, statistics and clinical research.

Strengthening health security

A wide range of factors jeopardise health security – from new and emerging infectious diseases to the rise of AMR. Climate change and nature loss can also change disease patterns, causing diseases to be found in areas where they had previously been eliminated.

Getting ahead of antimicrobial resistance with our innovation

The threat AMR poses to people, health systems and economies is becoming more urgent, but progress in developing new antibiotics has been slow.

We're confronting this threat to health security by developing new antimicrobials and vaccines to prevent and treat infectious diseases. Vaccines are an important tool for preventing resistance as they can help prevent infections as well as reducing transmission of bacteria that are already resistant (or becoming resistant) to current therapies.

We are investing in innovation to get ahead of the growing number of infections where new antimicrobials and vaccines are urgently needed. We have more than 30 R&D projects across medicines and vaccines that are relevant to AMR, 12 of which target pathogens deemed 'critical' (by WHO) and/or 'urgent' (by Centers for Disease Control and Prevention), excluding TB, which was added by WHO earlier in 2024. We also have projects focused on preventing and treating TB as part of our commitment to tackling infectious diseases. (See above and in our Pipeline, Annual Report p31).

Gepotidacin is 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). Following positive results from our phase III EAGLE-2 and EAGLE-3 trials, gepotidacin was accepted for priority review by the US Food and Drug Administration (FDA) in 2024. In these studies, gepotidacin demonstrated non-inferiority to the current standard of care for uUTI in female adults (≥40 kg) and adolescents (≥12 years, ≥40 kg).

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.

Global health and health security continued

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.

AMR is particularly prevalent in low-resource settings, deepening existing health inequities and risking the efficacy of current medicines to fight diseases. 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

Ensuring sustainable and appropriate access to infectious disease interventions is key to getting ahead of AMR.

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, through which we generate and disseminate data on the susceptibility of pathogens to antibiotics. We're also running antibiotic surveillance studies to support antimicrobial assets in late-stage development. Since its launch in January 2023, GSK's Infection Index, an online portal, has been providing healthcare professionals in India with real-world antibiotic susceptibility data and usage trends. This supports decision-making for appropriate antibiotic prescribing.

Read more about our work to support the responsible manufacturing of antibiotics in Environment, page 22.

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. It's particularly focused on supporting countries most severely affected by AMR, where poverty, climate change and health inequality exacerbate the issues caused by drug-resistant infections.

We've 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. The funding will promote accessibility of safe, effective and affordable antibiotics that are suitable for diverse settings with high AMR burdens and limited resources.

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 emergencies, we're working with governments and other stakeholders to strengthen global preparedness. This means drawing on what we have learned from COVID-19 and previous outbreaks, championing innovation and promoting sustainable approaches for the biopharmaceutical sector and public health. In 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 FDA. This programme reflects our commitment to helping authorities with pandemic preparedness.

We continue to monitor the potential threat of pandemic influenza, and other emerging infectious diseases with pandemic potential, and we engage in pandemic preparedness dialogue.

⊕ gsk.com: Our position on Antimicrobial Resistance

	2021	2022	2023	2024	
Global health pipeline assets for priority diseases					
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	5	12	11	**6**	PR A
Number of active R&D projects that address pathogens prioritised by the WHO and CDC as posing the highest level of concern due to drug resistance (critical and/or urgent threats)	–	–	12	**12**[1]	PR A

PR Metric contributes to our Responsible Business Performance Rating.

A Metric's 2024 data has been independently assured.

1 This target was set based on the WHO Bacterial Priority Pathogens List (as at 31 January 2024), and the CDC Antibiotic Resistance Threats in the United States, 2019 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're taking action on climate and nature.

12%
reduction in operational carbon emissions (Scope 1 and 2) in 2024 from 2023

66%
of our sites are under biodiversity management plans

100%
our own sites remained within AMR Alliance and API Wastewater discharge limits

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 and 2 market-based emissions)
- Industrialisation of low-carbon *Ventolin* initiated, and clinical and non-clinical data available to support regulatory submissions
  - The 2024 component of this metric was 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

Our approach

Climate change and nature loss are changing the spread and burden of disease and are an urgent threat to human health. This is increasing pressure on healthcare systems and disproportionately affecting the most vulnerable communities.

That's why we've set ambitious environmental goals for 2030 and 2045 across our full value chain. Meeting them will help support our long-term performance by protecting our supply chains, helping us adapt ahead of anticipated changes in regulation, and meeting new demand for medicines and vaccines with a lower environmental impact.

We want to play our part in building healthcare systems that are better for people and the planet, helping national governments and health systems to meet their environmental targets.

Through innovation to prevent and alter disease trajectories, we can alleviate the burden on healthcare systems, and reduce the associated carbon emissions, waste and water consumption. At the same time, by harnessing cutting-edge science and technology, we can minimise the climate and nature impacts of our products, from drug discovery to disposal. Collaboration across our entire value chain – with patients, suppliers, regulators and peers – is vital to achieving our goals.

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[2] is made up of:

- Scope 1 and 2 emissions from our own operations (7%)
- Scope 3 emissions from our supply chain (37%)
- Scope 3 emissions from logistics (3%)
- Scope 3 emissions from people using our products (53%), mostly metered-dose inhalers
- Scope 3 emissions from the disposal of our products (<1%)

Long-term targets:[3]
- 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)

1 These metrics are related to the Responsible Business Performance Rating 2024 outlined on pages 6-8. We also measure and report performance against our wider set of long-term environmental sustainability targets, which we publish on gsk.com.
2 Based on 2023 data.
3 The target boundary includes biogenic land-related emissions and removals from bioenergy feedstocks.

Environment continued

See pages 67-76 in our Annual Report for our disclosure on climate risk and resilience in line with the Task Force on Climate-related Financial Disclosures (TCFD) framework.

gsk.com: Our pathway to a net zero impact on climate

Progress to date on carbon reduction pathway

- In 2024, we reduced our Scope 1 and 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]

Managing our operational footprint

The reduction in our Scope 1 and 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.

As a member of the RE100 initiative, we committed to reaching 100% of our imported electricity from renewable sources by 2025. 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 renewable sources by 2030, and in 2024 we achieved 90%.

In June, we signed a ten-year deal from 2025 to supply our manufacturing sites in Singapore with 100% renewable energy. These sites account for 9% of our total electricity demand. This will move the sites from 3% to 100% renewable electricity generated on-site and procured through renewable energy certificates from solar projects.

We continue to increase the volume of renewable energy generated across our manufacturing sites to meet future energy needs. In June, we activated a 56-acre solar farm and two wind turbines at our site in Irvine, Scotland. This triples onsite renewable electricity generation, meaning that over 50% of the facility's electricity needs are generated from onsite renewables.

As a member of EV100, we've committed to transition 100% of our fleet to electric or hybrid vehicles and install chargers at 100 of our sites by 2030. Plug-in-hybrid or fully electric vehicles made up 12% of our sales fleet and 28% of our total fleet in 2024, an increase of 12% for our total fleet since 2023. We have chargers at 31 major sites and have increased the number of charging points to 514 from nearly 500 in 2023.

Supply chain emissions

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 emissions data from suppliers improves, we expect to see the effects in reduced upstream Scope 3 emissions.

As part of our Sustainable Procurement Programme, we engage 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.

To continue to embed sustainability into procurement processes, we now include environmental questions in the supplier selection process, we've updated our sustainability contract schedules in line with external and internal requirements, and we've provided internal training to upskill our team.

We're also collaborating with our peers to address the shared challenge posed by supply chain emissions. We're a co-founder of the Energize programme, which supports collective purchases of renewable energy within the pharmaceutical and healthcare sectors. We are a member of the Sustainable Markets Initiative Digital Health working group, and 15 of our suppliers, including 10 of our 30 highest carbon-emitting suppliers, participate in the Activate programme to help reduce emissions from the production of APIs.

Emissions from the use of our products

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 we 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.

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).

Progress to date: At the end of 2024, we had secured 33% of the carbon credit volume we need by 2030 in the project pipeline.

We're investing in nature protection and restoration as part of our ambition towards a net zero, nature positive, healthier planet. We invest in nature across our value chain and are also prioritising long-term nature projects for carbon credits. We're currently contributing to the protection and restoration of over 2 million hectares of land.

In 2024, we invested in a peat and mangrove protection and restoration project in Indonesia.

1 Our Scope 3 data is currently based on the latest available 2023 data. However, from 2025 we're aiming to report in-year data across all Scopes.

Environment continued

Nature

Nature loss is happening at a faster rate than at any time in human history.[1] 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'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.

You can read reporting in line with the Taskforce on Nature-related Financial Disclosures in the Annual Report on page 76.

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

gsk.com: Our plan for contributing to a nature positive world

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

Progress to date: 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

Progress to date: 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.

We're improving water efficiency across our sites through sharing of best practice, updating processes to use less water, and upgrading utilities to reduce water consumption.

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. Where possible, we address shared water challenges in the basin through collective action, including access to clean water, hygiene and sanitation (WASH) services. Our approach extends to key suppliers co-located in these water-stressed regions.

Progress to date: We've identified five sites in three water-stressed basins where we have operations in India, Pakistan and Algeria. We have projects underway to achieve water neutrality in one of the water-stressed basins, the Godavari basin in India, where we have operations. We will be announcing further basin activity early in 2025.

As part of the SBTN pilot, we implemented the SBTN's guidance to validate our approach to freshwater. In October, we announced our adoption of the first Science Based Targets for Freshwater focused on our direct operations in the Upper Godavari basin in India.

1 https://www.wwf.org.uk/our-reports/living-planet-report-2024.

Environment continued

We aim to achieve external certification to the Alliance for Water Stewardship Standards for our five sites in water-stressed areas by the end of 2025. In 2024, we reduced water use by 5% at sites in these water-stressed basins, which is a 16% reduction from our 2020 baseline.

Projects are underway at our Nashik site in the Godavari basin, India, with local NGO, Watershed Organisation Trust to deliver replenishment, and with the Women + Water Collaborative to address shared WASH challenges. To scale up collective action and engage suppliers in the basin, in 2024 we became the Water Resilience Coalition's Basin Champion for the Godavari basin and convened the first Supplier and Partner Water Forum, which was attended by 55 suppliers, businesses and NGO partners active in the basin.

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

Progress to date: 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.

We continue to align with the latest standards, including a new certification developed by BSI and the AMR Industry Alliance to set out best practice in antibiotic manufacturing. In September, our Worthing site became the first in the UK to achieve BSI Kitemark Certification for Minimized Risk of Antimicrobial Resistance. Our aim is for all our global antibiotics manufacturing sites to be certified to this new independently assessed BSI Kitemark by the end of 2026.

Land

Land degradation and conversion can have a range of negative health impacts. Our primary dependency on land is through the natural materials we source, some of which derive from agricultural commodities, a key driver of deforestation and land use change. 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

Progress to date: 66% of our 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.

We're also contributing to broader landscape restoration in the regions where our sites are located. In 2024, through Projects for Nature, we supported the Living Rivers project in the UK, which aims to restore chalk streams in Hertfordshire, a region where three of our sites are located.

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

Our approach to sustainable sourcing focuses on naturally derived, business-critical materials, where multiple impacts on nature have been identified. We identified the 12 highest priority materials[4] and have developed sustainable sourcing standards for these materials. We can achieve sustainable sourcing for these materials either through purchasing certified materials or completing supplier audits.

Progress to date: 58% of our total spend on the 12 highest priority materials is covered by an action plan to achieve sustainable sourcing by 2030.

We're 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, a decrease from 98% from 2023.

We are also leading a project through the Pharmaceutical Supply Chain Initiative (PSCI) to agree industry-wide sustainable sourcing requirements for palm oil and lactose.

We're also looking at opportunities to reduce or avoid the use of some natural materials, such as through process efficiencies and synthetic alternatives. For example, an extract from the soapbark tree is an essential ingredient in vaccine adjuvants, which are used to enhance the immune response of vaccines. We are working on a process improvement to deliver a significant yield increase, reducing our nature impact and improving supply resilience.

gsk.com: Our approach to sourcing materials that are highly dependent on nature

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. 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.

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

Progress to date: The long-term focus for these specific materials is avoidance of use, through moving to horse-shoe 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.

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, Sugars (Glucose, Mannitol, Sorbitol, Starch, Sucrose)

Environment continued

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 colead 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

Progress to date: The environmental impact of our medicines and vaccines is largely determined by their design. We apply a life cycle impact assessment methodology to baseline and measure improvements, for example through the selection of materials, design of production processes and devices, or take back and improved disposal of packaging after patient use.

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 design to disposal.

We also aim to reduce the impact of our packaging. 100% of our sites now manufacture PVC-free secondary and tertiary packaging. We are a founding member of the Circularity in Primary Pharmaceutical Packaging Accelerator, a collaborative initiative across the pharmaceutical supply chain to develop and deploy solutions for the recycling of primary pharmaceutical packaging.

⊕ **gsk.com: Reducing the environmental impact of our medicines and vaccines**

Target: Zero operational waste[1] by 2030[2]

We define zero operational waste as a 20% reduction in operational waste and 100% operational waste circularity, including zero waste to landfill.

Progress to date: 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. Based on a consistent methodology to last year, the amount of materials recovered by circular routes would have decreased by 4% from 2023 to 49%. This was driven by an increase in the avoidance of waste that would previously have been recycled. From 2025 onwards, we will only report against the new definition. We have maintained zero operational waste to landfill.

We continue to build on our long-standing operational waste management programme to identify opportunities to find more beneficial uses for waste, including providing by-products from our manufacturing processes to other industries as a raw material. We're also reducing the amount of solvent used in our processes.

To reduce the amount of waste generated in our laboratories, we're part of the My Green Lab programme. In 2024, 23 labs completed the certification process, bringing the total number of certified labs to 35. 21 of these sites have achieved the highest rating of Platinum or Green.

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

Progress to date: We're working on a supply chain waste footprint to help prioritise procurement of materials that generate less waste and to support supplier engagement on waste reduction.

1 Including a 20% reduction in routine hazardous and non-hazardous waste.
2 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.

Environment continued

	2021	2022	2023	2024	
Energy					
Natural gas purchased (GWh)	1,744	1,655	1,567	**1,504**	
Electricity used (GWh)	1,008	970	958	**959**	
Purchased renewable electricity (GWh)	631	697	782	**852**	(A)
Purchased non-renewable electricity (GWh)	372	263	163	**97**	
Onsite renewably generated electricity (GWh)	13	18	17	**22**	(A)
Exported electricity (GWh)	8	8	4	**12**	
Coal (GWh)	0	0	0	**0**	
Other fossil fuels (GWh)	58	81	60	**55**	
Renewable heat (GWh)	8	13	12	**14**	
Purchased heating and cooling (GWh)	52	41	39	**45**	
Total energy for operations (GWh)	**2,871**	**2,759**	**2,636**	**2,577**	(A)
% renewable electricity	63%	73%	83%	**90%**	
Carbon: Scope 1 and 2 emissions					
Onsite fuel use (thousands of tonnes CO_2e)	333	320	301	**289**	
Sales force vehicles (thousands of tonnes CO_2e)	52	51	46	**43**	
Propellant emissions during manufacture of inhalers (thousands of tonnes CO_2e)	237	243	220	**179**	
Onsite waste or wastewater treatment (thousands of tonnes CO_2e)	0	0	0	**0**	
Refrigerant gas losses (thousands of tonnes CO_2e)	11	13	13	**10**	
Total Scope 1 emissions (thousands of tonnes CO_2e)	**633**	**626**	**581**	**521**	(A)
Electricity (market-based emissions) (thousands of tonnes CO_2e)	125	84	60	**39**	
Purchased heating and cooling (thousands of tonnes CO_2e)	6	4	4	**5**	
Total Scope 2 market-based emissions (thousands of tonnes CO_2e)	**131**	**88**	**64**	**44**	(A)
Total Scope 2 location-based emissions (thousands of tonnes CO_2e)	**285**	**265**	**240**	**234**	(A)
Total Scope 1 and 2 market-based emissions (thousands of tonnes CO_2e)	**764**	**715**	**645**	**565**	(PR) (A)
Fermentation/biogenic releases (thousands of tonnes CO_2e)	10	12	12	**18**	
Carbon: Scope 3 emissions[1]					
Purchased goods and services (thousands of tonnes CO_2e)	2,725	2,485	2,978	–	
Capital goods (thousands of tonnes CO_2e)	154	161	196	–	
Fuel and energy-related activities (thousands of tonnes CO_2e)	84	145	65	–	
Transportation and distribution (upstream) (thousands of tonnes CO_2e)	189	242	215	–	
Waste generated in operations (thousands of tonnes CO_2e)	64	51	44	–	
Business travel (thousands of tonnes CO_2e)	50	85	203	–	
Employee commuting (thousands of tonnes CO_2e)	48	60	56	–	
Leased assets (upstream) (thousands of tonnes CO_2e)	0	0	0	–	
Transportation and distribution (downstream) (thousands of tonnes CO_2e)	99	130	82	–	
Processing of sold products (thousands of tonnes CO_2e)	0	0	0	–	

(PR) Metric contributes to our Responsible Business Performance Rating.

(A) Metric's 2024 data has been independently assured.

1 Other than propellant emissions data (which is collected through our internal systems), full Scope 3 emissions data for 2024 will not be available until later in the year.

Environment continued

	2021	2022	2023	2024	
Use of sold products (thousands of tonnes CO_2e)	5,120	5,523	5,074	–	
– Emissions from use of propellant-based inhalers by patients (thousands of tonnes CO_2e)	5,039	5,429	5,039	**4,640**	(A)
End of life (thousands of tonnes CO_2e)	51	47	38	–	
Leased assets (downstream) (thousands of tonnes CO_2e)	0	0	0	–	
Franchises (thousands of tonnes CO_2e)	0	0	0	–	
Investments (thousands of tonnes CO_2e)	41	66	32	–	
Total Scope 3 emissions (thousands of tonnes CO_2e)	**8,624**	**8,995**	**8,983**	–	
Ozone-depleting substances					
ODP inventory of CFC and HCFC in equipment (kg CFC11e)	277	6	**5**	**1**	
ODP calculated releases of CFC11e (kg CFC11e)	8	0	**0**	**0**	
Water use					
Municipal (million m^3)	5.8	5.6	**5.6**	**5.4**	
Ground water (million m^3)	2.0	1.7	**1.6**	**1.5**	
Tankers (million m^3)	0.1	0.1	**0.2**	**0.1**	
Total water use (million m^3)	**7.9**	**7.5**	**7.4**	**7.0**	(A)
Recycled sources (million m^3)	0.3	0.2	**0.3**	**0.3**	
Water use at high-water-risk sites (million m^3)	0.3	0.3	**0.3**	**0.3**	(A)
Water discharge					
Wastewater to municipal sewers (million m^3)	4.0	4.0	**3.9**	**4.1**	
Wastewater to surface water (million m^3)	1.9	1.8	**2.2**	**2.1**	
Wastewater to land (million m^3)	0.1	0.1	**0.1**	**0.1**	
Wastewater to other (million m^3)	0.0	0.0	**0.0**	**0.0**	
Total wastewater discharged (million m^3)	**5.9**	**5.9**	**6.2**	**6.3**	(A)
Average of the % GSK sites and suppliers compliant with wastewater API limits and the % of sites and suppliers that are compliant with AMR Industry Alliance Common Manufacturing Framework and discharge limits	–	94%	**87%**	**>99%**	PR (A)

PR **Metric contributes to our Responsible Business Performance Rating.**

(A) **Metric's 2024 data has been independently assured.**

Environment continued

	2021	2022	2023	2024	
Waste[1]					
Total waste recovered via a circular route (thousand tonnes)	21.9	21.8	26.2	**23.3**	
Total waste disposed via a non-circular route (thousand tonnes)	33.9	28.5	23.5	**24.0**	
Total waste exempt from circularity[1]	–	–	–	**4.2**	
Subtotal of waste in scope for circularity[1]	–	–	–	**43.1**	
Total waste generated (thousand tonnes)	**55.8**	**50.3**	**49.7**	**47.3**[1,2]	PR
% circular waste	39%	43%	53%	**54%**	
Total hazardous waste recovered via a circular route (thousand tonnes)	2.9	2.9	3.6	**2.8**	
Total hazardous waste disposed via a non-circular route (thousand tonnes)	18.3	16.3	14.7	**16.1**	
Total hazardous waste (thousand tonnes)	**21.2**	**19.2**	**18.3**	**18.9**	
Total non-hazardous waste recovered via a circular route (thousand tonnes)	19.0	18.9	22.5	**20.5**	
Total non-hazardous waste disposed via a non-circular route (thousand tonnes)	15.6	12.1	8.9	**7.9**	
Total non-hazardous waste (thousand tonnes)	**34.6**	**31.0**	**31.4**	**28.4**	
Total hazardous waste incinerated (thousand tonnes)	14.0	13.2	13.0	**13.5**	
Total non-hazardous waste incinerated (thousand tonnes)	13.2	8.5	8.4	**7.9**	
Total waste incinerated (thousand tonnes)	**27.2**	**21.7**	**21.4**	**21.4**	
Total hazardous waste to landfill (thousand tonnes)	0.0	0.0	0.2	**0.2**	
Total non-hazardous waste to landfill (thousand tonnes)	0.0	0.1	0.0	**0.0**	
Total waste to landfill (thousand tonnes)	**0.0**	**0.1**	**0.2**	**0.2**	
Sustainable sourcing					
Percentage of certified sustainable paper	–	–	86%	**93%**	PR A
Percentage of certified sustainable palm oil	–	–	98%	**93%**	PR A
Compliance and remediation					
Number of GSK internal audits	0	24	20	**23**	
Number of GSK sites independently certified to ISO 4001	0	7	9	**9**	
Environmental fines (£'000s)	0	0.2	0	**7.9**	
Remediation spend ($m)	3.0	2.8	3.3	**2.4**	

PR Metric contributes to our Responsible Business Performance Rating.

A Metric's 2024 data has been independently assured.

1 In 2024 there was a revision to our definition of circularity to exclude waste streams subject to regulatory requirements which prevent them from entering circular routes. Based on a consistent methodology to last year, the amount of materials recovered by circular routes would have decreased by 4% from 2023 to 49%. This was driven by an increase in the avoidance of waste that would previously have been recycled. From 2025 onwards, we will only report against the new definition.

2 In accordance with the Basis of Reporting, Total waste generated includes an estimate for waste generated by de minimus (immaterial) sites. This estimated component is not included in the above data table. For 2024 the total waste including the estimate for immaterial sites is 52.3 thousand tonnes and has been assured by Deloitte. Comparable figure for 2023 was 52.5 thousand tonnes.

Inclusion & 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.

88%

Phase III trials completing enrolment in 2024 that have met our required threshold[1] for trial participants, consistent with disease epidemiology

48%

VP-and-above roles held by women globally at the end of 2024

81%

Employee engagement score 2024

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

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%.

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.

Inclusion and diversity continued

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[1] 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.

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.

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

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.

100%

of employees and 99% of complementary workers completed our mandatory training

86%

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

86%

of direct high-risk suppliers achieved our minimum EcoVadis score

Our commitment

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

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]
- Percentage of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place

Supporting GSK people to do the right thing

Our approach

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. We expect everyone who works for us to live up to this, and we expect the same of our suppliers. The Code is supported by specific global policies and standards and an accompanying global learning curriculum, which all our people are required to complete. It comprises two modules: The Code itself and Living our Code, includes Creating an Inclusive Workplace and addresses anti-bribery and corruption (ABAC), fraud, privacy, human safety information related to our products, information and cyber security, Speak Up, Write Right, conduct at work and sexual harassment. 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 in detail in our Annual Report, on page 62.

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

Reporting and investigating concerns

Anyone inside or outside GSK can raise concerns or speak to our integrity lines, confidentially and anonymously, without fear of retaliation. We take every concern seriously and review every report to see whether we need to investigate formally. If our investigations show an employee has breached our policies, we take action 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. See more on page 34.

Ethical standards continued

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. We have a cross-business Human Rights Steering Group that reports to the GSK Leadership Team and the Board's Corporate Responsibility Committee, and which drives progress on human rights across the organisation.

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

In 2024, we refreshed our human rights training for priority suppliers,[1] aimed at ensuring a good understanding of human rights and labour principles, aligned with international standards, as well as our human rights training for third-party engagement leads, to better equip them to spot labour and human rights issues when visiting suppliers.

We regularly conduct audits and site visits covering labour rights and environmental health and safety for our priority suppliers. Over the last year, we've conducted 39 audits. Some of the issues identified during audits and supplier visits in 2024 related to policy adherence, wages and working hours. In all cases, we've put action plans in place to drive improvement, which we track and follow up for completion.

We've also collaborated with peers through the Pharmaceutical Supply Chain Initiative to agree industry sustainable sourcing requirements for palm oil and lactose aligned with international best practice on labour rights.

As a Living Wage employer, we remain committed to fair and equitable pay, conducting an annual review to ensure that all employees receive pay that is competitive in their local markets and sufficient to support a sustainable standard of living.

gsk.com: Our position on Human Rights • Modern Slavery Act statement • Our position on working with third parties

Working with third parties

Our suppliers and other third parties – including agents, distributors and affiliate companies (where we have an equity stake) – help us research, develop, manufacture and distribute the medicines and vaccines that patients need. We want to work with business partners who share our commitment to high ethical standards and operate in a responsible way. How these third parties act can have a direct impact on us. It's important to manage our relationships with them well, including the way we choose, contract and monitor them.

Our third-party risk management programme provides the framework by which we manage and oversee risks associated with the third parties we engage to provide goods or services. 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. All expectations are formalised in contracts and subject to appropriate levels of audit and oversight. All new suppliers undergo a risk assessment and all existing suppliers are re-assessed once every three years on average. Appropriate action is taken against third parties found in breach of their undertakings.

We assess all our third parties to understand whether we consider them to be low, medium or high risk. Our high-risk third parties are determined by location in high-risk markets, size of spend and type of goods or services. They are mostly goods and services providers (61%), distributors and wholesalers (2%), direct material suppliers (3%) and contract manufacturers (0.5%). 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.

Tailored support and oversight by business

As part of our overall approach to managing third-party risk, we have additional controls and monitoring programmes integrated into our enterprise risk management to ensure our third parties and suppliers meet our standards and requirements. For example, we include controls as relevant in our principal risks to manage third-party risk, which differs by business area according to the third-party risk profiles. Teams in our Global Supply Chain business are responsible for onsite supplier visits and audits, periodic business review and performance meetings, and annual or semi-annual enterprise-level governance and specific support on environment, health and safety (EHS) risks.

In R&D, we have an established third-party monitoring programme to assess compliance with our policies and standards. In our Commercial business, we annually risk assess key commercial third parties and prioritise independent monitoring reviews, focused on ABAC, commercial practices and scientific and patient engagement. We monitor the actions we require them to complete and the reasons for doing so.

Additional support for EHS risk

As well as monitoring and assessment, we provide additional, tailored support to help our suppliers manage EHS risks, where we support our largest suppliers to improve safety management systems and build overall EHS capability, focusing on active pharmaceutical ingredients manufacturers and contract manufacturing suppliers.

1 Our largest suppliers, including those who supply globally medically critical products, are critical to our R&D, and those largest by spend.

Ethical standards continued

We also provide regular support to suppliers that require help building their capacity to manage key EHS risks. This support is differentiated by need and is delivered both virtually and onsite. There are currently 14 suppliers receiving this focused support, which includes process safety, machinery safety, contractor safety, warehouse safety and safety leadership programmes. We also recommend solutions to mitigate the identified EHS risk.

We visit sites, in person or virtually, to help suppliers better understand and control their EHS risks. In 2024, we conducted 79 physical visits across 53 priority suppliers.

We also conducted 41 supplier audits in 2024 following industry standard Pharmaceutical Supply Chain Initiative guidelines. We trained close to 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.

gsk.com: Our position on working with third parties • Annual Report 2024 • Principal risks and uncertainties page 310

Using data and AI responsibly

Data is an essential foundation to realising our ambitions for patients. Advances in artificial intelligence (AI) and machine learning (ML) technologies present tremendous opportunities, but the technologies must be approached correctly, responsibly and ethically. Increases in the volume of data processed using AI/ML have resulted in a greater focus on data governance and the ethical use of personal information, over and above compliance with data privacy laws. The global landscape of data protection, privacy, technology and cyber laws is rapidly changing, with increasing trends towards data sovereignty and enforcement scrutiny by regulators.

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. We recognise that some data and AI-related issues arise from third-party interactions, and we are committed to ensuring that our partners adhere to the same high standards of data governance and ethical use of AI/ML technologies as we do.

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. We have revised our privacy foundations training, policy and written standards to reflect new privacy principles, simplifying our privacy governance framework to ensure GSK is able to adapt it to take into account global changes in privacy regulations.

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

We have additional governance boards that oversee the use of our data in the research, development, commercial, manufacture and supply of our products to ensure we follow regulations and meet ethical obligations.

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. This is complemented by an internal policy to ensure that AI/ML adoption is safe and aligned with GSK's culture by establishing AI Principles, which are underpinned by the ethical standards set out in the GSK Code. The AIGC is responsible for setting the governance and standards aimed at fostering an enterprise-wide responsible AI/ML ecosystem at GSK, and monitoring the external AI/ML landscape to anticipate potential risks.

Our public policy position on responsible AI sets out our views, commitments and asks of policymakers. We're taking a holistic, principles-based approach to the developing global regulatory landscape, and we're engaging with policymakers about the most appropriate regulatory approaches that foster innovation while preserving safety and trust. We're focused on enhancing existing technical standards and processes to prepare for global regulatory requirements, and we continue to monitor evolving legislation and policy, such as the new EU AI Act.

This year, we introduced a new responsible AI Standard Operating Procedure, which defines the requirements for all development and procurement of AI systems across GSK. We also established a framework for business functions to integrate AI risk review and management within existing risk management compliance boards.

gsk.com: Annual Report, Risk management, pages 62-66 • Annual Report, R&D pages 28-30 • Our position on Responsible AI

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.

gsk.com: Our position on political advocacy • Political advocacy disclosure

Ethical standards continued

	2021	2022	2023	2024[1]	
Ethical conduct[1]					
Employees who had concerns raised against them (including current year and prior year open cases)	2,534	2,191	1,960	**2,110**	(A)
Employees disciplined for policy violations	910	850	798	**913**	(A)
Breakdown of types of policy violation[2]					
Employee conduct[3]	555	367	304	**354**	(A)
Sales and marketing	166	168	122	**172**	(A)
Product quality	65	48	76	**95**	(A)
Safeguarding people and information and assets	78	140	177	**210**	(A)
Employee relations and HR policies[4]	20	42	99	**126**	(A)
R&D and medical practices	13	13	7	**5**	(A)
Anti-bribery and corruption	22	12	39	**24**	(A)
Cyber security	9	14	24	**20**	(A)
EHS and sustainability[5]	16	152	64	**18**	(A)
Other[6]	5	4	4	**4**	(A)
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	177	290	256	**252**	(A)
Documented warnings	740	566	553	**666**	(A)
Open cases awaiting investigation or a disciplinary decision at year end	636	457	297	**203**	(A)
Mandatory training					
% of employees and complementary workers that complete GSK's mandatory training	**–**	**99%**	**100%**	100%	(PR) (A)
% of employees that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	99%	100%	100%	**100%**	(A)
% of complementary workers that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	93%	98%	99%	**99%**	(A)
% of employees that complete GSK's mandatory training – ABAC	100%	100%	100%	**100%**	(A)
% of complementary workers that complete GSK's mandatory training – ABAC	99%	96%	99%	**98%**	(A)
Reporting concerns					
% of employees who believe they 'can and do Speak Up if things don't feel right'	87%	87%	83%	**86%**	(PR) (A)
Suppliers					
% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	80%	82%	89%	**86%**	(PR) (A)

(PR) Metric contributes to our Responsible Business Performance Rating.

(A) Metric's 2024 data has been independently assured.

1 In 2024, we continued our focus on enhancing our controls, monitoring activities and timely case closure. The rise in the number of employees disciplined was primarily due to localised incidents in a few countries with large workforces. These incidents mainly involved breaches in sales and marketing, GMP policies, late completion of mandatory training, violations of local working arrangements, IT access policies, and fleet policy violations.

2 In 2022, we updated the reporting methodology for the breakdown of types of policy violation to provide more granularity by case class as there was a broader distribution from the top five policy area categories historically reported under 'other'. To enable comparison, prior-year data has been restated using the new reporting methodology.

3 In 2022, we changed our process for the circumstances that trigger discipline for late completion of mandatory training, now reported under employee conduct. As a result, we saw fewer disciplinary cases in 2022 compared with prior years.

4 In 2023 we continued to embed stronger performance management focus, correlating in an increase in disciplinary action in employee relations and HR policies.

5 The majority of EHS and sustainability category increases in 2022 were written warnings related to compliance with the company's COVID-19 vaccination mandate, safety or testing requirements, to ensure the health, safety and wellbeing of our workforce, which were subsequently lifted in April 2023, correlating in a decrease in 2023 and 2024.

6 Policy violations class types that do not fit into the other class categories specified.

Ethical standards continued

	2021	2022	2023	2024[1]
Supplier spend by region				
Asia-Pacific	–	8.6%	8%	**7.9%**
Europe, Middle East and Africa	–	58.5%	55%	**53.3%**
Latin America	–	1.5%	2%	**1.5%**
North America	–	31.3%	35%	**37.1%**
US political engagement				
Spend on federal lobbying activities ($m)	5.30	4.46	5.10	**4.8**
Trade association membership spend ($m)	20.3	20.6	20.6	**21.9**
Corporate political contributions ($)[1]	0	0	0	**0**
Political action committee contributions from US employees to state and federal candidates ($'000)	298.0	360.5	325.8	**254.0**
European political engagement				
Trade association membership spend (£m)[3]	2.08	1.91	2.00	**1.65**
Corporate political contributions (€)[1]	0	0	0	**0**
Cost of representing our interests to EU institutions (€m)[2]	1.18	1.22	0.70	**0.74**

PR **Metric contributes to our Responsible Business Performance Rating.**

A **Metric's 2024 data has been independently assured.**

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

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

3 European political memberships included here are EFPIA (European Federation of Pharmaceutical Industries and Associations) and ABPI (Association of the British Pharmaceutical Industry).

Product governance

Ensuring the quality, safety and reliable supply of our products is critically important to protect our patients.

1,192
quality audits of our contract manufacturers and suppliers

104
regulatory inspections at our manufacturing sites and local operating companies

8,036
clinical trial protocol summaries registered and 7,029 summaries of results

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

Our approach

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 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 Annual Report, Legal proceedings on page 287.

A focus on quality

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

Our GSK quality function is responsible for managing quality. It ensures that a quality mindset is embedded throughout the organisation at all levels. The function comprises an extensive global network of quality and compliance professionals within each of our business units, from site level to senior management.

Our Quality Management System provides the standards that must be followed by our 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

We are subject to frequent regulatory inspections in markets where we supply our medicines and vaccines. These inspections provide independent assurance that our development, manufacturing and distribution processes adhere to the required high quality standards and expectations. We work to ensure we're inspection ready at all times.

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 Food and Drug Administration (FDA), one critical finding from the Medicines and Healthcare products Regulatory Agency (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.

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

Product governance continued

During 2024, we had two Class I product 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.

Supply chain quality management

We expect all our contract manufacturers and suppliers to comply with GSK standards and we conduct quality audits of contract manufacturers and suppliers to verify that they do so. We carried out 1,192 such audits in 2024.

We have a comprehensive quality oversight model for suppliers, which uses a risk-based approach to assess, qualify, manage and monitor our third-party suppliers on an ongoing basis. Aligned to our Quality Management System, it helps to drive continuous performance among our suppliers.

Pharmacovigilance

Our well-established and rigorous pharmacovigilance system monitors and reviews the safety of our products throughout clinical development and after regulatory approval. This system is designed to ensure patient care and safety when using our marketed and investigational medicines and vaccines. We also use this system to provide reliable, comprehensive information on our products' overall benefit-risk balance, helping to support public health programmes.

We expect our partners to meet the same high standards of safety governance. We conduct reviews of third-party safety systems, monitor contractual obligations and foster collaboration throughout the life cycle of the relationship.

gsk.com: Our position on pharmacovigilance

Tackling counterfeit medicines and vaccines

Falsified products are a threat to the health of patients and to our brand and reputation. We report all cases of confirmed counterfeit products to the WHO and to relevant regulatory authorities. Moreover, we actively participate in legal proceedings against illegal actors, and support customs and local authorities with regular training. We monitor online marketplaces and social media to request takedowns of sites illicitly selling prescription-only medicines.

gsk.com: Our position on falsified and substandard healthcare products

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**.

gsk.com: Our position on disclosure of clinical research

Product governance continued

	2021	2022	2023	2024	
Regulatory inspections and audits					
Audits of our third parties' quality processes	1,044	1,089[1]	1,081	**1,192**	
Total regulatory inspections from all health authorities	111	122	114	**104**	PR A
% of inspections from all regulators with no critical findings or official action indicated	100%	99%	100%	**96%**	PR A
Total regulatory inspections from FDA/MHRA/EMA regulators	35	36	32	**27**	PR A
Number of critical/major findings by FDA/MHRA/EMA regulators	4	26	11	**37**	PR A
Total FDA regulatory inspections	2	8	5	**10**	PR A
Number of FDA observations	1	16	8	**29**	PR A
Number of FDA warning letters	0	0	0	**0**	PR A
Product recalls					
Total number of Class I external product recalls	0	0	2	**2**	PR A
Total number of Class II external product recalls	6	5	3	**2**	PR A
Total number of Class III external product recalls	12	7	11	**9**	A
Total product recalls	**18**	**12**	**16**	**13**	A
FDA product recalls by business and class[2]					
Pharmaceuticals business					
Class I product recalls	0	0	0	**0**	PR A
Class II product recalls	0	0	0	**0**	PR A
Class III product recalls	0	1	1	**1**	A
Vaccines business					
Class I product recalls	0	0	1	**0**	PR A
Class II product recalls	1	0	0	**0**	PR A
Class III product recalls	1	0	1	**0**	A
Clinical trial management, pharmacovigilance and transparency					
Clinical trial audits (on our own trials and those conducted by third parties on our behalf)	294	339	286	**268**	
Number of FDA sponsor inspections related to clinical trial management and pharmacovigilance that resulted in voluntary action indicated (VAI)	0	0	0	**0**	
Number of FDA sponsor inspections related to clinical trial management and pharmacovigilance that resulted in official action indicated (OAI)	0	0	0	**0**	
Clinical study reports/study report synopses on GSK and ViiV study register[5]	48	35	99	**75**	
Trials for which anonymised data will be made available upon meeting defined eligibility criteria[5]	51	40	111	**51**	
Research proposals approved for access to GSK and ViiV clinical trial data[5]	16	34	22	**15**	
Human subject research of GSK products: percentage of protocol summaries initiated in current year registered and results disclosed in the current year[3,4]	–	100%	100%	**100%**	PR
Publicly available trial protocol summaries (register)[5]	7,290	7,377	7,988	**8,036**	PR
Publicly available trial result summaries (disclose)[5]	6,239	6,295	6,734	**7,029**	PR

PR Metric contributes to our Responsible Business Performance Rating.

A Metric's 2024 data has been independently assured.

1 2022 figure has been revised.

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

3 From 2023, these figures include ViiV Healthcare data in addition to GSK data.

4 This metric was created and first reported in 2022. For 2024, the measurement considers interventional clinical trials with human participants and the number of all protocol summaries registered (64) and results summaries disclosed (40) was independently assured.

5 2021 and 2022 figures are cumulative summaries for GSK from 2004; 2023 and 2024 figures also include cumulative figures from ViiV Healthcare from 2009.

Appendix

People disclosures

A positive experience at work is critical to attract, retain and motivate the best people. We want our workplace to embrace everyone's unique differences and encourage growth and development in a safe environment so that people can perform at their best at work. For more information around how we put our people at the heart of our success, please see page 8, and for further detail on our focus on inclusion and diversity, see page 27.

Freedom of association

We are respectful of the right of colleagues to join an independent trade union, to collectively bargain and to freedom of association. Of our global employee population, 32% are covered by collective bargaining arrangements and 16% have declared that they are a member of a union.[1] We also invest heavily in formal information and consultation arrangements, which actively involve and provide additional Employee Voice to a higher proportion of our colleagues.

Keeping our people safe

We care deeply about the health and safety of our employees, complementary workers and everyone that works at or visits our sites. Our commitment is that everyone goes home safely. Our 12 Life Saving Rules have been embedded throughout our company. Responsibilities for safety as leaders and as individuals have been reviewed at all levels of the organisation. Risk assessments are a key part of the environment, health and safety control framework that governs our approach to identifying and controlling hazards. We conduct health and safety training for our people, specific to whether they are working from an office, a lab, at a manufacturing site or in our commercial operations. Recent key initiatives have included safety leadership, contractor safety and driver safety. The Contractor Safety Programme continues across all GSK operations as a management system to reduce the risks associated with services performed by contractors. Our commitment is resulting in continued improvements.

gsk.com: Policy on environment, health and safety

	2021	2022	2023	2024	
Hiring					
Total number of new hires	11,110	12,513	10,730	**8,142**	
% of open positions filled by internal candidates	34.0%	31.4%	29.9%	**39.5%**	
Employee turnover					
Overall turnover	**15.2%**	**13.3%**	**10.0%**	**10.8%**	(A)
Turnover of voluntary leavers[2]	7.8%	7.3%	5.5%	**5.3%**	
% of all permanent leavers that were male[3]	49.0%	54.1%	56.7%	**53.1%**	
% of all permanent leavers that were female[3]	50.9%	45.6%	42.9%	**46.7%**	
Workforce breakdown by age (permanent employees)					
< 30 years old	13.0%	13.1%	12.8%	**12.2%**	
30-50 years old	61.3%	60.9%	63.2%	**63.1%**	
> 50 years old	25.7%	26.0%	23.8%	**24.7%**	
Engagement					
Employee surveys engagement score	78%	81%	81%	**81%**[4]	
Talent and leadership development					
Number of graduates recruited through the GSK Graduate Programme	139	161	162	**151**	
Number of postgraduates recruited through our Esprit and Scientific Leaders programme	6	13	4	**2**	
Number of apprentices recruited	68	67	57	**51**	

(A) Metric's 2024 data has been independently assured.

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

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

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

4 Employee surveys response rate was 88% in 2024.

Appendix continued

	2021	2022	2023	2024	
Health and safety					
Number of fatalities (employees and complementary workers under GSK direct supervision)	0	0	0	**0**	(A)
Number of fatalities (contractors not under GSK direct supervision)	0	0	0	**0**	(A)
Reportable injuries with lost time	133	144	195	**204**	(A)
Reportable illnesses with lost time	5	8	37[1]	**22**	(A)
Lost time reportable injury rate (per 100,000 hours worked)	0.09	0.10	0.13	**0.14**	(A)
Lost time reportable illness rate (per 100,000 hours worked)	0	0.01	0.02	**0.02**	(A)
Reportable injuries with and without lost time	190	214	292	**300**	(A)
Reportable illnesses with and without lost time	42	32	73[1]	**47**	(A)
Reportable injury rate (per 100,000 hours worked)	0.13	0.15	0.19	**0.21**	(A)
Reportable illness rate (per 100,000 hours worked)	0.03	0.02	0.05	**0.03**	(A)
Reportable injury and illness rate (per 100,000 hours worked)[1]	**0.15**	**0.17**	**0.24**	**0.24**	(A)
Hours worked (m)	151	147	151	**141**	(A)

(A) Metric's 2024 data has been independently assured.

1 2023 figures revised, no material impact to other data points in which this number is part of the calculation.

Appendix continued

GRI guidelines and SASB index

GRI indicator	Description	Where to find the information
General disclosures		
2-1	Organisational details	Legal name: GSK plc Ownership: Annual Report – Share capital and share price, page 268 HQ address: London, WC1A 1DG Operations: Annual Report – Business model, pages 8-9
2-2	Entities included in the organisation's sustainability reporting	GSK plc
2-3	Reporting period, frequency and contact point	Sustainability and financial annual reporting period: 1 January 2024 to 31 December 2024 Report publication: 27 February 2025 Contact: csr.contact@gsk.com
2-4	Restatements of information	Demerger: 2019-21 comparative results restated to reflect the demerger of our Consumer Healthcare business, unless otherwise specified. Other restatements of information are detailed where relevant for specific data points throughout the report.
2-5	External assurance	Independent limited assurance statements, page 47
2-6	Activities, value chain and other business relationships	Sector: Healthcare, Pharmaceuticals Annual report, Business model, pages 2-3
2-7	Employees	Full-time employees (FTEs) as of 31 December 2024, page 2 Annual Report – Employees by gender, page 80.
2-8	Workers who are not employees	Not reported
2-9	Governance structure and composition	Annual Report – The Board and GSK Leadership team, page 113 Annual Report – Corporate governance architecture, page 122
2-10	Nomination and selection of the highest governance body	Annual Report – Nominations & Corporate Governance Committee report, page 134
2-11	Chair of the highest governance body	GSK has an independent non-executive Chair of the Board
2-12	Role of the highest governance body in overseeing the management of impacts	Annual Report – Corporate Responsibility Committee report, page 137
2-13	Delegation of responsibility for managing impacts	Annual Report – Corporate Responsibility Committee report, page 137
2-14	Role of the highest governance body in sustainability reporting	Our Responsible Business Performance Report is reviewed by both GSK Leadership Team and the Board
2-15	Conflicts of interest	Annual Report – Directors' conflicts of interest, page 185
2-16	Communication of critical concerns	Annual Report – Board committee reports, page 134
2-17	Collective knowledge of the highest governance body	Annual Report – The Board and GSK Leadership team page 113
2-18	Evaluation of the performance of the highest governance body	Annual Report – Board performance, page 120
2-19	Remuneration policies	Annual Report – Annual report on remuneration, pages 146-175
2-20	Process to determine remuneration	Annual Report – Annual report on remuneration, pages 146-175
2-21	Annual total compensation ratio	Annual Report – Annual report on remuneration, pages 146-175
2-22	Statement on sustainable development strategy	Annual Report – CEO's statement, page 8
2-23	Policy commitments	Policy positions, including on human rights. Policies are approved at GSK Leadership Team level and apply at Group-level.
2-24	Embedding policy commitments	Corporate responsibility committee
2-25	Processes to remediate negative impacts	Annual Report – Principal risks and uncertainties, page 310 Ethical standards, Responsible Business Performance Report 2024, page 29 Ethics and compliance grievance mechanisms
2-26	Mechanisms for seeking advice and raising concerns	Ethical standards, Responsible Business Performance Report 2024, page 29 Grievance mechanisms

Appendix continued

GRI indicator	Description	Where to find the information
2-27	Compliance with laws and regulations	Annual Report – Audit & Risk Committee report, page 139
2-28	Membership associations	Trade association memberships
2-29	Approach to stakeholder engagement	Stakeholder engagement, Responsible Business Performance Report 2024, page 4
2-30	Collective bargaining agreements	People disclosures, Responsible Business Performance Report 2024, page 37 Position on human rights
3-1	Process to determine material topics	Materiality Assessment
3-2	List of material topics	Materiality Assessment
3-3	Management of material topics	Materiality Assessment
Economic performance		
201-1	Direct economic value generated and distributed	Annual Report – Financial statements, page 163
201-2	Financial implications and other risks and opportunities due to climate change	Annual Report – Risk management, page 62 Annual Report – TCFD, page 67
201-3	Defined benefit plan obligations and other retirement plans	Annual Report – Annual report on remuneration, page 139-160
201-4	Financial assistance received from government	Annual Report – Financial statements, page 185 Annual Report – Share capital and control, page 253
Anti-corruption		
205-1	Operations assessed for risks related to corruption	Annual Report – Risk management, page 57
205-2	Communication and training about anti-corruption policies and procedures	Ethical standards, Responsible Business Performance Report 2024, pages 29-33
205-3	Confirmed incidents of corruption and actions taken	Ethical standards, Responsible Business Performance Report 2024, pages 29-33
Tax		
207-1	Approach to tax	GSK Tax strategy
207-2	Tax governance, control, and risk management	GSK Tax strategy
207-3	Stakeholder engagement and management of concerns related to tax	GSK Tax strategy
207-4	Country-by-country reporting	GSK Tax strategy
Energy		
302-1	Energy consumption within the organisation	Environment, Responsible Business Performance Report 2024, page 24 Environment, Basis of reporting, Environmental Data 2024
302-2	Energy consumption outside of the organisation	Environment, Responsible Business Performance Report 2024, page 24 Environment, Basis of reporting
302-3	Energy intensity	Annual Report, TCFD, page 76 Environment, Basis of reporting
302-4	Reduction of energy consumption	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting
302-5	Reductions in energy requirements of products and services	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting
Water		
303-1	Interactions with water as a shared resource	Environment, Responsible Business Performance Report 2024, Pages 19-26, **Annual Report**, TNFD, pages 76-79
303-2	Management of water discharge-related impacts	Environment, **Basis of reporting**
303-3	Water withdrawal	Environment, Responsible Business Performance Report 2024, Pages 18-25, **Annual Report**, TNFD, pages 76-79 Environment, **Basis of reporting**
303-4	Water discharge	Environment, Responsible Business Performance Report 2024, Pages 18-25, **Annual Report**, TNFD, pages 76-79 Environment, **Basis of reporting**
303-5	Water consumption	Environment, Responsible Business Performance Report 2024, Pages 19-26, **Annual Report**, TNFD, pages 76-79 Environment, **Basis of reporting**

Appendix continued

GRI indicator	Description	Where to find the information
Biodiversity		
3-3	Management of material topics	Materiality assessment
304-1	Operational sites owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas	Annual Report, TNFD, pages 76-79
304-2	Significant impacts of activities, products and services on biodiversity	Environment, Responsible Business Performance Report 2024, pages 19-26, Annual Report, TNFD, pages 76-79
304-3	Habitats protected or restored	Environment, Responsible Business Performance Report 2024, pages 19-26, Annual Report, TNFD, pages 76-79
304-4	IUCN Red List species and national conservation list species with habitats in areas affected by operations	Not reported
Emissions		
305-1	Direct (Scope 1) GHG emissions	Environment, Responsible Business Performance Report 2024, page 24 Environment, Basis of reporting, Environmental Data 2024
305-2	Energy indirect (Scope 2) GHG emissions	Environment, Responsible Business Performance Report 2024, page 24 Environment, Basis of reporting, Environmental Data 2024
305-3	Other indirect (Scope 3) GHG emissions	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting, Environmental Data 2024
305-4	GHG emissions intensity	Annual Report, TCFD, page 76 Environment, Basis of reporting, Environmental Data 2024
305-5	Reduction of GHG emissions	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting, Environmental Data 2024
305-6	Emissions of ozone-depleting substances (ODS)	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting, Environmental Data 2024
305-7	Nitrogen oxides (NOx), sulfur oxides (SOx), and other significant air emissions	Not reported
Waste		
306-1	Waste generation and significant waste-related impacts	Environment, Responsible Business Performance Report 2024, pages 19-26
306-2	Management of significant waste-related impacts	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting
306-3	Waste generated	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting
306-4	Waste diverted from disposal	Environment, Responsible Business Performance Report 2024, pages 19-26 Environment, Basis of reporting
306-5	Waste directed to disposal	Environment, Responsible Business Performance Report 2024, pages 19-26
Supplier environmental assessment		
308-1	New suppliers that were screened using environmental criteria	Ethical standards, Responsible Business Performance Report 2024, pages 29-31
308-2	Negative environmental impacts in the supply chain and actions taken	Ethical standards, Responsible Business Performance Report 2024, pages 29-31
Employment		
401-1	New employee hires and employee turnover	People disclosures, Responsible Business Performance Report 2024, page 37
401-2	Benefits provided to full-time employees that are not provided to temporary or part-time employees	Life at GSK
401-3	Parental leave	Not reported

Appendix continued

GRI indicator	Description	Where to find the information
Occupational health and safety		
403-1	Occupational health and safety management system	GSK EHS policy
403-2	Hazard identification, risk assessment, and incident investigation	GSK EHS policy
403-3	Occupational health services	GSK EHS policy
403-4	Worker participation, consultation, and communication on occupational health and safety	GSK EHS policy
403-5	Worker training on occupational health and safety	GSK EHS policy
403-6	Promotion of worker health	GSK EHS policy
403-7	Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	GSK EHS policy
403-8	Workers covered by an occupational health and safety management system	GSK EHS policy
403-9	Work-related injuries	People disclosures, Responsible Business Performance Report 2024, pages 37-38 GSK EHS policy
403-10	Work-related ill health	
Diversity and equal opportunity		
405-1	Diversity of governance bodies and employees	Inclusion and diversity, Responsible Business Performance Report, page 28
405-2	Ratio of basic salary and remuneration of women to men	GSK UK Gender pay gap report
Non-discrimination		
3-3	Management of material topics	Materiality assessment
Human rights and labour rights		
407-1	Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk	GSK position on human rights
408-1	Operations and suppliers at significant risk for incidents of child labour	GSK position on human rights Modern Slavery Act statement
409-1	Operations and suppliers at significant risk for incidents of forced or compulsory labour	GSK position on human rights Modern Slavery Act statement
414-1	New suppliers that were screened using social criteria	Ethical standards, Responsible Business Performance Report 2024, pages 29-33
414-2	Negative social impacts in the supply chain and actions taken	Ethical standards, Responsible Business Performance Report 2024 pages 29-33
Public policy		
415-1	Political contributions	Political advocacy disclosure
Customer health and safety		
416-1	Assessment of the health and safety impacts of product and service categories	Product governance, Responsible Business Performance Report 2024, pages 34-46
416-2	Incidents of non-compliance concerning the health and safety impacts of products and services	Product governance, Responsible Business Performance Report 2024, pages 34-46
Customer privacy		
3-3	Management of material topics	Materiality assessment
Marketing and labelling		
417-1	Requirements for product and service information and labelling	Our code of practice
417-2	Incidents of non-compliance concerning product and service information and labelling	Product governance, Responsible Business Performance Report 2024, pages 34-36
417-3	Incidents of non-compliance concerning marketing communications	Product governance, Responsible Business Performance Report 2024, pages 34-36

Appendix continued

SASB indicator	Description	Where to find the information
Safety of clinical trial participants		
HC-BP-210a.1	Discussion, by region, of management process for ensuring quality and patient safety during clinical trials	"Our position on "Approach to Clinical Trials"
HC-BP-210a.2	Number of inspections related to clinical trial management and pharmacovigilance that resulted in: (1) entity voluntary remediation or (2) regulatory or administrative actions taken against the entity	Clinical data transparency, Responsible Business Performance Report 2024, pages 34-36 Available via the FDA Inspection Citation page
Access to medicines		
HC-BP-240a.1	Description of actions and initiatives to promote access to health care products for priority diseases and in priority countries as defined by the Access to Medicine Index	Access, Responsible Business Performance Report 2024, pages 11-15
HC-BP-240a.2	List of products on the WHO List of Prequalified Medicinal Products as part of its Prequalification of Medicines Programme (PQP)	List of products, Responsible Business Performance Report 2024 pages 45-46 Global health and health security, Responsible Business Performance Report 2024, pages 15-17
Affordability and pricing		
HC-BP-240b.2	Percentage change in: (1) weighted average list price and (2) weighted average net price across product portfolio compared to previous reporting period	Access, Responsible Business Performance Report 2024, page 11
HC-BP-240b.3	Percentage change in: (1) list price and (2) net price of product with largest increase compared to previous reporting period	Access, Responsible Business Performance Report 2024, pages 11,14
Drug safety		
HC-BP-250a.1	Products listed in public medical product safety or adverse event alert databases	Available via the FDA
HC-BP-250a.2	Number of fatalities associated with products	Available via the FDA
HC-BP-250a.3	(1) Number of recalls issued, (2) total units recalled	Product governance, Responsible Business Performance Report 2024, pages 34-36
HC-BP-250a.4	Total amount of product accepted for takeback, reuse, or disposal	Not reported
HC-BP-250a.5	Number of enforcement actions taken in response to violations of good manufacturing practices (GMP) or equivalent standards, by type	Inspections, recalls and audit, Responsible Business Performance Report 2024, pages 34-36
Counterfeit drugs		
HC-BP-260a.1	Description of methods and technologies used to maintain traceability of products throughout the supply chain and prevent counterfeiting	Product governance, Responsible Business Performance Report 2024, pages 34-36 Position on falsified and substandard healthcare products
HC-BP-260a.2	Discussion of process for alerting customers and business partners of potential or known risks associated with counterfeit products	Product governance, Responsible Business Performance Report 2024, pages 34-36 Position on falsified and substandard healthcare products
HC-BP-260a.3	Number of actions that led to raids, seizure, arrests, and/or filing of criminal charges related to counterfeit products	Not reported
Ethical marketing		
HC-BP-270a.1	Total amount of monetary losses as a result of legal proceedings associated with false marketing claims	Not reported
HC-BP-270a.2	Description of code of ethics governing promotion of off-label use of products	Code of practice for promotional and non-promotional external interactions
Employee recruitment, development and retention		
HC-BP-330a.1	Discussion of talent recruitment and retention efforts for scientists and research and development personnel	Our culture and people, Responsible Business Performance Report 2024, pages 9-10
HC-BP-330a.2	(1) Voluntary and (2) involuntary turnover rate for: (a) executives/senior managers, (b) mid-level managers, (c) professionals, and (d) all others	People disclosures, Responsible Business Performance Report 2024, pages 37-38

Appendix continued

SASB indicator	Description	Where to find the information
Supply chain management		
HC-BP-430a.1	Percentage of (1) entity's facilities and (2) Tier I suppliers' facilities participating in the Rx-360 International Pharmaceutical Supply Chain Consortium audit programme or equivalent third-party audit programmes for integrity of supply chain and ingredients	GSK is a member of Rx 360 and also conducts audits of third parties Working with third parties, Responsible Business Performance Report 2024, page 31
Business ethics		
HC-BP-510a.1	Total amount of monetary losses as a result of legal proceedings associated with corruption and bribery	Not reported
HC-BP-510a.2	Description of code of ethics governing interactions with healthcare professionals	Engagement with healthcare professionals
Activity metrics		
HC-BP-000.A	Number of patients treated	Access, Responsible Business Performance Report 2024, pages 11-15
HC-BP-000.B	Number of drugs (1) in portfolio and (2) in research and development (Phases 1-3)	Annual Report – Product development pipeline, page 31

Appendix continued

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

	Type, form and presentation	Date of prequalification
Vaccines		
Engerix	Hepatitis B – Liquid: ready to use vial (one dose)	Thursday, 1 January 1987
Engerix	Hepatitis B – Liquid: ready to use vial (10 doses)	Thursday, 1 January 1987
Engerix	Hepatitis B – Liquid: ready to use vial (20 doses)	Thursday, 1 January 1987
Priorix	Measles, Mumps and Rubella – Lyophilised active component to be reconstituted with excipient diluent before use vial (one dose)	Friday, 9 March 2001
Rotarix	Rotavirus – Liquid: ready to use plastic tube (one dose)	Thursday, 12 March 2009
Rotarix	Rotavirus – Liquid: ready to use applicator (one dose)	Thursday, 12 March 2009
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (one dose)	Wednesday, 8 July 2009
Cervarix	Human Papillomavirus (Bivalent) – Liquid: ready to use vial (two doses)	Wednesday, 8 July 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (10 doses)	Thursday, 29 October 2009
Polio Sabin Mono T1	Polio Vaccine – Oral (OPV) Monovalent Type 1 – Liquid: ready to use vial (20 doses)	Thursday, 29 October 2009
Polio Sabin One and Three	Polio Vaccine – Oral (OPV) Bivalent Types 1 and 3 – Liquid: ready to use vial (10 doses)	Thursday, 29 October 2009
Polio Sabin One and Three	Polio Vaccine – Oral (OPV) Bivalent Types 1 and 3 – Liquid: ready to use vial (20 doses)	Thursday, 29 October 2009
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (one dose)	Friday, 30 October 2009
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (two doses)	Friday, 19 March 2010
Polio Sabin Mono Three (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 3 – Liquid: ready to use vial (10 doses)	Tuesday, 5 October 2010
Polio Sabin Mono Three (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 3 – Liquid: ready to use vial (20 doses)	Tuesday, 5 October 2010
Polio Sabin Mono Two (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 2 – Liquid: ready to use vial (20 doses)	Wednesday, 11 May 2011
Polio Sabin Mono Two (oral)	Polio Vaccine – Oral (OPV) Monovalent Type 2 – Liquid: ready to use vial (10 doses)	Wednesday, 11 May 2011
Priorix	Measles, Mumps and Rubella – Lyophilised active component to be reconstituted with excipient diluent before use vial (two doses)	Wednesday, 21 December 2011
Havrix 1440 Adult	Hepatitis A (Human Diploid Cell), Inactivated (Adult) – Liquid: ready to use vial (one dose)	Friday, 19 July 2013
Havrix 720 Junior	Hepatitis A (Human Diploid Cell), Inactivated (Paediatric) – Liquid: ready to use vial (one dose)	Friday, 19 July 2013
Boostrix	Diphtheria-Tetanus-Pertussis (acellular) – Liquid: ready to use vial (one dose)	Tuesday, 9 July 2013
Menveo	Meningococcal ACYW-135 (conjugate vaccine) – Lyophilised active component to be reconstituted with liquid active component before use. Two vial set (one dose)	Wednesday, 31 July 2013
Synflorix	Pneumococcal (conjugate) – Liquid: ready to use vial (four doses)	Monday, 16 October 2017
Rotarix	Rotavirus – Liquid: ready to use plastic tube (five doses)	Thursday, 14 February 2019
Mosquirix	*Plasmodium falciparum* (Malaria) and Hepatitis B (recombinant, adjuvanted) – Liquid active component to be mixed with second component before use. Two vial set (two doses)	Friday, 15 July 2022
Tafenoquine	Malaria – Tablet, Film-coated 150mg	Monday, 28 October 2024
Tafenoquine	Malaria – Tablet, Dispersible 50mg	Monday, 2 December 2024

Appendix continued

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

Pharmaceuticals		
Abacavir (sulfate)	HIV – ViiV Healthcare – HA106 (a)	20 March 2002
Abacavir (sulfate)	HIV – ViiV Healthcare – HA107 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA108 (a)	29 May 2002
Zidovudine	HIV – ViiV Healthcare – HA109 (a)	29 May 2002
Lamivudine/Zidovudine	HIV – ViiV Healthcare – HA110 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA114 (a)	20 March 2002
Zidovudine	HIV – ViiV Healthcare – HA115 (a)	20 March 2002
Lamivudine	HIV – ViiV Healthcare – HA117 (a)	20 March 2002
Lamivudine	HIV – ViiV Healthcare – HA128 (a)	20 March 2002
Dolutegravir (Sodium)	HIV – ViiV Healthcare – HA634 (a)	14 October 2014
Abacavir (sulfate)/Lamivudine	HIV – ViiV Healthcare – HA706 (a)	19 June 2018
Dolutegravir (Sodium)	HIV – ViiV Healthcare – HA768 (a)	1 July 2021
Cabotegravir (Sodium)	HIV – ViiV Healthcare – HA788 (a)	22 December 2023
Cabotegravir (Sodium)	HIV – ViiV Healthcare – HA789 (a)	22 December 2023
Zanamivir	Influenza – GSK – IN007 (a)	22 September 2009

Independent limited Assurance Report to the Directors of GSK plc

Independent limited Assurance Report by Deloitte LLP to the Directors of GSK plc on selected Environmental, Social and Governance ("ESG") metrics (the "Selected Information") within the Annual Report and Responsible Business Performance Report for the reporting year ended 31 December 2024.

Our assurance conclusion

Based on our procedures described in this report, and evidence we have obtained, nothing has come to our attention that causes us to believe that the Selected Information for the year ended 31 December 2024, and as listed below and indicated with an (A) in the Annual Report and Responsible Business Performance Report has not been prepared, in all material respects, in accordance with the Basis of Reporting defined by the directors as set out at Responsibility reports | GSK.

Emphasis of matter

We draw attention to the wording added into the "*Source and calculated methodology*" section of page 9 of the environmental Basis of Reporting by GSK which describes changes in the metric calculation methodology for "*Average of the % GSK sites and suppliers compliant with wastewater API limits and the % of sites and suppliers that are compliant with AMR Industry Alliance Common Manufacturing Framework and discharge limits*". Our conclusion is not modified in respect of this matter.

Scope of our work

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

The Selected Information in scope of our engagement for the year ended 31 December 2024, as indicated with an (A) in the Annual Report and Responsible Business Performance Report, is as follows:

#	Selected Information	Assured Value
1	Total Scope 1 emissions (thousands of tonnes CO2e)	521
2	Total Scope 2 market-based emissions (thousands of tonnes CO2e)	44
3	Total Scope 2 location-based emissions (thousands of tonnes CO2e)	234
4	Total Scope 1 and 2 market-based emissions (thousands of tonnes CO2e)	565
5	Emissions from use of propellant-based inhalers by patients (thousands of tonnes CO2e)	4,640
6	Percentage of carbon credits in project pipeline	33%
7	Complete Clinical Studies to enable filing of Low Carbon Ventolin	On track
8	Purchased renewable electricity (GWh)	852

9	On-site renewably generated electricity (GWh)	22
10	Total energy for operations (GWh)	2,577
11	Total water use (million m3)	7.0
12	Water use at high water risk sites (million m3)	0.3
13	Total wastewater discharged (million m3)	6.3
14	Average of the % GSK sites and suppliers compliant with wastewater API limits and the % of sites and suppliers that are compliant with AMR Industry Alliance Common Manufacturing Framework and discharge limits	>99%
15	Total waste generated (thousand tonnes)	52.3
16	Percentage certified sustainable paper and palm oil	93% / 93%
17	Percentage certified sustainable paper	93%
18	Percentage certified sustainable palm oil	93%
19	% of phase III trials completing enrolment in 2024 that have met our required threshold of trial participants, consistent with disease epidemiology	88%
20	Gender Diversity - % of women (all employees)	48%
21	Gender Diversity - SVP/VP level (%)	48%
22	Gender Diversity - Total women in management (%)	51%
23	US ethnic diversity - % of SVP/VP	38.3%
24	UK ethnic diversity - % of SVP/VP	21.8%
25	Improve year on year spend with US-based certified diverse-owned suppliers	Increased year-on-year spend with suppliers owned by people in underrepresented groups in the US
26	Employees who had concerns raised against them (including current year and prior year open cases)	2,110
27	Employees disciplined for policy violations	913
28	Number of policy violations - Employee conduct	354
29	Number of policy violations - Sales and marketing	172
30	Number of policy violations - Product quality	95
31	Number of policy violations - Safeguarding people and information and assets	210
32	Number of policy violations - Employee relations and HR policies	126
33	Number of policy violations - R&D and medical practices	5
34	Number of policy violations - Anti-bribery and corruption	24
35	Number of policy violations - Cyber security	20
36	Number of policy violations - EHS and sustainability	18
37	Number of policy violations - Other	4
38	Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	252
39	Documented warnings	666
40	Open cases awaiting investigation or a disciplinary decision at year end	203
41	% of employees and complementary workers that complete GSK's mandatory training	100%

42	% of employees that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	100%
43	% of complementary workers that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	99%
44	% of employees that complete GSK's mandatory training - ABAC	100%
45	% of complementary workers that complete GSK's mandatory training - ABAC	98%
46	% of employees who believe they 'can and do Speak Up if things don't feel right'	86%
47	% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	86%
48	Total regulatory inspections from all health authorities	104
49	% of inspections from all regulators with no critical findings or official action indicated	96%
50	Total regulatory inspections from FDA/MHRA/EMA regulators	27
51	Number of critical/major findings by FDA/MHRA/EMA regulators	37
52	Total FDA regulatory inspections	10
53	Number of FDA observations	29
54	Number of FDA warning letters	0
55	Total number of Class I external product recalls	2
56	Total number of Class II external product recalls	2
57	Total number of Class III external product recalls	9
58	Total product recalls	13
59	Class I product recalls (pharmaceuticals business)	0
60	Class II product recalls (pharmaceuticals business)	0
61	Class III product recalls (pharmaceuticals business)	1
62	Class I product recalls (vaccines business)	0
63	Class II product recalls (vaccines business)	0
64	Class III product recalls (vaccines business)	0
65	Publicly available trial protocol summaries (register)	64
66	Publicly available trial result summaries (disclose)	40
67	Employee turnover - Overall turnover (%)	10.8%
68	Number of fatalities (employees and complementary workers under GSK direct supervision)	0
69	Number of fatalities (contractors not under GSK direct supervision)	0
70	Reportable injuries with lost time	204
71	Reportable illnesses with lost time	22
72	Lost time reportable injury rate (per 100,000 hours worked)	0.14
73	Lost time reportable illness rate (per 100,000 hours worked)	0.02
74	Reportable injuries with and without lost time	300
75	Reportable illnesses with and without lost time	47

76	Reportable injury rate (per 100,000 hours worked)	0.21
77	Reportable illness rate (per 100,000 hours worked)	0.03
78	Reportable injury and illness rate (per 100,000 hours worked)	0.24
79	Hours worked (m)	141
80	Product reach (people reached in lower income countries) - People with access to a generic dolutegravir product through voluntary licensing agreements (‘000)	23,156
81	Product reach (people reached in lower income countries) - Estimated children reached with Synflorix through Gavi ('000)	13,817
82	Product reach (people reached in lower income countries) - Estimated children reached with Rotarix through Gavi ('000)	20,693
83	Product reach (people reached in lower income countries) - Estimated girls reached with Cervarix through Gavi ('000)	5,476
84	Product reach (people reached in lower income countries) - Estimated people reached with OPV through UNICEF ('000)	26,220
85	Product reach (people reached in lower income countries) - Estimated people reached with Mosquirix (RTS,S/AS01 E) through the MVIP ('000)	1,272
86	Product reach (people reached in lower income countries) - Total People Reached (‘000)	90,634
87	Product reach (people reached in lower income countries) - Doses of Synflorix vaccines supplied to Gavi (million)	45
88	Product reach (people reached in lower income countries) - Doses of Rotarix vaccines supplied to Gavi (million)	43
89	Product reach (people reached in lower income countries) - Doses of Cervarix vaccines supplied to Gavi (million)	6
90	Product reach (people reached in lower income countries) - Doses of OPV vaccines supplied to UNICEF (million)	131
91	Product reach (people reached in lower income countries) - Doses of Mosquirix (RTS,S/AS01 E) vaccines supplied to the MVIP (million)	5
92	Product reach (people reached in lower income countries) - Albendazole tablets donated to help eliminate lymphatic filariasis (millions)	354
93	Product reach (people reached in lower income countries) - Albendazole tablets donated to help treat intestinal worms (millions)	88
94	Product reach (people reached in lower income countries) – Total doses supplied (million)	672
95	Community Investment - Total Community Investment (million £)	363
96	Community Investment - Cash (million £)	90
97	Community Investment - Product and in-kind (million £)	244
98	Community Investment - Time (million £)	2
99	Community Investment - Management costs (million £)	27
100	People reached through our US Patient Assistance Program ('000)	74

101	Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation (million USD)	299
102	Number of assets progressed through the global health pipeline to address priority WHO diseases	6
103	Number of active R&D projects that address pathogens prioritised by the WHO and CDC as posing the highest level of concern due to drug resistance (critical and/or urgent threats)	12

The Selected Information, as listed in the above table, needs to be read and understood together with the Basis of Reporting which can be found at Responsibility reports | GSK.

Inherent limitations of the Selected Information

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

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

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

We draw your attention to the specific limitations, due to the nature of the Selected Information, set out in the "Key procedures performed" section below.

Directors' responsibilities

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

The Directors are also responsible for:

- Selecting and establishing the Basis of Reporting.
- Preparing, measuring, presenting and reporting the Selected Information in accordance with the Basis of Reporting.
- Publishing the Basis of Reporting publicly in advance of, or at the same time as, the publication of the Selected Information.
- Designing, implementing, and maintaining internal processes and controls over information relevant to the preparation of the Selected Information to ensure that they are free from material misstatement, including whether due to fraud or error.
- Providing sufficient access and making available all necessary records, correspondence, information and explanations to allow the successful completion of our limited assurance engagement.

- Confirming to us through written representations that you have provided us with all information relevant to our Services of which you are aware, and that the measurement or evaluation of the underlying subject matter against the Basis of Reporting, including that all relevant matters, are reflected in the Selected Information.

Our responsibilities

We are responsible for:

- Planning and performing procedures to obtain sufficient appropriate evidence in order to express an independent limited assurance conclusion on the Selected Information.
- Communicating matters that may be relevant to the Selected Information to the appropriate party including identified or suspected non-compliance with laws and regulations, fraud or suspected fraud, and bias in the preparation of the Selected Information.
- Reporting our conclusion in the form of an independent limited Assurance Report to the Directors.

Our independence and competence

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

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

Key procedures performed

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

- Performed an assessment of the Basis of Reporting selected by you to determine whether they were suitable for the engagement circumstances.
- Performed analytical review procedures to understand the underlying subject matter and identify areas where a material misstatement of the Selected Information was likely to arise.
- Through inquiries of management, obtained an understanding of the Company, its environment, processes and information systems relevant to the preparation of the Selected Information sufficient to identify and further assess risks of material misstatement in the Selected Information, and provide a basis for designing and performing procedures to respond to assessed risks and to obtain limited assurance to support a conclusion.
- Through inquiries of management, obtained an understanding of internal controls relevant to the Selected Information, the quantification process and data used in preparing the Selected Information, the methodology for gathering qualitative information, and the process for preparing and reporting the Selected Information. We did not evaluate the design of particular internal control activities, obtain evidence about their implementation or test their operating effectiveness.

- Inspected documents relating to the Selected Information, including board committee minutes and where applicable internal audit outputs to understand the level of management awareness and oversight of the Selected Information.
- Performed procedures over the Selected Information, including recalculation of relevant formulae used in manual calculations and assessment of whether the data had been appropriately consolidated.
- Performed procedures over underlying data on a statistical sample basis to assess whether the data had been collected and reported in accordance with the Basis of Reporting, including verifying to source documentation.
- Conducted site visits at a sample of sites, selected on a judgemental basis to determine consistency in understanding and application of the Basis of Reporting, check understanding of processes, and performed completeness testing.
- Performed procedures over the Selected Information including assessing management's assumptions and estimates (if applicable).
- Accumulated misstatements and control deficiencies identified, assessing whether material.
- Read the narrative accompanying the Selected Information with regard to the Basis of Reporting, and for consistency with our findings.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

We performed our engagement to obtain limited assurance over the preparation of the Selected Information in accordance with the Basis of Reporting. We draw your attention to the following specific limitations:

- All gender and ethnicity determinations for the Diversity metrics are derived from self-declared responses from medical trial participants (19) or employees (20-24), made on a discretionary basis. As a result, our procedures did not include validation that self-reported assertions are appropriate.
- The Fatalities, Injuries and Illnesses metrics (68-78) and the Policy Violations metrics (26-40) are derived from internally reported events relating to employees (as well as complementary workers and contractors in the case of Fatalities, Injuries and Illnesses). As a result, our testing may not identify misstatements relating to completeness, for example in instances where events may have occurred but have not been reported.
- The Speak Up % metric (46) is derived based on employee responses to a voluntary internal survey. As a result, our testing may not identify misstatements relating to completeness where employees have not completed the survey.
- The Sites compliant with API & AMR wastewater limits (14), Mandatory Training metrics (41-45), Employee Turnover metric (67) and Hours Worked metric (79) are based on information sourced from GSK's own internal systems. As there are no applicable external sources to which we can check this information, Deloitte is unable to confirm the completeness and accuracy of this information beyond GSK's own internal records.
- The Regulatory Inspections and related findings metrics (48 - 54) are communicated directly to GSK by relevant regulators. As there are no complete external sources listing regulatory inspections, if GSK have not recorded an inspection or the subsequent finding in their database, we may be

unable to identify that it occurred. As a result, our testing may not identify misstatements relating to completeness.

- The Paper, Palm Oil metrics (16-18), the Diverse-owned suppliers metric (25) and the High Risk Supplier Ecovadis metric (47) are derived from information provided by suppliers and third-party sources regarding: the certification of the sustainable sourcing of paper and palm oil, the certification of diverse-ownership of suppliers and the EcoVadis score assigned to a supplier (respectively). Our procedures did not include obtaining assurance over the information provided by suppliers or third parties.
- The Product & People Reached metrics (80-94) are partially derived from 3rd party inputs, such as estimated vaccine wastage rates and doses per person. Our procedures did not include obtaining assurance over the information provided by these third parties.
- The "Percentage of carbon credits in project pipeline" metric (6) is derived based on information provided by third-party sources regarding the forecast future volume of carbon credits that will be available for GSK to retire, determined via proprietary calculations, and an estimate of GSK's 2030 emissions. Our procedures did not include obtaining assurance over either the information provided by third parties or prospective information.

Use of our report

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

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

Deloitte LLP

Deloitte LLP
London, UK
25 February 2025